

Six Regions in Russia

RESULTS FROM THE 2003 SURVEY

Worldwide, over 500,000 women and girls die of complications related to pregnancy and childbirth each year. Although over 99 percent of those deaths occur in developing countries, transitioning countries such as Russia continue to experience maternal death rates twice as high as countries in Western Europe¹. But maternal deaths only tell part of the story. For every woman who dies as a result of pregnancy-related causes, some 30 women will develop short- and long-term disabilities, such as a ruptured uterus, pelvic inflammatory disease, or obstetric fistula² (see box on page 2).

Russia's maternal mortality rate continues at an unacceptably high level for a developed country. The State Committee of the Russian Federation on Statistics reports that 479 women and girls died in 2001 due to complications in pregnancy, delivery, and the postpartum period.

The tragedy – and opportunity – is that many of these deaths can be prevented with cost-effective health care services. Reducing maternal mortality and disability will depend on identifying and improving those services that are critical to the health of Russian women and girls, including post abortion care, antenatal care, emergency obstetric care, adequate postpartum care for mothers and babies, and family planning and STI/HIV/AIDS services. With this goal in mind, the Maternal and Neonatal Program Effort Index (MNPI) is a tool that reproductive health care advocates, providers, and program planners can use to:

- assess current health care services;
- identify program strengths and weaknesses;
- plan strategies to address deficiencies;
- encourage political and popular support for appropriate action; and
- track progress over time.

Health care programs to improve maternal health must be supported by strong policies, adequate training of health care providers and logistical services that facilitate the provision of those programs. Once maternal and neonatal programs and policies are in place, all women and girls must be ensured equal access to the full range of services.

The Maternal and Neonatal Program Effort Index

In 2002 and 2003, around 900 reproductive health experts evaluated and rated maternal and neonatal health services as part of an assessment in 60 developing and transitional countries.³ The results of this

¹ WHO 1995

² UNFPA. 2003. "Maternal Mortality Update 2002: A Focus on Emergency Obstetric Care".

³ The MNPI was conducted by the Futures Group International and funded by the U.S. Agency for International Development (USAID) through the MEASURE Evaluation Project. For more information on the MNPI, see Bulatao, Rodolfo, A., and John A. Ross. *Rating Maternal and Neonatal Health Services in Developing Countries*. *Bulletin of the World Health Organization* 80:721-727. 2002. Also Ross, John A., Oona Campbell, and Rodolfo Bulatao. The Maternal and Neonatal Programme Effort Index (MNPI), *Tropical Medicine and International Health*, vol. 6, no. 10 pp. 787-798, October 2001.

study comprise the MNPI, which produced both international and country-specific ratings of relevant services. Using a tested methodology for rating programs and services,⁴ 10 to 25 experts in each country – who were familiar with but not directly responsible for the country’s maternal health programs – rated 81 individual aspects of maternal and neonatal health services on a scale from 0-5. For convenience, each score was then multiplied by 20 to obtain an index that runs from 0-100, with 0 indicating a low score and 100 indicating a high score.

The 81 items are drawn from 13 categories, including:

- Health center capacity,
- District hospital capacity,
- Access to services,
- Antenatal care,
- Delivery care,
- Newborn care,
- Family planning services at health centers,
- Family planning services at district hospitals,
- Policies toward safe pregnancy and delivery,
- Adequacy of resources,
- Health promotion,
- Staff training, and
- Monitoring and research.

Items from these categories can be further classified into five types of program effort: service capacity, access, care received, family planning, and support services. The following five figures, organized by type of program effort, present the significant indicators from the 2003 study of six regions in Russia: Barnaul krai, Tomsk oblast, Tver oblast, Voronezh oblast, Perm oblast, Khabarovsk krai.

⁴ This methodology for rating policies and programs was originally developed for family planning, and has also been used for HIV/AIDS. See Ross, John A., and W. Parker Mauldin. 1996. “Family Planning Programs: Efforts and Results, 1972-1994.” *Studies in Family Planning* 27 (3),137-147. Also see Stover, John, Joel Rehnstrom, & Bernhard Schwartlander. 2000. *Measuring the Level of Effort in the National and International Response to HIV/AIDS: The AIDS Program Effort Index (API)*.

Understanding the Causes of Maternal Mortality and Morbidity

Maternal mortality refers to those deaths which are caused by complications due to pregnancy or childbirth. These complications may be experienced during pregnancy or delivery itself, or may occur up to 42 days following childbirth. For each woman who succumbs to maternal death, many more will suffer injuries, infections, and disabilities brought about by pregnancy or childbirth complications, such as ruptured uterus, hemorrhage, and obstetric fistula.⁵

Some of the direct medical causes of maternal mortality include hemorrhage or bleeding, infection, unsafe abortion, hypertensive disorders, and obstructed labor. Other causes include ectopic pregnancy, embolism, and anesthesia-related risks.⁶ Conditions such as anemia, diabetes, hypertension, sexually transmitted infections, and others can also increase a woman's risk for complications during pregnancy and childbirth, and, thus, are indirect causes of maternal mortality and morbidity.

Efforts to reduce maternal mortality and morbidity must also address societal and cultural factors that impact women's health and their access to services. For example, societal norms, such as taboos around sex and a lack of confidentiality, may also discourage women and girls from seeking needed health care services – particularly if they are of a sensitive nature, such as family planning or treatment of sexually transmitted infections.

Ensuring safe motherhood requires recognizing and supporting the rights of women and girls to lead healthy lives in which they have control over the resources and decisions that impact their health and safety. It requires raising awareness of complications associated with pregnancy and childbirth, providing access to high quality health services (antenatal, delivery, postpartum, family planning, etc.), and eliminating harmful practices and encouraging healthy behaviors.

⁵ Obstetric fistula occurs as a result of a prolonged and obstructed labor, which in turn is further complicated by the presence of female genital cutting. The pressure caused by the obstructed labor damages the tissues of the internal passages of the bladder and/or the rectum and, with no access to surgical intervention, the woman can be left permanently incontinent, unable to hold urine or feces, which leak out through her vagina. (UNFPA Press Release, July 2001)

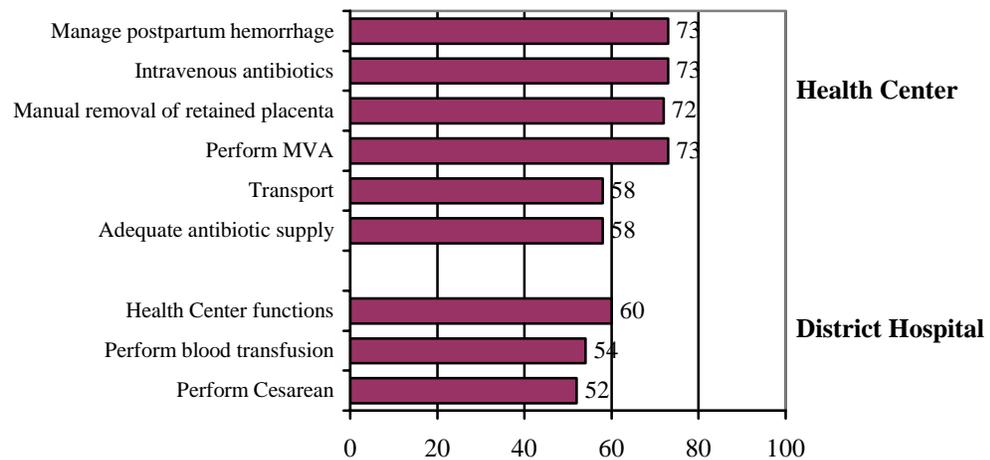
⁶ World Health Organization. 2001. *Advancing Safe Motherhood through Human Rights*. Available: http://www.who.int/reproductive-health/publications/RHR_01_5_advancing_safe_motherhood/RHR_01_05_table_of_contents_en.html

Barnaul

Service Capacity

Overall, Barnaul’s capacity to provide emergency obstetric care received a rating of 65 out of 100. Figure 1 shows ratings of the capacity of health centers and district hospitals to provide specific services.

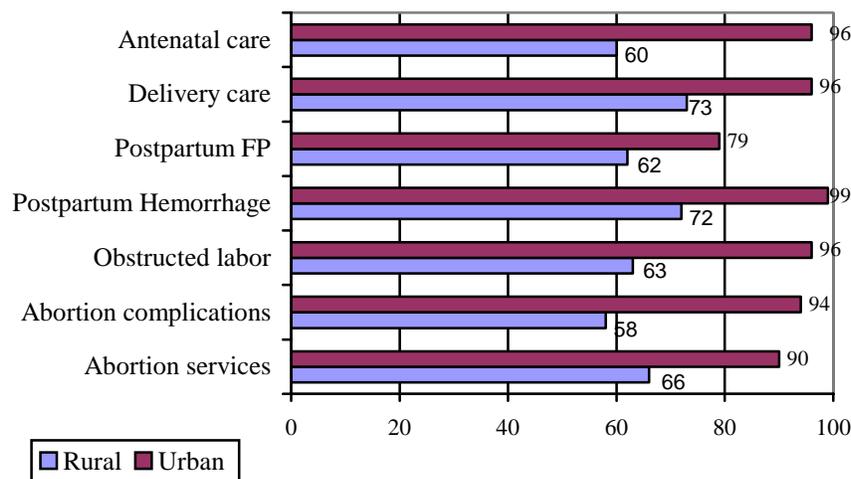
Figure 1. Service capacity of health centers and district hospitals in Barnaul krai



Access

In most transitioning countries access to safe motherhood services is relatively good, although there are still gaps between rural and urban areas. Overall, Barnaul received a rating of 75 (weighted mean) for access, with an average of 64 for rural access and 92 for urban access. Figure 2 presents the rural and urban access ratings for eight services. For all service areas, there are large gaps in the ratings for rural and urban access.

