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Research Paper

Concept Paper: Safe Motherhood

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Abstract: *Following an alarming extend of maternal morbidity and mortality especially in underdeveloped countries the Safe motherhood concept was initiated to reduce the problem .* ***Objectives****:The objective of this paper was to have an in-depth description, explanation and clarification of safe motherhood concept so as to have a precise operational definition and come out with guidelines and tools to ensure safe motherhood.*
Methods:*Walker and Avant (2011) theory of concept analysis was used to analyse the concept of interest. Literature search was done using the following search engines: Google Scholar, Pub Med, and Midline to select articles relevant to the concept of interest.****Results:****Safe motherhood definition and description concentrated on women around conception, child birth and post partum care overlooking the build up to womanhood who is a young girl. Healthy young girls contribute to safe motherhood.*
Conclusion:*Analysis of safe motherhood concept may help encompass all aspects related to safe motherhood.*
Keywords: *safe motherhood, teenager, teenage pregnancy, girl child.*

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I. INTRODUCTION AND BACKGROUND

It is estimated that approximately 99% of global deaths arising from pregnancy related complications occur in the developing world where there is a prevalence of high fertility rates, a shortage of skilled birth attendants, and weak health systems (UNICEF, 2009). There has been some regional improvement in maternal mortality, though levels of maternal mortality remain unacceptably high in sub-Saharan Africa. Almost all maternal deaths can be prevented, as evidenced by the huge disparities found between the richest and poorest countries. The lifetime risk of maternal death in high-income countries is 1 in 3,300, compared to 1 in 41 in low-income. Despite the commitment set out in the millennium development goals, maternal mortality remains unacceptably high in many parts of the world. (WHO. 2010)

In 2010, an estimated 285,000 maternal deaths occurred globally marking a decline of maternal mortality ratio (MMR) of 47% from the 1990 levels. However, the decline has not been uniform across the globe as Sub-Saharan Africa shoulders over half (56%) of the maternal mortality burden, (WHO, 2010)

Safe motherhood was established in 1987 when health experts realised that not much attention was being given to maternal and child health programmes. Rosenfield and Maine, 1985, noted in their seminal article that the component of maternal-child health was often overlooked. The safe motherhood initiative was launched in 1987 in Nairobi, Kenya by a group of international agents. The aim was to reduce the burden of maternal deaths and morbidity in developing countries

Progress has been noted on a number of indicators since the inception of safe motherhood. Safe Motherhood has successfully helped in reducing maternal mortality, (Koblinsky MA, et al. Health Policy Plan. 1994). However while a few countries have experienced sustained reduction in maternal mortality, little or no progress has been achieved in those countries with the highest levels of mortality, it appears that in some countries it has worsened, (FCI Report, 2007)

What can be the reason for that? Despite low socio-economic status of developing countries, there should be other contributing factors. One of them is giving birth at a tender age, the teens.

Safe motherhood has basic principles called pillars. The six pillars of safe motherhood include family planning, antenatal care, obstetric care, post natal care, post arbortal care and control of STI/HIV/AIDS.

Family planning
Ensures that couples and individuals have information, access and utilisation of family planning services. They should be able to plan time, number and spacing of pregnancy.
Antenatal care
Screening of infectious conditions and other medical conditions and at risk factors that may affect the pregnancy are done during the antenatal period. Complications are detected early and corrective or preservative measures are done.
Obstetric care
Ensures all deliveries are conducted by skilled attendants to prevent avoidable complications and care for high risk pregnancy and complication is available.
Postnatal care
This is cared rendered to the mother after delivery that is post partum period. The mother is assisted on breast feeding, vulval toilet, and observed for any signs of infection. Family planning services are also offered during this period.
Post abortal care
Prevent and manage complication associated with abortions like haemorrhage and sepsis. Provision of family planning services
STI/HIV/AIDS control
Mothers are screened for HIV and sexually transmitted infections. Attend to prevention of mother to child transmission of HIV where needed, (Kaur Gambhir, 2018)

II. PROBLEM STATEMENT

The six pillars of Safe Motherhood concentrate on a woman mature for child bearing not taking into account the immature girl who is getting pregnant and worsen the maternal mortality. Approximately 16 million girls aged 15 to 19 years and 2.5 million girls under 16 years give birth each year in developing regions.

