

HIS MAJESTY'S GOVERNMENT OF NEPAL

SAFE MOTHERHOOD POLICY



**Family Health Division
Department of Health Services
Ministry of Health
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Preface

A Nepali woman has 1 in 32 chance of dying because of pregnancy or child birth in comparison to a woman in a developed country where the chance is 1 in 10,000. At present approximately 4000 – 6000 women die of causes related to pregnancy and childbirth. Many more thousands of pregnant women suffer from different types of morbidities arising during pregnancy and childbirth.

In 1993 HMG initiated a comprehensive strategic focus to improve the situation through launching a national safe motherhood program. National efforts to reduce maternal morbidity and mortality carried out across various divisions of the Ministry of Health with support from multilateral and bilateral agencies and NGOs and INGOs. Hence, improvement in maternal health do not depend solely on what the safe motherhood program we can or cannot do it also depends on what and how other program divisions and NGOs and INGOs are doing that directly bear upon the well-being and health of the woman.

Family Health Division is the sole implementing and coordinating office for the programs affecting maternal health. Several components of the program (i.e., healthy pregnancy, safe and clean delivery and healthy baby) are also being implemented by other governmental and non-governmental organizations which are often poorly coordinated because of confusion and lack of clear policy guidelines. The Family Health Division is also developing policy guidelines to the organizations working in the field of safe motherhood, so that all activities will be carried out in a coordinated way in future.

Since the implementation of the Safe Motherhood Program ten pilot districts identified and detail inventory done and some activities already completed and some are in the process of implementation. At national level major activities on preparation guidelines, advocacy, IEC and training has been completed and some are in the process of evaluation to implementation. The activities carried out in the last few years and the outcomes are encouraging and the program has been planned to expand at least additional 15 districts in near future.



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1 Introduction

Maternal mortality is still the leading cause of death among women of reproductive age in most developing countries. The World Health Organisation (WHO) estimates that world wide, each year at least half a million women die as a result of pregnancy and childbirth, and almost 99 percent of these deaths occur in the developing world. The result is not only a tragedy for the untimely death of the women concerned, but also for their families.

Since the launching of the Global Safe Motherhood Initiative in 1987, there has been a dramatic worldwide increase in attention to the problem of maternal mortality and morbidity which has brought about program development among governments of the developing countries, agencies, non-governmental organizations and other groups and individuals to reduce maternal mortality and morbidity. In the new National Health Policy approved by His Majesty's Government of Nepal (HMG, Nepal) in 1991, safe motherhood has been identified as a priority program.

In Nepal women of child bearing age (15-49 years) constitute 23 percent of the total population of 21 million in 1996. It is estimated that approximately 900,000 women became pregnant in 1997. Out of the total pregnancies 40% are said to be high risk pregnancy. Family Health Survey carried out in 1996 estimated the Total Fertility Rate (TFR) 4.6 and National Maternal Mortality Ratio (MMR) 539/100,000 live births. The Family Health Survey and other research findings have confirmed the leading immediate causes of maternal deaths to be due to hemorrhage, sepsis, toxemia and obstructed labor, most of which are preventable with the provision of adequate antenatal care, safe delivery practices, timely referral and well organized and accessible FP services.

In February 1993, to improve the health status of women during pregnancy and childbirth a Safe Motherhood Task Force was established, under the chairmanship of the Secretary MoH, Representatives from the Ministry of Education, the Ministry of Local Development and the Law Reform Commission were appointed to the task force. In addition, a group of resource person from UN and other agencies and organizations was formed to assist the task force with its deliberations. The main responsibility of the task force was the National Safe Motherhood Plan of Action (NSMPA), in which priority activities for Safe Motherhood were identified for the period 1994-1997 (the last four years of the governments eighth five year plan). A multi-sectoral approach was adopted in order to produce a comprehensive plan of action aimed at reducing maternal mortality and morbidity, using a combination of health and health-related strategies.

According to the recommendations of the task force, HMG has recognized the very high maternal mortality rate as one of the major public health problems among women of child bearing age in Nepal. Therefore HMG gives priority to the Safe Motherhood Program in an endeavor to reduce maternal deaths and disabilities.

