LETTER TO EDITOR

Saving of Maternal and Infant Lives with Sustainable Midwifery Services

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DEAR EDITOR

Maternal mortality is unacceptably high. About 295000 women died during and following pregnancy and childbirth in 2017. The vast majority of these deaths (94%) occurred in low-resource settings, and most could have been prevented. Sub-Saharan Africa and Southern Asia accounted for approximately 86% (254000) of the estimated global maternal deaths in 2017. Sub-Saharan Africa alone accounted for roughly two-thirds (196000) of maternal deaths, while nearly one-fifth of the deaths were reported in Southern Asia (58000).¹

The maternal mortality ratio (MMR) in Indonesia is still one of the highest in Southeast Asia; 305 deaths occur per 100000 live births, compared with 110 for the region. Maternal mortality in Indonesia, in 2018, was 2,012 cases and in 2019 there were 1,689 cases. From the results of the Indonesian Demographic and Health survey, infant mortality rate in 2003 was 35, and in 2017 it was 24 deaths per 1000 live births.²

West Java is one of the top provinces as a contributor to maternal and infant mortality in Indonesia. According to a report from the West Java Health Office in 2015, it was stated that the number of cases of maternal mortality due to pregnancy, childbirth, and postpartum increased quite sharply from 748 cases in 2014 to 823 cases in 2015. This was revealed in the Discussion of the Movement for the Rescue of Mothers and New Babies Born in West Java, Wednesday 30 November 2016. The discussion was held by the United States Agency for International Development (USAID) with the West Java Ministry of Health. In the discussion, it was also known that a similar condition also occurs in newborns, i.e. an increase from 3098 cases in 2014 to 3369 cases in 2015. On average, 2 mothers and 9 babies in 2015 died every day in West Java Province.³

There are many factors that influence the high cases of maternal and neonatal mortality. One of them is the delay in handling patients in health facility services (hospitals and health centers). The delay could be due to being late in receiving services, in referrals, and in getting facility services. The Movement for the Rescue of Mothers and New Babies Born was initiated by the Expanding Maternal and Neonatal Survival (EMAS) program, which is a grant program from USAID. The program aims to help the province of West Java to strengthen health facilities, so that they could become a model for improving the quality of clinical services and strengthening an effective and efficient maternal and newborn referral system.⁴

Results of the EMAS program implementation till December 2016, in terms of obstetrics case fatality rates (CFRs) and very early neonatal mortality rates (NMR) at hospitals in selected districts of Indonesia including West Java showed that the obstetric CFR from any maternal complications and NMR decreased significantly by 50% and 21%, respectively.⁵

This program focuses on strengthening the role of midwives in empowering women and families. Attention to comprehensive midwifery care services in the format of continual care with a focus on maternal and infant care in accordance with midwifery service standards is significant. Continuity of care services can detect early risks of complications in mothers and babies and refer them to receive services needed to save mothers and neonates' lives without delay.

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