Complications during pregnancy and childbirth are the leading cause of death for 15 to 19 year-old girls globally. Every year, some 3.9 million girls aged 15 to 19 years undergo unsafe abortions. Adolescent mothers (ages 10 to 19 years) face higher risks of eclampsia, puerperal endometritis, and systemic infections than women aged 20 to 24 years, (WHO FACT SHEET, 2018)

In developing countries, the leading causes of death of girls and women between 15-19 years old are complications related to pregnancy and birth, and 15% of all maternal deaths worldwide, (WHO; Women and Health, 2009).

The pillars focus around preconception, pregnancy, child birth, post partum/post aortal care and screening HIV and Sties. There should be a pillar focusing on the teenage girl so that they safely grow to safe motherhood and reduce maternal mortality. It is not only about preventing pregnancy in teenage girl put also their general health status. These include nutrition, immunisation against tetanus and human papilloma virus. Prevention of STIs and HIV, which involves abstinence and condom use. Promote use of family planning methods to prevent teenage pregnancy. However the term family planning is associated with adult family members, teenagers may shy away from it because they are not yet into family planning given their age. There is therefore a need to come up with a specific programme for teenagers on pregnancy prevention under safe motherhood. A girl brought up healthy, is likely to become a health mother thus promoting safe motherhood.

While there are programmes on adolescence reproductive health, it is necessary to also approach it along Safe Motherhood initiative to reduce maternal mortality.

Adolescence aged 15 through to 19 years is twice as likely to die during pregnancy or child birth as compared to those over 20. Girls under 15 years are five times more likely to die, (Kathryn Graczyk et. al 2007) Therefore there is a gap in the promotion of Safe motherhood which needs to be taken care of.

III. OBJECTIVE

The objective of the concept paper was to have an in depth analysis, description and explanation of Safe Motherhood concept in order to ensure comprehensive care among women of child bearing age.

IV. SIGNIFICANCE OF CONCEPT

The reason to write this paper was necessitated by the need to define safe motherhood and ensure all women are included in promotion of safe motherhood and come up with protocols that comprehensively promote safe motherhood.

V. PURPOSE OF ANALYSIS

The aim of this paper was to describe safe motherhood, that is its antecedents, attributes and consequences for the purpose of coming up with protocols that promote safe motherhood.

VI. LITERATURE SEARCH

AUTHOR/YEAR	JOURNAL	DEFINITION	ANTECEDENTS	ATTRIBUTES
USAID	Human rights matrix	high-quality gynaecological, family planning, prenatal, delivery and postpartum care, to achieve optimal health for mother, fetus and infant.	Ineffective health care system, discrimination against women, maternal mortality and morbidity.	Safe pregnancy.
James S. Marks/ 2002	Maternal and child health journal, Vol 6, no 4	Care for the infant. Focus on deaths and disease of the woman.	Societal policies and norms are not favourably structured .pressure is placed on motherly roles and full societal roles	Protected mother and child. Good pregnancy outcomes.
Ann Starrs/2007	Apha	Safe, healthy pregnancy and childbirth for all women	none	none
CEDAW committee/1999	(WHO): http:// whqlibdoc.who.	Concept and conditions for ensuring that women receive the appropriate services in connection with pregnancy, childbirth and post-natal period,	none	none
FRED T. SAI et, al,.	Family care international	Identify all pregnant women early; prenatal care, maternal health education, for women and communities; ensure delivery by trained personnel; life-saving care is available.	none	none
Jacquiline Emodek/2016	www.newvision.co.ug	Ensuring all women have access to proper health services so as to have healthy pregnancies, safe delivery and post delivery care.	Physiological immaturity, infant mortality, maternal mortality, obstetric fistulas, unsafe abortions	Good health of mother and off spring
Soumendra/2014	Vikaspedia	Ensuring that all women have access to the information and services they need to go safely through pregnancy and child birth	Early marriage, repeated child births, pregnancy related complications, lack of health care facilities	Birth preparedness and complication readiness.
Aashma Dahal/2018	Slide share	Initiatives, practices, protocols and service delivery guidelines designed to ensure women receive high-quality gynaecological, family planning, prenatal, delivery and post partum care, in order to achieve optimal health for the	none	none
Research UCSF Bixby Centre for Global Reproductive health.	www.lifewraps.org.	Effort that aims to reduce deaths and illnesses associated with pregnancy and childbirth.	Childbirth complications. Maternal mortality and morbidity	none

