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MATERNAL HEALTH AND WELL BEING - A MULTI DIMENSIONAL CONCERN

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ABSTRACT

The idea of 'Health' is quite broad and the manner in which we define it is contingent not only on individuals' perception but also based on religious beliefs, cultural values, social standards and economic standing. According to the World Health Organization, health is not merely the absence of disease or infirmity: rather it is a state of complete mental physical and social well-being. Maternal health refers to the health of women during pregnancy, childbirth and post-natal period. Maternal health is an important aspect for the development of any country in terms of increasing equity and reducing poverty. The survival and wellbeing of mothers is not only an important basic human right but also central to solving broader economic, social and development challenges. According to the World Health Organization hundreds of women die every day from complications in pregnancy and childbirth. The majority of these death could be prevented given the right resource and care. Most of these deaths happen in rural areas and in low-income groups. Millions of maternal deaths occur every year due to causes related to pregnancy, child birth and post- partum period. The major causes of this loss of life are hemorrhage, sepsis, abortion., hypertensive disorders, obstructed labour and anemia. A host of social economic-cultural determinants like illiteracy, low socio-economic status, early age of marriage, low women's empowerment, traditional preference for home deliveries and other factors contribute to the delays, leading to this death. Hunger and malnutrition have been found to increase both the incidence and the morality rate of the condition that cause up to 80% of maternal deaths. Improving maternal health is key to saving the life of thousands of women who die as a result of complications of pregnancy in childbirth every year. Most of these deaths are preventable if women have access to health services during pregnancy and childbirth. More than a million children are left motherless and vulnerable because of maternal deaths. Babies and young children who have lost their mothers are up to 10 times more likely to die prematurely than those who have not. The United Nations Organization has prioritized Maternal Health Improvement in its Millennium Development Goals. Ending preventable maternal death must remain a Priority of the Global agenda. Every mother has the right to access the quality health care during pregnancy and childbirth. Every child deserves to have a healthy start in life.

Key Word: *Maternal health, morbidity, postpartum, anemia, World Health Organization.*

INTRODUCTION

The state of a woman's health before, during, and immediately after giving birth is referred to as her maternal health. In most situations, maternal health care includes aspects of family planning, preconception care, prenatal care, and postnatal care. This is done to ensure that the experience of pregnancy and childbirth is one that is happy and satisfying. In other situations, improved maternal health can lessen the risk of morbidity and death among mothers. In the context of public health, maternal health refers to the physical and mental well-being of pregnant women, notably throughout the time of their pregnancies, at the time of their deliveries, and

while they are raising their children. According to the World Health Organization (WHO), despite the fact that motherhood is often seen as a joyful, natural experience that is very emotional for the mother, a significant proportion of women suffer from health issues and occasionally even pass away as a result of becoming mothers. As a consequence of this, it is necessary to make investments in the health of women. The investment may be made in a variety of ways, the most important of which are to subsidize the cost of healthcare, educate on maternal health, encourage good family planning, and provide progressive follow ups on the health of women who have children. Investing in these areas will help to improve the health of mothers and their children. The rates of maternal illness and death are disproportionately high among women of color and among women living in countries with poor and lower-middle incomes.

Morbidity and mortality rates among mothers

The World Health Organization (WHO) estimates that there were around 295,000 maternal fatalities in 2017. These causes can range from severe bleeding to an obstructed labor, and each of these conditions can be treated in a very efficient manner. In addition, anemia and malaria are examples of indirect factors that contribute to maternal mortality. The global maternal death rate has decreased by around 44 percent as a result of women gaining access to family planning and skilled delivery attendance together with backup emergency obstetric care. This represents a drop of approximately 2.3 percent yearly over the course of the period from 1990 to 2015. Even though there has been a reduction in death rates around the globe, there is still more work to be done. There is still a very high prevalence rate, particularly in low and middle-income nations. South Asia is responsible for around one fifth of these deaths, whereas sub-Saharan Africa is responsible for nearly two thirds of these deaths. India and Nigeria both account for one third of all maternal fatalities worldwide. When a mother passes away, her children are left in a vulnerable state, and these young children have a greater risk of passing away before their second birthdays, even if they make it through delivery unscathed.