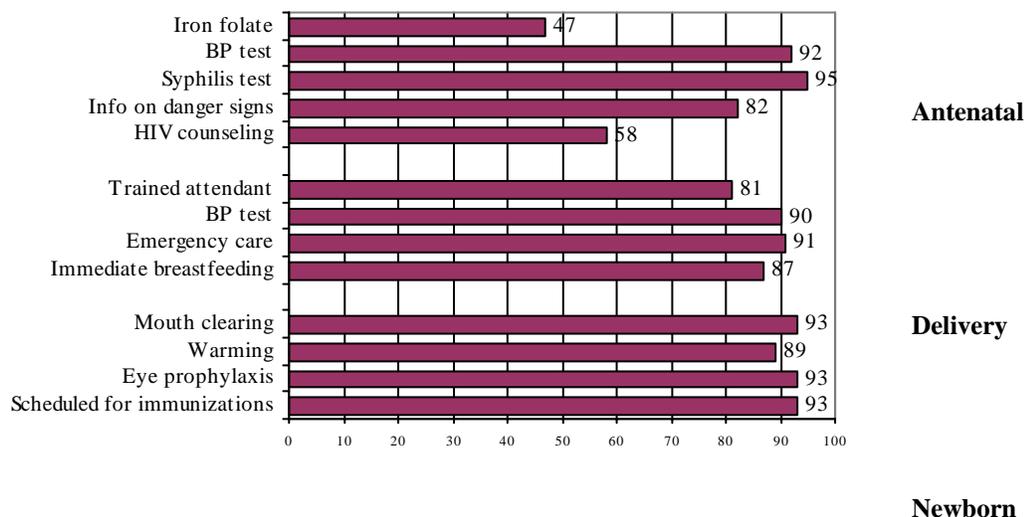
Figure 2. Comparison of access to services in rural and urban areas in Barnaul krai



Care Received

In most countries, newborn services are rated higher than delivery care or antenatal care, and this was the case for Barnaul as well. Overall, care received was given a rating of 85, with newborn care receiving an average rating of 93 compared to 77 for antenatal care and 86 for delivery care. Figure 3 presents key indicators for each type of care.

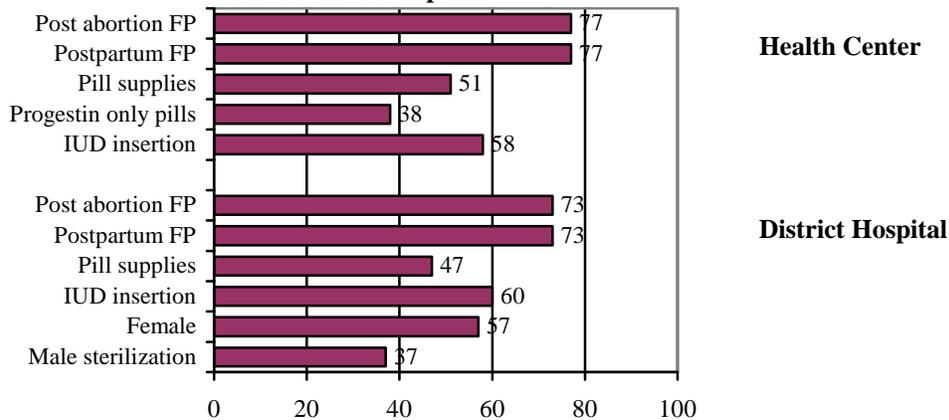
Figure 3. Antenatal, delivery and newborn care received in Barnaul krai



Family Planning

Barnaul’s family planning services provided by health centers and district hospitals together received a rating of 59. Figure 4 presents the ratings for individual family planning services provided by health centers and district hospitals. These ratings consider facility capacity, access, and care received.

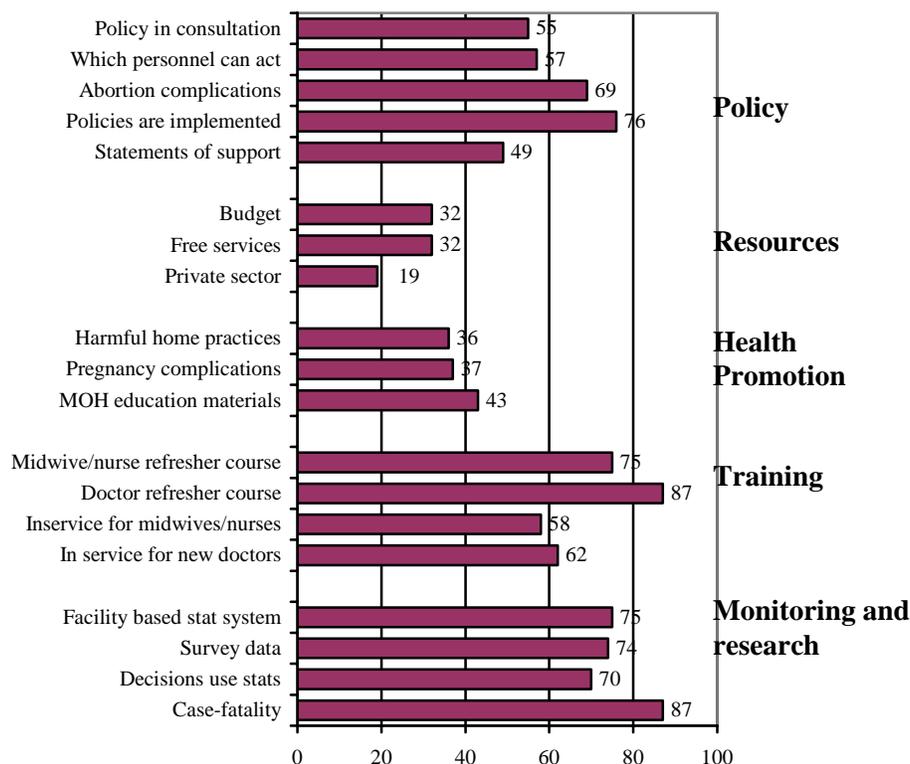
Figure 4. Provision of family planning services at health centers and district hospitals in Barnaul krai



Policy and Support Functions ⁷

In Barnaul policy and support functions received an overall rating of 60. Ratings for support functions, shown in Figure 5, are divided into the following categories: policy, resources, health promotion, training, and monitoring and research.

Figure 5. Policy and Support Services in Barnaul krai



Policies (laws, targeted programs, Orders, Decrees, etc.), even when they have been adopted, do not automatically translate into quality services at the local level. Respondents in Barnaul believe that many of the support functions, including resources, health promotion, training, and monitoring are in need of further development.

The ratings also suggest that Barnaul respondents believe there is a need to improve health promotion. Health promotion and education of the public are important adjuncts to the provision of health services. Mass media should be used to educate the public about safe pregnancy and delivery, and community-based organizations should assist these efforts through systematic programs.

The education and training of health professionals is an integral part of providing good quality care and preventing maternal death and disability. While ratings suggest that curricula (69) have been developed to some degree, Barnaul respondents believe actual training needs improvement.

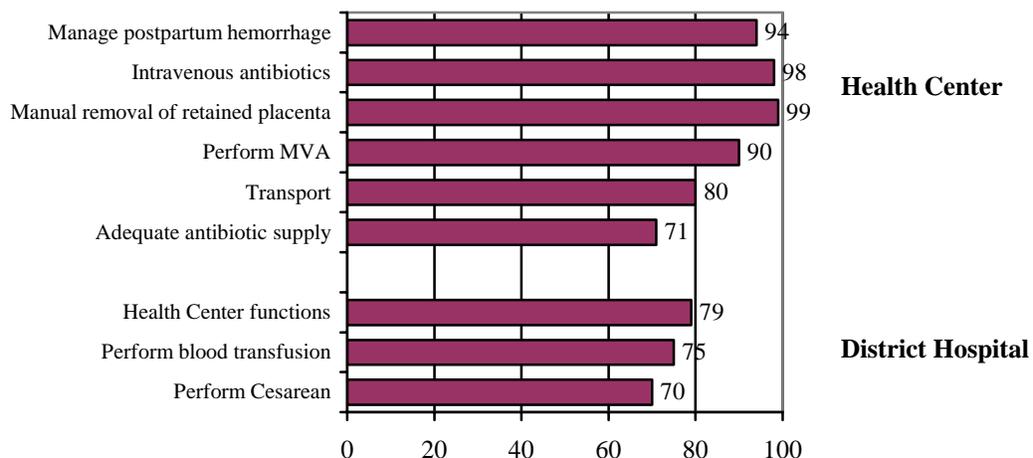
⁷ In this section the respondents in Barnaul are rating the national policy and support functions.

Monitoring and research capabilities, particularly an environment that encourages using available statistical information when making decisions and shaping policies (70), need to be improved and institutionalized in all health facilities.

Khabarovsk Service Capacity

Overall, Khabarovsk’s⁸ capacity to provide emergency obstetric care received a rating of 78 out of 100. Figure 1 shows ratings of the capacity of health centers and district hospitals to provide specific services.

