COURSE CODE: *SOCI 448*

COURSE TITLE: CULTURE AND REPRODUCTIVE HEALTH

SESSION#: FOUR – TITLE: MATERNAL HEALTH

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UNIVERSITY OF GHANA
College of Education
School of Continuing and Distance Education
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Course Information

Provide the following information:

Course Code:	**SOCI 448**
Course Title:	**CULTURE AND REPRODUCTIVE HEALTH**
Course Credit	**3 Credits**
Session Number & Session Title:	**Session Four: Maternal Health**
Semester/Year:	**Second Semester, 2018/2019**

Course Information (contd.)

Provide the following information:	
Lecture Period(s)	**Insert Lecture Period(s):** (*Online how many online interactions per week*)
Prerequisites	**Insert Course Prerequisites:** (*if applicable)*
Teaching Assistant	**Insert Teaching Assistant's Information:** *(where applicable, provide name and contact information)*

Course Instructor's Contact

Provide the following information:

Course Instructor(s) Name	**Dr Fidelia Ohemeng**
Office Location	**Insert Office Number:**
Office Hours	**Insert Office Hours:** (Tuesday: 1.00 pm to 3.00 pm)
Phone	**Phone Number:**
E-mail	**Your Email: fohemeng@ug.edu.gh**

Session Overview

Safe motherhood is one of the main components of reproductive health. This is due to the fact that many women die through pregnancy. The rate is high in Africa and other developing countries than in the developed countries. This session looks at maternal health in Ghana and the socio-economic factors that inhibit or promote safe motherhood.

Session Outline

The key topics to be covered in the session are as follows:

- Topic One—Trends in maternal mortality
- Topic Two—Causes of maternal mortality and morbidity
- Topic Three—Socio-cultural context of maternal mortality

Session Learning Goals

- Assess the trends in maternal mortality in Ghana.
- Describe the causes of maternal mortality
- Explain the socio-cultural underpinnings of maternal mortality

Session Learning Objectives

- At the end of this session students should be able to:
  - Objective One: explain what safe motherhood
  - Objective Two: outline the causes of maternal mortality
  - Objective Three: describe some traditional beliefs and practices that affect safe motherhood

Session Learning Outcomes

- Explain what safe motherhood is
- Identify the major causes of maternal mortality in Africa
- Identify some socio-cultural factors that affect safe motherhood in Africa
- Suggest measures to reduce maternal morbidity and mortality in Ghana and elsewhere

Session Activities and Assignments

This week, complete the following tasks:

- **Log onto the UG Sakai LMS course site**:
  - http://sakai.ug.edu.gh/XXXXXXXXX
- **Read** Senah, Kodjo. 2003. Maternal Mortality: The Other Side. *Research Review* NS 19 (1): 47-55.

  Gyimah, S.O., Takyi, B., Addai, I. 2006. Challenges to the Reproductive Health Needs of African Women: On Religion and Maternal Health Utilization in Ghana. *Social Science and Medicine*, 62: 2930-2944.
- **Watch** the Videos for Session 4 – Maternal Health
- **Review** Lecture Slides: Session 4 – Maternal Health
- **Visit the Chat Room** and **discuss** the **Forum question** for Session 4
- **Complete** the **Individual Assignment** for Session 4

Creating Blended Assignment Instructions

Recommended eight (8) elements to include in written assignment instructions distributed to students online:

1. **Assignment title** (exactly the same as title used in syllabus and other course documents)
2. **Learning objective(s)** to which the assignment relates
3. **Assignment due date** (if receiving electronic submissions, include time/time zone also)
4. **Submission details** (electronic submissions only? required file format? via email? via assignment upload?)
5. **Scoring criteria/rubric**
6. **Level of group participation** (individual assignments, group or team projects, and entire class projects).
7. **Mechanical details** (number of words/pages, preferred style guide for citations, number/type of citations, etc.)
8. **Any supporting resources** necessary for assignment completion

O'Reilly and Kelly (2008)

Reading List

- **Required Text**
  - Senah, Kodjo. 2003. Maternal Mortality: The Other Side. Research Review NS 19 (1): 47-55.
  - Gyimah, S.O., Takyi, B., Addai, I. 2006. Challenges to the Reproductive Health Needs of African Women: On Religion and Maternal Health Utilization in Ghana. Social Science and Medicine, 62: 2930-2944.

Topic One

DEFINITION OF MATERNAL HEALTH

Definitions of Maternal Health

- **Maternal health** refers to the health of women during pregnancy, childbirth and the postpartum (4 weeks after pregnancy) period. (WHO, 2014). In other words, it is the act of promoting the health of both mother and child before, during and after birth.
- **Safe motherhood** means ensuring that all women receive care they need to be safe and healthy throughout the pregnancy and childbirth. Safe motherhood also ensures that preventable deaths and disability among mothers and expectant mothers are prevented in an all encompassing manner for families, communities, societies, and most of all for children.

