

**EDITORIAL****MOVING AHEAD TO IMPROVE MATERNAL AND NEW BORN HEALTH IN NEPAL****Archana Amatya**

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The Sustainable Development Goals (SDGs) aims to reduce current maternal mortality rate from 239 to 70 per 100,000 live births or at least two-thirds from the 2010 baseline by 2030, as well as to reduce new born mortality rate from the current 21 to less than 12 deaths per 1,000 live births, and the stillbirth rate from the current 18 to below 12.5 deaths per 1,000 live births by 2030.¹ The targets set by the Global Strategy for Women's, Children's and Adolescents' Health (2016-2030) which are in line with the SDGs supports country priorities and plans, and builds the momentum of Every Woman Every Child.² Recommendations made by the Global Strategy Monitoring Report 2018 is applicable to countries who are in the process of progressing towards SDGs, including Nepal where there is the need of strengthening actions over the life-course of women, children and adolescents.

Family Planning programme started in the 1960s, followed by various Safe Motherhood programmes and Nepal's Every Newborn Action Plan (NeNAP) in 2016 emphasizes the needs to reach every women and new born when they are most vulnerable-during labour, birth and in the first days of life. The countries' Social Health Insurance Scheme started a few years ago has taken up pace and is being extended over the country which also includes maternity care services as well. The Safe Motherhood and Reproductive Health Rights Act (2018 AD) guarantees reproductive rights of every woman and the Public Health Service Act (2018 AD) focuses on integrated service provision for reproductive, child and maternal health, with emphasis on quality of care and strengthening of referral mechanisms.

Global evidence has shown that the majority of maternal deaths are preventable. About three quarters of all maternal deaths are caused by postpartum hemorrhage, hypertensive disorders such as pre-eclampsia/eclampsia, infections, unsafe abortion and other delivery-related complications even if a woman manages to access prenatal care and deliver in a health facility with a skilled birth attendant, poor quality of care can be life-threatening.³ However in the country there has been no change in the leading cause of maternal deaths and Postpartum haemorrhage continues to be the leading causes of maternal deaths. There have been improvements in Institutional deliveries and skilled birth attendance has increased, along with a substantial improvement in the overall increase in ANC coverage, but the quality has been relatively weak. However, we still have the majority of new-borns dying within the first 24 hours of birth.⁴ Postnatal care is crucial for preventing maternal and new born deaths, but current coverage levels are low.⁵ Low contraceptive prevalence is worrisome and use of contraceptives is also low among adolescents. Postpartum family planning needs to be promoted from the time of ANC visits as this provides an opportunity for postpartum family planning education and allowing women to establish healthy birth spacing practices. The country has had persisting challenges like basic amenities, infrastructure and human resources and the continuum of care has not been highlighted enough.

The Nepal Health Sector Strategy (NHSS) 2015-2020 has an overall thrust of universal health coverage with four strategic areas of direction: equitable access, quality health services, health systems reform, and a multi-sectoral approach.⁶ The Federal Govern-

ment has developed Minimum Service Standards (MSS) for all levels of health facilities and hospitals in 2019 which outlines the minimum standards emphasizing the importance of quality of care. The need for strengthening quality and equity needs to be emphasized along with a life cycle approach in all the programmes focused on Reproductive Health and Safe motherhood. Increasing the number of birthing centres may not be the appropriate solution but strengthening the BEONC and CEONC sites is critical and remodelling the service delivery is essential so that all women would be allowed to deliver in a facility which is ready to, manage all obstetric and neonatal complications and strengthen referral services. The Road Map for safe motherhood and new born health is on the process of being developed with key recommendations for maternal and new born health, based on this it is expected that Provincial and Local Governments will develop context-specific five-year activity-level plans. It is time we build on the momentum and move ahead to achieve our goals.

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