Figure 1. Service capacity of health centers and district hospitals in Khabarovsk krai

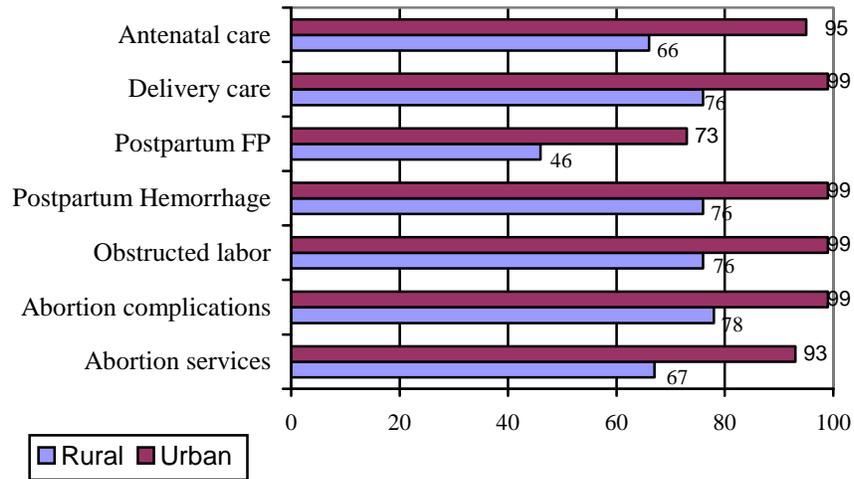


Access

In most transitioning countries access to safe motherhood services is relatively good, although there are still gaps between rural and urban areas. Overall, Khabarovsk received a rating of 90 for access (weighted means), with an average of 73 for rural access and 95 for urban access. Figure 2 presents the rural and urban access ratings for eight services. For all but one of the service areas, there are large gaps in the ratings for rural and urban access.

⁸ “Khabarovsk” refers to Khabarovsk krai for the entirety of this report.

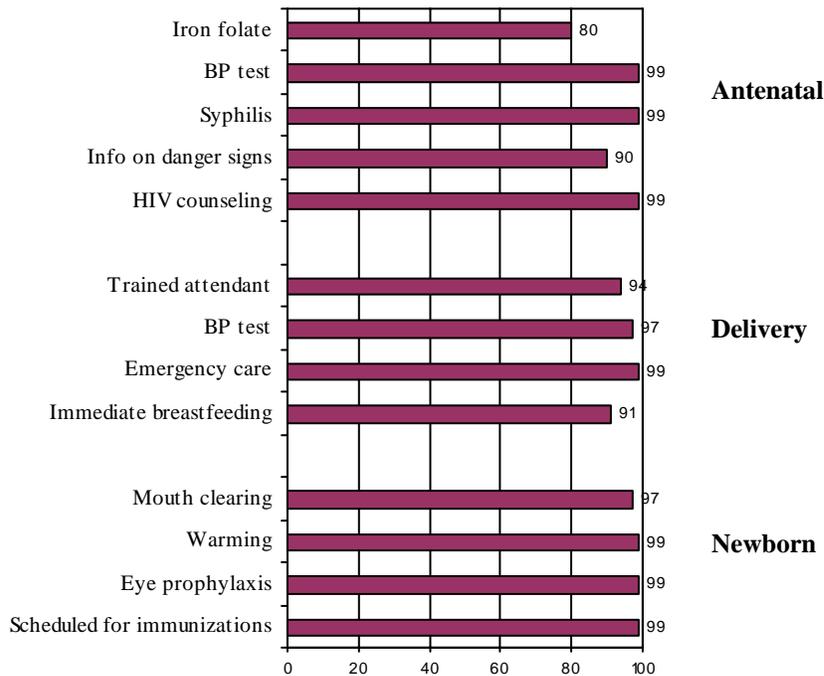
Figure 2. Comparison of access to services in rural and urban areas in Khabarovsk krai



Care Received

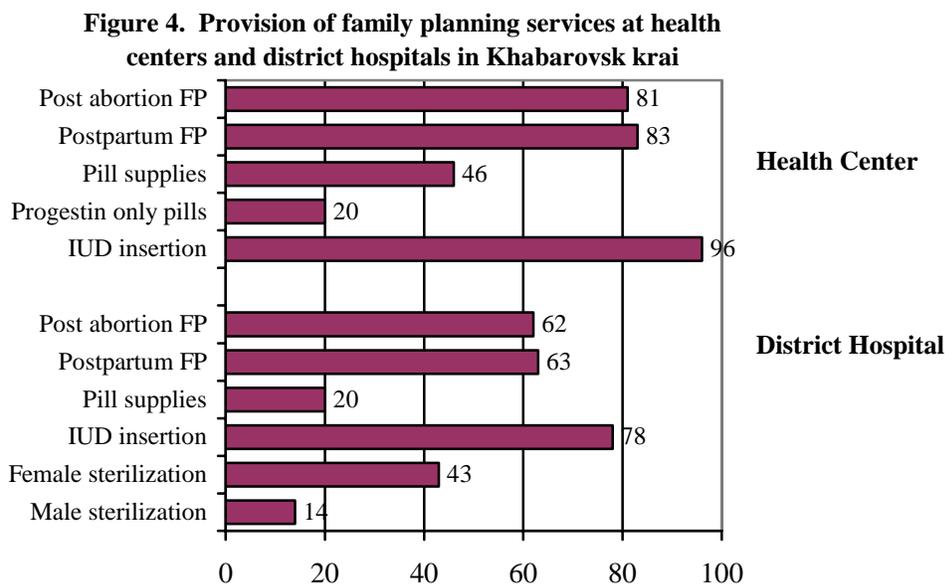
In most countries, newborn services are rated higher than delivery care or antenatal care, and this was the case for Khabarovsk as well. Overall, care received was given a rating of 96, with newborn care receiving an average rating of 98 compared to 94 for antenatal care and 96 for delivery care. Figure 3 presents key indicators for each type of care.

Figure 3. Antenatal, delivery and newborn care received in Khabarovsk



Family Planning

Khabarovsk's family planning services provided by health centers and district hospitals together received a rating of 55. Figure 4 presents the ratings for individual family planning services provided by health centers and district hospitals. These ratings consider facility capacity, access, and care received.

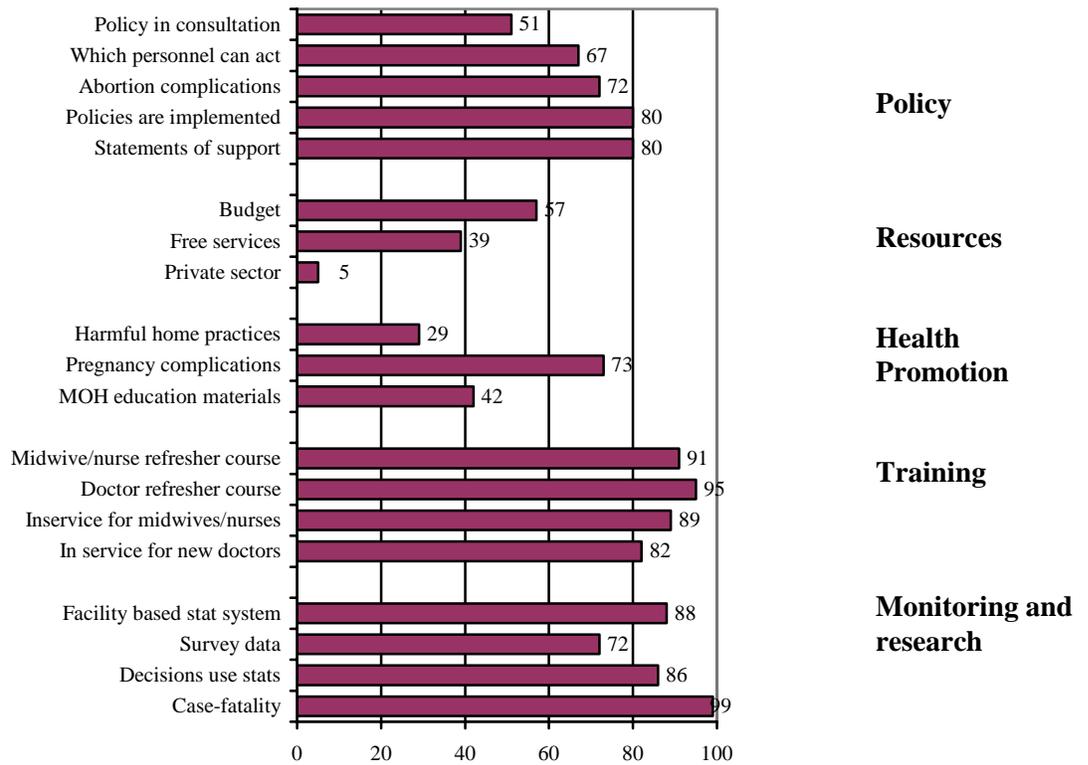


Policy and Support Functions⁹

In Khabarovsk policy and support functions received an overall rating of 72. Ratings for support functions, shown in Figure 5, are divided into the following categories: policy, resources, health promotion, training, and monitoring and research.

⁹ In this section the respondents in Khabarovsk krai are rating the national policy and support functions.

Figure 5. Policy and Support Services in Khabarovsk krai



Policies (laws, targeted programs, Orders, Decrees, etc.), even when they have been adopted, do not automatically translate into quality services at the local level. Khabarovsk respondents believe many of the support functions, including resources, health promotion, training, and monitoring are in need of further development.

The ratings also suggest that Khabarovsk respondents believe there is a need to improve health promotion. Health promotion and education of the public are important adjuncts to the provision of health services. Mass media should be used to educate the public about safe pregnancy and delivery, and community-based organizations should assist these efforts through systematic programs.

