

STATEMENT BY HON. NAANA EYIAH, MEMBER OF PARLIAMENT
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Maternal Mortality in Ghana: “Helping women off the road to death”.

Thank you, Rt. Hon. Speaker, for the opportunity to present this statement on Maternal Health issues in Ghana. Maternal mortality is regarded as deaths of women during pregnancy, delivery and 42 days after delivery or end of pregnancy excluding deaths that are due to accidents or violence (GMHS, 2017).

Mr. Speaker, maternal mortality is still high, despite effort by government to curb the situation in order to achieve Sustainable Development Goal (SDG) 3 target. Recent survey shows that, Maternal Mortality Ratio (MMR) in Ghana has declined from 319 deaths out of 100,000 live births in 2015 to 310 deaths in 2017 (Ghana Statistical Service, 2017), however, the figure still falls short of the Ministry of Health’s Operational Plan which seeks to reduce the maternal mortality ratio to 203 deaths out of 100,000 live births by 2030. Results of the survey conducted covered national levels; rural and urban areas; and three zonal levels (Coastal, Middle and Northern) on 25,000 women aged 15 to 49 from a sample of 26,324 households.

Mr. Speaker, the causes of maternal death among women have been identified as both direct and indirect. Direct Maternal deaths refer to deaths resulting from complication of the pregnancy or delivery or their management such as infections, hypertensive disorders and obstructed labour etc. Indirect Maternal

deaths are mostly pre-existing diseases that are not complications from pregnancy but are intensified by pregnancy.

Mr. Speaker, in the Central region for instance, eclampsia has been identified as a major cause of maternal death leading to an increase in maternal death from 45 in 2016 to 48 in 2017. **Mr. Speaker**, Eclampsia is a disorder of pregnancy in women characterized by high blood pressure, often followed by coma and posing threat to the health of mother and baby. This disheartening situation is common in districts such as Abura Aseibu Kwamankese, Komenda Edina Eguafo Abirem, Mfantsiman, Awutu Senya East, Gomoa East, Gomoa West, Ajumako, Assin North and Effutu all within the Central region.

Mr. Speaker, one of the key contributing factors to this disheartening situation is that referrals still remain a problem in many of these districts. Although, regional and some district hospitals are well equipped to handle complicated labour cases, the main issue is how to timely transport women in labour to these facilities. As a matter of fact, the NHIS does not cover the cost of conveying women in labour to the facilities.

Mr. Speaker, statistics shows that, among women aged 15 to 49 with health insurance coverage, 15% have no maternity benefits. Besides, only 15% of women have health insurance coverage that requires no payment for delivery care whiles 16% have coverage that always require payment for drugs, supplies, laboratory tests and consultation (GMHS, 2017).

Mr. Speaker, I therefore urge that, the ministry of health through the various health directorate across the country increase public health education, improve healthcare services and adopt more advanced and practical measures to reduce the maternal deaths in the country.

Mr. Speaker, to conclude my statement, I would like to repeat the quote by the First Lady, Mrs. Rebecca Akufo-Addo which says, “when a mother dies, a vacuum is created in the family, which never gets filled, and when a child dies, we always wonder because may be that child could have been in the university or engaged in other productive endeavours”. We all have a responsibility to save the situation.

Thank you, Mr. Speaker, for the opportunity.