

Completed worksheet for clarifying the problem – maternal mortality due to post partum haemorrhage in Zambia

Date:

Country: Zambia

Achieving Millennium Development Goal (MDG5):

Towards Reducing Maternal Deaths in Zambia

Background

Postpartum haemorrhage (PPH) accounts for 25% of maternal deaths. The purpose of the brief is to provide options to reduce maternal mortality due to PPH. Why should this be done now? Over 54% of pregnant women in urban areas and 67% in rural areas deliver at home in the absence of a skilled attendant. It is difficult to determine in advance those who are susceptible to PPH and it is therefore crucial to have skilled care for the Active Management of the Third Stage of Labour (AMTSL). Home births are mostly attended by traditional birth attendants (TBAs) and this is a contentious practice

Framing of the problem

Framing*	Advantages	Disadvantages
Maternal mortality due to PPH	<ul style="list-style-type: none"> PPH is an important cause of maternal mortality which can be addressed 	<ul style="list-style-type: none"> This is a topic that is different to the one which emerged from the priority-setting process
Inadequate access to facilities	<ul style="list-style-type: none"> Captures other causes of maternal mortality but is still focused 	<ul style="list-style-type: none"> Also a different topic. Omits some potential solutions to PPH that are not facility-based
Maternal mortality	<ul style="list-style-type: none"> It's already recognised and is already a priority 	<ul style="list-style-type: none"> It's too broad
Supply of human resources for MCH	<ul style="list-style-type: none"> It would contribute to a reduction of the avoidable causes of maternal mortality 	<ul style="list-style-type: none"> It is a well known topic and may not be perceived as new and requiring change
Misoprostol – uncertainty about if and how to introduce it	<ul style="list-style-type: none"> Very specific 	<ul style="list-style-type: none"> Too narrow
Misoprostol for home birth	<ul style="list-style-type: none"> Very specific 	<ul style="list-style-type: none"> Implies that women may choose to deliver from home rather than at a facility

*Framing refers to viewing the problem from different perspectives/contexts and identifying ways in which the problem could be packaged. This helps to describe how and why the brief has the focus it currently has.

Size of the problem:

While the maternal mortality ratio has declined in recent years, the current maternal mortality ratio (603 deaths per 100,000 live births) is still higher than the figure targeted to achieve the MDG of 162 deaths per 100,000 live births by 2015. 25% of maternal deaths occur in Zambia from postpartum haemorrhage alone. The risk of PPH related death is far greater in women who deliver away from a health facility and without a skilled attendant present. In Zambia, over 54% of women deliver at home with a traditional birth attendant. This number is even higher in rural areas where over 67% deliver at home.

Potential solutions (options)

- Creation of more mothers' shelters, thereby improving access to care two weeks before delivery, and the provision of misoprostol with community awareness
 - Facility and community component to be considered (rural and urban)
 - Social and cultural considerations
-
- Training of healthcare workers on the dangers of home deliveries, especially PPH