Both maternal mortality (the death of a mother during childbirth) and severe maternal morbidity (the sickness of a mother during childbirth) are "associated with a high rate of preventability."

Maternal mortality was referred to as a "sentinel event" by the United States Joint Commission on Accreditation of Healthcare Organizations in 2010 and the commission utilizes this metric to evaluate the effectiveness of various health care systems.

It will be easier to maintain a healthy lifestyle for women if the expense of their healthcare is subsidized. On the other hand, one shouldn't generalize about the health of women based on the health of some other category of individuals. There are laws in place in some countries, including the United States, the United Kingdom, and others, that require the government and non-governmental organizations to work together to lessen or even do away with any fees that are directed against pregnant women or women who have health conditions that are connected to pregnancy. Women who give birth at medical facilities that are either free of charge or charge only a very modest fee are encouraged to spend their own money on the infant's food, clothes, and other necessities because they do not have to pay for the delivery of their child. In addition, women's health may be maintained at a lower cost to the government's healthcare system when they receive free dietary supplements and do not have to pay to visit free clinics. This results in a cost savings for the monetary resources that the government invests in healthcare. As a result, both maternal mortality and maternal morbidity rates go down, which is a positive outcome.

Education on a variety of topics connected to maternal health is vital for achieving more control over and improvement in women's healthcare. Due to the fact that these women have access to the resources necessary, the likelihood of their health condition worsening is significantly reduced. These women have access to

information that enables them to make decisions on family planning, the optimal time for them to give birth given their current and future financial circumstances, and their nutrition before, during, and after childbirth. In addition, several programs incorporate women, their families, and the communities in which they live as active stakeholders in the interventions and strategies designed to promote maternal health. According to the available data the number of maternal deaths decreased by seventy percent between 1946 and 1953, which coincided with the introduction of maternity education for women. According to the findings of the study, it is advised that future research concentrate on disadvantaged areas as well as young women under the age of 18. When the government is able to minimize the number of undesired and unplanned births among these two categories of individuals, it will be much simpler for them to lessen the issue of maternal health and the expense that is connected with it.

A look at the factors that might affect a mother's health

A risk for maternal death (either during pregnancy or childbirth) in sub-Saharan Africa is 175 times higher than in developed countries and the risk for pregnancy-related illnesses and negative consequences after birth is even higher. According to a report published by the UNFPA, social and economic status, cultural norms and values and geographic remoteness are all factors that increase maternal mortality. There is a correlation between poverty, the health of the mother, and the consequences for the kid.

Women who reside in areas that are plagued by poverty are at a significantly increased risk for unfavorable outcomes for both the mother and the child. These women are more likely to be obese and to engage in unhealthy behaviors such as smoking cigarettes and abusing substances. Additionally, these women are less likely to participate in or even have access to legitimate prenatal care, which places them at an even greater risk. According to the findings of a research that was carried out in Kenya, some of the most prevalent issues affecting maternal health in regions that are plagued by poverty are hemorrhage, anemia, hypertension, malaria, placenta retention, early labor, delayed or complex labor and pre-eclampsia.

OBJECTIVES OF THE STUDY

1. The study of maternal health.
2. The study of morbidity and mortality.

Implications for the health and growth of children

Wellness during pregnancy

Prenatal care is an essential component of basic maternal health care. It is recommended that expectant mothers receive at least four antenatal healthcare visits, during which a health worker can check for signs of illness – such as underweight, anemia, or infection – and monitor the health and status of the fetus. During these visits, women are counseled on nutrition and hygiene to optimize their health prior to, and following, delivery. These visits may also involve health maintenance for any pre-existing health disorders that the lady may have had before to becoming pregnant. Some examples of these diseases include diabetes, hypertension, and kidney disease. The patient and her healthcare practitioner can work together to prepare a birth plan for the patient, which details how to get medical attention and what steps to take in the case of an emergency.

