

Mothers' Lives Matter: Reaffirming Commitments from the Past to Strengthen the Future

The death of a woman from pregnancy or childbirth is one death too many. The death of a mother immediately cuts into half her newborn child's chances of survival.

Maternal death is of great concern worldwide, with eight to nine women dying daily, succumbing to various medical and compounding reasons. Approximately 75% of maternal mortalities during or following birth are due to severe bleeding, infections, pre-eclampsia and eclampsia, complications from delivery, and unsafe abortions.¹ Delays in seeking, reaching, and receiving adequate maternity or obstetric services contribute to maternal mortality.²

The last five decades saw tremendous efforts at the national and international level to improve maternal and neonatal care and mitigate maternal and child mortalities. From the 1978 Alma Ata Declaration on Primary Health Care to the Millennium and Sustainable Development Goals at the turn of the century, global commitment has been continuous.

The Department of Health launched the National Safe Motherhood Program (NSMP) which envisions Filipino women having full access to health services for safe pregnancy and delivery by providing technical assistance to and collaborating with Local Government Units (LGUs) in the provision of maternity and newborn services.³

The Maternal Newborn and Child Health and Nutrition (MNCHN) strategy framework is a corollary to the NSMP and also aims to reduce the maternal and neonatal mortality rates. MNCHN integrates services and programs for maternal health, family planning, and the prevention of sexually transmitted infections by proposing a continuum of care from pregnancy to delivery and ensures care for children and adolescents.

Basic Emergency Obstetric and Newborn Care, or BEmONC, is one of the service packages of the MNCHN strategy that capacitates health care workers at the primary health care level to perform emergency obstetric and newborn resuscitation functions and refer to more equipped facilities for definitive management of obstetric emergencies. Rural health units (RHUs), district hospitals, and private lying-in clinics all over the country were capacitated as BEmONC-provider facilities.⁴ These facilities were particularly needed in rural areas to reduce the delays in pregnant women reaching and receiving adequate obstetric care.

Delays in seeking care may be attributed to women's beliefs and perceptions of the availability and adequacy of maternity services in their communities. Articles in this issue give voice to pregnant women, their experiences, and their apprehensions on accessing care in various contexts, including during the COVID-19 pandemic. Also expressed in this issue are the perspectives of health workers on providing much-needed maternal health care.

This collection provides but a brief snapshot of the compendium of challenges faced by Filipino women and children, the two great vulnerable groups in our society today. This issue pushes an essential dialogue forward: the importance we give to the lives of women in general, and mothers and children in particular.

This is a continuing dialogue that everyone should hear and partake of.

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