

Safe Motherhood: The Road from Nairobi

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In February 1987, the safe motherhood initiative was launched in Nairobi. In October 1997, an international technical consultation was convened in Colombo to review ten years of lessons and progress. The World Health Assembly selected the theme of Pregnancy is Special: "Let us make it Safe" for the 1998 World Health Day on April 7. It is time for all of us concerned about making motherhood safe to look back and to take stock for moving forward.

The road to Nairobi started when the world woke up to the reality of a major tragedy. This was no new epidemic; throughout the ages women have died from complications of pregnancy and childbirth. But it was not until this time that three factors converged to awaken us. The first factor was the accumulation of data from epidemiological research which showed that half a million women were dying every year as a result of pregnancy and childbirth, and several millions more were suffering from severe morbidity.

The second factor was the realization that this suffering did not need to happen. Maternal mortality is largely avoidable, and in developed countries it has become something of the past. The third factor which was also very important was the increasing status of women. The lives of women came to mean more and it was considered that they were worth saving.

On the road to Nairobi, the concern was to

make the case that motherhood should be made safe. The road from Nairobi to Colombo was not about the "should" but about the "could". Can we make motherhood safe, and how can we do so? It was not easy, but ten years along the road, we now know that motherhood can be made safe. We know about the interventions that can make a difference, and we have learned some hard lessons along the way.

We know that there are three categories of interventions which can have an impact on safe motherhood. In my classes, I use the letters A, B, C, D, E, and F to specify these interventions. The first category contains interventions that are needed by all women and that are justified on their own, irrespective of their impact on safe motherhood. These are Advancement of women and Birth planning. The second category includes the interventions needed by all pregnant women, irrespective of whether they are liable to life-threatening complications. These are Community-based prenatal care and Delivery by a trained birth attendant. The third category consists of interventions that are needed by women experiencing a life-threatening complication. These are Essential obstetric care and Facilities for referral.

On the road after Nairobi, we also learned some hard lessons. They are hard lessons because they defy some conventional wisdom in one sense or another. The first piece of conventional wisdom