2 Definition of Safe Motherhood

Safe Motherhood means creating the circumstances within which a women is able to choose whether she becomes pregnant, and if she does, ensuring that she receives care for prevention and treatment of pregnancy complications, that she has access to trained birth assistance, and if she needs it to emergency obstetric care, and care after birth, to prevent death or disability from complications of pregnancy and child birth.

3 Safe Motherhood Policy Statement

- 3.1 The Ministry of Health's Safe Motherhood Programme will be HMG's main thrust to reduce maternal and neonatal mortality in Nepal.
- 3.2 The programme's main focus will be on the improvement of maternity care services, including family planning, at all levels of the health care delivery system and in the community.
- 3.3 In conjunction with the MoH's Programme, efforts will also be made to improve the general status of women by promoting programmes aimed at bringing about attitudinal, behavioural and societal changes regarding women's health concerns.

4 Policy Directives

The MoH will expand and improve maternity care services at all institutional levels by:

- 4.1 Providing maternity care which is preventive and promotive in nature to all women through the existing PHC network, emphasizing the role of female health care providers with midwifery training and ensuring that emergency obstetric services are available where and when needed.
- 4.2 Empowering women and their families with information/education for safe motherhood to ensure the vital role of the family in the proper use of maternity care services, especially in rural areas where the population is often unreached.
- 4.3 Encouraging the active participation of NGOs at the community level.
- 4.4 Ensuring the provision of maternity care at the community level as close to the people's homes as possible. The care will be provided by personnel with midwifery skills who are competent to provide care safely and effectively and who are capable of making timely referrals.
- 4.5 Ensuring the availability of resources in terms of appropriately trained health care providers, necessary essential drugs and equipment, and adequate physical facilities at all levels, particularly up to the district level.

5 Policy Objectives

General

To reduce mortality and morbidity among women during pregnancy, childbirth and the postnatal period through the adoption of a combination of health and health related measures.

Specific

- To increase the accessibility, availability and utilization of maternal health care facilities.
- To strengthen the technical capacity of maternal health care providers at all levels of the health care system.
- To strengthen referral services for maternity care, particularly at the district level and with specific emphasis on appropriate referral of high-risk cases.
- To increase the availability and use of contraceptives for child spacing and family planning purposes.
- To raise public awareness about the importance of the health care of women and in particular, maternal health care and safe motherhood.
- To improve the legal and socio-economic status of women.

6 Targets

- 6.1 Reduce maternal mortality rate from 850 per 100,000 live birth to 750 by 1996 and to 400 by the year 2000.
- 6.2 Increase contraceptive prevalence rate (CPR), with particular focus on spacing methods, from 24% to 30% by 1996 and to 38% by the year 2000.
- 6.3 Increase the coverage of antenatal care services from 18% to 25% by 1996 and to 50% by the year 2000.
- 6.4 Ensure that at least 25% of all deliveries are attended by trained health workers by 50% by the year 2000.
- 6.5 Increase the number of first level referral hospitals with capacity to provide essential obstetric functions from the present number of 14 to 24 by 1996.
- 6.6 Reduce anaemia (i.e., Hb<11gm%) in pregnant women from 78% to 70% by 1996 and to 50% by the year 2000.
- 6.7 Improve Tetanus Toxoid (TT) immunization coverage among women of child bearing age to 90% by the year 2000.
- 6.8 Increase the enrollment of female students in primary school from 54% to 76% by 1996 and to 100% by the year 2000.
- 6.9 Ensure the completion of primary education by girl children from the present estimate of 27% to 55% by 1996 and to 70% by the year 2000.
- 6.10 Increase the female literacy from the present rate of 21% to 38% by 1996 and to 61% by the year 2000.
- 6.11 Initiate policy development on legal and programmatic aspects of abortion and work toward the legalization of abortion.
- 6.12 Introduce (mother and encourage) the enforcement of the legal age of marriage in the coordination with the relevant government entities.

7 Strategies

7.1 *Promoting intersectoral collaboration in order to attain the aims of safe motherhood*

Strategies

- 7.1.1 Ensure the commitment to the safe motherhood initiative at all levels (policy, administrative, professional and community) by promoting collaboration between the following sectors, with a view to developing SM activities within each sector: health, education, social welfare, legal, women in development, labour, and agriculture.
- 7.1.2 Mobilize national authorities, community leaders and community members to take active roles in promoting safe motherhood and keeping them well informed of the status of maternal health in their respective communities.

