

# Maternal Mortality in Argentina: Diagnosis for re-orienting health policies and programs

## BACKGROUND

The current administration of the Ministry of Health defined a set of interventions aimed at emerging and ongoing problems. Research was included as a strategy that may contribute to a better diagnosis of public health problems and to improving women's health.

The Centro de Estudios de Estado y Sociedad (CEDES), in collaboration with CLAP/OPS, and with the support of the Comisión Nacional de Programas de Investigaciones Sanitarias (CONAPRIS, National Commission of Health Research Programs), Ministry of Health, the United Nations Population Fund and the Pan American Health Organization / World Health Organization carried out a research project between November 2002 and October 2003.

The goal of this study was to assess and analyze the problem of maternal mortality in Argentina in order to design better health policies and programs, as well as to identify new leads for research.

## WHY SHOULD WE CARE ABOUT MATERNAL DEATHS?

Pregnancy and childbirth-related health complications are responsible for 18% of the global burden of disease among women between the ages of 15 and 44 worldwide. In Latin America and the Caribbean, more than 500,000 women suffer from chronic health problems as a consequence of inadequate care during pregnancy, childbirth and puerperium. The factors that contribute to maternal death are multiple and mostly avoidable. The prevention of maternal death has been recognized as an international priority. By endorsing the Millennium Development Goals, Argentina has made a commitment to reduce maternal mortality by three-quarters by the year 2015.

## WHAT WAS THE PURPOSE OF THE STUDY?

This study was designed to encompass the "paths toward maternal death" in a holistic manner, ranging from the complex dynamic of person, family and community where pregnancy and childbirth take place, to the accessibility of health services and the quality of care provided to women by the health system, to the mode of notification, coding and registry of maternal deaths.

*"Maternal mortality has been a neglected tragedy, and it has been neglected because those who suffer are forgotten people, with less power and influence over how national resources are used, they are poor, and above all, they are women." (Hafdan T. Mahler, Opening Conference on Safe Motherhood, Nairobi, 1987)*

## THE OBJECTIVES OF THE STUDY WERE ORGANIZED IN TWO LEVELS:

### Epidemiological

- To diagnose maternal mortality in six provinces: Chaco, Formosa, Mendoza, San Juan, San Luis and Tucumán.
- To analyze the dynamics of the social (demand) and institutional (supply) factors that contribute to maternal deaths.
- To strengthen the maternal mortality surveillance system at the national and provincial ministries of health.

### Político

- To improve the research abilities of the local teams.
- To formulate recommendations to improve health and other reproductive health policies to reduce maternal mortality.

## SPECIFIC OBJECTIVES

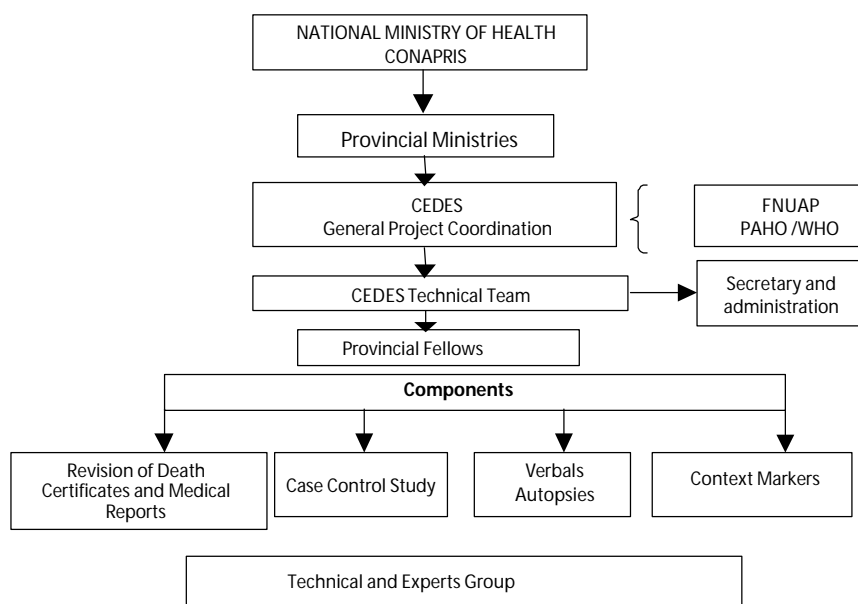
- To understand the structure of the causes of maternal deaths and estimate the level of under-registration of maternal deaths in the selected provinces.
- To identify health care processes associated with maternal deaths in public sector health institutions.
- To investigate the socio-cultural, familiar and personal factors that facilitate or impede timely contact between women and health services.
- To describe the perceptions a family has about the chain of events and about health services response to the complications suffered by a woman before her death.

## HOW DID WE TACKLE THE PROBLEM?

We used a qualitative-quantitative *method*. The study was organized in components (Fig. 1).

The approach addressed the clinical, health and socio-cultural conditions to which women were exposed.