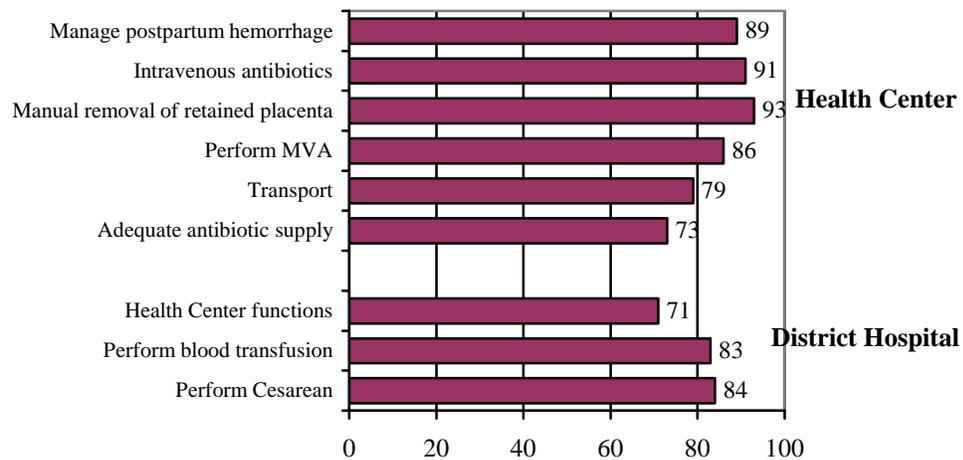
The education and training of health professionals is an integral part of providing good quality care and preventing maternal death and disability. While ratings suggest that curricula (99) have been developed, Khabarovsk respondents believe actual training needs to be improved.

Monitoring and research capabilities, particularly a system whereby survey data is routinely collected about maternal events (72) need to be improved and institutionalized in all health facilities.

Perm Service Capacity

Overall, Perm’s¹⁰ capacity to provide emergency obstetric care received a rating of 82 out of 100. Figure 1 shows ratings of the capacity of health centers and district hospitals to provide specific services.

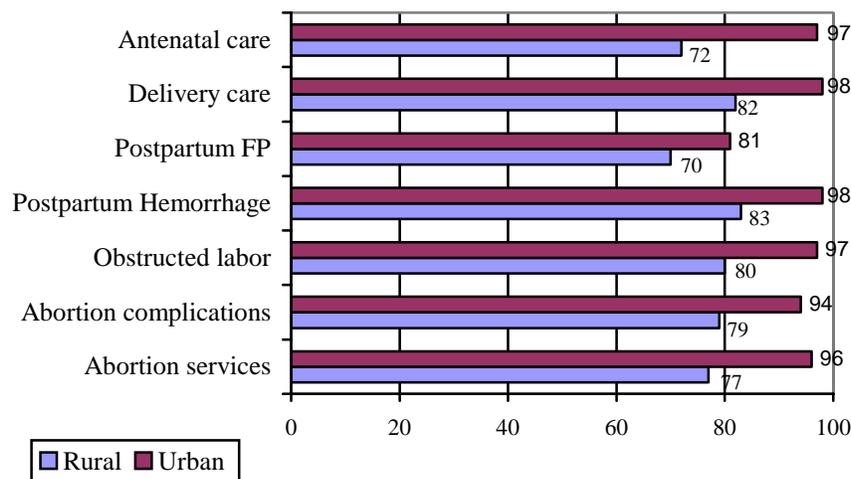
Figure 1. Service capacity of health centers and district hospitals in Perm oblast



Access

In most transitioning countries access to safe motherhood services is relatively good, although there are still gaps between rural and urban areas. Overall, Perm received a rating of 88 for access (weighted means), with an average of 78 for rural access and 94 for urban access. Figure 2 presents the rural and urban access ratings for eight services. For many service areas, there are large gaps in the ratings for rural and urban access.

Figure 2. Comparison of access to services in rural and urban areas in Perm oblast

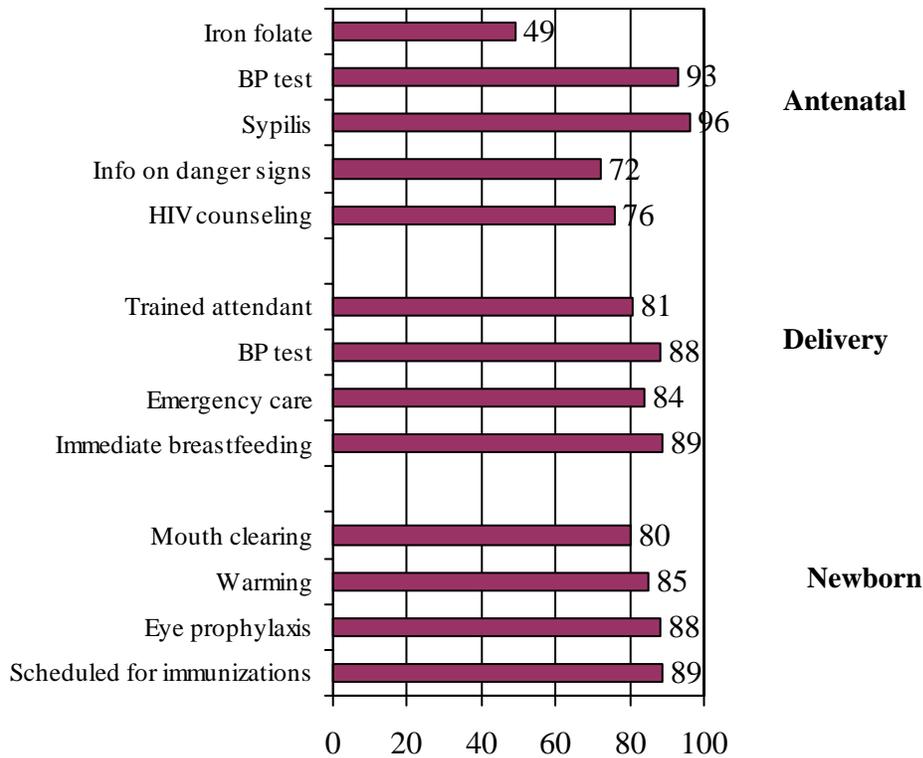


¹⁰ “Perm” refers to Perm oblast for the entirety of this report.

Care Received

Newborn services are usually rated higher than delivery care or antenatal care, and this was the case for Perm as well, although delivery care was a very close second. Overall, care received was given a rating of 84, with newborn care receiving an average rating of 87 compared to 78 for antenatal care and 85 for delivery care. Figure 3 presents key indicators for each type of care.

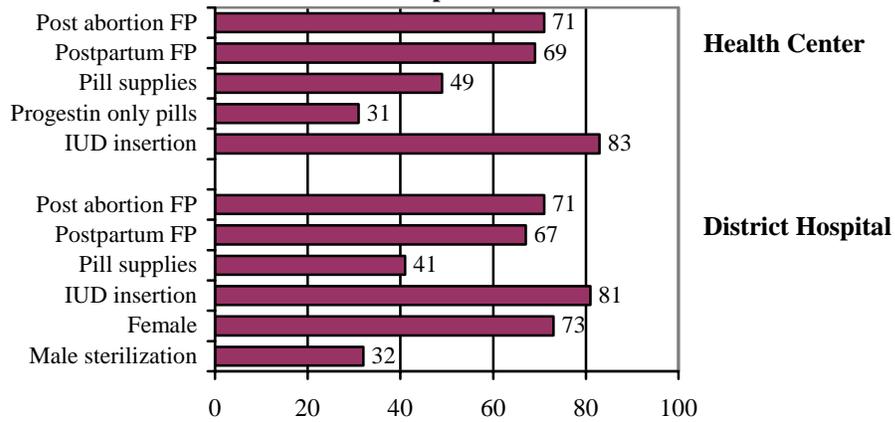
Figure 3. Antenatal, delivery and newborn care received in Perm



Family Planning

Perm’s family planning services provided by health centers and district hospitals together received a rating of 61. Figure 4 presents the ratings for individual family planning services provided by health centers and district hospitals. These ratings consider facility capacity, access, and care received.

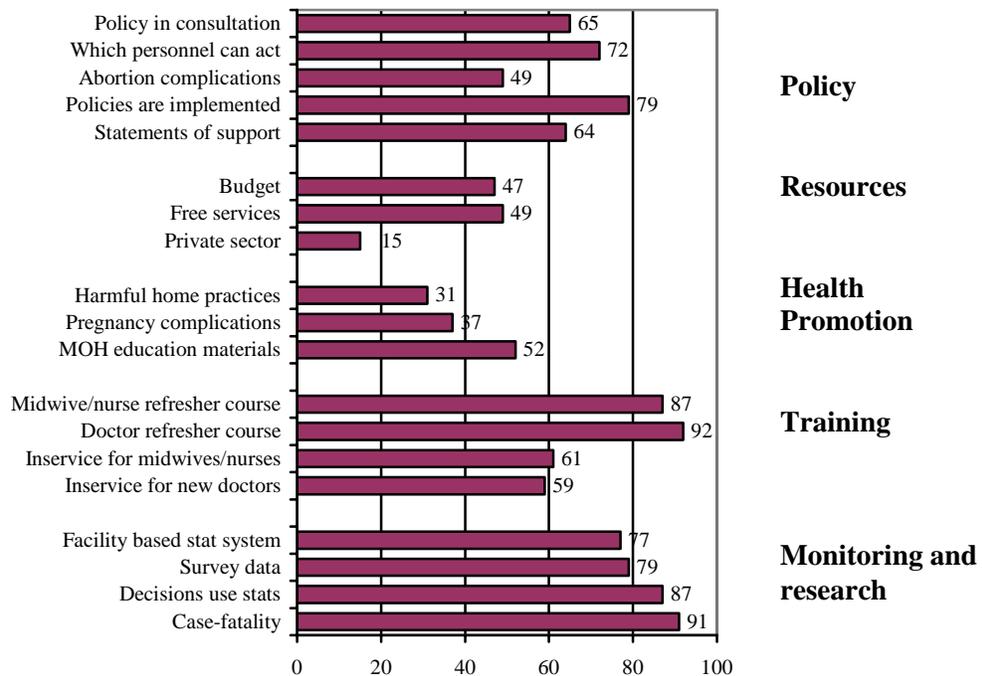
Figure 4. Provision of family planning services at health centers and district hospitals in Perm oblast



Policy and Support Functions¹¹

In Perm policy and support functions received an overall rating of 66. Ratings for support functions, shown in Figure 5, are divided into the following categories: policy, resources, health promotion, training, and monitoring and research. In relation to the other support functions, monitoring and evaluation received the highest average ratings.

