

# **Saving mothers and newborns: where is emergency care?**

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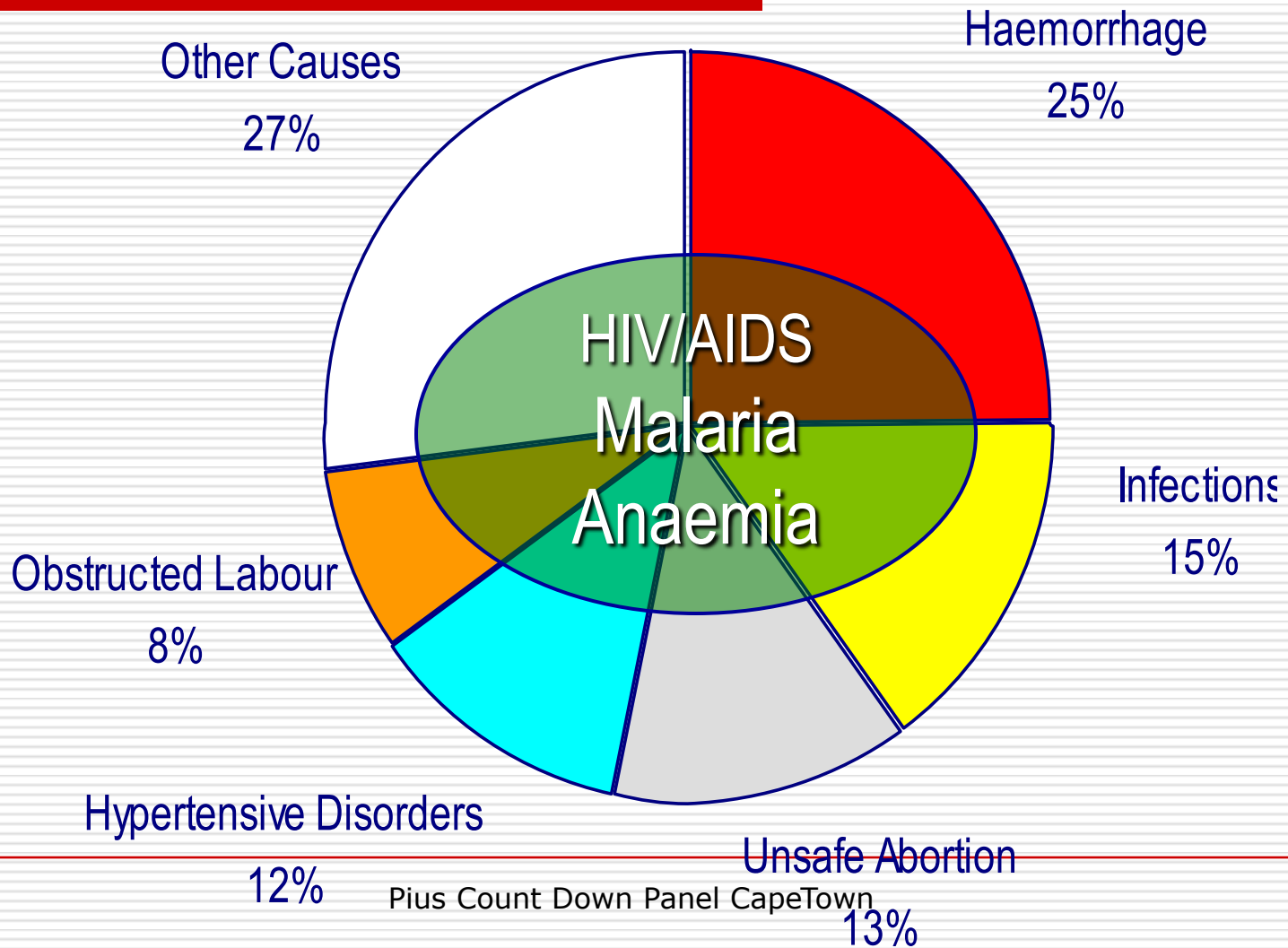
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# Overview.....

