

REDUCING MATERNAL & NEONATAL MORTALITY IN GHANA ROLE OF QUALITY OF CARE AT DELIVERY

Health Platform Forum – MDG Week Sept 2010
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OUTLINE

- ✘ Overview – Some facts
- ✘ The Ghanaian Situation
- ✘ Impact on achieving MDG 5
- ✘ Faces behind the numbers
- ✘ Thoughts on the way out

MATERNAL MORTALITY – THE BARE FACTS

- ✘ 500,000 women die each year giving life
- ✘ Over 1million children left motherless
 - + Such kids 10x more likely to die prematurely
- ✘ In Africa, the ratio is 1:22
- ✘ In Ghana, its 1:45
 - + No reliable records on neonatal mortality
- ✘ Developed world, 1:7300

WHY THEY DIE

✘ Medical Causes:

- + Hypertensive Disorders
- + Obstructed Labour
- + Bleeding
- + Infections
- + Unsafe abortion

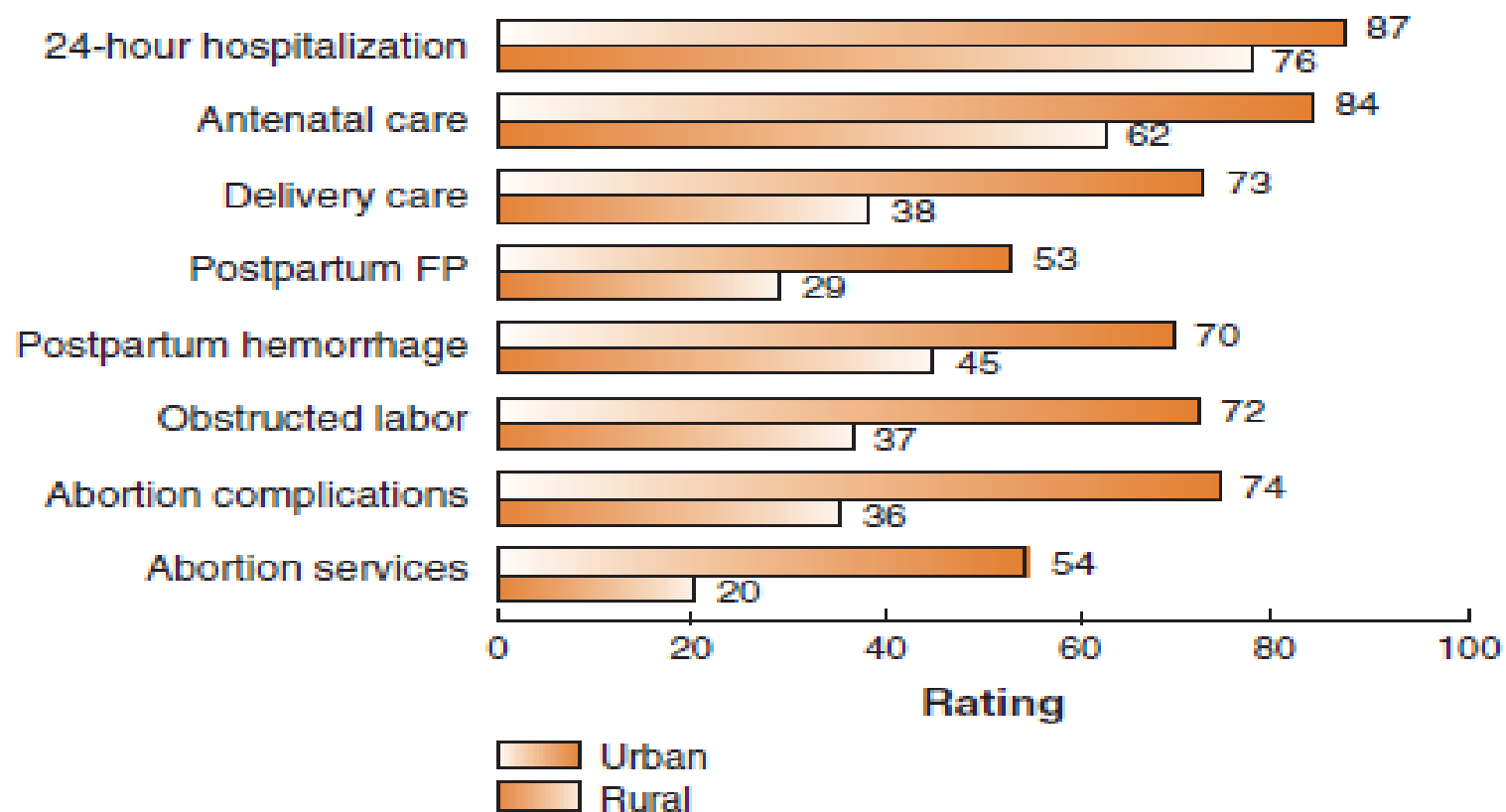
✘ Unequal access to skilled care – Urban v. Rural