Figure 5. Policy and Support Services in Perm oblast



¹¹ In this section the respondents in Perm oblast are rating the national policy and support functions.

Policies (laws, targeted programs, Orders, Decrees, etc.), even when they have been adopted, do not automatically translate into quality services at the local level. Perm respondents believe many of the support functions, including resources, health promotion, training, and monitoring are in need of further development.

The ratings also suggest that Perm respondents believe there is a need to improve health promotion. Health promotion and education of the public are important adjuncts to the provision of health services. Mass media should be used to educate the public about safe pregnancy and delivery, and community-based organizations should assist these efforts through systematic programs.

The education and training of health professionals is an integral part of providing good quality care and preventing maternal death and disability. While ratings suggest that curricula (73) have been developed to some degree, Perm respondents believe actual training is generally poorer.

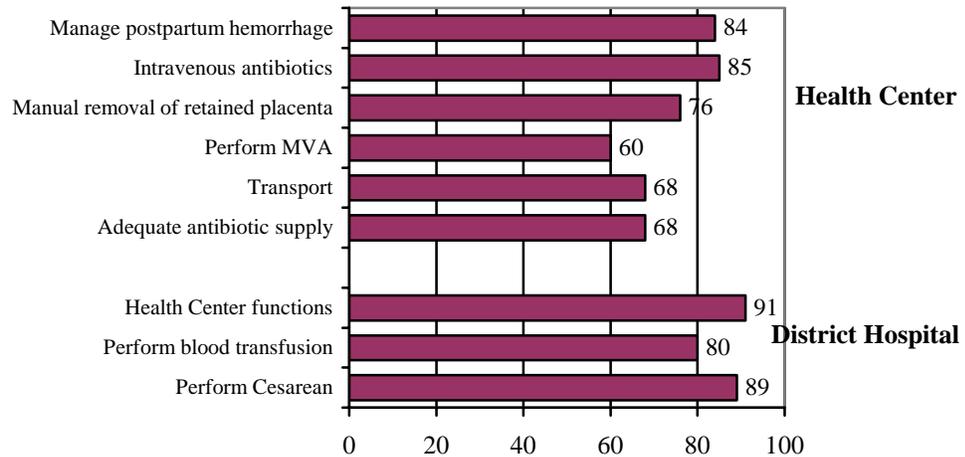
Monitoring and research capabilities, particularly a routine statistical system using facility based information needs to be improved (77) and institutionalized in all health facilities.

Tomsk

Service Capacity

Overall, Tomsk’s¹² capacity to provide emergency obstetric care received a rating of 74 out of 100. Figure 1 shows ratings of the capacity of health centers and district hospitals to provide specific services.

Figure 1. Service capacity of health centers and district hospitals in Tomsk Oblast

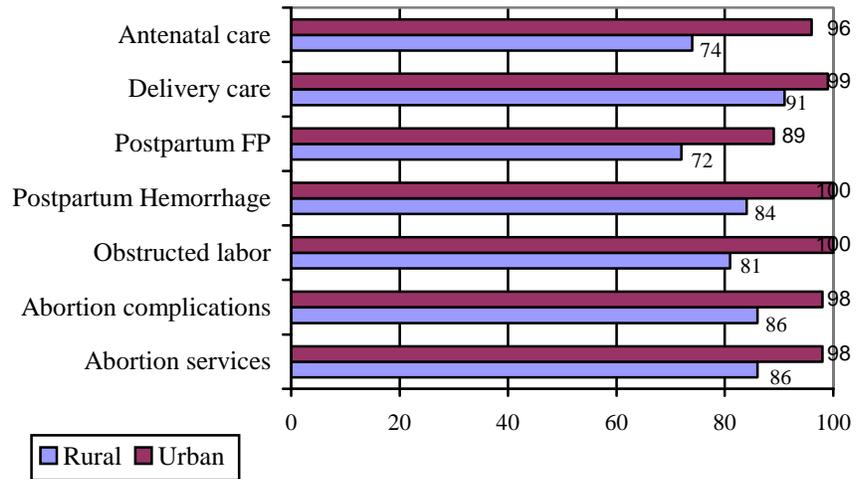


Access

In most transitioning countries access to safe motherhood services is relatively good, although there are still gaps between rural and urban areas. Overall, Tomsk received a rating of 99 (weighted means) for access, with an average of 84 for rural access and 98 for urban access. Figure 2 presents the rural and urban access ratings for eight services. For many service areas, there are large gaps in the ratings for rural and urban access.

¹² “Tomsk” refers to Tomsk oblast for the entirety of this report.

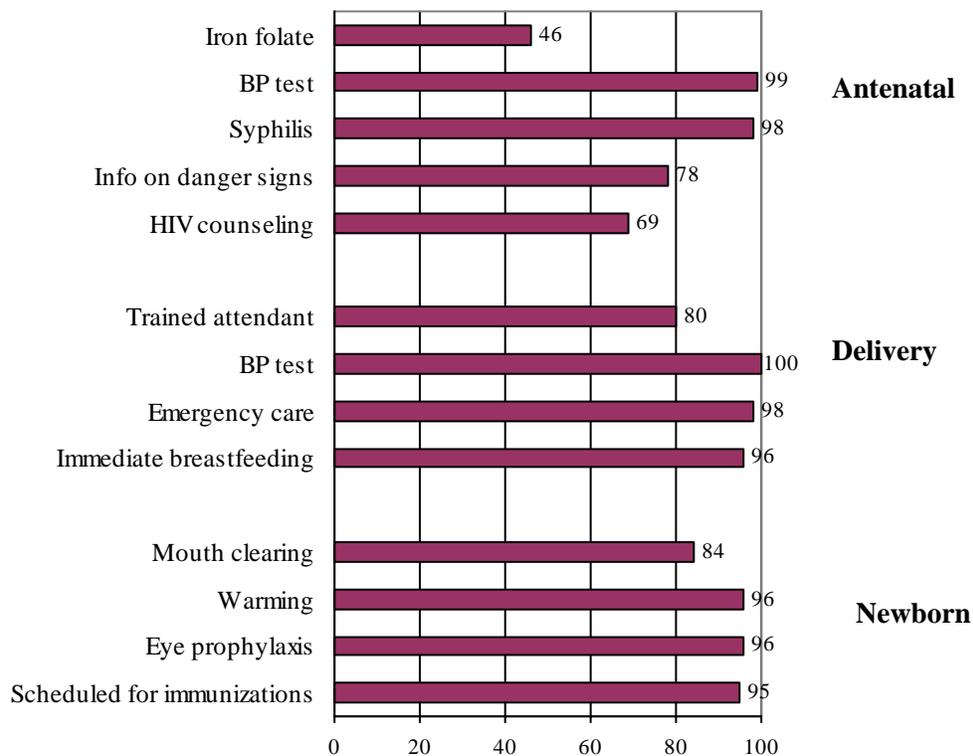
Figure 2. Comparison of access to services in rural and urban areas in Tomsk Oblast



Care Received

In most countries, newborn services are rated higher than delivery care or antenatal care, however for Tomsk newborn services and delivery services received the same average score. Overall, care received was given a rating of 88, with newborn and delivery care each receiving an average rating of 91 compared to 81 for antenatal care. Figure 3 presents key indicators for each type of care.

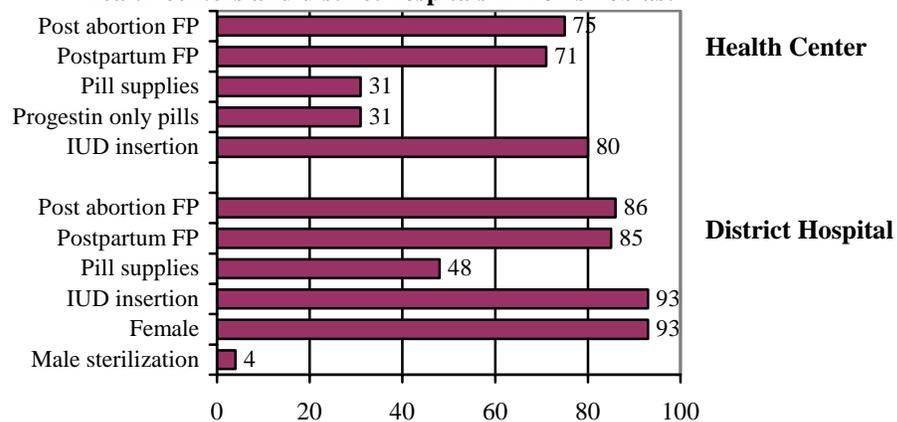
Figure 3. Antenatal, delivery and newborn care received in Tomsk



Family Planning

Tomsk's family planning services provided by health centers and district hospitals together received a rating of 63. Figure 4 presents the ratings for individual family planning services provided by health centers and district hospitals. These ratings consider facility capacity, access, and care received.

