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**MATERNAL MORTALITY: THE RECENT TREND IN NIGERIA
AND SOME EUROPEAN COUNTRIES**

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Introduction

Maternal mortality like every other mortality is a tragic event and it remains a major public health challenge not only in the developing countries such as Nigeria but in the world generally. Numerous theoretical as well as empirical information exist on diverse issues concerning maternal death, however, despite these amount of information maternal mortality still peaks in many part of the world and the solution remains evasive.

It is well known that the main indicator of a society's level of development is its state of maternal health, which also serves as an indicator of health care delivery system performance. The ultimate failure of obstetric care is death of the mother, which often includes the baby as well. Reduction of maternal mortality is top on the agenda of many global efforts, such as the Safe Motherhood Initiative. Reduction in maternal deaths by 75 % as at 2015 was a cardinal target of the millennium development goals. However, with more than four years passed after 2015 (the year for realization of a two-thirds reduction in maternal mortality), Nigeria's maternal mortality figures still remains unacceptably high compared with other countries in the developing world even though the causes are mostly preventable.

It is known that most midwives in developed countries and obstetricians may go through their entire careers with seeing just a very few maternal death or none at all [1, 2]. (Countries such as United Kingdom, Belarus, Poland to mention a few). Record shows that the maternal mortality rate in Belarus has fallen from 33 in 1990 to 4 in 2015 meaning that within 25 years, maternal mortality reduced to 87.9 % which makes Belarus one the countries with the lowest maternal mortality rate. Although the maternal mortality rate in Nigeria reduced from 1170 deaths in 2000 to 814 deaths in 2015 per 100000 live birth (30.4 % decrease), the number of death is still on the peak as one Nigerian woman dies every 13 minutes summing up to 109 women dying daily from preventable causes related to pregnancy and childbirth.

Aim

The purpose of this review is to assess the yearly trends of maternal mortality and its rate in Nigeria, making comparative study with developed countries in Europe and bringing to light the impact of common medical causes of these deaths worldwide.

Material and methods

The review was carried out using literature search, old and recent publications addressing maternal mortality to measure the amount of scientific interest in the trends and causes of maternal death published between 2000–2015 with specificity to Nigeria and a list of some European countries.

Results and discussions

During the study period, a total of 34,636,938 live births were recorded in Nigeria. Out of it, a total of 283,000 maternal deaths was recorded, giving a maternal mortality ratio

(MMR) of 817 per 100000 live births. The highest total live birth of 7,125,307 was witnessed in 2015 with 58,000 maternal deaths with a corresponding MMR of 814 per 100000 live birth while the lowest total live birth of 6,674,757 was seen in 2011 with 55,000 maternal deaths and a MMR of 824 per 100000 live birth.

In 2012, the total live birth rose to 6,820,950 with maternal deaths summing up to 56,000 and a MMR of 819 per 100000 live birth. Furthermore, an increase of over 100000 live birth was observed in 2013 and 2014, although with stable maternal deaths adding up to 58,000 and a MMR of 821 and 820 respectively.

Also during the review period (2015) the percentages of maternal mortality ratio in Nigeria and some European countries was gathered with Nigeria singly accounting for the largest percent with 94.5% and Poland the least with 0.35 %. This was closely followed by Belarus with 0.46 % and Germany with 0.7 %.

A review done in 2013 revealed that the most common cause of maternal death in Nigeria is post-partum hemorrhage (PPH) which accounts for 23 % of all maternal deaths, followed closely by infection at 17 %. The leading cause of PPH is failure of the uterus to contract and this is preventable through administration of an effective uterotonics. Sadly, the quality and effectiveness of uterotonics available in low and low-middle income countries are often low and findings have shown that such uterotonics fail to prevent PPH due to the poor state of medicines. A recent evidence of poor uterotonics quality conducted in 2018, showed 74.2 % of oxytocin injection samples failed in Nigeria [1].

Unsafe abortion is another leading cause of maternal death in Nigeria and it accounts for 11 % of maternal death. Recent findings indicate that one in every four of the 9.2 million annual pregnancies are unintended, and 56 % of the unintended pregnancies are aborted. The majority of abortions performed in Nigeria are done in secrecy (due to absence of legalization of abortion) and they are totally unsafe. They are terminated either by persons lacking necessary skills or in an environment with minimum medical standards, or in both conditions. In most cases this leads to mortality of Nigerian women especially the young women.

Eclampsia, obstructed labor, malaria, anemia and other causes are contributing factor to the incidences of maternal mortality and they each account for 11 % of maternal death.

Conclusion

The maternal mortality ratio in Nigeria during the study period is still very high compared with what is achieved in the developed world with reference to the eastern European countries. There was a downward trend in the maternal death ratio, but this is far from acceptable as majority of these deaths are preventable. Efforts must therefore be made on the part of health care providers, hospital managers, individuals, and government to maintain the current downward trend in the maternal mortality ratio. This can be done by setting up safe motherhood committees that will adequately audit all maternal deaths, instill discipline, and be responsible for emergency obstetric care. Regular skill-building workshops will also keep health care providers aware of the need to make motherhood safer [4]. There is also an urgent need to increase public awareness of maternal health issues through the media, community associations, churches, and community leaders. International efforts should also be made to assist developing countries.

LITERATURE

1. Quality medicines in maternal health; Results of oxytocin, misoprostol magnesium sulfate and calcium gluconate quality audits / C. Anyakora [et al.] // *Infection*. — 2018. — Vol. 18. — P. 44. — DOI-10.1186/s12884-018-1671-y.
2. *Deborah, M.* The safe motherhood initiatives; Why has it stalled? / M. Deborah, R. Allan // *Infection*. — 1999. — Vol.89. — P. 480. — DOI-10.2105/AJPH.89.4.480.