Rethinking maternal health

Women’s health has gone through a major epidemiological transition in the past decades. It is now time to rethink how global health defines maternal in order to encompass challenges to the health of all women, as well as their transformative potential as productive members of society.1

The term maternal refers, as generally defined, to life experiences that are not unique or restricted to pregnancy. Yet, the current global health use of maternal health concentrates attention to a narrow period of women’s lives—pregnancy, childbirth, and 6 weeks’ post partum. While this definition of maternal health shows tremendous inequities affecting women, it is restricted by its exclusive focus on the risks of bearing children. It does not consider the health of women who are not mothers, the many other problems that lead to premature death and disability, or the multiple roles women have in all societies. Furthermore, deaths associated with pregnancy, childbirth, and the post-parturium period represent a decreasing fraction of women’s overall burden of disease.

The narrow focus on maternal health in relation to pregnancy and childbirth was appropriate historically. In low-income and middle-income countries (LMICs), the improvements in maternal deaths around childbirth were very modest during most of the 20th century, prompting a maternal and child health approach as a worldwide campaign to improve maternal health.2,3 These path-breaking initiatives successfully oriented work in global health for women—especially towards Millennium Development Goal 5. The most recent global estimates of the maternal mortality ratio show a decline from 385 per 100 000 livebirths in 1990 to 216 per 100 000 in 2015, with 303 000 maternal deaths in 2015.4 While estimates vary across sources, all coincide with a significant decline.4 These major reductions are largely due to improvements in countries of low income, but most preventable maternal deaths continue to happen to the world’s poorest women.1

Simultaneously, women worldwide have experienced a rapidly growing burden of chronic and non-communicable diseases (NCDs).5,6 In 2013, among women aged 15–49 years, NCDs accounted for 44% of deaths and almost 65% of disability-adjusted life years compared with 7% of all deaths and 5% of all DALYs associated with maternal disorders. Cancers of the breast and cervix are now leading killers of this group of women in LMICs and deaths outnumber pregnancy-associated mortality in every developing region except in sub-Saharan Africa.7

In view of the remarkable transitions in the health needs and roles of women, a narrow conception of maternal health undervalues the burden of illness faced by women, because most women live past the age of child bearing. Narrow interpretations of maternal health adversely affect global health priorities, and can lead to a restrictive vision of the needs of women across their life cycle and restrict their potential to contribute to their families, communities, health systems, societies, and economies.1,8

Premature deaths of women have profound effects on families, societies, and economies, regardless of the age at which they occur and whatever the cause, including an—often preventable—NCD or injury later in life. Families, especially if female-headed, are driven into poverty through catastrophic health expenditures and income loss, leaving them destitute.9 Children are often forced out of school and into the labour market or, in the case of girls, into home-bound caregiving.10,11 Ultimately, loss of an adult female also means the loss of a caregiver and nurturing figure.

NCDs are now an internationally recognised health priority with a growing global movement.12 Yet, little has been done to develop systemic responses to NCDs and women’s health or to integrate these two global health agendas and approaches.5,13 An integrated, comprehensive approach to maternal health across the life cycle, that makes use of existing health financing, infrastructure, cost-effective interventions, and programmes could help to address these gaps.13,14 One example comes from Mexico, where a diagonal approach, merging a horizontal health system and vertical disease-specific initiatives, is being used to integrate awareness-building, early detection, treatment, survivorship care, and palliation for NCDs with population-wide, poverty-alleviation and primary care platforms.14,15

The maternal and NCD agendas and movements can and should be synergistic. The Sustainable Development Goal for health (SDG 3), which includes maternal and child health as well as premature mortality from NCDs, presents an opportunity to implement an integrated approach for women of all ages. Indeed, the populations
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targeted by SDG 3 often overlap, as many women who live with or die from NCDs are mothers who survived childbirth. Estimates suggest that in 2030, a two-thirds reduction in maternal and child deaths and a third reduction in NCD mortality would mean 210 000 fewer maternal deaths and 690 000 fewer NCD deaths in women and girls aged 5–49 years, and 2–4 million fewer NCD deaths in women aged 50–69 years.1

The global health community must rise to the challenge of competing risks rather than remain a victim of its own success. It is unacceptable and unethical to prevent a woman from dying in childbirth, yet to allow her to die of a preventable or treatable condition such as cervical cancer or diabetes.

An either-or view of women’s health is neither effective nor just. Global health must be inclusive and integrated with a focus on people rather than ailments, by replacing the disease-centred focus with a person-centred approach to priority setting. While retaining the focus on the equity imperative of the unfinished agenda of preventable mortality associated with pregnancy and childbirth, it is essential to address the expanding disease and injury burden that threatens girls and women throughout their life cycle as children, adolescents, mothers, grandmothers, and producers of health and economic, social, and human development. The maternal health agenda must encompass a life course, women-centred approach, including those who have children and those who do not.

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