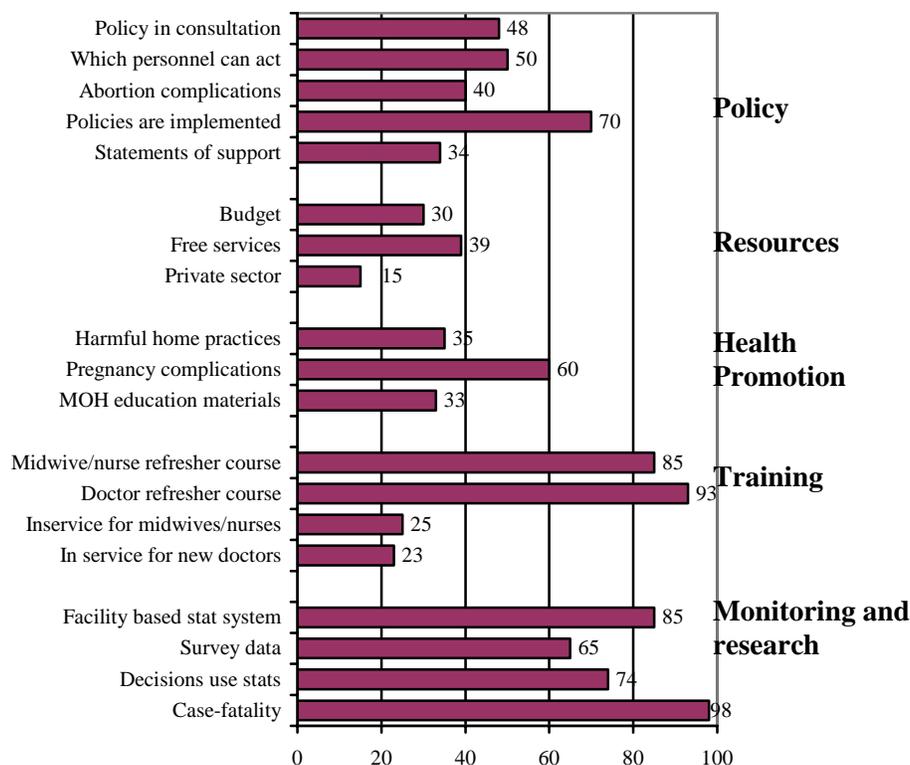
Figure 4. Provision of family planning services at health centers and district hospitals in Tomsk oblast



Policy and Support Functions ¹³

In Tomsk policy and support functions received an overall rating of 57. Ratings for support functions, shown in Figure 5, are divided into the following categories: policy, resources, health promotion, training, and monitoring and research. In relation to the other support functions, monitoring and evaluation received the highest average ratings.

Figure 5. Policy and Support Services in Tomsk oblast



Policies (laws, targeted programs, Orders, Decrees, etc.), even when they have been adopted, do not automatically translate into quality services at the local level. Respondents in Tomsk believe many of the support functions, including resources, health promotion, training, and monitoring are in need of further development.

The ratings also suggest that Tomsk respondents believe there is in great need to improve health promotion. Health promotion and education of the public are important adjuncts to the provision of health services. Mass media should be used to educate the public about safe pregnancy and delivery, and community-based organizations should assist these efforts through systematic programs.

The education and training of health professionals is an integral part of providing good quality care and preventing maternal death and disability. While ratings suggest that curricula (83) have been developed to some degree, Tomsk respondents believe actual training is generally poorer.

¹³In this section the respondents in Tomsk oblast are rating the national policy and support functions.

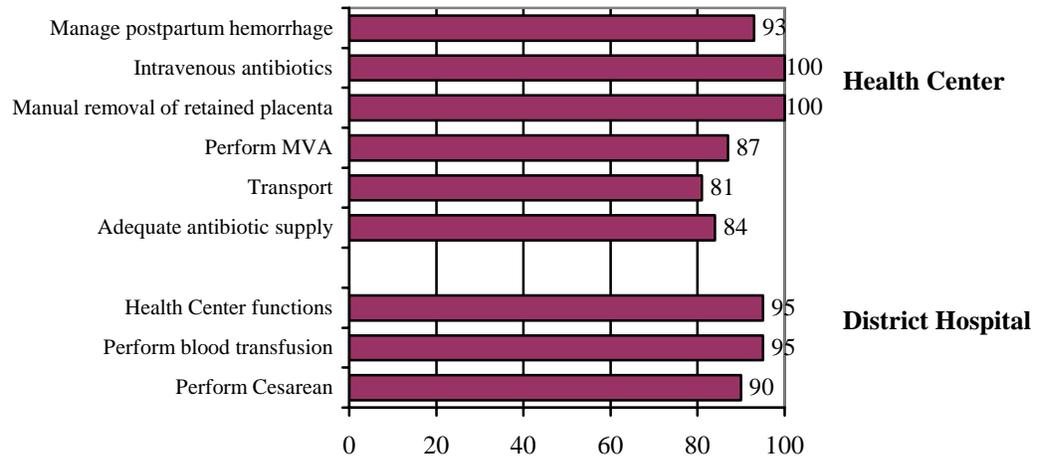
Monitoring and research capabilities received relatively high ratings, but there are still areas that need improvement. Particularly, a system whereby survey data is routinely collected about maternal events (65) and the usage of statistics in decision making (74) need to be improved and institutionalized in all health facilities.

Tver

Service Capacity

Overall, Tver's¹⁴ capacity to provide emergency obstetric care received a rating of 89 out of 100. Figure 1 shows ratings of the capacity of health centers and district hospitals to provide specific services.

Figure 1. Service capacity of health centers and district hospitals in Tver oblast

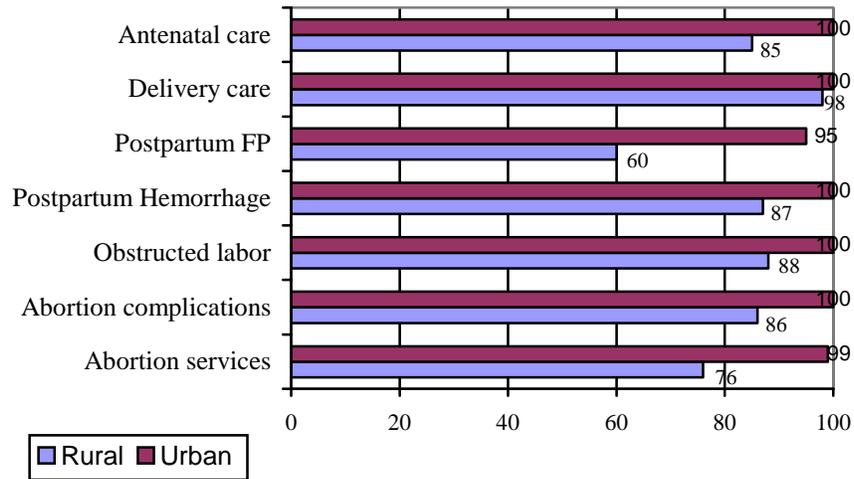


Access

In most transitioning countries access to safe motherhood services is relatively good, although there are still gaps between rural and urban areas. Overall, Tver received a rating of 95 for access (weighted means), with an average of 85 for rural access and 99 for urban access. Figure 2 presents the rural and urban access ratings for eight services. For many service areas, there are gaps in the ratings for rural and urban access.

¹⁴ "Tver" refers to Tver oblast for the entirety of this report.

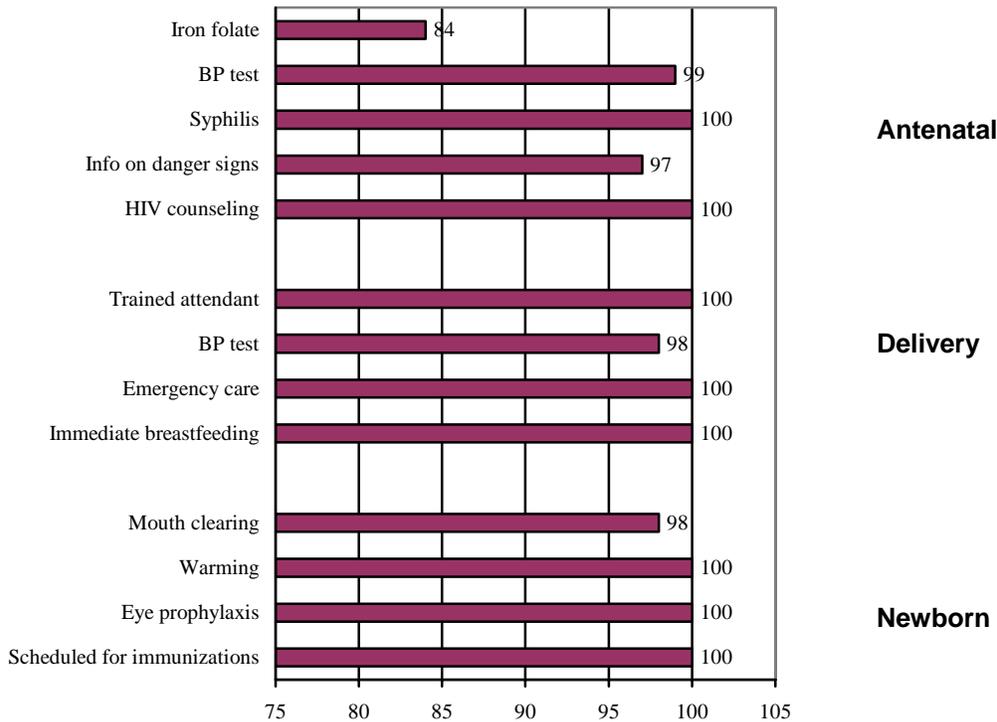
Figure 2. Comparison of access to services in rural and urban areas in Tver oblast