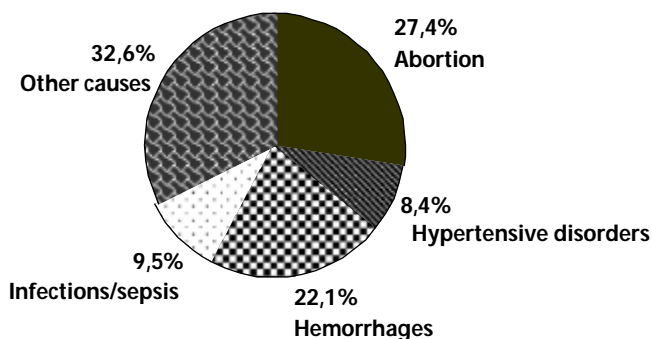
**Fig 1. Functional structure of the project**



### THE MOST IMPORTANT FINDINGS SHOWED THAT:

- The level of under-registration of maternal deaths was 9.5% for the the six provinces. The under-registration of *late maternal deaths* was 15.4%. The provinces that presented the highest percentage of under-registration of maternal deaths were San Luis (14.3%) and Tucumán (21.1%). For late maternal deaths, Mendoza and San Luis presented 50% of under-registration. It is worth mentioning that under-registration was based on the total of institutional deaths. A study of extra-institutional deaths among women of reproductive age might affect this estimate.
- Out of the 95 maternal deaths that took place in the six provinces, *abortion complications were the primary cause of maternal death (27.4%)*, with rates ranging between 21% (Tucumán) and 35% (Mendoza). *Hemorrhages were the second cause (22.1%)* (Fig. 2).
- The case control study showed that *the risk of maternal death increased 10 times when the hospital structure was inadequate*: when essential obstetric care, physicians were not on duty and skilled personnel were not available to assist women during childbirths/abortions. Age was also a determining factor, as shown in Fig. 3: over the age of 20, there is an almost linear relation between age and risk of maternal death.

**Fig. 2. Maternal Deaths by Cause.**  
Six study provinces, 2002



**Fig.3. Relation between age and maternal death**



- Verbal autopsies allowed for *risk factors for maternal death to be identified at the moment of emergency obstetric care: errors in diagnosis, symptomatic ambulatory treatment and delays in referral to tertiary care centers..*
- Those women who interrupted their pregnancy delayed their decision to seek medical care after they perceived alarm signals in comparison with those who died due to other causes. This delay can be explained by the stigma associated with illegal abortion.

- Poor communication, combined with transportation problems within the health system, delay access to services for those who live in rural areas.
- The lack of involvement of men in reproductive decisions and violence against women hinder and sometimes stop women from adopting contraceptive practices to avoid unwanted pregnancies.

### WHAT IS THE SCOPE OF OUR FINDINGS?

The systematic collection of information for health surveillance and intervention requires the use of different methodologies to analyze the health situation both at the national and the local level. Argentina does not have a national surveillance system for maternal deaths. Though some initiatives exist in the provinces, mainly Maternal Mortality Committees, these efforts are not integrated in a national surveillance system. This often means that the information necessary to adequately characterize a problem is not available. The results of this study should be used as a resource to organize and strengthen surveillance of maternal deaths.

This study identified provinces with high maternal mortality rates and studied the factors that might determine the magnitude of the problem. The combination of qualitative and quantitative approaches and the diversity of the dimensions studied can be considered to be the strengths of the methodology. These methods allowed vulnerable territories to be identified based on their socio-economic and demographic characteristics as well as *centinel events*. The surveillance of these centinel events could increase the rationality of efforts and resources now invested, thus contributing to better programs performance aimed, directly or indirectly, at resolving the problem of maternal deaths. The study also contributed to institutional strengthening of the provincial maternal-infant areas by training their teams in research skills.

