Your Name

Instructor Name

Course Number

Date:

TITLE: How to improve maternal health during, before or after pregnancy?

Introduction

Despite all the remarkable achievements in the field of maternal health care some of the countries are still way behind in this filed. 7700 newborn and 800 women die every year during childbirth pregnancy and in the postnatal periods. Although the mortality death rate has declined to 289000 and the majority of the death is due to some obstetric causes like 27 percent maternal death occurs due to hemorrhage 14 percent are due to hypertensive disorders, 11 percent are sepsis and 8 percent is due to complication in abortion (Vikström & Barimani).

The TED-talk is about how to improve the health of the mother during, before or after pregnancy. The speaker says that developed countries like the United States has marginalized some people from quality health care and about 60,0000 people have maternity issue. It is estimated that somewhere between 1.5 to 2 percent of the 4 million deliveries are associated with complications. The complications include stroke, high blood pressure, kidney issue, and hemorrhages. According to the TED talks, 60% of this death rate is preventable (TED Talks).

The speaker further says that if the cases of the mortality are cured that death rate can be controlled. There are various programs introduced in the United States to prevent mortality rate, such as the AIM program that is the Alliance for innovation in mental health. Its aim is to minimize the mortality rate. This program has reached up to 20 percent of the birth in the United State and has introduced evidenced-based practices in the health system of the country. It has also introduced practice protocol and procedure medication equipment to targets these issues. However, the TAD-talk is about the ways to improve maternal health ad it discusses the issue of the marginalized health care system (*TED Talks*).

 In spite of the improvement in the health system the maternal and newborn health is affected in recent decades and why this happened? Over 300,000 women die in pregnancy-related issues. This is a challenge to the global community and it is being discussed that what needs to be done to improve the health of women before, during and after pregnancy so that women morality rate should be minimized. Health services and major clinical intervention should be focusing on the health of women before, after and during pregnancy. Continue care should be provided to them and the important focus should be driven on the role of nutrient in saving the lives of women during these days (Vikström & Barimani).

However, the challenge to control maternal mortality rate is increasing and it is being addressed by the area-based efforts to improve emergency care system. To improve maternity health The United States has adopted the AIM program. This program is developed to promote safe and consistent maternity care in order to reduce maternity death rates. Its aim is to lessen down the mortality by 1000 and the maternal morbidity by 1000, 0000 instances over a period of four years. The program is funded by the federal Maternal and Child Health Bureau. During these four years, the program has to collaborate with eight qualified states and with a large number of health care systems in the United States. The programs have presented maternity safety bundles for better maternity care practices and to reduce severe maternity morbidity. The program has developed a hospital network system and has implemented better maternity care practices. The bundles offer maternity safety measures for Obstetrical Hemorrhage, Postpartum care access and standards, prevention of Venous (Bäckström & Hertfelt Wahn).

The maternal health can also be improved by guaranteeing access to affordable care during, before and after pregnancy. Post-abortion care, obstetric and midwifery care are important to have quality health care of women in pregnancy. The strong barrier to health care like the poor infrastructure, health care cost, and lack of essential health care facilities, medicines and nutrients need to address. Young women and girls should be revived with adequate nutrients and their proper nutrients practices can be ensured. The government should be giving packages to finance for maternal health (Bäckström & Hertfelt Wahn).

Conclusion

The current data show increases in the maternal mortality rate and the United States has also been successful in minimizing maternal mortality rate. The high maternal mortality rates are targeted by international government and donor organizations and thus it has been controlled. The United States is not following the concept of equity and equality in health care services. African-American is still facing disparities and it is, therefore, maternal mortality has re-emerged in the United States.

Annotated Bibliography

Bäckström, Caroline, and Elisabeth Hertfelt Wahn. “Support during Labour: First-Time Fathers’ Descriptions of Requested and Received Support during the Birth of Their Child.” Midwifery, vol. 27, no. 1, Feb. 2011, pp. 67–73. ScienceDirect, doi:10.1016/j.midw.2009.07.001.

Strengthening the health system means the improvement in both the hardware and the software part of the system. The hardware part includes commodities, infrastructures, and amenities. The software part is the governance, private-public partnership, transparent health care information, community engagement mechanism, and respectful care values and norms

Many countries lack accurate information on the number of deaths during pregnancy or childbirth and this it limits the delivery of essential and quality intervention to the public in need. Some countries lack equity in the health care system. It includes access to service and the provision of quality care without any sort of discriminations. The empowerment of women and gender equality are essential to minimize unwanted complications during pregnancy. Unwanted regency is the result if gender violence and it leads to premature and unhealthy births.

Vikström, Anna, and Mia Barimani. “Partners’ Perspective on Care-System Support before, during and after Childbirth in Relation to Parenting Roles.” Sexual & Reproductive Healthcare, vol. 8, June 2016, pp. 1–5. ScienceDirect, doi:10.1016/j.srhc.2015.11.008.

The costs of health care services are also a barrier in the path of quality care. In some countries, 11 percent of the population lacks the resources to pay for health care and 5 percent are driven into poverty by spending on health care services. Financial incentives given by various organizations including global donors help to minimize mortality rate.

Family members play an important role in maintaining the materiality health during before or after pregnancy. If the family is involved in participatory learning then the maternal health care is improved. Trained health care professional can guide families to help their women during pregnancy and ensure their healthy life.

 Planning for improving the health of the newborn and the mother can be improved by evidence-based strategies. The environmental and social risk factors health care can also be addressed in order to provide quality health care to mothers before, during or after pregnancy. The availability and quality of the essential health care services are improved and the optimal uptakes should be achieved in relation to the needs of the patients. Cost-effectiveness and financial protections should also need to be improved.

Moreover, mothers and their newborn are at the risk of death during childbirth and at the first weak after the child is born. Investment in the improvement f quality of care during this time is important and can be achieved by focusing on the quality of health care. The major causes of death during labor should be address and improved care around the time of the birth of the child should be taken great care of. For instance measures like family planning should be adopted to minimize ill births and reduce mortality.

Works Cited

Bäckström, Caroline, and Elisabeth Hertfelt Wahn. “Support during Labour: First-Time Fathers’ Descriptions of Requested and Received Support during the Birth of Their Child.” *Midwifery*, vol. 27, no. 1, Feb. 2011, pp. 67–73. *ScienceDirect*, doi:10.1016/j.midw.2009.07.001.

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Vikström, Anna, and Mia Barimani. “Partners’ Perspective on Care-System Support before, during and after Childbirth in Relation to Parenting Roles.” *Sexual & Reproductive Healthcare*, vol. 8, June 2016, pp. 1–5. *ScienceDirect*, doi:10.1016/j.srhc.2015.11.008.