Care Received

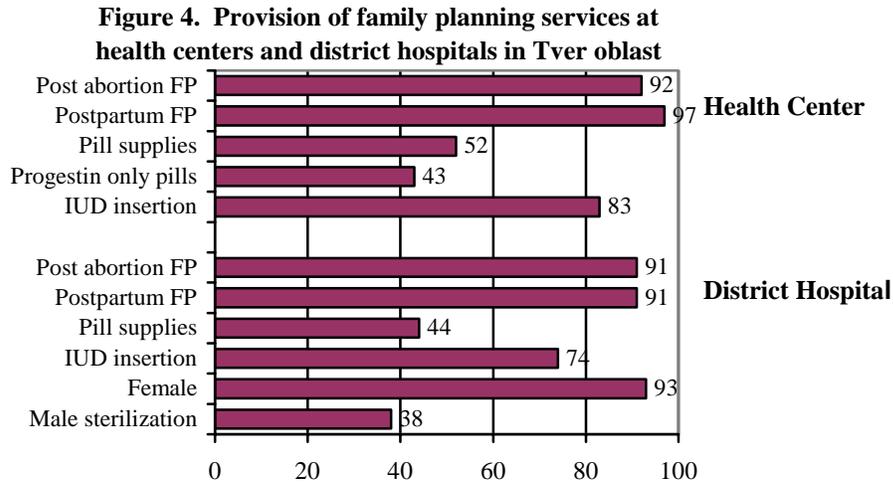
In most countries, newborn services are rated higher than delivery or antenatal care, however for Tver, all three scored similarly. Overall, care received was given a rating of 98, with newborn and delivery care receiving average ratings of 99 and antenatal care receiving 97. Figure 3 presents key indicators for each type of care.

Figure 3. Antenatal, delivery and newborn care received in Tver



Family Planning

Tver’s family planning services provided by health centers and district hospitals together received a rating of 73. Figure 4 presents the ratings for individual family planning services provided by health centers and district hospitals. These ratings consider facility capacity, access, and care received.

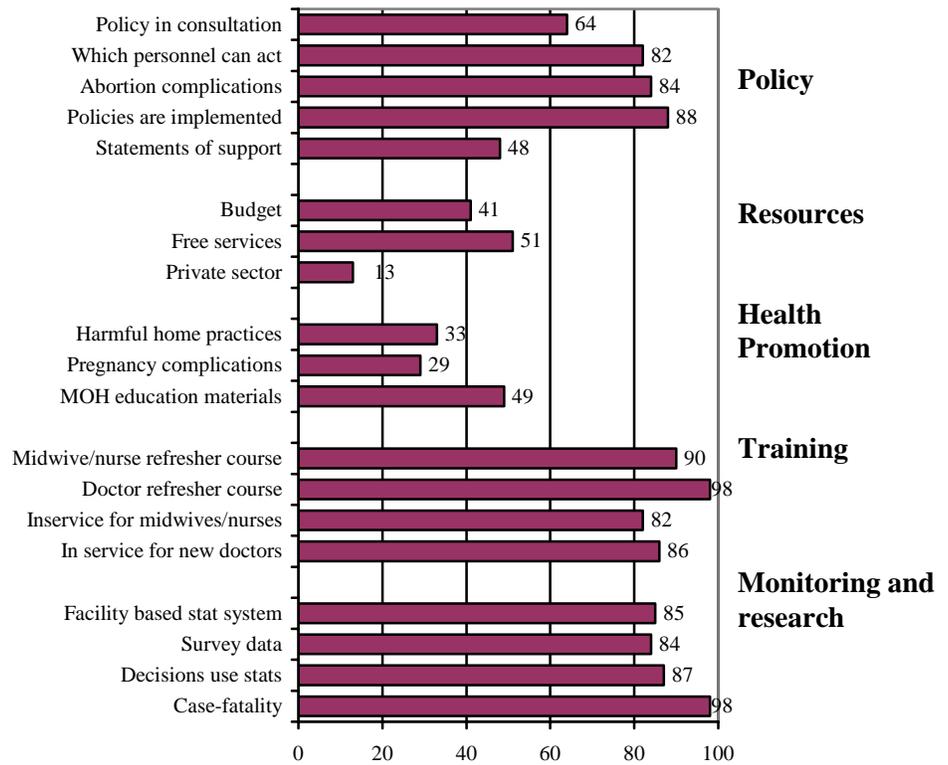


Policy and Support Functions ¹⁵

In Tver policy and support functions received an overall rating of 70. Ratings for support functions, shown in Figure 5, are divided into the following categories: policy, resources, health promotion, training, and monitoring and research. In relation to the other support functions, training received the highest average ratings.

¹⁵ In this section the respondents in Tver oblast are rating the national policy and support functions.

Figure 5. Policy and Support Services in Tver oblast



Policies (laws, targeted programs, Orders, Decrees, etc.), even when they have been adopted, do not automatically translate into quality services at the local level. Respondents in Tver believe many of the support functions, including resources and health promotion are in need of further development.

The ratings also suggest that Tver respondents believe there is a need to improve health promotion. Health promotion and education of the public are important adjuncts to the provision of health services. Mass media should be used to educate the public about safe pregnancy and delivery, and community-based organizations should assist these efforts through systematic programs.

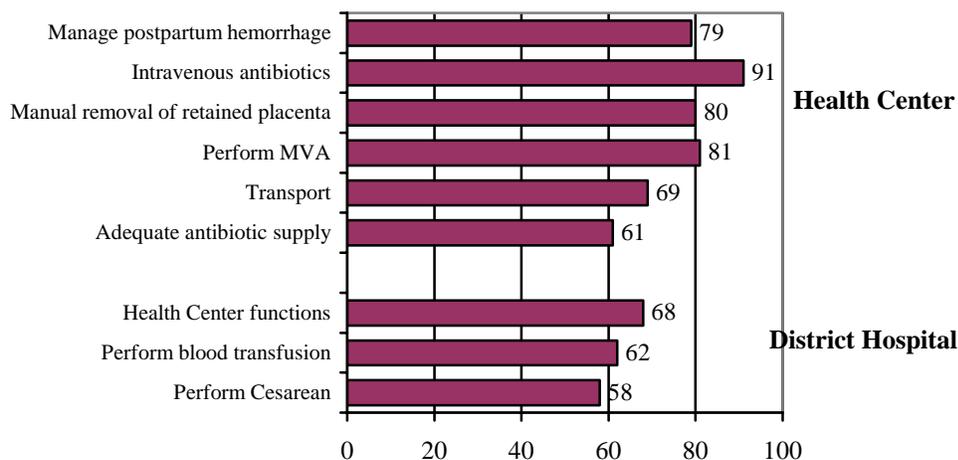
The education and training of health professionals is an integral part of providing good quality care and preventing maternal death and disability. Ratings suggest that Tver respondents believe training is generally strong.

Monitoring and research capabilities received relatively high ratings, with areas relating to data showing the need for minimal improvement.

Voronezh Service Capacity

Overall, Voronezh's¹⁶ capacity to provide emergency obstetric care received a rating of 68 out of 100. Figure 1 shows ratings of the capacity of health centers and district hospitals to provide specific services.

Figure 1. Service capacity of health centers and district hospitals in Voronezh oblast

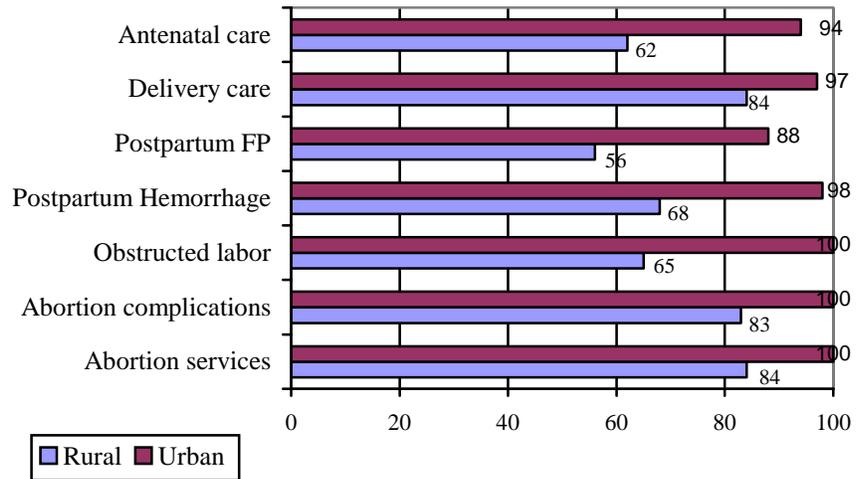


Access

In most transitioning countries access to safe motherhood services is relatively good, although there are still gaps between rural and urban areas. Overall, Voronezh received a rating of 88 for access (weighted means), with an average of 75 for rural access and 97 for urban access. Figure 2 presents the rural and urban access ratings for eight services. For all service areas, there are large gaps in the ratings for rural and urban access.

¹⁶ "Voronezh" refers to Voronezh oblast for the entirety of this report.

