

The South Asian Federation of Obstetrics and Gynecology (SAFOG) is celebrating its 29th birthday in Colombo, the place where the idea of the federation was born in 1995. The members of SAFOG, the national Ob-Gyn Societies of Bangladesh, India, Nepal, Pakistan and Sri Lanka, met in Colombo during the 57th Annual Academic Congress of the Sri Lanka College of Obstetricians and Gynecologists in August 2024. Maldives and Afghanistan will, hopefully, be joining as well. The federation has set for itself 9 goals including, among others, better collaboration, strengthened training and research and striving to reach the goal of providing reproductive healthcare for all persons in the region and, in particular, the provision of safe motherhood. The meeting in Colombo will be a wonderful opportunity for reflecting on the achievements and charting a way forward both for the federation and its member societies, especially in the areas of maternal and newborn health.



This editorial aims to highlight some of the progress and challenges in the area of safe motherhood.

WHO has stated that between 2000 and 2020, the maternal mortality ratio dropped by about 34% worldwide, with nearly 95% of all maternal deaths in low and lower middle-income countries in 2020. Despite an impressive decline in MMR of 67% in the South Asia region, it accounted for around 16% (47,000) of maternal deaths. In this context and with SAFOG's declared priority for safe motherhood, the federation and all its members should be aiming to attain the Sustainable Development Goal of reducing the MMR to less than 70 per 100,000 births and NMR to at least 12 per 1,000 live births. Aiming for 'no country having a maternal mortality rate of more than twice the global average' will not be good enough for SAFOG.

Sri Lanka continues to outperform all other countries in the SAFOG region. Its MMR has improved further from 61 per 100,000 live births in 2000 to 29 in 2020. Continuity of care provided by trained midwives is the backbone of maternal, newborn and child health care in Sri Lanka. Pakistan is improving access to services with some variation between provinces. Between 1990 and 2019 antenatal care coverage increased from 26 to 91%, and institutional births from 14 to 71%.

In June this year, the BMJ published articles analyzing the drivers of maternal and newborn health transition in seven positive outlier countries that saw a rapid decline in maternal and newborn mortality over the last 2–3 decades. Three of the seven countries that showed exemplary progress are from South Asia, and include Bangladesh, India and Nepal. The common factors in the positive outlier countries included: 1) increased contact with maternity services, 2) progress in quality of services, 3) fertility decline and safe abortion services, 4) government levers including strong commitment, resources and financing, and progressive implementation and learning. Increased contact with maternity services was promoted through both demand and supply side interventions, which included expansion of service sites and women's education, empowerment and behavior change using community health system platforms. Expansion of service sites not only brought the services closer to where people live but also improved referral networks and access to hospitals for higher levels of care. For example, in Bangladesh, in 2002, only 7% women delivered in hospitals and 3% in lower level facilities, while 90% delivered at home. By 2017, there was a significant decline in home births to 47%, 24% deliveries took place in hospitals and 30% in lower level facilities. In India, in 2003, the figures for home deliveries, deliveries in lower level facilities and hospitals were 61%, 21% and 18%, respectively. By 2018, the figures had changed to 11% deliveries at home, 27% in lower level facilities and 62% in hospitals. Nepal, a mountainous country with difficult geography, showed massive progress between 1999 and 2017 with reduction in home deliveries from 91 to 22%, increase in delivery at lower level facilities from 2 to 16% and delivery in hospitals from 7 to 52%. Government levers including strong commitment, resources and financing, and progressive implementation and learning have been the common factors across all these countries. In some countries, such as Bangladesh, the private sector hospitals have played a crucial role while the public sector was much stronger in Nepal. Better access to abortion services, family planning and declining fertility provided safeguards to maternal and newborn health across all the countries.

Despite such positive changes, the studies showed that progress was not uniform across all geographic regions and for various population groups in all of these countries. Some of the common challenges across all countries were health system failures including lack of accountability that contributed to persistent shortage of trained health workers, essential medical supplies, inequity and poor quality of care. Inequities were further exacerbated by poverty, poor education, difficult geography, cast and ethnicity factors. Factors such as climate and humanitarian crises continue to compound health system fragility. Additionally, clinical aspects of quality of care such as rising rates of cesarean section, low use of assisted vaginal delivery, poor counseling and communication, issues of ethical practice, are some of the areas that need additional attention.

We all know what needs to be done to enhance progress in maternal and newborn health, but the key issue is the 'how'. The 'Exemplar' countries outlined above have shown the how. SAFOG can harness the collective strength of its member societies to improve several aspects of quality of care, through collaborative training and research. Its partnership with UN agencies at the regional and country level provides it a unique opportunity to be a strong advocate for equitable distribution and retention of skilled human resources, the most critical aspect for improving the quality of care.

References

1. <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>.
2. Sri Lanka RMNCAH Factsheet December 2020.

3. National Institute of Population Studies (NIPS) [Pakistan] and ICF. 2020. Pakistan Maternal Mortality Survey 2019. Islamabad, Pakistan, and Rockville, Maryland, USA: NIPS and ICF.
4. Campbell OMR, Amouzou A, Blumenberg C. The Countdown to 2030 Exemplars Collaboration, et al. Learning from success: the main drivers of the maternal and newborn health transition in seven positive-outlier countries and implications for future policies and programmes. *BMJ Global Health* 2024;9:e012126.

Dr Sudha Sharma
Past President, SAFOG