VII. METHODS

Walker and Avant's strategic eight steps were used to analyse the safe motherhood concept. According to Walker and Avant, the eight steps include selection of concept, purpose and aim of the analysis, determine uses of the concept, determination of defining attributes, identification model case and additional cases, identification of antecedents and consequences and definition of empirical evidence. The following search engines where used for literature search; Google Scholar, Pub Med, Medline. 22 articles were identified and 13 which were relevant to this concept were used in this article. The rest were dropped because of irrelevant information.

VIII. DEFINITION OF CONCEPT

Safe motherhood is concepts and conditions for ensuring that women receive the appropriate services in connection with pregnancy, childbirth and post-natal period, including family planning and emergency obstetric care. (CEDAW committee, 1999)

IX. WORKING DEFINITION

Ensuring that mothers receive appropriate services from preconception to post natal period including care of the infant, and also ensuring that girls get appropriate care to prepare them for future safe motherhood.

X. DEFINING ANTECEDENTS

According to the United Nations Population Fund, (2009), causes of teenage pregnancy are multifaceted. Puberty is a time of rapid biological change in a young person and this stage of development needs to be well managed for young people to pass through it safely.

Lack of adequate and accurate medical information on puberty leaves young people dependent on uninformed peer sources or unguided Internet searches for information.

Some cultural or religious norms such as child marriage also contribute to teenage pregnancy. Poor nutrition, insufficient sanitation, lack of schooling, lack of agency in families and societies, as well as exposure to gender-based violence, take a toll on women's physical and mental well-being, not sparing the girl child. Gender norms that expect women to be stoic and to suffer in silence and not reveal events at birth are harmful for women's health and, by extension, the health of their children.

XI. DEFINING ATTRIBUTES

According to Walker and Avant 2011, defining attributes are characteristics which make it possible to measure a concept objectively. Zero teenage pregnancy, fully immunised girls against tetanus and human papilloma virus. Well nourished girls healthy enough to be mothers when it time, physically and psychologically.

XII. DISCUSSION

Safe motherhood according to articles read is concerned about the health of the pregnant woman and pregnant girl. Having a pregnant girl indicates lack of timely intervention on prevention of teenage pregnancy. The moment the girl becomes pregnant, achieving safe motherhood becomes difficult. Trauma in teenagers can be physical or psychological or both despite services given during pregnancy. Birth control pills used in girls should not be distributed under the Family planning programme, instead should have a separate programme. Family planning according to Dictionary.com is the concept or a program of limiting the size of **families** through the spacing or prevention of pregnancies, especially for economic reasons. In view of this definition girls can shy away from the programme because they feel people might know that she is doing something not of her age. While family planning is the way to go to prevent teenage pregnancy, uptake may be affected by the meaning attached to the programme.

Adolescents face barriers to accessing contraception including restrictive laws and policies regarding provision of contraceptive based on age or marital status, health worker bias and/or lack of willingness to acknowledge adolescents' sexual health needs, and adolescents' own inability to access contraceptives because of knowledge, transportation, and financial constraints. Additionally, adolescents face barriers that prevent use and/or consistent and correct use of contraception, even when adolescents are able to obtain contraceptives: pressure to have children; stigma surrounding non-marital sexual activity and/or contraceptive use; fear of side effects; lack of knowledge on correct use; and factors contributing to discontinuation (for example, hesitation to go back and seek contraceptives because of negative first experiences with health workers and health systems, changing reproductive needs, changing reproductive intentions.(WHO FACT SHEET, 2018).

Nutrition is key in development of the girl child. A well nourished girl will become a fit mother when time comes reducing morbidity and mortality in this population. Immunisation programmes for girls should be scaled up to ensure these girls are immunised against tetanus and human papilloma virus. This benefits the girl and the infant reducing infant mortality.

