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EDITORIAL

**DEVELOPMENTS IN MATERNAL AND NEWBORN CARE
HEALTH NURSING AND SERVICES: THE PHILIPPINE
PERSPECTIVE**

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The Millennium Development Goal 4 has only one target: To reduce the under-five mortality rate by two-thirds in the period between 1990 and 2015. Undernutrition is estimated to contribute to more than 33 percent of all deaths in children under five. So, efforts to improve household food security and nutrition have increased the chances of children growing to adulthood. In this regard, in combination with efforts by the Renewed Efforts against Child Hunger and Undernutrition (REACH) and WHO, WFP, and UNICEF have helped communities and households secure access to nutritionally adequate diets to minimize child undernutrition.

Efforts include the provision of training materials, community-centred initiatives, training programmes for local and national staff, nutrition education programmes, and promotion of forums on community nutrition and household food security.

Improving complementary feeding for babies, or giving foods in addition to breast milk, has led to significant reduction in the child mortality caused by under nutrition.

Achievements Of Reducing Child Mortality

A decrease in worldwide rate of mortality in children under-five by over 50 percent, reducing from 90 to 43 deaths per 1,000 live births between 1990 and 2015.

A global drop in the number of children under-five deaths from 12.7 million in 1990 to nearly 6 million in 2015, despite the population growth in developing regions.

Three-fold increase in the rate of reduction of under-five mortality since the early 1990s.

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In sub-Saharan Africa, the annual rate of reduction of under-five mortality was more than five times between 2005 and 2013 compared to between 1990 and 1995

The measles vaccination helped prevent almost 15.6 million deaths between 2000 and 2013, translating to a 67 percent decline in the number of cases of measles reported globally.

Nearly 84 percent of children across the globe received at least one dose of measles containing vaccine in 2013 – a 73 percent increase since 2000.



Figure 1. Achievements Of Reducing Child Mortality.

Reducing the mortality of children-under-five requires sound strategies, adequate resources, and political will. The MDGs have led to amazing, unprecedented gains in reducing child deaths, through improved service delivery, effective and affordable treatments, and political commitment.

The achievement of MDG 4 by most developing countries shows that it can be done. And with 11 children dying every minute around the world before celebrating their fifth birthday, more needs to be done to improve child survival rates.

MILLENNIUM DEVELOPMENT GOAL

Hunger and malnutrition were observed to increase the incidence and fatality rate of the conditions that contribute to nearly 80 percent of maternal deaths. In this regard, millennium development goal 5 has two targets:

- To reduce the maternal mortality ratio by 75 percent.
- To achieve universal access to reproductive health.

Improving maternal health is critical to saving the lives of hundreds of thousands of women who die

due to complication from pregnancy and childbirth each year. Over 90 percent of these deaths could be prevented if women in developing regions had access to sufficient diets, basic literacy and health services, and safe water and sanitation facilities during pregnancy and childbirth.

Some of the achievements of MDG 5 include:

- A 45 percent reduction in the maternity mortality ratio worldwide since 1990, though most of the reduction occurred since 20001.
- A 64 percent reduction in maternal mortality ratio in Southern Asia between 1990 and 2013, and 49 percent in sub-Saharan Africa.
- A 12 percent increase in the number of births assisted by skilled health personnel globally in 2014 compared to 1990 – 59 percent to 71 percent.
- An increase in the proportion of pregnant women receiving four or more antenatal visits in North Africa from 50 percent in 1990 to 89 percent in 2014.
- Increase in contraceptive prevalence among women 15 – 49 years old – whether married or in some other union – from 55 to 64 percent between 1990 and 2015.

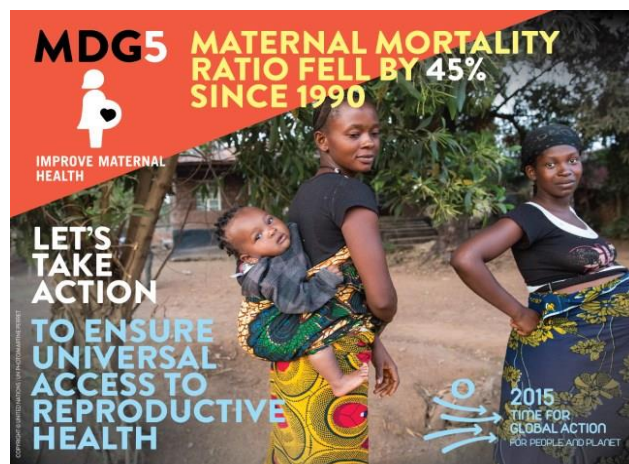


Figure 2. Maternal Mortality Ratio Fell.