7.2 *Strengthening and expanding basic maternity care services, including family planning, at all institutional levels*

Strategies

- 7.2.1 Expand promotional and educational activities through community health workers and other workers (e.g., MCHWs, FCHVs, TBAs, VHWs) to disseminate basic motherhood messages and motivate the people to utilize available maternity/FP services.
- 7.2.2 Improve, expand and standardize prenatal, delivery and postnatal services at all levels of the health care delivery system.
- 7.2.3 Train, deploy and support appropriate personnel for each level of maternity services, including emergency obstetric services, to accommodate the level of care required. In particular the skills and capabilities of district hospital staff in essential obstetric functions will be developed.
- 7.2.4 Improve and expand the existing referral system for routine maternity/FP care and emergency obstetrics to make it more appropriate, accessible, and effective. In particular, the essential elements of obstetric care are to be made available at the district hospital i.e., surgical obstetrics, anaesthesia, medical treatment, blood, replacement, manual procedures and monitoring of labour, management of women at high risk, family planning support, and neonatal special care.
- 7.2.5 Establish a focal point for planning, monitoring and evaluation for safe motherhood activities/services at all levels of the health care delivery system.

7.3 *Raising the status of women so that maternal morbidity and mortality will be reduced*

Strategies

- 7.3.1 Promote universal access to free school education and completion of primary education for all girl children, and expand literacy programme, particularly for female adolescents and adult women.
- 7.3.2 Intensify the development and use of information, education and communication materials for safe motherhood through multisectoral agencies, using a multimedia approach, in order to create awareness and motivate the general public, policy makers, community leaders and health workers to achieve individual, family and community behavioral changes in support of safe motherhood.
- 7.3.3 Ensure the provision of adequate and appropriate health services for girls and women of all ages.
- 7.3.4 Promote the development of income generating activities for women, including employment in the formal sector.
- 7.3.5 Ensure the establishment and enforcement of laws affecting safe motherhood, in particular, raising the age of marriage to 18 years for females, and nation wide availability of abortion services.

7.4 *Promoting research on Safe Motherhood*

Strategies

- 7.4.1 Initiate and promote policy and programmatic research activities at improving maternal health services and ultimately the health of women.

8 Definition of Maternity Care

'Maternal Care' implies the provision of essential care for pregnant women to ensure safe delivery including postnatal care and treatment of complications of the mother and the newborn. Maternity Care starts from the time of pregnancy diagnosis and continues through delivery and postnatal periods.

9 Maternity Care in Nepal will be as follows

- Antenatal care at least four times during pregnancy including risk screening/early detection of danger signs, tetanus toxic immunization, anaemia prophylaxis and treatment, health and nutrition education, including breast feeding and family planning counseling and appropriate referral.
- Delivery cares, i.e., safe/clean delivery, immediate cares of mother and newborn including resuscitation and thermal control, obstetric first aid and immediate breast feeding.
- Provision and management of transport for obstetric emergencies.

- Essential obstetric services at district, regional/zone, and central levels for effective management of obstetric emergencies.
- Postnatal care at least once within 24 hours of delivery and at least one time during the first week, and then as needed for prevention, detection and treatment early of postnatal complications of mother and new born. Advice on breasts feeding, thermal control, immunization, nutrition and hygiene.
- Family Planning counseling and postpartum family planning services including appropriate temporary and permanent methods.
- Supervision and monitoring which is supportive of the health care providers.

10 Maternity Care at the various levels the Health Care Delivery System will be as follows:

10.1 *Maternity Care at Family Level*

- Empower families with basic knowledge to be self sufficient in caring for pregnant and postpartum women in their household including providing good nutrition, rest, a clean environment and preparing for a clean delivery.
- Empower families to seek appropriate and timely help from trained health care providers for antenatal care, delivery and postnatal, STD/AIDS and family planning.
- Encourage registration of births and maternal and neonatal deaths that occur within own family.

10.2 *Maternity Care at Community Level*

- All births and maternal and neonatal deaths to be registered.
- Availability of trained maternal health care providers at community level (i.e., trained TBAs, MCHWs, ANMs) whose function is health promotion/prevention and who can provide basic maternity services, obstetric first aid, and refer cases that are beyond their capacity.
- Availability of transportation for obstetric emergencies that occur in their own community, through community participation.
- Availability of blood, in time of need, through community mobilization.

