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Opportunities for Ghana's Maternal and Child Health Care: A Position Statement

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Abstract

Failure to take Maternal and Child Health Care (MCH) as a crucial issue has affected many developing countries in the world. Though MCH remains a priority for the government of Ghana since independence, there is still more room for improvement. The aim of this paper is to provide a review of the progress made by Ghana in MCH care and the available opportunities for improvement. The paper focuses on issues affecting MCH by providing a brief analysis of some current issues in the area, and the need for an expanded comprehensive coverage. As Ghana works harder to attain national growth and development, the delivery of MCH care as a component of health need to take a more multidisciplinary approach. This review has implications for innovations in MCH, education, research and policy.

Keywords: Ghana, maternal and child health care, review, developing countries.

Introduction

Globally, between 250,000 and 280, 000 women die during pregnancy whilst 6.55 million children under the age of five also die every year. Majority of these maternal deaths occur during or immediately after childbirth, while 43% of childhood deaths occur during the first 28 days of life (Lassi, Salam, Das, & Bhutta, 2014). This case is even worse in the sub-Saharan Africa, where a woman's lifetime risk of dying as result of pregnancy or childbirth is 1 in 39, as compared to 1 in 4,700 in developed countries (World Health Organization, United Nations Children Emergency Fund, United Nations Fund for Population Activities [UNFPA], & The World Bank, 2012).

Children under five are the most vulnerable to illness and death. Morbidity and mortality rates among children remain high, with about 80,000 children dying every year from preventable causes (Ghana Health Service, 2007). The report shows that, the main causes of under-five mortality include early neonatal conditions (27%), malaria (25%), pneumonia (20%), and diarrhoea (17%) with HIV and measles contribution 8% and 3% respectively (Ministry of Health, Ghana Health Service, & UNFPA, 2005). Denno and Stewart (2013) reported that, the underlying determinants of disease and malnutrition among children are poverty, inequality, lack of access to health care, lack of maternal education, armed conflicts, war and disaster. This implies that MCH

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involves a complex interplay of biological, economic, sociocultural factors as well as access to health care.

Consequently, maternal and child health (MCH) is now a growing area of public health concern. Tsawe et al. (2015) indicated that MCH services are very essential for the health outcomes of both mother and child. They reiterated that, in ensuring that both maternal and child deaths are prevented, MCH should be a vital area of concern for every nation. To this end, this position statement offers a review analysis on Ghana's efforts with respect to MCH so far. It also suggests possible opportunities that can enhance the existing progresses made in MCH.

Direct and Indirect Causes of Maternal Mortality

According to Nieburg (2012), "*the direct causes of maternal mortality estimated to be responsible for 75-80 % of all maternal deaths, results directly from complications of pregnancy" (p. 9)*. These direct causes include eclampsia/high blood pressure, postpartum haemorrhage, infection/sepsis, unsafe abortion and prolong/obstructed labour. He noted that indirect causes of maternal mortality are responsible for 20-25% maternal deaths. These determinants include malaria, anaemia, HIV/AIDS, malnutrition, severe anaemia from causes such as hookworm infestation. The rest are vitamin A deficiency, blood loss from prior pregnancies, hepatitis and diabetes. His report also shows that most maternal deaths are caused by conditions that could be treated successfully with access to adequate emergency obstetric care.

The UNFPA (2014) outlined the three delays responsible for maternal death as follows: delay in recognizing an emergency situation and delay in decision by pregnant women, their husband or other family members to seek health care at the community level. The second delay involves delay in arriving at health facilities due to lack of access to transport or lack of resources to pay for transport. The third delay being the delay in receiving appropriate and quality care after arriving at a health facility. The report also outlined cultural, socioeconomic, geographical and health system challenges as the factors influencing women's access to emergency care in pregnancy.

