EMERGENCY OBSTETRIC CARE

"Complications related to pregnancy and childbirth are among the leading causes of mortality and morbidity of women of reproductive age in many parts of the developing world . . . Most of these deaths, health problems and injuries are preventable through improved access to adequate health-care services, including safe and effective family planning methods and emergency obstetric care." –United Nations (UN) Fourth World Conference on Women[1]

Emergency obstetric care (EmOC) refers to the care of women and newborns during pregnancy, delivery and the time after delivery. Women in emergency situations must have access to EmOC, as it is essential to saving lives everywhere in the world.

Multiple UN agencies have highlighted the importance of reducing maternal death, and it has been demonstrated that access to EmOC is a vital component in achieving this goal.[2] They also emphasise the importance of gender equality, which includes enforcing the basic right of women and girls to access medical care.[3]

Globally, 75% of maternal deaths are due to five causes, all of which are treatable.

These causes are:

- Haemorrhage
- Obstructed labour
- Sepsis (infection)
- Eclampsia (convulsions)
- Unsafe abortion[4]

In 2004, the Inter-agency Working Group (IAWG) on Reproductive Health in Crisis Situations noted that there was still much to be done before EmOC services were sufficient to meet the basic needs of refugees and internally displaced persons (IDPs).[5]

Humanitarian actors have long overlooked EmOC and other reproductive health-related services for pregnant women and girls in emergency settings. The health risks experienced by all women and girls in pregnancy and childbirth are compounded for refugees and IDPs by the general risks which characterise these settings. Immediate causes of death include delays in reaching treatment due to lack of availability and access to treatment, and lack of equipment, supplies, and trained and supported staff at health facilities.

It is imperative that EmOC is recognised as a crucial, lifesaving intervention to which all women and girls affected by crises are entitled.

RAISE

Priorities for Action

Pregnant women and girls must have access to EmOC at the onset of every obstetric emergency. Basic EmOC can be provided in health centres, while comprehensive EmOC must be provided in facilities at the hospital level. For EmOC services to be effective, basic EmOC must be linked to community services, and an efficient referral system must be in place so that women who need comprehensive EmOC can access it in a timely manner.

Humanitarian actors have long overlooked EmOC and other reproductive health-related services for pregnant women in emergency settings.

Components of basic EmOC include:

- Treatment for sepsis
- Treatment for eclampsia
- Treatment for prolonged or obstructed labour
- Post-abortion care (PAC)
- Treatment for incomplete miscarriage
- Removal of the placenta
- Assisted delivery using forceps or suction

Comprehensive EmOC services include the services listed above, and also:

- Surgery (specifically, Caesarean section)
- Anaesthesia
- Safe blood transfusion observing universal HIV precautions

Recommendations

- Humanitarian agencies should explore options for developing expertise in delivering EmOC services in emergencies and in accessing funds through Flash Appeals[6] and the Consolidated Appeals Process (CAP)[7]
- Donors must afford greater priority to EmOC services through Flash Appeals and the CAP
- Donors who prioritise maternal health should ensure that this also applies to their humanitarian portfolio
- Donors should encourage humanitarian agencies to develop the human resources necessary to set up and run effective EmOC services in emergency settings
- Emergencies that feature high maternal mortality ratios must be made top priorities for the introduction of quality EmOC services

Facts and Figures

- Globally, 75% of all maternal deaths are due to five causes, all of which can be treated[8]
- Each year more than half a million women around the world die from complications of pregnancy and childbirth; this number has not declined substantially in over two decades[9]
- 99% of maternal deaths occur in the developing world, which is also the location of the majority of humanitarian emergencies; Africa and Asia together account for 95% of maternal deaths[10]
- The lifetime risk of maternal death in sub-Saharan Africa, the region of the world currently experiencing the highest concentration of humanitarian emergencies, is one in 16, while the risk in developed countries is one in 2800[11]
- Data on 18 countries in sub-Saharan Africa shows that at any one time, roughly 6–14% of women and girls from 15 to 49 will be pregnant;[12] as in any population, 15% of these pregnancies will result in unforeseen complications[13]

CASE STUDY:
Emergency Obstetrics in South Sudan

The 40-year civil conflict in South Sudan has led to the current state of complex emergency. According to the UN Population Fund (UNFPA), the rates of pregnancy-related deaths in the area are among the highest in the world.[14]

A shortage of qualified local providers able to manage basic obstetric complications causes lengthy delays in connecting women to EmOC. When EmOC is available, lack of security in the area and poor overall health infrastructure often mean that women cannot reach services when they need to. As a consequence many women die needlessly at home from entirely treatable complications, having received no medical attention whatsoever.

The RAISE Initiative works in collaboration with the American Refugee Committee (ARC) to implement the full range of basic and comprehensive EmOC services, including PAC, in South Sudan. The RAISE/ARC team is focusing on Malakal, an area that has been underserved by other non-governmental organisations and the Sudanese Ministry of Health. This partnership saves lives by ensuring that EmOC services, staff, and referrals are available and accessible to women who need them.

[1] *UN (1995). "Platform of Action of the United Nations Fourth World Conference on Women." (Beijing, China: UN) http://www.un.org/womenwatch/daw/beijing/platform/health.htm*

[2] *UN (2007). "The Millennium Development Goals Report 2007." (New York: UN) http://www.un.org/millenniumgoals/pdf/mdg2007.pdf*

[3] *Ibid.*

[4] *WHO (2000). "Managing complications in pregnancy and childbirth: a guide for midwives and doctors." (Geneva: WHO) http://www.who.int/reproductive-health/impac/Introduction.html*

[5] *IAWG (2004). "Global Evaluation of Reproductive Health Services for Refugees and Internally Displaced Persons." (Geneva: UNHCR) http://www.rhrc.org/resources/iawg/*

[6] *The Flash Appeal is a tool for structuring a coordinated humanitarian response, and coordinating fundraising among participating Inter-Agency Standing Committee organisations for the first three to six months of an emergency.*

[7] *The Consolidated Appeals Process (CAP) is a tool used by aid organisations, including the UN and other stakeholders, to plan, coordinate, fund, implement, and monitor their activities in response to an acute humanitarian need caused by a conflict or a natural disaster.*

[8] *WHO (2000). "Managing complications in pregnancy and childbirth: a guide for midwives and doctors." (Geneva: WHO) http://www.who.int/reproductive-health/impac/Introduction.html*

[9] *UNICEF (2007). "Maternal Health." http://www.unicef.org/health/index_maternalhealth.html*

[10] *UNFPA (2005). "Reproductive Health Fact Sheet." (New York: UNFPA) http://www.unfpa.org/swp/2005/presskit/factsheets/facts_rh.htm*

[11] *UNICEF, UNFPA, & WHO (2004). "Maternal Mortality in 2000: Estimates developed by WHO, UNICEF, and UNFPA." (Geneva: WHO) http://www.who.int/reproductive-health/publications/maternal_mortality_2000/mme.pdf*

[12] *Macro International Inc. (1995-2006). "Demographic and Health Surveys." http://www.measuredhs.com/countries/start.cfm*

[13] *UNHCR (1999). "Reproductive Health in Refugee Situations: An Inter-agency Field Manual." (Geneva: UNHCR) http://www.unfpa.org/emergencies/manual/preface.htm*

[14] *UNFPA (2007). "UNFPA in the News–May 28 - June 10, 2007. Sudan: Maternal Mortality Higher In the South." (New York: UNFPA) http://www.unfpa.org/news/coverage/2007/may28-june10-2007.htm*