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SUSTAINABLE DEVELOPMENT IN MATERNAL HEALTH PROMOTION AND PREVENTION OF INFANT MORTALITY

Quality health care should be a path to equality and dignity of women and children

Context and importance of the problem

The health system in the Republic of Macedonia has a long tradition in promoting the health of children and women in child-bearing age. For years, the system is providing continuous care during pregnancy, childbirth and neonatal period and access to modern medical technology to deal with the most critical medical problems. Programs to promote health include creating better living conditions, safe pregnancy, improving the safety and well-being.

The health system in the Republic of Macedonia stands in front of numerous challenges that determine the health of children and women. Despite the continuous efforts and measures to improve the health protection of children and mothers in recent years, the Republic of Macedonia faces death cases of mothers and newborns.⁵

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- By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births
- By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births
- Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all

Sustainable Development Goals until 2030
SDG 3 “Ensure healthy lives and promote wellbeing
for all at all ages”

The State Statistical Office² (SSO) shows that the number of live births on national level in the first quarter of the year compared with the same period in 2014, decreased by 0.9%. While the number of deaths has increased by as high as 11%.

The analysis of the infant mortality rate in the country based on age of the deceased infant shows that the highest number of registered infant deaths are within the first 6 days after birth. In 2014, the most common causes of infant mortality were perinatal causes 73.3%; congenital anomalies 8.4; septic conditions and infections 7.3%. As high as 78.9% died due to prematurity. If looking from ethnicity perspective, in 2014, the lowest rate of infant mortality was recorded among Turks, and the highest among the Roma. There is also a gender difference in infant mortality, with 10% mortality among male and 9.3% among female babies. In 2014, the highest number of live births are born by mothers with incomplete or only primary education 34.1%. The share of live births from mothers with university education is growing, 37.8%. The education of mothers is an important determinant of health, but also affects the overall well-being of the community.³

Basic characteristics of the infant mortality in the country are: regional and gender differences; ethnic difference; differences in the educational attainment of the mother; dominant perinatal causes of death; the share of neonatal mortality 0-29 days is significantly higher in the overall infant mortality, where 76.8% of infants die in the first month of life.⁴

The maternal mortality rate in the Republic of Macedonia shows fluctuating trend and its monitoring does not fully meet the standards for reporting on this indicator. Accurate measurement of this indicator (reducing the

rate of maternal mortality), which is part of the Sustainable Development Goals, can contribute to identifying causes of death in a comprehensive manner and accurately define the objectives and justification for undertaking specific health interventions that can lead to improved overall health of the pregnant women and mothers.³ Perinatal mortality largely depends on the mother's health as well as on the quality of health services related to the prevention and treatment of complications arising during pregnancy and childbirth.

Besides infant mortality, the Ministry of Health points out the visit to the gynecologist as one of the important reasons affecting the infant and maternal mortality. Namely, 16 000 pregnant women have visited a gynecologist, while 23 500 pregnant women haven't visited a doctor or in any way attended the pregnancy. In 2014, the number of visits has increased by 12.5% compared to 2013. But still, it covered only 32% of pregnant women with an average of 7.3 visits per pregnancy. Childbirth with professional assistance is maintained at high level 99.8%.³

In terms of access to health services for pregnant women in primary health care, provided by chosen gynecologists, according to the reports on antenatal care delivered in 2014, a total of 149 gynecologists have been providing antenatal care, representing one doctor per about 3,000 women and mostly in urban areas, while data is lacking for rural areas.³

Non-governmental organisations state that in recent years the share of public health facilities in different municipalities and cities in the country are facing a shortage of gynecologists, while in some of the maternity wards deliveries are not performed due to lack of gynecologic staff (Resen, Negotino, Valandovo, Kriva Palanka, Kratovo, Krushevo, Makedonski Brod, Shuto Orizari, etc.).⁵ The data suggests an increased rate of infant mortality in some of the municipalities, which is known to have dysfunctional maternity or no gynecologists. These data are indicative of the lack of access to antenatal care in smaller cities and rural areas and suggests a direct effect of the lack of gynecologists on increased mortality of infants in those areas. The lack of services for antenatal care in rural areas calls into question the universal access to health care related to safe motherhood.⁵ Despite measures to continuously improve the health of mothers and children, the Millennium Development Goals have not been achieved by 2015.

Exposure to economic insecurity and poverty increase the stress of the pregnant woman, which negatively affects the outcome of the delivery and development of the newborn.³ Such situation, characteristic for some parts of the world, is also characteristic for the Republic of Macedonia. Despite

the existence of the programme for active health protection of mothers and children in the Republic of Macedonia⁹ (Official Gazette 194/2014), aimed at reducing the maternal and infant mortality, there are still differences in the indicators in comparison with the European Union.⁴

Health promotion and prevention

In 2010 the Government adopted the Safe Motherhood Strategy 2010-2015⁶ whose goals are improving the indicators for healthy and safe pregnancy and a significant reduction of maternal, perinatal and infant mortality by ensuring equal access to health services, building the capacity of trained staff with special focus on marginalized and vulnerable groups.

