PDF version

Commentary

Yetmgeta Abdella,[1] Rana Hajjeh [1] and Cees Th. Smit Sibinga[2]

[1]World Health Organization Regional Office for the Eastern Mediterranean, Cairo, Egypt (Correspondence to: Y.E. Abdella: abdellay@who.int). [2]International Quality Management (IQM) Consulting, Zuidhorn, Netherlands.

Citation:Abdella Y; Hajjeh R; Smit Sibinga C. Reducing maternal mortality: the case for availability and safety of blood supply. East Mediterr Health J. 2018;24(7):696–697. https://doi.org/10.26719/2018.24.7.696

Received: 16/02/17; accepted: 30/08/17

Copyright Copyright © World Health Organization (WHO) 2018. Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO license (https://creativecommons.org/licenses/by-nc-sa/3.0/igo).

---

Maternal health is one of the main public health concerns globally and in the World Health Organization (WHO) Eastern Mediterranean Region. An estimated

303 000 maternal deaths occurred worldwide in 2015; most of which were avoidable (1). Three quarters of the countries with maternal mortality ratios (MMRs) > 300 per 100 000 live births are fragile states. Some countries in the Region, including those with humanitarian emergencies,

such as Afghanistan, Somalia and Yemen, are among those with the highest MMRs in the world (2). As a result of sustained efforts of governments and partners, including WHO, United Nations Children's Fund, United Nations Population Fund, and World Bank Group, the global MMR decreased by 43.9% from 385 deaths per 100 000 live births in 1990 to 216 in 2015 (1). By the end of 2015, much progress had been made towards achieving Millennium Development Goal 5 in the Region. Between 1990 and 2015, MMR decreased by 54% although the decline has been uneven between and within countries (3).

Haemorrhage remains the leading direct cause of maternal death worldwide, representing 27% of maternal deaths; of which, more than two thirds are due to postpartum haemorrhage (4). The prevention and treatment of postpartum haemorrhage requires a multiplicity of interventions, including rapid recognition of warning signs of blood loss, vigorous resuscitation with fluids, and timely blood transfusion (5,6). At least one quarter of all maternal deaths due to haemorrhage could be prevented by rapid access to safe blood transfusion (7). However, data collected from countries in the Region indicate that rapid availability and access to safe blood transfusion for patients in need remain a challenge. In 2013, ~7 million units of whole blood were collected. Blood donation rates vary among countries, ranging from 0.7 (Yemen) to 29.0 (Lebanon) units per 1000 population. Six countries, including those with a high burden of maternal mortality, have inadequate blood supplies, with donation rates

In January 2016, the global development community committed to the 2030 agenda for Sustainable Development Goals (SDGs), with new targets including 1 that focuses on reducing maternal mortality (9). SDG Target 3 challenges governments and partners to reduce the global maternal mortality ratio to

In view of this, it is critical to encourage ministries of health, particularly in countries with high rates of maternal mortality to take concrete steps towards improving timely availability and access to safe blood transfusion as part of a comprehensive approach to reduce maternal mortality. This will require strengthening partnerships between maternal health programmes and blood transfusion services to improve access to and ensure safety of blood in order to contribute to achieving SDG targets and deliver universal health coverage.

## References

1. Alkema L, Chou D, Hogan D, Zhang S, Moller AB, Gemmill A, et al.; United Nations Maternal Mortality Estimation Inter-Agency Group collaborators and technical advisory group. Global, regional, and national levels and trends in maternal mortality between 1990 and 2015, with scenario-based projections to 2030: a systematic analysis by the UN Maternal Mortality Estimation Inter-Agency Group. Lancet. 2016 Jan 30;387(10017):462–74. https://doi.org/10.1016/S0140-6736(15)00838-7 PMID:26584737

2. Trends in maternal mortality: 1990 to 2015. Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/handle/10665/194254/9789241565141_eng.pdf?sequence=1,

accessed 28 March 2018).

3. Shaping the future of health in the WHO Eastern Mediterranean Region. Reinforcing the role of WHO 2012–2016. Progress report May 2016. Cairo: World Health Organization Regional Office for the Eastern Mediterranean; 2016 (http://applications.emro.who.int/dsaf/EMROPUB_2016_EN_18776.pdf?ua=1, accessed 28 March 2018)

4. Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels J, et al. Global causes of maternal death: a WHO systematic analysis. Lancet Glob Health. 2014 Jun;2(6):e323–33. https://doi.org/10.1016/S2214-109X(14)70227-X PMID:25103301

5. Campbell OM, Graham WJ; Lancet Maternal Survival Series Steering Group. Strategies for reducing maternal mortality: getting on with what works. Lancet. 2006 Oct 7;368(9543):1284–99. https://doi.org/10.1016/S0140-6736(06)69381-1 PMID:17027735

6. WHO recommendations for the prevention of postpartum haemorrhage. Geneva: World Health Organization; 2012 (http://apps.who.int/iris/bitstream/handle/10665/75411/9789241548502_eng.pdf?sequence=1, accessed 28 March 2018).

7. Bates I, Chapotera GK, McKew S, van den Broek N. Maternal mortality in sub-Saharan Africa: the contribution of ineffective blood transfusion services. BJOG. 2008 Oct;115(11):1331–9. https://doi.org/10.1111/j.1471-0528.2008.01866.x PMID:18823485

8. The 2016 regional status report on blood safety and availability. Cairo: World Health Organization Regional Office for the Eastern Mediterranean; 2017 (http://applications.emro.who.int/docs/EMROPub_2017_EN_18907.pdf?ua=1, accessed 28 March 2018).

9. Sustainable Development Goals. New York: United Nations; 2015 (https://sustainabledevelopment.un.org/?menu=1300, accessed 28 March 2018)

10. Strategic framework for blood safety and availability 2016–2025. World Health Organization Regional Office for the Eastern Mediterranean; 2016 (http://applications.emro.who.int/dsaf/EMROPub_2017_EN_19608.pdf?ua=1, accessed 28 March 2018).

Wednesday 10th of July 2024 11:30:05 PM