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- ❑ In light of poor or inadequate systems should emergency care be developed alone? What about care for normal pregnancy/childbirth/newborn?
- ❑ Where health systems are fairly well developed...quality..equity..?
- ❑ Mother and Newborn are always together.....sick newborns even more numerous than sick mothers....

# The cycles that hurt both mothers and babies....7 million deaths....



## The challenge: whereas the concepts may be very clear, translation into reality has proved to be elusive...!

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- Prévention and treatment of obstetric complications are well known and do not require sophisticated technologies (**Access**)
- Proven and cost effective interventions need to be delivered to all women (**Equity**)
- They require a good level of skills that is only provided by professionals (**Skilled B.Attendant**)
- With an attention to Human Rights and Poverty
- Two lives in the balance... (**2 MDGs**)

# For example, status of EmOC in Uganda....

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Skilled attendance at birth...barely 40%!

Basic EmOC: **only 7.4% of facilities could offer ALL these services** (*status of EMOC 2004*)!

1. Parenteral antibiotics
2. Parenteral Oxytocic
3. Parenteral Anticonvulsants
4. Perform manual re.placenta
5. Perform removal re. Products (MVA)
6. Perform assisted vaginal delivery

# So why so little progress?

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- Policy gaps?
- Programme?
- Implementation? Etc.

CONTEXTS ARE VARIED BUT....

ultimate goal of services is both quality and coverage....all pregnant women and newborns....

# What should change...Policy and leadership....."3Ls"

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Understanding needs at macro level is not matched by reality at micro levels.....

1. "Lapses" in leadership (technical and political)
2. Lack of adequate resources
3. Lack of the will to change or to stand up for the truth....

# Minimum acceptable levels of EMOC signal functions may not translate to equity...?

<b>Indicator</b>	<b>Minimum acceptable level</b>
1.Amount of EmOC	For 500,000 population
Basic EOC	At least 4 BmEOC
Comprehensive EOC	At least 1 CmEOC
<b>2. Births</b>	
<u>In EmOC facilities</u>	<b><u>At least 15%</u></b>
<b>3. Met need for EmOC</b>	
<b>Proportion of women estimated to have complications treated in EmOC facilities</b>	<b><u>100%</u></b>
<b>4. Caserean sections as percent of all births in population</b>	<b><u>5-15% of births</u></b>
<b>5. Case fatality rate</b> for all women with obstetric complicationsCFR	<b><u>&lt;1%</u></b>

# What should change...planning and budgeting....

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- ❑ HIV, plan and budget by number of women to be counseled and tested, doses of ART etc
- ❑ TB, plan by number of patients, doses of medications
- ❑ Vaccines...number of doses, the cold chain etc
- ❑ But for EMOC/Newborn...by estimated numbers....the complex inputs...24 hours availability??
- ❑ Increased community participation

# Estimating the need for EmOC? Catchments area??

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- ❑ Sub county? 20,000-30,000 population
- ❑ CBR 47/1000: 940-1410 births per year!
- ❑ Complications 15%...141-211
- ❑ Vacuum extraction 4%: 37-56
- ❑ CS 5-15%:7-31

These numbers need to be translated into a service....How about the need for emergency newborn care???

# Emergency Obstetrics...complex...diagnosis and care... skills....Competences

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## Basic EmOC

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## Comprehensive EmOC

- All functions 1-6
7. Perform surgery (CS)
8. Blood transfusion

## Skills and competences for newborn care?

**BUT it is often lamented that the government  
cannot afford a safe and clean delivery for every  
birth!**

# What should change...Modeling EMOC and ENC in practice....

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- ❑ This is beyond knowledge and training....
- ❑ Demonstration and counter-demonstrations
- ❑ Practice on mannequins
- ❑ Practice on patients
- ❑ **MODELING  
BEHAVIOUR  
CHANGE AND NEW  
PRACTICES**



# In conclusion

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- ❑ Change in policy and leadership with attention to context...
- ❑ Resources...resources...resources..
- ❑ Translating macro sense of EMOC and ENC to micro reality....
- ❑ Change, team building and modeling care at health facility level.....
- ❑ Community perspectives in design and utilization....

# Finally

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Thank you