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Pakistan: Safe motherhood

The chance of a woman dying from childbirth, pregnancy, or abortion during the course of her fertile years is over 60 times higher in the Indian subcontinent than in the west. Although only a quarter of the world's births occur in Pakistan, India, Bangladesh, and Nepal, this area accounts for almost half of all maternal deaths world wide. In an effort to highlight this appalling statistic, the International Planned Parenthood Federation, with the cooperation of the Government of Pakistan, sponsored a Safe Motherhood South Asia Conference in Lahore last month.

Death in childbirth was recognised as the outcome of a lifelong chain of adverse events that in many cases can be traced back to discrimination against females from the very moment of their delivery. Consequently maternal deaths tend to be concentrated among the poorest women in the most remote parts of the region. In the long run, maternal mortality will only approach western levels as women enjoy more education, better nutrition, and improved social status. In the short term, however, much could be achieved by some simple and more readily attainable measures.

Anovulation associated with long intervals of breast feeding remains the single most important factor in spacing pregnancies in rural areas of South Asia and must be preserved. Education of health professionals and vigorous prosecution of the World Health Organisation code on milk substitutes are essential. Contraceptive practice saves maternal lives because it reduces the number of unintended pregnancies and of dangerous abortions (which account for a third or more of all maternal deaths) and is preferentially adopted by older high-parity women, who are most at risk of death. For example, in Bangladesh, where desired family size has fallen as low as 2·9, improved access to contraceptive pills, injectable preparations, intrauterine contraceptive devices, voluntary sterilisation, and condoms would more than halve the current maternal mortality rate (estimated at 560 per 100 000 live births). The conference underscored the need for more investment in family planning, noting that possible shortages of funds to buy contraceptives for very poor people threaten to undermine all efforts to improve health and family planning. Moreover, family planning indirectly improves educational opportunities and also gives women essential autonomy.

Unfortunately, unlike interventions to reduce infant deaths, high-level skills and facilities are needed to treat obstetric complications. Traditional midwives can be trained to refer high-risk pregnancies, but such a strategy only works when the formal health system provides a place where women with complications can be referred. Nevertheless, Dr Altaf Bashir, from Faisalabad, Pakistan, inspired the conference with her record of reducing maternal mortality from 10 per 1000 to 0·9 per 1000 through 14 years of careful attention to the complex of factors that affect mortality. She adopted every tack from hospital conferences on maternal deaths to health messages in the local cinemas.

The Safe Motherhood conference emphasised that women provide much of the basic capital available to any country for development, sometimes providing over half the economic output of a subsistence economy. Governments and international agencies were asked to provide the resources needed to turn childbirth from one of the most dangerous occupations in South Asia into a time of joy and security. Dr Mahmoud Fathalla, Director of the WHO Human Reproduction Programme, characterised the look that comes into the eyes of a woman dying in delivery as "difficult to describe but impossible to forget".

Malcolm Potts