Centering Pregnancy, also known as group prenatal care, is a relatively new model that has been shown to improve birth outcomes as well as patient and provider satisfaction. More specifically, a randomized controlled trial indicated a 33 percent reduction in preterm birth (n=995), and the decrease was even more pronounced for Black/African American participants. Centering Pregnancy provides physical examinations, education and peer support to a group of pregnant women.

In other words, if a mother is not in optimal health during the prenatal period and/or the fetus is exposed to teratogen(s), the child is more likely to experience health or developmental difficulties, or even death. Poverty, malnutrition, and substance use may all contribute to impaired cognitive, motor, and behavioral problems across childhood. In addition, problems with impaired cognitive, motor, and behavioral functioning may persist throughout childhood. Even after delivery, an embryo's or fetus's health is heavily dependent on the conditions of the environment that were provided for it by its mother throughout gestation.

A teratogen is "any agent that can potentially cause a birth defect or negatively alter cognitive and behavioral outcomes. "The dose, genetic susceptibility, and duration of exposure are all elements that determine the amount of the influence a teratogen has on an embryo or fetus.

When used during pregnancy, prescription pharmaceuticals like streptomycin and tetracycline, as well as some antidepressants, progestin, synthetic estrogen, and Accutane, as well as over-the-counter drugs like diet pills, have the potential to cause teratogenic effects on the developing embryo or baby. Teratogenic effects can also be caused by nonprescription drugs like diet pills. In addition, it is known that large doses of aspirin can cause bleeding in both the mother and the fetus, but modest doses of aspirin are often safe to use throughout pregnancy.

Newborns whose mothers use heroin during the gestational period often exhibit withdrawal symptoms at birth and are more likely to have attention problems and health issues as they grow up. Use of stimulants like methamphetamine and cocaine during pregnancy are linked to a number of problems for the child including low birth weight and small head circumference as well as motor and cognitive developmental delays, as well as behavioral problems across childhood.

When a woman smokes cigarettes while she is pregnant, it can have a number of negative impacts on both her health and the health and development of her unborn child. The most common adverse effects of smoking during pregnancy are premature births, low birth weights, fetal and neonatal deaths, respiratory problems, and sudden infant death syndrome (SIDS), as well as an increased risk for cognitive impairment, attention deficit hyperactivity disorder (ADHD), and other behavioral problems. In addition, a study that was published in the International Journal of Cancer found that children whose mothers smoked during pregnancy experienced a 22% risk increase for non-Hodgkin lymphoma.

In spite of the fact that drinking alcohol during pregnancy in careful moderation (one to two servings a few days a week) is not generally known to cause fetal alcohol spectrum disorder (FASD), the United States Surgeon General advises against the consumption of any alcohol at all during pregnancy. Excessive alcohol use during pregnancy can cause FASD, which commonly consists of physical and cognitive abnormalities in the child such as facial deformities, defective limbs, face, heart, learning problems, and behavioral issues.

Even though HIV and AIDS can be passed on to children at all stages of their lives, pregnancy is by far the most prevalent period for mothers to pass the virus on to their children. The embryo or fetus can get infected with the virus through the placenta at any time throughout the perinatal period.

Women who have gestational diabetes have an increased risk of having babies who weigh more than 4.5 kilograms at birth, which is a condition known as macrosomia. Additionally, children whose mothers had

diabetes have an increased risk of developing Type II diabetes themselves. This is one of the causes of macrosomia. When compared to newborns of the mothers who did not have diabetes, the risk of hypoglycemia was much higher in neonates who were born with macrosomia. This is due to the fact that macrosomic newborns are used to high amounts of circulating blood sugars while they are still in the uterus, which results in naturally high levels of insulin. When the neonates are born, their gestational supply of blood sugar is abruptly withdrawn, which results in dramatic dips in blood sugar for the neonates.

