Reducing Maternal Mortality in Romania by Increasing Equitable Access and Use of Family Planning: An Update After Donor’s Withdrawal

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FAMILY PLANNING COUNSELING AND CONTRACEPTIVES AVAILABLE AT ALL ENTRY POINTS OF THE HEALTH SYSTEM: A FP SAFETY NET
YOU CAN BE A MOM WITHOUT WORRIES

1. Are you breastfeeding only?
2. Is your baby less than 6 months old?
3. Have your menses returned yet?

Did you answer YES to these 3 questions?
In this case...you should not to get pregnant!
If you would like more information about this or other contraception methods ask your gynecologist, FP doctor, nurse or any health clinic with the sign. (The logo of the National Program for FP that is posted in every clinic that is offering FP services and free contraceptives).

Attention! This method doesn’t protect you against sexual transmitted infections.
RELATIONSHIP BETWEEN HEALTH PROVIDERS TRAINED, ABORTION RATE AND ACTIVE USERS
MATERNAL MORTALITY AND MATERNAL MORTALITY DUE TO ABORTION

Maternal Mortality Rate and Maternal Mortality due to abortions

- Maternal Mortality Rate (MMR)
- MMR due to abortions


2001: Maternal Mortality Rate = 0.34, MMR due to abortions = 0.17
2002: Maternal Mortality Rate = 0.22, MMR due to abortions = 0.09
2003: Maternal Mortality Rate = 0.30, MMR due to abortions = 0.13
2004: Maternal Mortality Rate = 0.24, MMR due to abortions = 0.12
2005: Maternal Mortality Rate = 0.17, MMR due to abortions = 0.07
2006: Maternal Mortality Rate = 0.15, MMR due to abortions = 0.05

Graph by JSI
KEY ACHIEVEMENTS MONITORED

• Favorable evolution of key health indicators.

• Provision of FP at PHC level is maintained and incentivized

• Maternal Health and remains a priority in the political agenda
SHIFT FROM ABORTION TO CONTRACEPTION

Abortion Rate per 1000 Live Births

Abortion rate Source: RMOH
Recent national RH surveys have not been conducted, but a sub-national World Vision survey of new mothers indicated sustainable propensity to use modern contraception among Romanian WRA, in rural areas.

(2004 RHS, 2010 World Vision)
MATERNAL MORTALITY IN WORLD BANK, AND UNITED NATIONS POPULATION DIVISION MATERNAL MORTALITY ESTIMATION INTER-AGENCY GROUP
MATERNAL MORTALITY RATIO, ROMANIA 2001-2012
(MATERNAL DEATHS/100,000 LIVE BIRTHS)
## Maternal Mortality in 1990-2013

### Romania

<table>
<thead>
<tr>
<th>Year</th>
<th>Maternal mortality ratio (MMR)</th>
<th>Maternal deaths</th>
<th>Number of AIDS related indirect maternal deaths</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Per 100,000 live births (lb)</td>
<td>Numbers</td>
<td>Number</td>
</tr>
<tr>
<td>2013</td>
<td>33 (26-44)</td>
<td>75</td>
<td>0</td>
</tr>
<tr>
<td>2005</td>
<td>30 (26-35)</td>
<td>66</td>
<td>0</td>
</tr>
<tr>
<td>2000</td>
<td>53 (46-62)</td>
<td>120</td>
<td>0</td>
</tr>
<tr>
<td>1995</td>
<td>72 (63-84)</td>
<td>180</td>
<td>0</td>
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<tr>
<td>1990</td>
<td>170 (150-200)</td>
<td>550</td>
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</tbody>
</table>

### Actual Change

- 1990-2000: -11
- 2000-2013: -3.6
- 1990-2013: -6.9

*World population prospects: the 2012 revision, New York, Population Division, Department of Economic and Social Affairs, United Nations Secretariat*
SHIFTING FROM ABORTION TO CONTRACEPTION

Seven years after donors’ withdrawal:

➢ A sustainable decline of maternal mortality ratio from 52 per 100,000 death/live births in 2000 to 21.1 per 100,000 during 2008-2012

➢ A continuous decline of abortion ratio from 1.11 abortions/live birth (1999), 0.88 abortions/live birth (2004), and eventually to 0.44 abortions/live birth in 2013, while fertility rate remained constant since 1999 (1.3-1.4 children/woman).

➢ Recent evidence suggests modern contraception use continues to increase among rural women.
MATERNAL DEATHS AVERTED BY INCREASING CONTRACEPTIVE USE

MATERNAL DEATHS AVERTED BY CONTRACEPTIVE USE

<table>
<thead>
<tr>
<th></th>
<th>Maternal mortality ratio*</th>
<th>Contraceptive prevalence rate (%)</th>
<th>Maternal deaths</th>
<th>Maternal deaths averted by contraceptive use (uncertainty range†)</th>
<th>Proportion of maternal deaths averted by contraceptive use (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>World</td>
<td>252</td>
<td>64.2</td>
<td>342203</td>
<td>272 040 (127 937–407 134)</td>
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<tr>
<td>Developed regions</td>
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<td>75.0</td>
<td>1038</td>
<td>1578 (661–2502)</td>
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<tr>
<td>Developing regions</td>
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<td>62.9</td>
<td>341165</td>
<td>270 461 (127 249–404 629)</td>
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<td>Africa</td>
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<td>191207</td>
<td>92 652 (45 668–133 675)</td>
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<td>North Africa</td>
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<td>61.6</td>
<td>3145</td>
<td>4426 (2005–6819)</td>
<td>58.5</td>
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<tr>
<td>Sub-Saharan Africa</td>
<td>596</td>
<td>22.1</td>
<td>188062</td>
<td>88 227 (43 663–126 856)</td>
<td>31.9</td>
</tr>
</tbody>
</table>

CONCLUSIONS

- Strong political commitment and ownership
- Enabling policies; PPFP and PAC
- Include FP at every interaction; client provider, integration
- Include FP as part of the essential package of PHC services
- Pro-poor policies, addressing inequalities
Thank you, Gracias!