



## TECHNICAL BRIEF

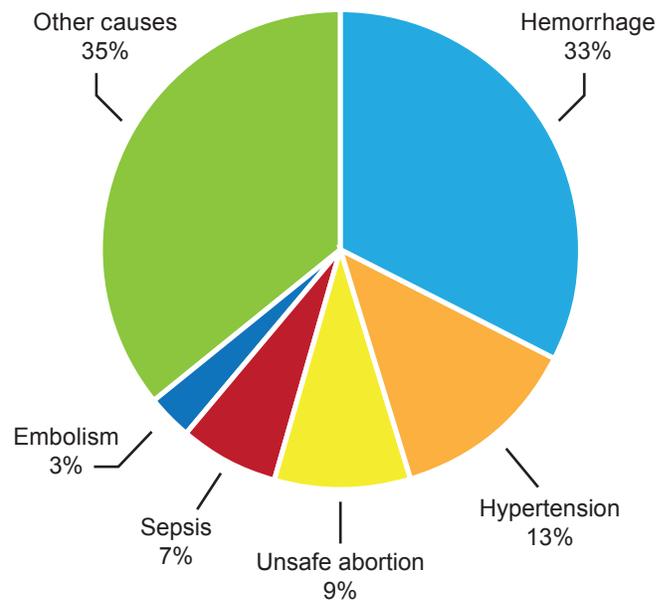
# Reaching MDG 5: Improving Maternal Health

### Maternal Mortality: The Problem and Rationale

USAID’s Primary Health Care Project in Iraq (PHCPI) is working with the Government of Iraq’s (GoI) Ministry of Health (MOH) to accelerate efforts towards achieving Millennium Development Goal (MDG) 5 “Improving maternal health”. Although Iraq has seen a decline in its maternal mortality ratio (MMR) from 89 maternal deaths per 100,000 live births in 1990 to 63/100,000 in 2013, progress has been uneven among regions and Iraq is not on track to meet the MDG 5 country target of 29/100,000 by 2015. According to the GoI/MOH, the leading causes of maternal mortality in Iraq, in order of magnitude, are hemorrhage, acute pulmonary embolism, hypertension, abortion complications, irreversible shock, obstructed labor and amniotic fluid embolism. Three of these causes: hemorrhage, eclampsia, and obstructed labor are leading causes of maternal mortality worldwide. All of these are preventable.

PHCPI in partnership with the MOH conducted a bottleneck analysis to identify factors contributing to the high levels of maternal mortality in Iraq and define programmatic priorities. The analysis found that one of the most important areas to address was quality improvement of maternal, newborn, and child health (MNCH) services. Access to quality obstetric health services can prevent up to 90% of maternal deaths; however utilization of MNCH services in Iraq remains low. The 2011 USAID/PHCPI baseline assessment found that approximately 50% of pregnant women had one antenatal care (ANC) visit and only 27% had four ANC visits as recommended by the World Health Organization (WHO).

Causes of Maternal Mortality in Iraq



Source: PHCPI assessment report 2013

### How has PHCPI Contributed to Improving Maternal Health?

PHCPI developed a country-specific, comprehensive program to address the gaps in quality services and service utilization through interventions targeted at each critical point in a woman’s journey to accessing quality care during childbirth, or the “three phases of delay.” The three delays include (1) deciding to seek appropriate care during an obstetric emergency; (2) reaching an appropriate facility; and (3) receiving sufficient care at the facility.

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Three Phases of Delay	PHCPI Intervention
<b>DELAY 1</b> Deciding to seek care: Socio-cultural and economic barriers	Behavior Change Communication through Local Health Committees, volunteers and Traditional Birth Attendants (TBAs)
	Development of a pre-pregnancy care package including guidelines and training materials on premarital counseling (35 trainers trained 425 participants)
	Women's health awareness meetings on nutrition and child spacing (141 participants)
	Development of a pregnancy care package including promotion of ANC, birth preparedness and information on identifying danger signs during pregnancy and childbirth
<b>DELAY 2</b> Delay in reaching care: Communication and transportation barriers	Involving the community and family in birth preparedness activities
	Government provision of ambulances to Primary Health Care Clinics (PHCCs)
	Upgraded 298 PHCCs
	Established 36 "Model Clinics" (clinics that are fully equipped with modern medical devices, supplies, protocols and guidelines, and well-trained providers)
<b>DELAY 3</b> Delay in receiving care: Improving quality of maternal care	Maternal Death Audit, use of partograph, Emergency Obstetric and Newborn Care (EmONC) training and provision of supplies
	Development of guidelines and on-the-job training on Active Management of Third Stage of Labor (AMTSL)
	Increased skilled attendance at birth through the training of TBAs, providing TBAs with guidelines and Information, Education, and Communication (IEC) materials, and linking TBAs with the health system to promote facility referrals and the utilization of skilled care

## Collaboration with the Government of Iraq

Investing in health systems will ultimately increase Iraq's progress toward achieving MDG 5 targets. Therefore, PHCPI has worked with the MOH to ensure improved access to and utilization of life-saving maternal, newborn and child health services. PHCPI is scheduled to end in September 2014, but the Government of Iraq is committed to continue supporting maternal health activities. The GoI has assigned trained professionals to technically guide and manage work in significant areas of maternal health such as Emergency Obstetric and Newborn Care (EmONC), Maternal Death Reviews and Surveillance, Nutrition, training of Traditional Birth Attendants (TBAs), Health Promotion, as well as the provision of Essential Drugs Lists and ambulances for all primary health care clinics with delivery and emergency rooms.

Institutionalization of PHCPI activities will be achieved through the continuation of premarital counseling, the distribution of ANC guidelines, as well as the distribution of IEC materials through clinics and community-based organizations. Current EmONC training will be supported through the promotion and use of the partograph. The training of TBAs will ensure increased referrals and create a permanent link between TBAs and health facilities. The Maternal Death Review and Surveillance System introduced by the MOH will continue to receive technical support as it becomes an established part of the health system.

Linkages with other health partners and partners in the non-health sector such as in women's education and economic empowerment, and in infrastructure building, will also be key to strengthening the health system and improving maternal health.

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