10.3 *Maternity Care at Sub-Health Post (SHP) Level*

- Provision of antenatal and postnatal services at SHP/outreach clinics. MCHWs to assist TBAs to conduct clean normal deliveries at homes and ensure referral of appropriate cases.
- FP counseling, availability and promotion of temporary contraceptive methods (e.g., Pills, Condoms, Depo Provera). Management of minor side effects and referral as required.
- Ensure recording of services provided to pregnant women/newborns.
- Ensure follow-up reports of maternal and neonatal deaths and do verbal autopsies (i.e., identifying causes of death through interviews with family members).

10.4 Maternity Care at Health Post (HP) Level

- In addition to maternity care services provided a SHP, empower ANMs to provide both normal and life-saving midwifery services (obstetric first aid) at the health post and at the home, and to identify and arrange for referral of obstetric complications/emergencies that are beyond their capacity.
- Ensure availability and increased utilization of family planning services both temporary and permanent methods (e.g., Pills, Condoms, Depo Provera etc.).
- ANMs to provide supportive supervision to MCHWs and TBAs at community level.

10.5 Maternity Care at Primary Health Care (PHC) Centers

- Besides the services available at HPs, PHC centers to provide some essential obstetric function e.g., management of postpartum haemorrhage, assisted vaginal delivery (forceps, vacuum), manual removal of placenta, treatment of severe anaemia, augmentation of labor, vasectomy, minilap, all temporary methods, treatment of pregnancy induced hypertension, evacuation of uterus in incomplete abortion and treatment of sepsis.

10.6 Maternity Care at District Level

- District hospital to be developed and staffed as first referral level providing all Essential Obstetric Functions (EOF) as per WHO guidelines, so that life saving procedures can be undertaken to reduce maternal mortality at the most appropriate peripheral level of the existing health infrastructure.

10.7 Maternity Care at Zone/Regional Level

- In addition to services rendered at the district hospital level, special services, such as sub-fertility care, laparoscopy, tubal recanalization, hysterectomy repair and special neonatal care to be provided. Also clinical research on maternal and neonatal health to be undertaken for purpose of making appropriate interventions.

10.8 Maternity Care at Central Level

- Central level hospitals to function as tertiary level care center providing obstetric and gynecology special care services including facilities for Intensive Care (ICU/NICU) and Maternal and Neonatal Health Research Units.
- Central level hospitals to function as training units for special skills in midwifery and obstetric as training units for special skills in midwifery and obstetric/gynecology.

11 Referral System

A functioning referral system as an essential component of safe motherhood is to be established, with specific guidelines for providing obstetric first aid at each level, referral protocols, standard referral slips, information transmission by available means of communication for each level of the health care delivery system.

12 Institutional arrangements

The implementation of the National Safe Motherhood Programme calls for close cooperation and coordination of activities both within the various divisions of the MoH and between MoH and other related ministries, relevant donors and other organizations and agencies.

The Family Health Section in the Family Health Division under the Department of Health Services will act as the national focal point to plan, manage, coordinate and monitor the implementation of activities under the Safe Motherhood Programme. The Planning, Monitoring and Foreign Aid Division in the MoH will establish a central level intersectional/donor coordination committee to activate interministerial safe motherhood related activities and coordinate donor inputs.

Implementation of the Safe Motherhood Programme will be through the regional and district level. The Regional Health Service Directorate will be responsible for coordinating and monitoring of the programme in their respective districts where the programme is launched.

At the district level the District Health Officer will be responsible for the overall implementation, supervision, monitoring and co-ordination of all activities, through its Public Health Section and District Hospital. For intersectoral linkage of safe motherhood activities at the district level the DHO will coordinate through the district level coordination committee.

13 Broad Selection Criteria for SM Districts

- 13.1 Geographical representation
- 13.2 Population density
- 13.3 Accessibility both for referral cases and for purposes of monitoring from regional and central levels
- 13.4 Infrastructure feasibility to implement the programme:
 - Existing physical facilities/services
 - Personnel
 - Development of a referral center for emergency obstetrics
- 13.5 High Maternal Mortality Rate