Maternity Worldwide 2008

Contents

1.	Background	Why do mothers matter?
2.	Maternity Worldwide in 2008	What have we been up to?
		In the UK
		In Ethiopia
3.	Looking Ahead	What next?
		In the UK
		Worldwide
4.	Contact Maternity Worldwide	Who we are and how to get in touch

Background

Why do mothers matter?

> *"The survival and well-being of mothers and children are not only important in their own right, but are also central to solving much broader economic, social and developmental challenges.* ***When mothers and children die or are sick, their families, communities and nations suffer as well****. Improving the survival and well-being of mothers and children will not only increase the health of societies, it will also decrease inequity and poverty."*

WHO: 'Make Every Mother and Child Count' 2005

> *"Women in the world's least developed countries are* ***300 times more likely to die in childbirth or from pregnancy-related complications*** *than women in developed countries."*

UNICEF: 'State of the World's Children' 2009

Of the 180 to 200 million women who become pregnant each year an estimated 529 000 die from pregnancy-related causes. That's one maternal death a minute.

Over 99% of these deaths occur in the developing world. Every year 3 million stillbirths and 3 million early neonatal deaths occur worldwide as a result of inadequate and inappropriate care. Moreover, an estimated one million children die a year following the deaths of their mothers.

Reducing maternal mortality rates features prominently in the UN's Millennium Development Goals, making up goals 4 and 5. These aim to reduce the maternal mortality ratio by three quarters and achieve universal access to reproductive health. Despite this, however, maternal mortality has failed to decrease significantly. Between 1990 and 2005 the worldwide maternal mortality rate fell by just 5.4%.

In the longer term, high maternal mortality rates devastate communities and nations by confounding attempts to alleviate inequity and poverty (WHO, 2005). Moreover, as UNICEF's 2009 'State of the World's Children' report points out that younger women and girls who become pregnant face a much higher risk of fatal birth complications.

Maternity Worldwide's projects aim to address both of these concerns: firstly, by providing the emergency obstetric care and low-cost medical solutions that can quickly and drastically reduce deaths from birth complications and secondly, by establishing education and income-generating projects to improve the health of pregnant women.

In Ethiopia, Maternity Worldwide works with the Gimbie Adventist Hospital and its associated clinics in the West Wollega region. Primarily known in the UK for being crippled during the '70s and '80s by drought and political strife, Ethiopia still has one of the highest maternal mortality rates in the world. Women there have a lifetime risk of dying from pregnancy-related complications of one in seven. A recent UN report showed that un-met need for family planning is high: up to 20%, even in the wealthiest households.

Maternity Worldwide have identified five main factors which prevent women from accessing maternal health facilities. They are re-produced with supporting facts below.

- Women deciding not to seek medical care

  The health system in Ethiopia is unable to provide health care for more than half the population. Much of the rural population has no access to any type of modern health care service. In terms of service delivery, it is estimated that only 75% of urban households and about 42% of rural dwellers are within walking distance from a health facility.

  From the data of Maternity Worldwide's 2001 report (Ethiopia HSDP) it was seen that the health coverage is only about 50%. However, when there is physical access to the facility, it is reported that some facilities are staffed with health workers of low qualifications and drugs and clinical supplies are not available at many health facilities all of the time. There seems to be gross inequalities when it comes to access to health services amongst different regions of the country. The issue of health care services of pastoralist communities, who represent 10% of the population, calls for special attention.

- Low status of women leading to lack of support from family and wider community

  Forced marriages are common in Ethiopia, with girls often married off before the age of 16 years going on to give birth to an average of six children each. Stillbirths are common too, mainly due to lack of emergency obstetric care. – The Lancet, *Volume 372, Issue 9637 2008*

- Financial barriers

  In 1999 around 45% (MEDAC, Poverty situation in Ethiopia, March 1999) of the people of Ethiopia were living on less than $1a day (Human development report, 2001). This situation has not significantly improved since.

- Poor knowledge of maternal health problems

  "Female education beyond the primary level, reduced infant and child mortality, delayed marriage and correct knowledge on the safe period during the menstrual cycle were amongst the main factors that had a bearing on high fertility." - *BMC Public Health* 2008, 8:397 (2 December 2008)

- Difficulty reaching medical facilities due to lack of infrastructure

  This problem has been identified in Maternity Worldwide's area reports.

Maternity Worldwide in 2008

What have we been up to?

In the UK

Maternity Worldwide in the UK is based in Brighton and has fundraising groups operating in Brighton and London. In the past twelve months our fundraising activities have included:

- A concert in London
- A bike-a-thon in university gyms
- A sponsored bike ride through Ethiopia

In Ethiopia

This year Maternity Worldwide has concentrated on our largest project in West Wollega, Ethiopia. Working with the Ethiopian local government we have provided emergency obstetric care in the Gimbie Adventist Hospital and in its clinics. Between October 2007 and September 2008 1297 deliveries took place. In this period the fatality rate amongst women attending Gimbie Adventist hospital and the supported rural clinics fell from 2.2% to less than 1%.

We have also worked in the surrounding communities, establishing women's groups in 25 keebles. The women's groups form a platform for healthcare information and provide loans to stimulate income-generating activity which can cover the costs of healthcare and childcare. Last year these loans amounted to ETB 390,000 in all and over 90% of women made a profit.

"With the profits, I have been able to send my children to school and buy them school uniform but also provide them with food. Women's knowledge gained has also changed the lives of out husbands. In the past they used to push us to have many children but now they don't."

- Women's Group member speaking to MWW chief executive Lucy Hodgson

Looking Ahead

What next?

In the UK

Maternity Worldwide plans to continue with our income-generating activities in 2009.

A focal point will be the planned ‘March for Mothers’ which will aim to raise awareness of maternal health issues amongst the UK public and celebrate motherhood.

Worldwide

Our projects in Ethiopia look set to continue into 2009.

Funding for the West Wollega Maternal Health Project is secured up until March 2009 and Maternity Worldwide will continue to provide obstetric care in the Gimbie Adventist hospital.

Maternity Worldwide has also been considering starting projects in other countries. Studies are currently being carried out in Uganda.

Contact Maternity Worldwide

Who we are and how to get in touch

Chairman

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Contact the Maternity Worldwide Offices

If you have any questions about this information pack or you want to contact one of the above board members please get in touch via our Brighton office.

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