Maternal Survival

Maternal death has dropped significantly since the adoption of the MDGs. The universal maternal mortality ratio has reduced by 45 percent between 1990 and 2013, from 380 to 210 maternal deaths per 100,000 live births.

Despite the progress, every day lots of women die during pregnancy or from complications arising from childbirth. The maternal mortality rate in developing regions is around 14 percent higher than in developed nations. Universally, there were an estimated 289,000

maternal deaths in 2013, which is equivalent to around 800 women dying daily. The highest rate of maternal deaths is in sub-Saharan Africa and Southern Asia, which collectively accounted for 86 percent of global maternal deaths.

Most of these deaths are preventable, with hemorrhage accounting for over 27 percent of maternal deaths in developing regions and about 16 percent in the developed regions. Other complications leading to death include high blood pressure during pregnancy, infections, unsafe abortion, and complications from delivery.

Proven health-care interventions can help manage or prevent these complications, including skilled care during childbirth, antenatal care in pregnancy, and care and support in the weeks following childbirth.

Access to reproductive health

The WHO recommends four or more antenatal care visits during pregnancy to ensure the wellbeing of mothers and newborns. During these visits, women should be given nutritional advice, alerted to warning signs indicating possible problems during their term, and given support when planning a safe delivery.

Progress has been slow since 1990, with an average of 52 percent of pregnant women in developing regions receiving the recommended number of antenatal care visits in 2014, a 17 percent increase in 25 years. Coverage levels in sub-Saharan Africa have remained still for the past two decades, with slight improvement in the number of women receiving the recommended care: 47 to 49 percent.

Use Of Contraceptives

Universally, the number of women aged 15 – 49 in marriage or a union, who were using contraceptives (as a way to reduce the incidence of unintended pregnancies, maternal deaths, and unsafe abortions) has increased from 55 to 64 percent between 1990 and 2015. The proportion in sub-Saharan Africa has more than doubled, from 13 to 28 percent, while that in Southern Asia increased from 39 to 59 percent in the same 25 years.

Nine in every 10 contraceptive users were using effective methods, including condoms, injectables, intrauterine devices, female and male sterilisation, oral hormonal pills, or an implant.



Figure 3. Improve Maternal Mortality Health.

INTEGRATED MANAGEMENT OF CHILDHOOD ILLNESS

Adolescent childbearing is not only harmful to the health of both the girls and child they bear, but also reflects the broader forms of social and economic marginalisation of girls. Certain measures have been taken to delay childbearing and prevent unintended pregnancies among this vulnerable age group, including increasing their opportunities for education and eventual paid employment. As a result, the birth rate among adolescent girls aged 15 – 19 has reduced from 59 births per 1,000 girls to 51 births between 1990 and 2015.

One of the most fundamental ways to reduce maternal morbidity and mortality is ensuring that every birth occurs with the help of skilled health personnel – midwife, nurse, or doctor. Progress in increasing the proportion of births delivered with skilled attendance has been modest over the MDG time frame, which is an indication of the lack of universal access to care.

Significant progress has been made in reducing maternal deaths and increasing global access to reproductive health, though the targets were not achieved. Improvements can be made by addressing the large inequities in maternal health, and strengthening individual country capacity to tackle the problems.

Ensure health teams competence• Encourage LGUs to allow their staff undergo training on basic emergency obstetrics and newborn care .• post training evaluation. Conduct Maternal Death Reviews• Strengthen and support Provincial and City Review Teams. • Conduct MDR at least once per 3 months– Assist LGUs identify systemic gaps– Assist LGUs address these gaps.

Future directions and conclusions

The MDGs have focused efforts on reduction of maternal and child mortality. In the post-2015 era, the health of women and children must remain a priority, and the MDG targets must be extended. Governments

must be empowered to address the major causes of mortality in their context, but the lens should be expanded to include maternal morbidity, maternal and child nutrition, and child development. Programs must have the capacity to identify the women and children who are not being reached, and to develop local solutions for ensuring that even those disenfranchised by poverty, ethnicity, gender or conflict have continuous access to services delivered at levels of quality that ensure their effectiveness.

Researchers and practitioners, including all those who follow the *Medicine for Global Health* collection, must ensure that the health of women and children in LMICs is properly addressed, whatever the specific focus of their research. The biggest challenge ahead is to combat complacency, and to recognize that the gains made to date only increase our responsibility to ensure that no woman, mother, baby or child dies unnecessarily.
