

Tackling the preventable problems of maternal mortality in Lebanon

'CONSEQUENCES OF A MOTHER'S DEATH ARE DEVASTATING'

About 16,000 women die each year in the Middle East and North Africa region, with Sudan and Yemen recording the highest rates

By May Farah
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One hundred and four expectant mothers out of every 100,000 die each year in Lebanon because of complications related to childbirth. The overwhelming majority of those deaths are preventable.

The precise reason why the number is so high remains unclear, but access to information and high quality health care may be two factors.

"The rates for maternal mortality in Lebanon are not honorable," said Nadim Cortas, dean of the faculty of medicine at the American University of Beirut (AUB), speaking at a workshop last week.

The workshop, aptly called a Call to Action, brought together some 50 medical, public health and related professionals to talk about maternal mortality in Lebanon and the world at large, in a move toward preventing more deaths.

According to Huda Zurayk, dean of the faculty of health sciences at AUB, given the level of development and access to health services in Lebanon, the rates should not be as high as they are.

"Maternal mortality is serious and preventable," she said. "We need to prioritize combating it."

Oona Campbell, a visiting professor from the London School of Hygiene and Tropical Medicine, reports that such deaths in Lebanon are related to unwanted pregnancies, unsafe abortions, lack of pre-natal care, and delayed referral to medical professionals.

"This is a grave, unjustified situation in Lebanon and other developing countries," said the Ministry of Health's Mo-

ammed Ali Kanaan. "The consequences of a mother's death are devastating."

Every minute a woman dies from childbirth somewhere in the world. Although other health indicators have improved worldwide over the last two decades, maternal mortality has not.

One of the factors contributing to this abysmal situation is a woman's geographic location, especially as it relates to access

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to information, education and appropriate health care.

"Maternal death has not been given the appropriate attention because it is women, and rural poor women who suffer," said gynecologist Adnan Mroueh.

The Middle East is second only to Africa in its high rates of maternal mortality. About 16,000 women die each year in the Middle East and North Africa region, with Sudan and Yemen recording the highest number of deaths, the Gulf countries at the very low end, and Iran, Syria, Egypt and Lebanon falling in the middle.

Issues of poverty, early, late and too frequent childbirth and restricted choices also play a role and are problems that need to be addressed through sustained long term economic and cultural changes, explained the World Health Organization's (WHO) representative in Lebanon, Habib Latiri.

"Pregnancy is not a disease. It is a normal development and should be a time of happiness," he said, adding that the provision of appropriate health care

to pregnant woman should not be seen as a cost but an investment in the future health and development of a country.

Latiri believes the key interventions for Lebanon, as elsewhere, are sufficient access to family planning, health care and the services of midwives.

Anwar Nassar, a gynecologist at AUB, agreed citing research in Sri Lanka where improvements in these three areas have resulted in maternal mortality rates being drastically reduced from 1,500 per 10,000 live births to 30.

In an effort to begin addressing the problems related to maternal mortality in Lebanon, WHO will oversee the opening of a dispensary in the north of Akkar where primary health care will be provided. It has also assisted the Health Ministry in developing community awareness campaigns in several low income areas of Lebanon, including Akkar, where 15 percent of women never see a doctor during pregnancy.

While lack of information certainly plays a vital role in helping to reduce the numbers, so too does access to quality health care.

According to Faysal Kak, a gynecologist at AUB, Lebanon offers a tremendous number of medical services yet it is difficult to ascertain their quality and necessity.

"Eighty percent of births are attended but the care women are receiving, I believe is substandard," said Kak. He, along with other gynecologists, suggests the need to change the practices of health care professionals within the country.

For example, WHO recommends that a country have four emergency obstetric centers for every 500,000 women. Lebanon exceeds this number by far and yet the country continues to have problems, said Kak.

In fact, Lebanon also exceeds the suggested rates for other medical procedures as well.

WHO recommends that country have no less than 5 percent and no more than 15 percent Cesarean sections. According to Kak, Lebanon has approximately 23 percent.

Yet in other Middle East and North African countries, such as Algeria, Oman Bahrain, UAE and Kuwait, where very low mortality rates are reported the percentage of C-sections is closer to 10 percent.

Some women in Lebanon also suffer from lack of access to medical facilities and post partum care.

According to Kak, if transport to a hospital while a mother is bleeding takes over a half hour, the chance that she will die is increased 1.5 to two times. In the past three years, Kak has seen seven cases of women arriving dead at the hospital.

And just 40 to 55 percent of women in Lebanon come for post-partum care. This is a figure that needs to be improved, he said. "This stage of care is very important in terms of health and future family planning," he added.

For Campbell, the reason Lebanon's mortality rate are so high is, in part, because the health care system is fragmented.

"There is not an established manner in which people are referred," she said, adding that at present it is difficult to acquire accurate data for rates of maternal death as well as other medical data. "Forty-three per-

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cent of all deaths are not certified by a physician and the reported causes are vague."

As such, Campbell recommends that the first step is to acquire accurate data to determine causes and preventable factors.