However, the situation as per the statistical data available from domestic and international sources for the last five years indicate a worsening of the infant and maternal mortality rate on national level. According to the latest data from the State Statistical Office, the rate of perinatal mortality in the country is 14.3, which represents the highest level within the European Union and nearly three times higher than the European average of 5.2.²

Disparities in infant mortality at regional level as well as in vulnerable and minority groups also show trends that raise concern as well as major deviations from the national average. According to the latest annual report of UNICEF, the mortality rate among Albanian and Roma infants is higher by 25%. At the regional level, higher rates of infant mortality are observed in Dojran (30.3) Berovo (22.3), Gevgelija (18.8) Krushevo (18.5) Negotino (16.1), Radovish (14.0) Resen (13.9), Kicevo (13.1), Kratovo (12.5) and Ohrid (12.4).⁵

In recent years some of the public health facilities in different municipalities and cities in the country have shortage of gynecologists, while in some of the maternity wards deliveries are not performed due to lack of gynecologic staff (Resen, Negotino, Valandovo, Kriva Palanka, Kratovo, Krushevo, Makedonski Brod, Shuto Orizari, etc.).⁵

WHO European Policy Framework - Health 2020, which was adopted by the Republic of Macedonia for implementation into the national policies, aims at significant improvement of the health and wellbeing of the population, reducing inequalities, strengthening the public health and ensuring universal, equitable health system with high quality, where users have the central place.⁷

New measures and activities

The Ministry of Health⁸ adopted a package of measures to reduce infant mortality. Free gynecological and microbiological examinations of pregnant women, biochemical analyzes including delivery, will be free for every pregnant woman regardless of their health insurance status, starting from the beginning of 2016.

The package includes a patronage nurse visit, counseling and a free gynecological examination by a gynecologist at secondary or tertiary level of healthcare. Strengthening care for women in rural areas and for Roma women, who will be advised by the Roma health Mediators of the need to choose a gynecologist, and will be provided with scheduling of a free examination by a gynecologist.

In order to reduce infant mortality, the Ministry of Health formed a Safe Motherhood Committee. The Committee from professional aspect monitors the situation with the health of mothers and children, especially during pregnancy, childbirth and breastfeeding and infant health and proposes measures for their improvement. Within its activities, the Committee has developed a Safe Motherhood Strategy, and an action plan to reduce maternal, perinatal and infant mortality. In addition, Manuals on family planning for health workers in primary health care were prepared, as well as a brochure on family planning, which is distributed among 100,000 young persons in primary and secondary schools. Training of 130 health professionals was conducted throughout the country.

Conclusions

- It is necessary to ensure continuous improvement of the system for monitoring the health status of mothers and children and the effectiveness of health care.
- Improving the quality and equality of access to health services for mothers and children with a special focus on vulnerable groups.
- It is necessary to strengthen the capacities of health professionals who provide health services for children and women of reproductive age.
- It is necessary to ensure systematic improvement of the quality of health care during pregnancy, delivery post-natal period.
- Maintaining high immunization coverage.
- It is necessary to reduce barriers and increase access to services through strengthened partnerships and intersectoral cooperation in the society.

Executive summary

Maternal, perinatal and child health are extremely important issues for every person, the society and the state. The quality of primary health care is crucial to reduce morbidity and mortality among mothers and newborn. The proportion of mortality among women in the European region between 1990 and 2006 shows reduction to nearly half, but progress has been uneven. There are noticeable differences between and within countries in the European region. According to the World Health Organization (WHO) the main direct cause of maternal morbidity and mortality are hemorrhage, infections, high blood pressure, unsafe abortions, and obstruction during delivery. This can be prevented and treated with simple and inexpensive interventions, but not all women in the countries of the WHO European region have universal access to comprehensive health services.

The United Nations adopted the Sustainable Development Goals by 2030¹ to address health determinants across sectors. Sustainable Development Goals represent ambitious, comprehensive action plan to end inequalities. They recognize the interdependence of health and development. Sustainable Development Goals are action-oriented, global and universally applicable. They should become an integral part of development programs at national and local level.

Women should be ensured control over their own reproductive health. Educational level of the mother, her health and nutrition, her socioeconomic status, gender norms and roles that prevail, and the quality of health and social services that she receives, have a strong influence on the successful and healthy pregnancy and delivering a healthy child into the world.

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