

MATERNAL MORTALITY IN UGANDA

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The World Health Organization (WHO) defines maternal health as the health of women during pregnancy, childbirth and the postpartum period. According to estimates from UNICEF, Uganda's maternal mortality ratio, the annual number of deaths of women from pregnancy-related causes per 100,000 live births stands at 435. Women die as a result of complications during and following pregnancy and childbirth and the major complications include severe bleeding, infections, unsafe abortion and obstructed labor.

Uganda is slow in its progress in the fifth goal of improving maternal health in its Millennium Development Goals. With the 2015 target for maternal mortality ratio at 131 per 100,000 births and proportion of births attended by skilled health personnel set at 100 %, Uganda has a long battle in reaching its intended goals. Moreover, the methodology used and the sample sizes implemented by the Uganda Demographic Health Survey (UDHS) do not allow for precise estimates of maternal mortality. This suggests that the estimates collated are erroneous and it is conceivable that the actual rates could be much higher than those reported. High maternal mortality rates persist in Uganda due to an overall low use of contraceptives, limited capacity of health facilities to manage abortion/miscarriage complications and prevalence of HIV/AIDS among pregnant women. Despite malaria being one of the leading causes of morbidity in pregnant women, prevention and prophylaxis services are not well established

Malaria is a leading cause of morbidity and mortality in Uganda. It is especially lethal among pregnant women and children under five. The mortality rate for all ages is estimated at 32.1 % in 2004. A study in Mukono, Uganda, determined that the most effective delivery system of intermittent preventive treatment (IPTp) for pregnant women was that education was a factor in health seeking behaviors. Those who were a part of the study accessed IPTp early and most of them adhered to the two doses of SP. Women experienced a reduction in malaria episodes, anemia, parasitaemia and low birth weight. While these results cannot be attributed to the intervention alone, after controlling for age, education, parity, and occupation, there were still significant differences for parasitaemia, reported malaria episodes and birth weight, indicating the importance of access and adherence to IPTp.

While there has been a recent worldwide decline in maternal mortality rates, mothers in developing countries, like Uganda, continue to face challenges in receiving effective reproductive health care. Uganda's maternal mortality and morbidity rates remain high as a result of inaction in addressing physical, socio-cultural, and financial obstacles to maternal health services. Political will, increased funding and social support for women's health are all needed before significant and lasting decreases in maternal mortality will be achieved in Uganda.

The concept of knowing what works in terms of reducing maternal mortality is complicated by a huge diversity of country contexts and of determinants of maternal health. Here we aim to show that, despite this complexity, only a few strategic choices need to be made to reduce maternal mortality. We begin by presenting the logic that informs our strategic choices. This logic suggests that implementation of an effective intrapartum-care strategy is an overwhelming priority. We also discuss the alternative configurations of such a strategy and, using the best available evidence, prioritise one strategy based on delivery in primary-level institutions (health centres), backed up by access to referral-level facilities. We then go on to discuss strategies that complement intrapartum care. We conclude by discussing the inexplicable hesitation in decision-making after nearly 20 years of safe motherhood programming: if the fifth Millennium Development Goal is to be achieved, then what needs to be prioritized is obvious. Further delays in getting on with what works begs questions about the commitment of decision-makers to this goal.

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