Topic Two

TRENDS IN MATERNAL MORTALITY

Trends in Maternal Mortality

- **Maternal mortality** refers to the number of women who die through pregnancy
- **The maternal mortality rate** (MMR) is measured as the annual number of female deaths per 100,000 live births
- The MMR includes deaths during pregnancy, childbirth, or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, for a specified year; from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes).

Global Trends

- Statistically, 585,000 maternal deaths occur in the world and this amount to one death every minute. Out of this statistic, 99% of all maternal deaths occur in developing countries with the heaviest burden being Sub-Saharan Africa.
- In 2015, about 830 women died everyday from complications during pregnancy or childbirth. This totaled about 303,000 deaths (WHO, 2016)
- In developing countries this constitute the second leading cause of death (after HIV/AIDS) among women of reproductive age

Global Trends II

- Almost all of these deaths occurred in low-resource settings. Women in developing countries as 33 times more likely to die of pregnancy-related complications compared to a woman from a developed country.
- Maternal deaths in developed countries is 16 per 100,000 live births, whereas in developing countries it is 240 per 100,000 live births.
- internationally the lifetime in maternal deaths is 1 in 60, in developed countries the risk is 1 in 180, in developing countries it is 1 in 48, in Africa it is 1 in 65, and North America 1 in 3700. This statistic means that in Africa one out of every 16 women will die as a result of becoming pregnant.