✘ Late arrival to health facilities

✘ **Substandard Care at Health Facilities**

RURAL V URBAN ACCESS TO SKILLED CARE

Figure 2. Comparisons of access to services for rural and urban areas in Ghana



Source: Maternal and Neonatal program effort Index –PNACQ310

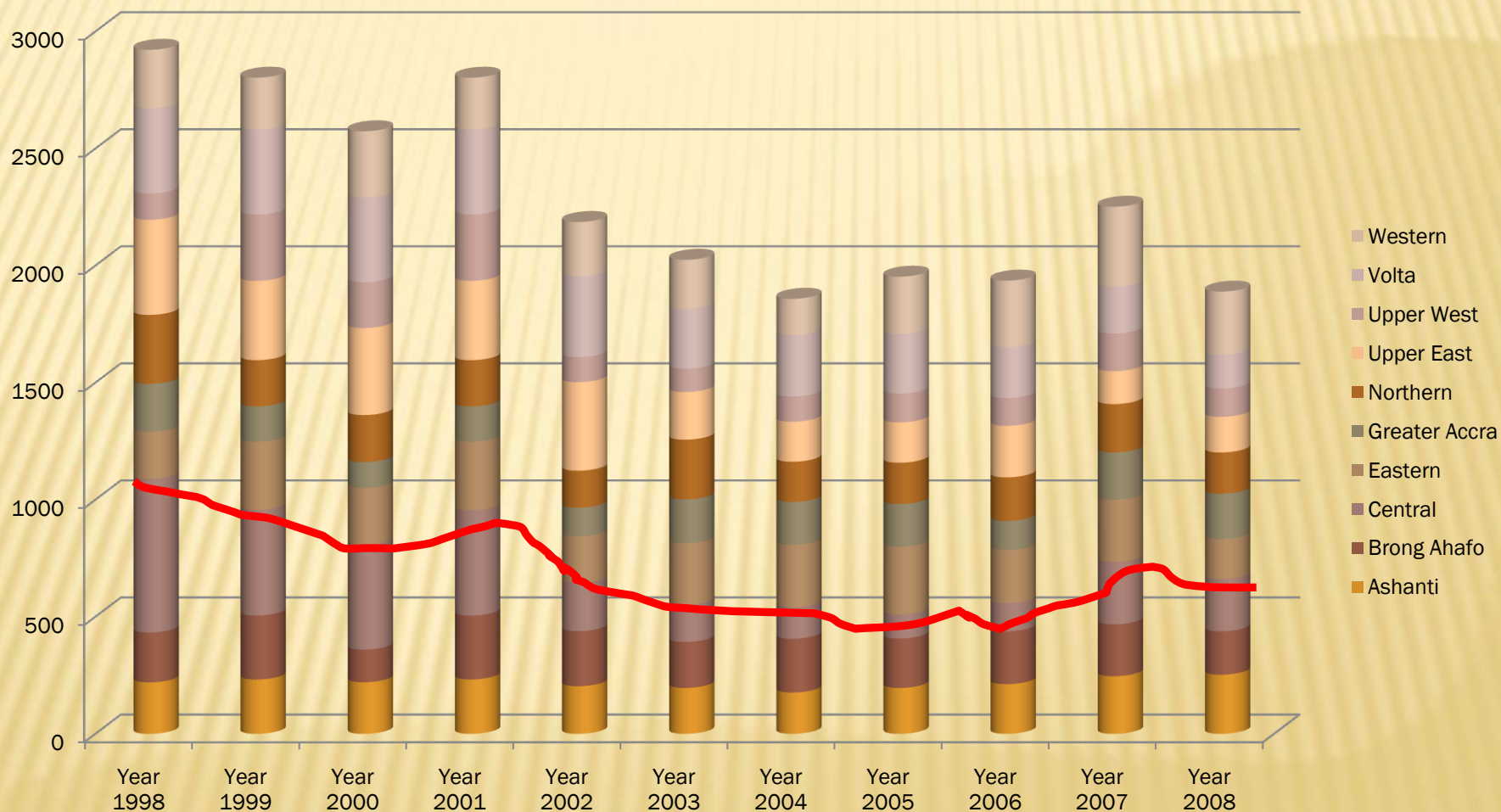
WHY THEY DIE

- ✘ Medical Causes:
 - + Hypertensive Disorders & Obstructed Labour
 - + Bleeding
 - + Infections
 - + Unsafe abortion
- ✘ Unequal access to skilled care – Urban v. Rural
- ✘ Cultural Issues
- ✘ Substandard Care at Health Facilities