Ghana's progress, Millennium Development Goals and MCH

The Millennium Development Goals [MDGs] target for improving maternal health aims at reducing by three-quarters maternal mortality ratio between 1990 and 2015. When applying this target to Ghana, maternal mortality should fall to 145 cases per 100,000 live births (Commonwealth of Nations, 2015). Though Ghana has made a significant progress towards achieving MDG 5, she still failed to attain the target by the 2015 deadline. The Ghana MDG 2015 Report indicated that, Ghana's MMR has reduced from 760 to 380 maternal deaths per 100,000 live births between 1990 and 2013. The country was able to halve the MMR but projections based on the maternal trends indicated that MMR in Ghana was 358 per 100, 000 lives births by close of 2015. This is still higher than the MMR of 190 deaths per 100, 000 live births of the MDG 5 target. Ironically, a large number of women still die yearly due to preventable pregnancy related complications such as haemorrhage, hypertensive diseases, sepsis and abortions. With reference to the MDG target of reducing infant and child mortality rate by two-thirds ahead of the 2015, the country experienced a continuous decline from 57 in 1993 to reach the target 19 deaths per 1,000 deaths in 2014. The report further indicated that, immunization of children against major vaccine preventable diseases was a key factor in the decline of infant mortality, child mortality and overall under-5 mortality in Ghana.

According to Quansah Asare (2005), Child health has remained a priority for the government of Ghana for decades and several local and internationally recommended programmes and interventions have been implemented by the Ministry of Health, Ghana Health Service and partners to promote child survival and development. A number of initiatives and frameworks have also been developed and implemented to address child health problems. For programme purposes, child health interventions in Ghana have been organized for specific groupings namely, under-fives (birth to 5 years); school health (5 to 15 years); and adolescent health and development (10 to 19 years) are targeted. Integrated Management of Childhood Illnesses (IMCI) for example, is a strategy to decrease under-five mortality and morbidity. The three components of IMCI are: Improvements in the case management skills of first level health staff; improvements in the health system required for effective management of childhood illnesses; and improvements in family and

community practices. Denno and Stewart (2013) stressed that, the IMCI strategy includes both preventive and curative element implemented by families, communities and health facilities.

Opportunities and Strategies for improving MCH

The success of maternal, neonatal and child health (MNCH) interventions and programs is to a large extent determined by the overall performance of the health system. To this end, McDonagh and Goodburn (2001) reported that there is global agreement that well-functioning health systems are needed to reduce maternal, new-born and child mortality and to increase access to quality health. Ghana may increase the level of health promoting activities targeting MCH across the country.

The Centers for Disease Control and Prevention (2013) has also designed a global Maternal and Child Health (MCH) strategy which provides a comprehensive framework for global MCH efforts. This strategy, scheduled to run between 2013 and 2016 promotes an integrated approach to the implementation of interventions that support MOH programs in countries and advance achievement of global MCH goals. Ghana should focus on women's health from preconception through postpartum, and children's health from the perinatal period through the fourth year.

In addition, the country can enhance her MCH outcomes by including preconception care since it is a missing gap in the MCH continuum of care. Since this framework is an integrated service delivery for maternal, new-born and child health throughout the life cycle, it will enhance the success of MCH (Tinker et al., 2005). Although these approaches are not new concepts to health delivery in Ghana, their advancement in innovative ways will promote the effectiveness and successes of MCH and national growth. The limited number of trained and qualified health workers in the area of MCH should also be considered if Ghana is to attain the full benefits of these strategies successfully. As a general problem for most developing countries, inadequate staffing is often as a result of high turnover and migration (Awases, Gbary, Nyoni, & Chatora, 2004).

More so, there should be policy reforms that enhance a multidisciplinary care in MCH. In the development of MCH programmes and services, the professionals on board should not only include medical specialists, pharmacists, midwifes and nurses. Professionals like health educators and promoters, clinical and health psychologists, medical sociologists, biomedical scientists, traditional birth attendants and other local agents like community members should be brought on board. This will offer a more expanded - comprehensive coverage for all mothers and children.

The National Health Insurance System in Ghana should fully absorb all MCH services including preconception care. This will enhance the adherence of all prescribed MCH assessments and management protocols. Once payment for health becomes a challenge, the effectiveness of services become a challenge too. As seen in research, there is a relationship between poverty and right to access health services (Ruspini, 2000). Once some services are not fully covered, some mothers from low socioeconomic background may not be able to afford the services. When given the needed consideration, these opportunities will offer a significant realisation to the targets set by the nation.

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