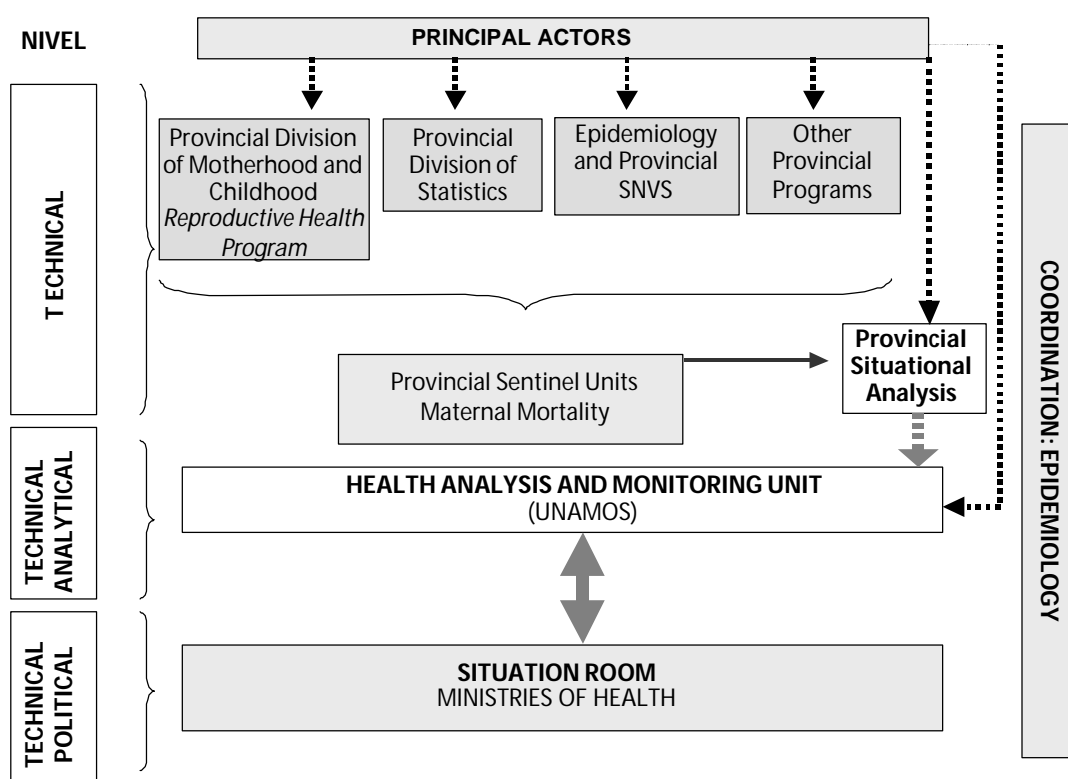
### HOW SHOULD WE FOLLOW UP?

Given the urgent need to design a unified policy to reduce maternal deaths in Argentina, the results of this study need to be discussed with health authorities and the different social and political actors that must actively commit to carry forward the necessary interventions. Building consensus is key to defining the surveillance and prevention of maternal deaths, while actions to promote health should be designed from the point of view of public health and of women's human rights.

### About our surveillance proposals:

- Strengthen the Health Analysis and Monitoring Units (UNAMOS) that exist in the provinces or implement them where they do not exist (Fig. 4). These units facilitate the interaction between the Division of Health Statistics and Information, the Maternal-Infant and Nutritional Programs (Reproductive Health Programs) and the Division of Epidemiology in each province. It may also enhance linkages between them and the central level. Interaction between these areas is designed to continuously improve the quality of the registries, the systems of notification, death monitoring and decision making.
- Generate a greater collective awareness about maternal mortality, involving the community and civil society organizations at the local level. Making the community sensitive to answering the needs of women and families in emergency situations, as well as the permanent availability of transportation and effective communication in the health services should also be part of this strategy.
- Promote research initiatives to study the quality of registration and determinants of maternal death, taking advantage of this study's development of proven protocols and the technical abilities of the provincial teams.

**Fig. 4. Surveillance of maternal deaths**



### About health prevention and promotion:

- Strengthen those actions that prevent unwanted pregnancies through reproductive health services, including free and non-discriminatory counseling and provision of quality contraceptive methods, according to the preferences and needs of women, in accordance with the goals defined by Law 25,673 on Sexual Health and Responsible Procreation and similar provincial laws. These services should be trained to detect and appropriately treat instances of violence against women.
- Promote the participation of men –young and adult- in decisions regarding contraception, through information, education and communication activities on the subject of reproductive health specially addressed to this population. The strengthening of reproductive health programs, with training activities on gender and reproductive health is no doubt essential for this goal.
- Redefine the strategy of the health system so referrals are timely made and those health services that provide care for pregnancies and /or abortion complications have permanently available: trained personnel; blood, anesthesia and critical supplies to provide care during an obstetric emergency that have proven efficacy (magnesium sulfate for handling hypertension disorders, manual vacuum aspiration to manage incomplete abortions, antibiotics to treat sepsis and safe blood and uterotonics for hemorrhages). Permanent training of health teams to promote the use of efficient procedures and techniques to treat obstetric emergencies should be part of this strategy.
- Improve accessibility of health services, especially for those people living in rural areas, by means of a communication and transportation system.
- Intervene on the problem of complications from unsafe abortions. The large contribution made to maternal deaths by deaths caused by abortion complications makes it necessary to improve the technical capacity and quality of care when handling abortion complications, to ensure counseling and provision contraceptive methods to women who are hospitalized due to complications in order to avoid repeated abortions, and to introduce manual vacuum aspiration to reduce hospitalization time and morbidity associated with curettages. Finally, the strategy should lead to a revision of legal regulations on abortion, given the fact that evidence shows that its clandestine practice exposes women, especially the poorest, to practices that put their lives in risk.

#### Final report available in:

<http://www.cedes.org/informacion/index2.html>  
<http://www.msal.gov.ar/hm/site/publicaciones.asp>

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