



Maternal Mortality and morbidity

Maternal health has always been a priority within the health care system. In Malta free comprehensive antenatal, delivery and post-partum care is made available by the State and is accessible and offered to all mothers.

Maternal care, delivery, outcome, morbidity and mortality are routinely registered and monitored on a national basis through the National Obstetric Information System and National Mortality Register. Comprehensive nationwide medical birth statistics on all deliveries and births in Malta and Gozo are available since 1999 and published on the open web.¹ Statistics collected by these registers are essential and used in required audits, policy development and evaluation.

In 2016, 99.7% of deliveries occurred within a hospital environment and all these were assisted by appropriate, trained health care professionals.

In the past 15 years 2002-2016 Malta has seen 2 maternal deaths giving a maternal mortality rate of 3.3 / 100,000 mothers. This compares favourably with the reported 2014 WHO-Health For All maternal mortality rate quoted for 'EU Members since 2004' of 5.91/100,000.²

Maternal morbidity indicators are more challenging with regards to harmonisation of definitions, collection of data and meaningful comparisons. This issue has been addressed in part by the EUROPERISTAT project, in which Malta is an active participant. In their latest report on European Perinatal Health issued in 2013³ maternal morbidity indicators including: episiotomy rates, eclampsia and postpartum hysterectomy were published. In this publication, based on data from 2010, Malta reported:

- An episiotomy rate of 31.1% (lowest reported rate: 4.9% in Denmark; highest reported rate: 72.9% in Portugal).

¹ National Obstetrics Information System, Directorate for Health Information and Research [online] Available from: <https://deputyprimeminister.gov.mt/en/dhir/Pages/Registries/births.aspx>. Accessed 18 December 2017.

² WHO - Health for All Database [online]. Available from: (<http://data.euro.who.int/hfad/>). Accessed 18 December 2017.

³ EUROPERISTAT Project with SCPE and EUROCAT (2013) European Perinatal Health Report – Health and care of pregnant women and babies in Europe in 2010 [online]. Available from: <http://www.euoperistat.com/> . Accessed 18 December 2017.



- A rate of eclampsia of 0.0% (lowest reported rate: 0.0% in Malta; highest reported rate: 0.9% in France).
- A rate of postpartum hysterectomy of 0.3% (lowest reported rate: 0.0% in Wales; highest reported rate: 0.7% in Portugal and Switzerland).

Care must be taken in interpretation of these rates as numbers are very small and rates liable to fluctuation.

Ministry of Health does not fund any projects in developing countries related to women's health.

- With regards to the information about women refugees/asylum-seekers that seek health services upon arrival in Malta, the following can be added;

The Migrant Health Liaison Office (PHC) educates female asylum seekers and refugees on the procedure of Caesarean Section(C/S). This is due to the fact that women coming from sub-Saharan countries are terrified of this procedure since most mothers-to-be who undergo this surgical procedure die due to the lack of aseptic techniques used in developing countries. Expectant migrant mothers in Malta are often reluctant to give consent to undergo C/S in maternity wards resulting in a prolonged labour and putting their newborn at risk of complications. The education sessions assures that C/S in Malta is carried out by health professionals and only done if/when required in a safe method. The women are also informed that undergoing a C/S does not restrict any future pregnancies.

- What steps has your government or your organisation taken to utilize a, human-rights based approach in policies and programmes to eliminate preventable maternal mortality and morbidity?

In line with this initiative government has specifically issued a new post for a Consultant specializing in obstetrics and gynae, focusing on providing health to minorities.

- What challenges does your government/organisation face in implementing a human rights-based approach to eliminate maternal mortality and morbidity?

The biggest challenge is defining and providing essential medical care to persons who do not have any right to free healthcare. Furthermore cultural differences and language barriers continue to undermine provisions of healthcare which would decrease maternal mortality and morbidity. These disadvantages can push women in the underground world with the result that they seek ante-natal care late and too

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close to actual delivery of the child. This has negative consequences on the health of the mother and child.