

# Editorial Note on Alternative & Integrative Medicine – Maternal Health

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## Introduction

Maternal health is the health of women during pregnancy, childbirth, and the postpartum period. It encompasses the health care dimensions of family planning, preconception, prenatal, and postnatal care in order to ensure a positive and fulfilling experience, in most cases, and reduce maternal morbidity and mortality, in other cases. Maternal health revolves around the health and wellness of women, particularly when they are pregnant, at the time they give birth, and during child-raising. WHO has indicated that even though motherhood has been considered as a fulfilling natural experience that is emotional to the mother, a high percentage of women go through a lot of challenges where they suffer health-wise and sometimes even die (WHO n.p). Because of this, there is a need to invest in the health of women (Amiri and Ulf-G 13). The investment can be achieved in different ways, among the main ones being subsidizing the healthcare cost, education on maternal health, encouraging effective family planning, and ensuring progressive check up on the health of women with children.

WHO estimates that about 300,000 maternal deaths occurred in 2015? These causes range from severe bleeding to obstructed labour, all of which have highly effective interventions. As women have gained access to family planning and skilled birth attendance with backup emergency obstetric care, the global maternal mortality has fallen by about 44 percent, which represented a decline of about 2.3 percent annually over the period from 1990 to 2015. While there has been a decline in worldwide mortality rates much more has to be done. High rates still exist particularly in low and middle income countries (99%), Sub-Saharan Africa accounts for more than half of these deaths and South Asia for about one-third of them. one third of the maternal deaths occur in India and Nigeria.[4] The effect of a mother's death results in vulnerable families, and their infants, if they survive childbirth, are more likely to die before reaching their second birthday.

"Maternal health" is usually regarded as health during pregnancy, childbirth and the period afterwards. In other words, it is delimited by a time period and a physiologic state – parturition.

The word "health" in "maternal health" could be seen as equivalent to the WHO definition:

"Health is a state of complete physical, mental and social well-being, not merely the absence of disease or infirmity".

However, the term is usually applied in a narrower sense, focusing on the negative end of the continuum of outcomes and, until recently, and primarily physical health. In other words, the term "maternal health" is describing poor maternal health. This is reflected in the ways we measure maternal health.

Maternal deaths can be separated into two categories, depending on the cause of death

### Direct Obstetric Deaths

Which result from the obstetric complications of pregnancy, interventions, omissions, incorrect treatment, or a series of events triggered by any of the above?

### Indirect Obstetric Deaths

Which result from pre-existing disease, or disease that developed during pregnancy; where the disease was not due to direct obstetric causes but was aggravated by the physiological effects of pregnancy? There is another term, late maternal death, which refers to a direct or indirect obstetric death that occurs between 42 days and 1 year from when the pregnancy ends. This is a more recent concept, and reflects the impact of chronic or acute conditions which can extend beyond the puerperium.

The maternal mortality ratio (MMR) is the main measure of maternal death, and forms indicator 3.1 of the Sustainable Development Goals. The World Health Organization (WHO) tracks progress in reducing global, regional and national MMRs. However, these figures have a large degree of uncertainty for countries with weak routine information systems as statistical models are used to create the estimates. The main sources of data on maternal deaths, including vital registration, censuses and household surveys, each have strengths and weaknesses and their reliability and availability varies between settings. For example, in high-income countries most births and maternal deaths occur in health facilities and are documented, thus mortality may be estimated from this routinely collected data. In other settings, births and deaths may tend to occur in the community, and certificates might not be regularly issued, and therefore other measurement strategies such as household surveys are the only option.

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