FINDINGS FROM ENQUIRY INTO TWENTY MATERNAL DEATHS

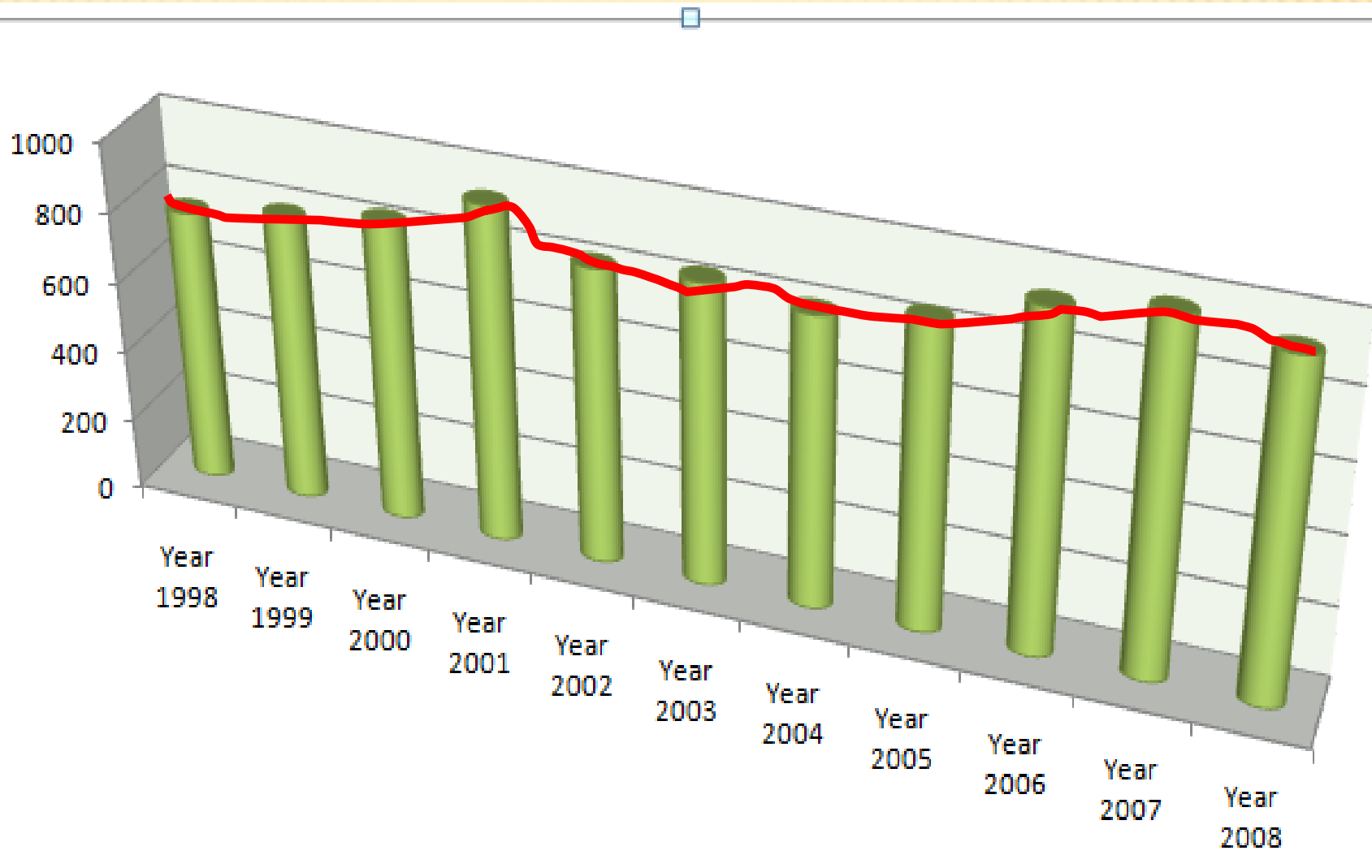
- ✘ Consumables/infrastructure were adequate
- ✘ No improvement after introduction of free care
- ✘ Adequate midwifery care
- ✘ Substandard Emergency Care
- ✘ Substandard /Poor clinical management/care
- ✘ Health Personnel Unavailable– ESP. DOCTORS
- ✘ Care by Doctors consistently below expectation
- ✘ Inadequate monitoring/information available
- ✘ 1/20 Maternal death audit carried out
- ✘ 19/20 detailed records on drugs for refund