Because the nutrition of the embryo or fetus is dependent on the overall amount of protein, vitamins, and minerals that the mother consumes, infants who are born to mothers who are malnourished are more likely to have congenital abnormalities. In addition, maternal stress can have a direct as well as an indirect effect on the developing fetus. When a woman is under stress, physiological changes take place in the body that have the potential to be detrimental to the growing fetus. Additionally, the woman is more likely to participate in behaviors that might potentially have a harmful impact on the developing fetus, such as smoking cigarettes, abusing substances, or drinking alcohol.

In pregnancies where the mother is infected with the virus, 25% of babies delivered through an infected birth canal become brain damaged and 1/3 die. HIV/AIDS can also be transmitted during childbirth through contact with the mother's body fluids or transmission to the fetus via the placenta. In pregnancies where the mother is infected with the virus, 25% of babies delivered through an infected birth canal become brain damaged.

Postpartum period

Postpartum confinement and Sanhujori might also be looked up.

More than eight million of the 136 million women who give birth every year experience excessive bleeding after childbirth. This condition, which is medically referred to as postpartum hemorrhage (PPH), is responsible for one out of every four maternal deaths that occur annually and accounts for more maternal deaths than any other individual cause. Deaths caused by postpartum hemorrhage disproportionately affect women in developing countries.

At least 15 percent of all births are complicated by a condition that could potentially be fatal. Women who survive such complications often require lengthy recovery times and may face lasting physical, psychological, social, and economic consequences. For every woman who dies from causes related to pregnancy, an estimated 20 to 30 women experience serious complications. Despite the fact that many of these issues cannot be predicted, nearly all of them can be treated.

The postpartum period is a time when many mothers choose to breastfeed their children. The majority of infants who contract HIV through breast milk do so within the first six weeks of life, despite the fact that antiretroviral treatment (during pregnancy, delivery, and while breastfeeding) reduces the risk of transmission by more than 90 percent. The majority of infants who contract HIV through breast milk do so within the first six weeks of life. However, there are several advantages for the infants who are nursed in the case of healthy mothers. The Academy of Pediatrics and the Academy of Family Physicians recommended that mothers breastfeed their children for at least the first six months, and continue as long as is mutually desired. Infants who are breastfed by healthy mothers (not infected with HIV/AIDS) are less likely to contract infections such as haemophilus influenzae, streptococcus pneunoniae and group B streptococcus. The World Health Organization recommends that mothers breastfeed their children because the babies that are breastfed have decreased rates of both overall infant mortality and sudden infant death syndrome (SIDS), another name for unexpected newborn death. Children who are breastfed have lower rates of obesity as well as lower rates of disorders such as childhood metabolic disease, asthma, atopic dermatitis, Type I diabetes and childhood malignancies.

In order to assess the state of maternal health, it is essential to do postpartum checks on the women who have recently given birth. Because healthcare facilities keep records of the women who have given birth, it is simple to place the women on a follow-up and ensure that they are doing well as the baby grows by monitoring the development of their infants as well as their own health. This is made possible by the fact that records of the women who have given birth are kept at the facilities. Advice on diet is given at the follow-up visits in order to guarantee that the mother and her baby are in healthy physical condition. This protects both of them from being sick, which would be beneficial to both of their health.

In addition, mental health assistance and screening must be included in longitudinal follow-up in order to address the fact that around 15% of women will have postpartum depression, often known as "baby blues," during the first year after giving birth, although the symptoms generally begin anywhere from one to three weeks after delivery.