Generally girls tend to hide their pregnancy till late defeating the idea of early ante-natal booking. Unsafe abortions are common in this age group. The pillars of safe motherhood do not fully achieve safe motherhood in teenagers.

"Effective strategies of prevention of teenage pregnancies and parenthood need to include sexual education, contraceptive access programmes and alternatives to pregnancy and parenthood, with a focus on education, vocational training, academic tutoring and support, career counselling, employment and involvement in community" (Slowinski 2000).

XIII. MODEL CASE

Chido is a qualified teacher working for the public service. She had her first pregnancy at 23 years. She booked for Antenatal care at 12 weeks gestation. Chido was monitored using focused antenatal care. At booking no abnormalities were seen and had a BMI of 22.5. She delivered at term a live baby who was 3000g through a normal vaginal delivery. Post delivery examination, she had no abnormalities and in a stable condition. The baby was in a stable condition also with no abnormalities noted. Prior discharge health education was given which included personal hygiene, breastfeeding and cord care.
At six weeks review, the baby was growing well with no problems encountered and the mother was in a healthy state and had recovered from effects of pregnancy so well.

ANALYSIS

Chido's case is a model case because she got pregnant at a mature age. Chido remained in school and managed to train as a teacher. At 23 years girls are physically and psychologically mature to handle pregnancy and child care. Her BMI shows she was healthy enough to be pregnant. Being health is not an event but a process that begins in teenage and continues throughout one's life. This strongly contributed to a healthy pregnant woman and positive birth outcomes, thus achieving safe motherhood.

XIV. CONTRARY CASE

Tatenda aged 15years dropped out of school because she was pregnant. The boy denied the pregnancy and fortunate enough Tatenda's parents accepted the fate and took care of their daughter. Tatenda's family is a well up family so they managed to book her Antenatal care early at 14 weeks. Tatenda went through focused Antenatal care and received continous counselling throughout the antenatal period. At 36 weeks gestation Tatenda was brought to hospital complaining of severe headache. Her blood pressure was 140/90mmHg, compared from previous recording which were ranging from 110/60mmHg - 120/85mmHg and a diagnosis of pre-eclampsia was made.

Labour was induced and she delivered a baby, 2100g. She sustained perineal tears that were repaired. Her blood pressure was monitored and it dropped to normal. Tatenda's baby was small for gestational age, but had no other abnormalities. She was discharged after 6 days of delivery and health education was given prior discharge which included personal hygiene, breastfeeding and cord care.

Tatenda was brought back to hospital after 2 weeks because the perineal tears had turned septic and she was febrile. She was admitted and assisted with sitz bath till recovery.

ANALYSIS

This case is contrary to safe motherhood. It is not the provision of all maternal services that will make safe motherhood in a pregnant teenage girl. Despite all the care, the immaturity in the girl will always pose a risk to teenage pregnancy. It therefore means there is no safe motherhood to talk about as soon as the girl becomes pregnant. Tears may be difficult to prevent given the tender tissues around the perineum and perineal care is a real task for the young girl.

XV. EMPIRICAL REFERENCE

Empirical referents are ways in which to show or measure the existence of a concept (Walker & Avant, 2011). In the context of this study, the empirical referents which are fundamental are healthy girls, healthy pregnant mothers, safe deliveries and quality infant care.

XVI. CONSEQUENCES/OUTCOMES

Consequences are "events or incidents that occur as a result of the occurrence of the concept", (Walker and Avant 2011). The outcome of safe motherhood includes a reduction in maternal and infant mortality rates.

XVII. RECOMMENDATIONS

Teenage pregnancy contributes significantly to maternal mortality. It is therefore recommended that safe mother hood incorporates care of the girl child from childhood till motherhood. Care should focus more on prevention of pregnancy among this group as risk is difficult to control if they get pregnant. A pillar on caring for the girl child should be added to safe motherhood.

XVIII. CONCLUSION

Services for the girl child should be made readily available especially in schools. The society needs to be educated on realities facing girl children so that stigma related to the care is eradicated.

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