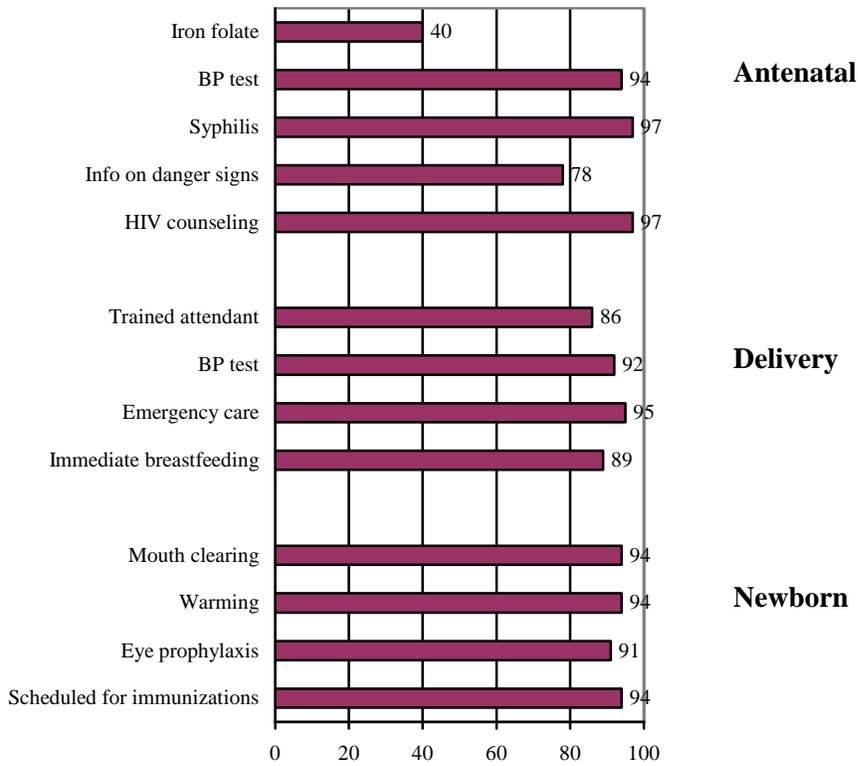
Figure 2. Comparison of access to services in rural and urban areas in Voronezh oblast



Care Received

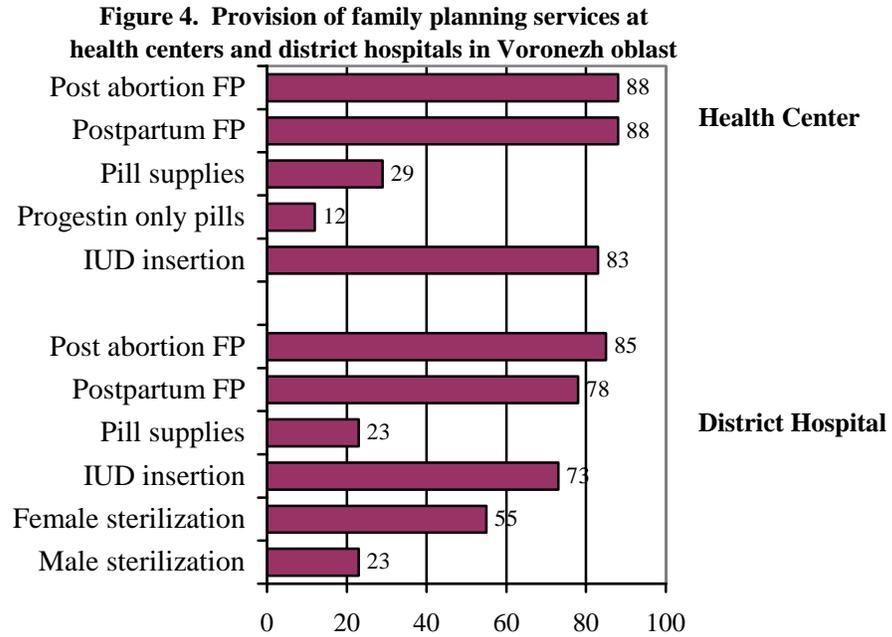
In most countries, newborn services are rated higher than delivery care or antenatal care, and this was the case for Voronezh as well. Overall, care received was given a rating of 90, with newborn care receiving an average rating of 94 compared to 84 for antenatal care and 92 for delivery care. Figure 3 presents key indicators for each type of care.

Figure 3. Antenatal, delivery and newborn care received in Voronezh



Family Planning

Voronezh's family planning services provided by health centers and district hospitals together received a rating of 58. Figure 4 presents the ratings for individual family planning services provided by health centers and district hospitals. These ratings consider facility capacity, access, and care received.



Policy and Support Functions¹⁷

In Voronezh policy and support functions received an overall rating of 65. Ratings for support functions, shown in Figure 5, are divided into the following categories: policy, resources, health promotion, training, and monitoring and research. In relation to the other support functions, monitoring and evaluation received the highest average ratings.

¹⁷ In this section the respondents in Voronezh oblast are rating the national policy and support functions.

Figure 5. Policy and Support Services in Voronezh oblast



Policies (laws, targeted programs, Orders, Decrees, etc.), even when they have been adopted, do not automatically translate into quality services at the local level. Voronezh respondents believe many of the support functions, including resources, health promotion, training, and monitoring are in need of further development.

The ratings also suggest that Voronezh respondents believe there is a need to improve health promotion. Health promotion and education of the public are important adjuncts to the provision of health services. Mass media should be used to educate the public about safe pregnancy and delivery, and community-based organizations should assist these efforts through systematic programs.

The education and training of health professionals is an integral part of providing good quality care and preventing maternal death and disability. While ratings suggest that curricula (71) have been developed to some degree, Voronezh respondents believe actual training still needs improvement.

Monitoring and research capabilities scored relatively high, but there is still room for improvement, particularly a system whereby data is routinely collected in health facilities about maternal events (78) needs to be institutionalized in all health facilities.

Summary

The MNPI ratings, collected in six regions of Russia, indicate that program efforts for maternal and neonatal health are similar across regions, but there are particular areas in each region that need more attention. Maternal and neonatal health programs in these regions have come a long way but efforts should not stop there. The ratings for general policies are good, but there is still room for improvement. Family planning services at both the health center and first referral levels show an urgent need to increase the availability of these crucial services. Particularly, the regular availability of contraceptive pills at both the health center and first referral level scored very low. Another area that is in need of immediate attention is health promotion. It is imperative that information about health care issues reaches people at all levels in the community.

Favorable policies are common in many countries but implementation typically lags behind. Russia needs to insure that good intentions are translated into high quality, accessible services and programs at the local level. In some respects there are large disparities in access to services between rural and urban populations.

Priority Action Areas

The following interventions have been shown to improve maternal and neonatal health and should be considered in Russia's effort to strengthen maternal and neonatal health policies and programs.

- ***Increase access to reproductive health, sexual health, and family planning services, especially in rural areas.*** Due to the lack of access to care in rural areas, maternal death rates are higher in rural areas than in urban areas. In addition, many men and women in rural and urban areas lack access to information and services related to HIV/AIDS and other sexually transmitted infections (STIs).
- ***Strengthen reproductive health and family planning policies and improve planning and resource allocation.*** While the MNPI scores demonstrate that many countries have strong maternal health policies, implementation of the policies may be inadequate. In some cases, advocacy can strengthen policies (laws, targeted programs, Orders, Decrees, etc.) and increase the amount of resources devoted to reproductive health and family planning. In other cases, operational policy barriers—barriers to implementation and full financing of reproductive health and family planning policies—must be removed.
- ***Increase access to and education about family planning.*** Another feature that relates closely to preventing maternal mortality is the provision of family planning. Family planning helps women prevent unintended pregnancies and space the births of their children. It thus reduces their exposure to risks associated with pregnancy, abortion, and childbirth when they lead to maternal mortality and morbidity. Improved provision of a range of contraceptive methods can prevent maternal deaths associated with unwanted pregnancies.
- ***Increase access to good quality antenatal care.*** High quality antenatal care includes screening and treatment for STIs, anemia, and detection and treatment of hypertension. Women should be given information about appropriate diet and other healthy practices and about where to seek care for pregnancy complications. The World Health Organization's recommended package of antenatal services can be conducted in four antenatal visits throughout the pregnancy.
- ***Provide prompt postpartum care, counseling, and access to family planning.*** It is important to detect and immediately manage problems that may occur after delivery, such as hemorrhage, which is responsible for about 25 percent of maternal deaths worldwide (about 17 percent in Russia¹⁸). Postpartum care and counseling will help ensure the proper care and health of the newborn. Counseling should include information on breastfeeding, immunization, and family planning.
- ***Improve postabortion care.*** About 13 percent of maternal deaths worldwide are due to unsafe abortion (18 percent in Russia¹⁹). Women who have complications resulting from abortion need access to prompt and high quality treatment for infection, hemorrhage, and injuries to the cervix and uterus.
- ***Strengthen health promotion activities.*** Mass media should be used to educate the public about pregnancy and delivery, and community-level organizations should assist this through systematic programs. An important step for health promotion, in order to prevent negative maternal health

¹⁸ State Committee of the Russian Federation on Statistics, 2001

¹⁹ State Committee of the Russian Federation on Statistics, 2001

outcomes, is to have the Ministry of Health supply adequate educational materials regarding safe practices.

- ***Increase access to skilled delivery care.*** Delivery is a critical time in which decisions about unexpected, serious complications must be made. Skilled attendants—health professionals such as doctors or midwives—can recognize these complications, and either treat them or refer women to health centers or hospitals immediately if more advanced care is needed. Some women in rural areas lack easy access to quality obstetric care, so improvements depend greatly on early recognition of complications, better provisions for emergency treatment, and improved logistics for rapid movement of complicated cases to district hospitals. Reliable supply lines and staff retraining programs also are critical.

For more information

A complete set of results, including more detailed data and information, has already been sent to each of the participating countries. For more information, contact:

The Maternal Health Study (MNPI)
The Futures Group International
80 Glastonbury Blvd.
Glastonbury, CT 06033 U.S.A.
Email: J.Ross@tfgi.com
Fax: J.Ross +1 (860) 657-3918.
Internet: <http://www.tfgi.com>