Recommended procedures for maternal health care

Prenatal health is the foundation upon which maternal health care and the care of the fetus are built. According to the World Health Organization (WHO), the first thing you should do to improve your health is to consume a diet that is well-balanced and contains a variety of foods, such as vegetables, meat, fish, nuts, whole grains, fruits, and legumes. In addition, it is advised that pregnant women take iron supplements and folic acid on a daily basis. These supplements are recommended to help prevent birth complications for mothers and babies such as low birth weight, anemia, hypertension and pre-term birth. Folic acid can aid neural tube formation in a fetus, which happens early in gestation and therefore should be recommended as soon as possible. Calcium and Vitamin A supplements are also recommended when those compounds are not available or only available in low doses in the natural diet. The WHO also suggests that low impact exercise and reduction of caffeine intake to less than 330 mg/day can help to reduce the likelihood of neonatal morbidity. Light exercise should be continued for pregnant mothers as it has been recommended to combat negative health outcomes, side effects and birth complications related to obesity. Should possible side effects of a pregnancy occur, such as nausea, vomiting, heartburn, leg cramps, lower back pain and constipation, low intensity exercise, balanced diet, or natural herb supplements are recommended by the WHO to mitigate the side effects. It is also recommended to abstain from consuming alcohol or nicotine in any form throughout the duration of one's pregnancy and to avoid using it as a way to mitigate some of the side effects of pregnancy.

For the duration of and for some time following pregnancy, mothers should be under the constant supervision of a physician, either in-person or through the use of telehealth, so that the development and health of the fetus may be monitored. It has been stated that pregnant women should fulfill any missing vaccinations as soon as possible including the tetanus vaccine and the influenza vaccine. Maternal health organizations suggest that at a minimum, pregnant women should receive one ultrasound at week 24 to help predict any possible growth anomalies and prevent future gestational concerns. In addition to serum integrated protein testing, cell free DNA blood tests to examine the fetus for chromosomal abnormalities and nuchal translucency ultrasounds are also included in the battery of prenatal screening procedures. Amniocentesis and chorionic villous sampling are two examples of more invasive diagnostic procedures that women may be able to get, depending on the capabilities of their respective healthcare systems, in order to improve the precision with which problems may be identified.

It is suggested that women and newborns remain at the hospital for a full twenty-four hours after a vaginal delivery, even if both the mother and the baby appear to be in good condition. It is recommended to do so in order to provide sufficient time for a medical professional to examine the mother and infant for any potential difficulties, such as blood or extra contractions. At these follow up sessions, the emotional well-being of the mother should also be taken into consideration. The World Health Organization (WHO) advises that newborns

should have checks with a physician on day 3, day 7-14, and 6-weeks following delivery. The WHO also recommends that babies should have exams with a physician on day 3 after birth. In addition, the World Health Organization (WHO) recommends that special attention be paid to the likelihood of postpartum depression, which affects 10-15% of women in 40 different countries. During these check-ups, mothers also have the chance to seek counsel from a physician about beginning the process of nursing.

Impacts on the mother's health over the long run

Complications from childbirth that do not end in the mother's death might be considered part of the spectrum of maternal health issues. Around 75 percent of women who died during childbirth could still be alive today if they had access to pregnancy prevention and healthcare interventions. Black women are more likely to experience pregnancy-related deaths and also receive less effective medical care during pregnancy. Nearly half of all births that take place in developing nations still do not have a medically trained attendant present to assist the mother, and the proportion is even higher in South Asia. Women in Sub-Saharan Africa primarily rely on traditional birth attendants (TBAs), who have little to no formal training in health care. Because of the important role they play, various nations and non-governmental organizations are putting up efforts to educate traditional birth attendants (TBAs) on matters pertaining to maternal health in order to increase the likelihood that both mothers and newborns would have improved health outcomes.