INSTITUTIONAL MATERNAL MORTALITY RATIO -1998 -2008



Source: CHIM/RCH

INSTITUTIONAL MATERNAL DEATHS (NATIONAL) - 1998-2008

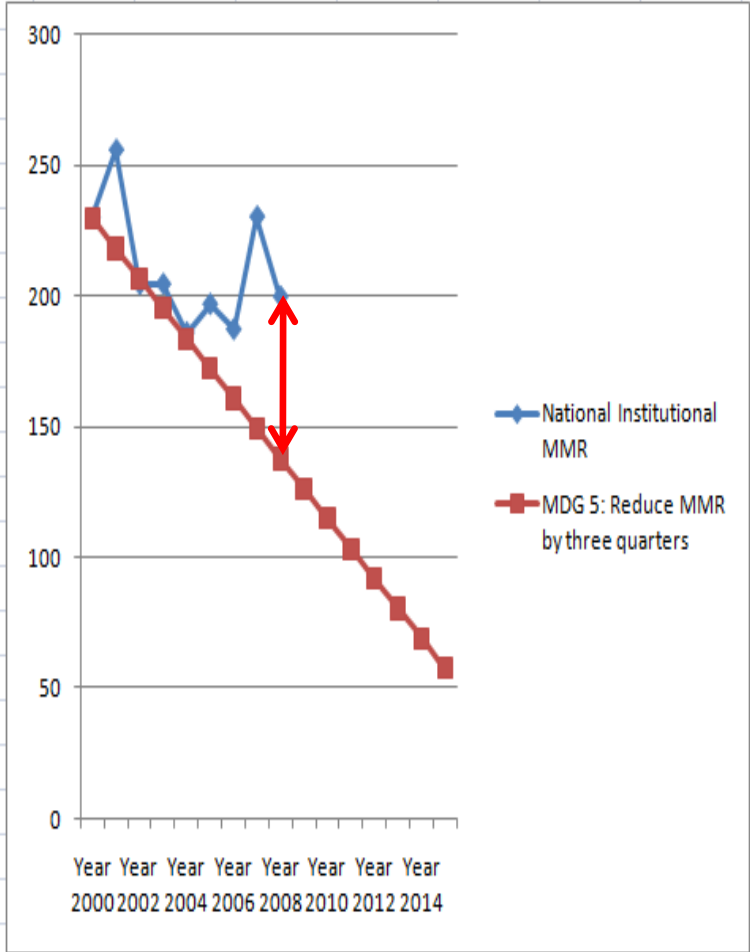


Source: CHIM/RCH

COMPARING CURRENT INSTITUTIONAL MMR WITH REQUIREMENT TO MEET MDG 5

wb363407:
Means reducing MMR by 11.49 each year

Year	National Institutional MMR	MDG 5: Reduce MMR by three quarters
Year 2000	229.7	229.7
Year 2001	255.7	218.2
Year 2002	204.4	206.7
Year 2003	204.5	195.2
Year 2004	186	183.7
Year 2005	196.8	172.3
Year 2006	187.2	160.8
Year 2007	230.2	149.3
Year 2008	199.7	137.8
Year 2009		126.3
Year 2010		114.8
Year 2011		103.3
Year 2012		91.8
Year 2013		80.3
Year 2014		68.8
Year 2015		57.4



Using 2000 as a base, I MMR should be reducing by at least 11.49 per annum

At the current rate, MDG 5 will be unachievable

BEHIND THE NUMBERS



Nyilale Vaah Junior

Fresh Stillbirth - March 9, 2010

*Died due to substandard mgt. of labour
High class, well resourced private hospital
Unavailability of **skilled** personnel*



Dzifa Agborfortsi -27

Mother of 1

*Left to deliver onto concrete floor in a
district hospital leading to baby's death
Left unattended and died days later*

BEHIND THE NUMBERS



Gorge - *Lost wife Sept 2009*

*Wife died of excessive bleeding delivering her first baby at a private clinic in Accra
No blood bank, no ambulance
VERY unprofessional conduct from nurses
Drove around Accra carrying wife's body*



Kwabena – *lost 4 babies March 2010*

*Babies delivered prematurely at private clinic
No ambulance, No incubators
Unprofessional conduct from nurses
Excessive blood drawn from another baby*

BEHIND THE NUMBERS



Obimpeh- *Lost baby May 2010*

Wife left unattended at Public Hospital

*Saw colleague deliver by herself and assaulted
Eventually delivered baby boy*

Baby Makafui kept in NICU & died 3 days after

Priscilla - *Lost baby November 2009*

Labour induced at private hospital

*Pleas for help ignored. Made to walk
despite plea baby was coming*

*Lost baby and had to be rushed to another
hospital to stop excessive bleeding.*

Source: www.vaahjuniorfoundation.org

OUR RECOMMENDATIONS & PLEA



× paying lip service to maternal mortality

× Urgent issues call for urgent measures

× Many of these are within **OUR Reach**

+ Need for separate **Health Monitoring & Advisory Unit**

+ Institute **Pay for Performance** in Health financing

+ Make training of **more** personnel a **national priority**

+ Complete ALL uncompleted health facilities

+ **Hold health professionals accountable**

+ **Use tax laws progressively**

THANK YOU



Q & A