Advocacy

FACTSHEET
MATERNAL HEALTH AND REHABILITATION

WHAT IS MATERNAL HEALTH?

Maternal health concerns the health and wellbeing of mothers from before pregnancy (pre-conception), during pregnancy (ante-natal), during and after child-birth (peri- and post-natal). It is a period of a woman's life where her health and wellbeing as well as that of her child can be at most risk. Lack of access to appropriate health services, poor health and nutrition can all impact on a mother's health as well as her child's.

Improving maternal health has been a major focus of the international development and global health agenda.

Whilst the Millennium Development Goal 5 has been focused on reducing by three quarters the number of maternal deaths by 2015, the Goal 3 of the Agenda for Sustainable Development, adopted by the United Nations in 2015, aims to reduce the global maternal mortality ratio to less than 70 per 100 000 live births by 2030.

Attention to mortality has been the overwhelming focus of the maternal health agenda, but little attention has been dedicated to the plight of women who experience maternal morbidity.

QUICK FACTS

- In 2015, about 830 women died every day due to complications of pregnancy and childbirth.
- Maternal mortality dropped by 44% between 1990 and 2015 worldwide; however 99% of all maternal death occur in developing regions.
- Each year, between 50 and 100 000 women worldwide develop obstetric fistula.
- According to a survey of the Center for Disease Control and Prevention, 1 in 8 women experiences postpartum depression.

WHO ARE THE MAIN STAKEHOLDERS?

Users: Women and organisations of women | **Service providers** in all relevant sectors including NGOs and traditional doctors and midwives | **Ministries:** Health, Social Affairs, Education, Gender | **International professional organisations:** organisations of health professionals in charge of women's heath (gynecologists, midwives...) | **International bodies and partnerships:** Partnership for Maternal, Newborn and Child Health, World Health Organization (WHO), United Nations Population Fund (UNFPA), UNICEF, international NGOs.

COMMON IMPAIRMENTS AND ACTIVITY LIMITATIONS FROM MATERNAL HEALTH?

The nature of carrying and giving birth to a child can be highly traumatic to a woman's body. Both physical and mental impairments may arise during and after pregnancy. Four health conditions, in particular, may give rise to significant impairments:

- **Obstetric fistula**: where a hole develops between the birth canal and the bladder or rectum caused by prolonged, obstructed labour. This can lead to urine or fecal incontinence and requires a surgical repair. Nerve compression can also lead to neurological and musculo-skeletal disorders. Left untreated long term medical problems can appear and social exclusion is common.
- **Pelvic Floor Dysfunction**: where pain and/or incontinence of bowel or bladder may occur due to a weakening of, or injury to, the pelvic floor muscles.
- **Maternal depression**: which can be pre-natal and post-natal can be extremely disabling for the mother and can lead to fatigue, anxiety, psychosis and suicide.
- **Musculo-skeletal disorders**, such as sacroiliac joint dysfunction, pubic symphysis separation or low back pain where the mechanical strains of carrying or giving birth to a child can lead to soft tissue or joint damage with pain and/or weakness.

REFERENCES: Handicap International (2016), Beyond mortality: Inclusive and Integrated MNCH Programming | WHO (2015), Maternal health | UNFPA (2015), Obstetric Fistula | UNDP (2015), Improve Maternal Health | CDC (2013), Depression Among Women of Reproductive Age | International Organisation of Physical Therapists in Women's Health (IOPTWH, 2013), Scope of practice | UK All Party Parliamentary Group on Population, Development and Reproductive Health (2009), Better off Dead? A report on Maternal Morbidity | Handicap International (2008), Handicap International and Reproductive Health: Prevention of impairments in reproductive health.

WHAT CAN REHABILITATION DO?

DIFFERENT EXAMPLES OF REHABILITATION ACROSS THE CARE CYCLE

Prevention

- Exercises on adequate posture and functional positioning while engaged in daily life at home, at work and taking care of self and/or children.
- Exercises on adequate posture, hygiene and perineal function during pregnancy to reduce pelvic floor pressures.
- Pre-natal and postnatal pelvic floor strengthening exercises to reduce the risk of pelvic floor dysfunction and associated continence issues.

And namely in case of pre-birth announcement of child with potential impairment/disability, mother with disability (paraplegia, hemiplegia, sensorial impairment, psychiatry…):

- Education concerning coping with the role of new mother while managing pre-existing role expectations of spouse, family and productivity/work.
- Facilitation of a balanced approach to life tasks including self-care, productivity and leisure.

Diagnosis

- Early diagnosis of impairment or physical/functional disorder and referral to appropriate services (surgery, medical and rehabilitation).

Treatment

- Pelvic floor rehabilitation and other advice/exercises in pelvic floor dysfunction and post-fistula surgical repair.
- Support for the management of other secondary impairments from fistula such as drop foot.
- Support for the management of pain, weakness and functional limitations associated with pregnancy related musculoskeletal disorders.

Care and support

- Counseling for maternal depression or depression due to the consequences of a fistula.
- Information about possible medical and rehabilitation treatment for fistula, pelvic floor dysfunction and musculoskeletal disorders.
- Promotion and creation of users groups and self-support groups.

Data collection

Appropriate data collection related to maternal health impairments in order to:

- Give more visibility to the rehabilitation needs and also the consequences on quality of life and economic impact,
- Lobby the responsible duty bearers.

CASE STUDY: FISTULA IN BURUNDI

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Joseline gave birth to her only child by caesarean section. The baby was healthy, but the birth had serious consequences for Joseline.

"Immediately after the birth, I became incontinent and I would wake up soaking wet. The doctor didn't know what was wrong and simply sent me home every time. It didn't get any better, and it had a big impact on my life: I couldn't go to church, to the market or work anymore. I didn't have any money, so I couldn't get treated. My husband remarried, but he carried on taking care of me. All the while, I stayed hidden away at home, afraid of being rejected by the people around me."

After developing the obstetric fistula, Joseline shut herself away at home for 11 years – hidden and ashamed. With the support of Handicap International team, Joseline had surgery to repair the fistula. The organisation trains ambassadors, women who suffered fistula and have been cured. They encourage other women to have the operation. Handicap International also organises physiotherapy sessions for patients before and after their operation and provides them with psychosocial support.

GLOBAL POLICY AND GUIDANCE FOR MATERNAL HEALTH AND REHABILITATION

United Nations Sustainable Development Agenda SDG 3 (2015) – target 3.1: Ensure healthy lives and promote wellbeing for all at all ages | WHO (2006) Obstetric Fistula: Guiding principles for clinical management and programme development | USAID (2014) Ending Preventable Maternal Mortality: USAID Maternal Health Vision for Action | IOPTWH (2013) Scope of practice.

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