Breastfeeding is beneficial to women in the long-term in a number of different ways. Compared to women who do not breastfeed, those who do have improvements in their glucose levels, lipid metabolism and blood pressure as well as a more rapid loss of pregnancy weight. In addition, breast cancer, ovarian cancer, and type 2 diabetes are less common in women who breastfeed. On the other hand, it is essential to keep in mind that nursing offers significant benefits to women who are not infected with HIV. In nations with high rates of HIV/AIDS, such as South Africa and Kenya, the virus is a leading cause of maternal mortality, particularly in breastfeeding mothers. A complicating factor is that many HIV-infected mothers cannot afford formula and as a result, they have no way of preventing transmission of the virus to the child through breast milk or of avoiding health risks for themselves. In situations such as these, mothers have no choice but to breastfeed their infants despite their knowledge of the health risks.

Rate of Death in Pregnant Women

The global maternal mortality rate is calculated by taking the number of women who pass away from any cause connected to or worsened by pregnancy or its treatment and dividing that number by 100,000 live births; unintentional or incidental causes are not included in this calculation. The Maternal Mortality Ratio (MMR), which is defined as the number of deaths that occur for every 100,000 live births that occur over a certain time period, has declined all over the world. South-East Asia has had the most significant decrease, which is 59%, while Africa has seen a decline of 27%. There is not a single area that is on pace to accomplish the Millennium Development Goal of reducing the rate of maternal death by 75% by the year 2015.

Sentinel indicator: the death rate among mothers

The Joint Commission on Accreditation of Healthcare Organizations in the United States refers to maternal mortality as a "sentinel event" and uses it as a metric to evaluate the overall quality of a country's medical care system.

Because pregnant women are more likely to survive in facilities that are clean, safe, well-staffed and supplied with supplies, data on maternal mortality is considered an essential measure of the quality of the overall health system. It is a sign that the health care system is functioning well if new mothers are prospering after giving birth. If not, there is a good chance that there are difficulties.

According to WHO, increasing maternal survival and life expectancy are essential goals for the global health community to work for since they demonstrate that other aspects of health are also improving. If these regions are able to show progress, disease-specific improvements will also be able to favorably influence people more effectively.

MMR in nations with poor or lower-middle incomes

Statistics

The rates of death among mothers are shockingly high all across the world. However, the majority of pregnant women who pass away either during or after their pregnancy are from nations with poor or lower-middle incomes. To be more specific, in the year 2017, low and lower-middle income nations were the locations of 94% of all maternal fatalities. The maternal mortality ratio (MMR) in low-income countries was 462, which means that 462 mothers passed away during delivery for every 100,000 live births in 2017. In many poor and lower-middle income countries, problems related to pregnancy and childbirth are the primary causes of death among women of reproductive age. Poor maternal conditions account for the fourth leading cause of death for women worldwide, according to the World Health Organization's World Health Report 2005. In low-income countries, the majority of maternal deaths and injuries during pregnancy and labor are due to preventable issues that have been largely eradicated in higher income countries. These issues include postpartum hemorrhaging, hypertensive disease, and maternal infections. The World Health Organization estimates that by 2012, poor maternal conditions will be the fifth leading cause of death for women.

CONCLUSION

A more favorable health status is essential for the welfare of humans. A population that is healthy lives longer, is more productive, and saves more money than an unhealthy population does. This has a significant impact on economic development. Maintaining a healthy population may also affect the growth rate of a population in ways that are beneficial to economic development. In many cases, people who are the most susceptible to the effects of health improvements, namely youngsters, see the most dramatic transformations. Because to the improvements in medical care and nutrition, there is a greater possibility that a kid will live to become an adult; thus, parents will need to have fewer children in order to have their optimum number of offspring. Countries with higher rates of child survival also tend to have lower overall fertility rates. High fertility rates are nevertheless common in many parts of the developing world. Because of decreased fertility, parents are able to focus their time and financial resources on a smaller number of children rather than dividing these resources across a larger number of children, which improves the chances of their children enjoying longer, healthier, and more successful lives.

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