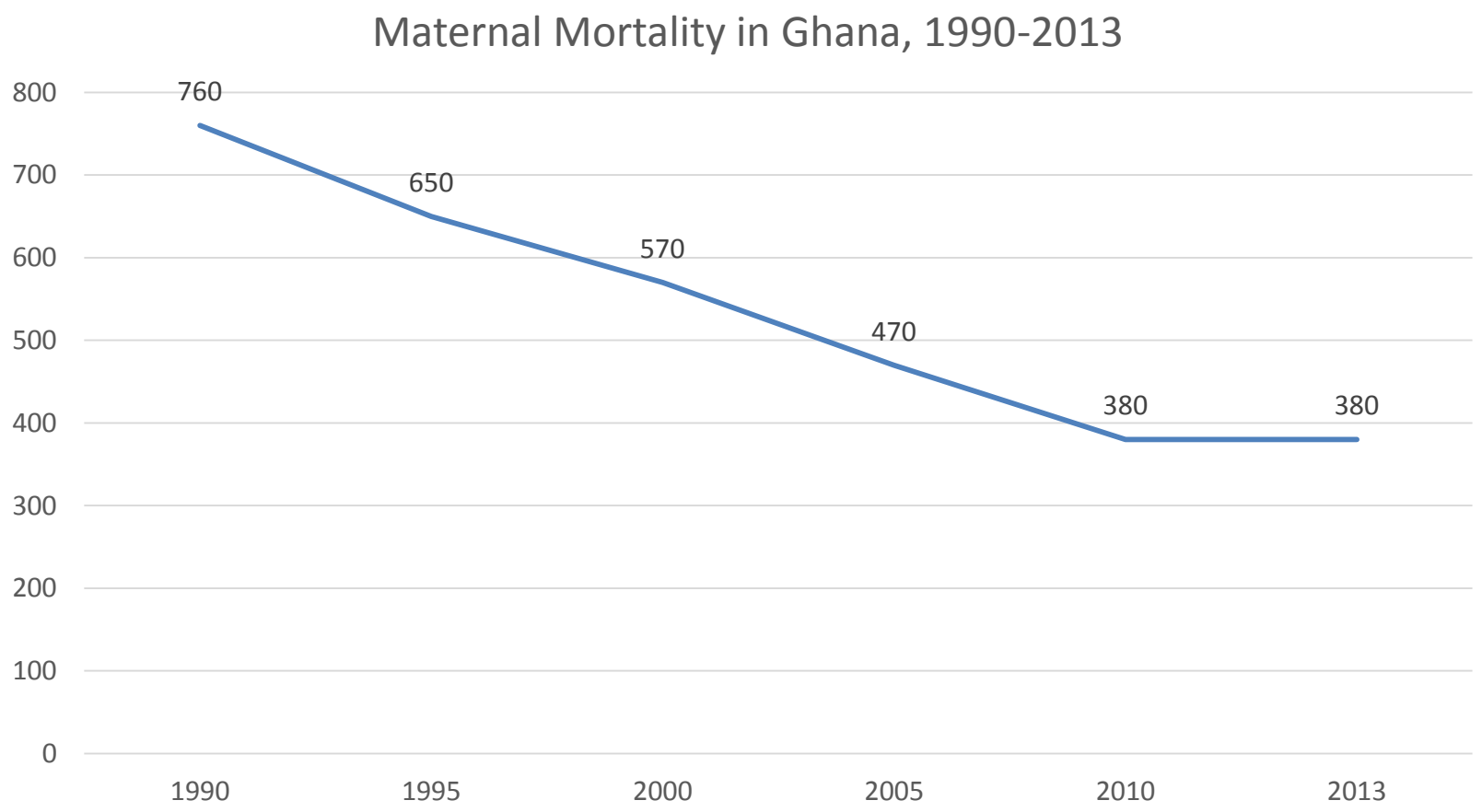
Global Trends III

- Because of the alarming figures concerning maternal mortality worldwide, the United Nations in 2000 at the Millennium Summit aimed to tackle the problem by adding maternal mortality to the eight Millennium Development Goals (MDGs). The goals remains to reduce the maternal mortality ratio by ¾ between 1990 and 2015.

Trends in Ghana

- Maternal mortality remains high in Ghana
- In 2009, the MMR in Ghana was 451 deaths per 100,000. In 2013 it was 380 per 100,000 births, a reduction from 570/100,000 in 2000
- The MDG5 is to reduce maternal mortality by three quarters by 2015 (190/100,000)

Trends in Ghana, 1990-2013



Maternal Morbidity

- Maternal morbidity refers to the complications that occur before, during, and after childbirth
- More than 136 million women give birth a year. About 20 million of them experience pregnancy-related illness after childbirth.
- The list of morbidities is long and diverse, and includes fever, anemia, fistula, incontinence, infertility and depression. Women who suffer from fistula are often stigmatized and ostracized by their husbands, families and communities.

Topic Three

CAUSES OF MATERNAL MORTALITY

Causes of maternal mortality

The major direct causes of maternal morbidity and mortality include

- **Obstetrical haemorrhage**: this refers to severe bleeding during pregnancy, labour, or the puerperium. Bleeding may be vaginal and external, or less commonly but more dangerously internal, into the abdominal cavity. Typically, bleeding is related to the pregnancy itself but some forms of bleeding is caused by other events. Obstertrical haemorrhage is the major cause of mortality all over the world and remains the number one killer in Ghana. from the Reproductive Health Annual Reprot for Ghana for 2007, haermorrhage accounted for 29% of maternal deaths.
- **High blood pressure** (pre-eclampsia and eclampsia)infection usually after birth: in pregnancy these are associated with pedal and facial oedemia and protein in urine. They are the most difficult of the obstetric emergencies to prevent and manage. It accounts for 17.6% of maternal deaths in the 2007 RH Annual report for Ghana. yet they are important cause of maternal deaths especially in Africa. If untreated they may develop to eclampsia characterised by convulsions, brain damage, renal failure and death. Eclampsia often occurs during the latter stages of pregnancy and involves high blood pressure and convulsion, occasionally followed by a coma.

Causes of Maternal Mortality

- **Puerperal fever**: this is also known as childhood fever. It can also develop into puerperal sepsis which is a serious form of septicemia, contracted by a woman shortly after childbirth, miscarriage or abortion. This accounted for 10.2% of maternal deaths in Ghana. The most common infection causing puerperal fever is genital tract sepsis. Other types of infection that can lead to childbirth include urinary tract infection, breast infection and respiratory tract infection (this occurs most commonly due to lesions in the wind pipe. Puerperal fever is characterized by a temperature rise above 100 degrees Fahrenheit maintained over a 24 hour period recurring during the period from the end of the 1st to the end of the 10th day after childbirth or abortion.

Causes of Maternal Mortality

- **Ectopic pregnancy**: this is a complication of pregnancy in which the pregnancy implants outside the uterine cavity. With rare exceptions, ectopic pregnancies are not viable. They are very dangerous for the mother. Internal bleeding is a common complication for ectopic pregnancy. Most ectopic pregnancies occur in the fallopian tubes, but implantation can also occur in the cervix, ovaries, and abdomen. It has also been noted that ectopic pregnancy is steadily and persistently rising since 1970. between 1970 and 1992 the rate of ectopic pregnancies rose from 405 to 19.7 per 1000 reported pregnancies.

Causes of Maternal Mortality

- **Obstructed labour**: this is a complication in which the process of labour does not function normally due to mechanical blockage of the birth canal. It also accounts for 1.2% of deaths according the 2007 RH report. In very serious cases, it may lead to fistulation in which urine and faecal matter gain entry into the reproductive system. Obstructed labour may be due to early pregnancy , inadequate nutrition during childbirth, facto-pelvic disproportion, multi-parity and abnormal foetal presentation.

Causes of Maternal Mortality

- **Obstructed labour**: this occurs when there is premature rapture of the membranes in which the water bag raptures but labour does not begin spontaneously; failure to progress, in which labour has begun but the woman's cervix (the small organ that connects the uterus to the vagina) fails to widen or dilate properly to breech presentation, in which the foetus is oriented (feet first down in the birth canal instead of head first). Ruptured uterus was the cause of 1,2% of maternal deaths according to RH report.

Causes of Maternal Mortality

- **Unsafe abortion**: this is the voluntary or involuntary termination of pregnancy before 20 weeks of gestation. It is often performed by unskilled health workers using crude methods. It is characterised by bleeding, lower abdominal pans, and passage of foetal and placental tissue. In the 2007 RH report, unsafe abortion accounts for 8.2% of maternal deaths.
- Other indirect causes of maternal mortality are sickle cell anaemia, malaria, HIV/AIDS, hepatitis, and diabetes. According to the Reproductive Health Assessment Report of the Ghana Health Service, the indirect causes account for 30.7% of maternal deaths in Ghana.

Challenges to Maternal Health

- There are some factors that act as challenges against maternal health in developing countries. These are:
- Lack of adequate health care. This is as a result of lack of skilled care aggravated by global shortage of health workers.
- The late or non-utilization of available maternal health services (including Ante Natal Care) and delivery services offered by trained TBAs by the mothers themselves.
- This is influenced by lack of knowledge of available services, knowledge of legal abortions, knowledge of warning signs of complications as well as knowledge of contraceptive use. Most women in their reproductive years are not aware of these services so they are not taken advantage of.
- Lack of transportation due to the distance of women from health care facilities. Most people in rural areas have to travel long distances to access proper health care and sometimes this is extremely difficult because of lack of transportation and paved roads. In situations of complications and emergencies where there is little or no means of transport, and time is limited these deficiencies can lead to death of the mother and baby. Women who are far away from health care facilities are also unlikely to travel to receive all three types of necessary care, as transportation can be stressful on the pregnant woman and expensive relative to her distance from the facility.

Maternal Care in Ghana-2014 GDHS

- Data indicates that 99% of women in Ghana receive antenatal care from a skilled provider. This percentage has increased steadily from 82% in 1988 to 97% in 2014.
- A large proportion of pregnant women in Ghana (87%) had four or more antenatal care visits for the most recent live birth, an increase from 78% in 2008. The median duration of pregnancy for the first antenatal visit is 3.6 months.

Maternal Health Care in Ghana

- 78% of mothers with a birth in the five years preceding the survey were protected against neonatal tetanus.
- The percentage of deliveries occurring in a health facility has increased from 42% in 1988 to 73% in 2014
- The percentage of births attended by a skilled provider has increased from 40 percent to 74 percent over the same period.
- About 8 in 10 mothers (81 percent) receive a postnatal check up within the critical first two days after delivery.

Sample Question

- What is the recent maternal mortality rate in Ghana?

Topic Three

SOCIO-CULTURAL DETERMINANTS OF MATERNAL HEALTH

Socio-Cultural Determinants of Maternal Health

- **Pregnancy related taboos:** there are some pregnancy related taboos that some communities require pregnant women to observe. These are:
  - **Dietary taboos**: in some communities pregnant women are not expected to eat certain types of foods. For instance in the Upper East region of Ghana, there are taboo on eating protein foods such as chicken and eggs, snails and beef. There is the belief that if a pregnant woman eat snails, the mouth of the child will drool; and if she eat eggs, her baby would grow to become a thief.
  - **Not showing early signs of pregnancy:** pregnant women are expected to be modest about their pregnancies and not show it. Because of this many pregnant women do not seek health care ear

Socio-Cultural Determinants of Maternal Health

- **Religious beliefs**: Christians are more likely to use MH services than Moslems and traditionalists
- **Cultural beliefs and practices about womanhood**: cultural practices such as FGM exposes women to complications during pregnancy
- **Traditional birth attendants (TBA):** are important where there are no skilled health workers. The challenge with TBAs is that many of them are not trained, especially when there is an emergency. Some of them also many of work with unsterilized equipment—the absence of which may introduce infection to the mother
- **Early childhood marriages**: may endanger the lives of young mothers. Young girls often develop complications during labour and this can later lead to maternal mortality. In most cases this can lead to obstructed labour where the young girl' cervix is too small for the baby to be born through the birth canal.

Sample Question

- Give two reasons why maternal mortality is higher in developing countries than in developed countries.