



BULLETIN MDG 4 & 5 / 2015

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Overview of MDG 4 & 5 globally (Source : The Millennium Development Goals Report 2015)

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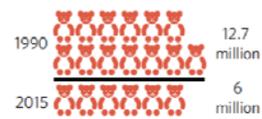
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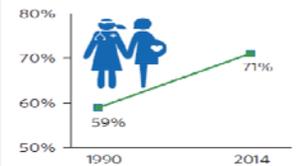
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Global number of deaths of children under five

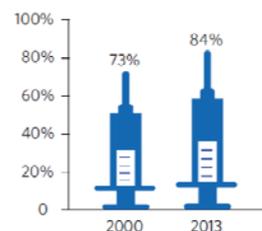


Together Achieving the Millennium Development Goals by 2015

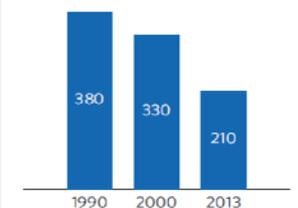
Global births attended by skilled health personnel



Global measles vaccine coverage



Global maternal mortality ratio (deaths per 100,000 live births)



- The global under-five mortality rate has declined by more than half, dropping from 90 to 43 deaths per 1,000 live births between 1990 and 2015.
- Despite population growth in the developing regions, the number of deaths of children under five has declined from 12.7 million in 1990 to almost 6 million in 2015 globally.
- Since the early 1990s, the rate of reduction of under-five mortality has more than tripled globally.
- Measles vaccination helped prevent nearly 15.6 million deaths between 2000 and 2013. The number of globally reported measles cases declined by 67 per cent for the same period.
- About 84 per cent of children worldwide received at least one dose of measles-containing vaccine in 2013, up from 73 per cent in 2000.
- Everyday in 2015, 16,000 children under five continue to die, mostly from preventable causes. Child survival must remain the focus of the post-2015 development agenda. Source : WHO
- Since 1990, the maternal mortality ratio has declined by 45 per cent worldwide, and most of the reduction has occurred since 2000.
- In Southern Asia, the maternal mortality ratio declined by 64 per cent between 1990 and 2013, and in sub-Saharan Africa it fell by 49 per cent.
- More than 71 per cent of births were assisted by skilled health personnel globally in 2014, an increase from 59 per cent in 1990.
- In the developing regions, only 56 per cent of births in rural areas are attended by skilled health personnel, compared with 87 per cent in urban areas.
- Only half of pregnant women in the developing regions receive the recommended minimum of four antenatal care visits.
- Contraceptive prevalence among women aged 15 to 49, married or in a union, increased from 55 per cent in 1990 worldwide to 64 per cent in 2015. Source : WHO

Selangor MDG 4 facts :

- ◇ 798 infant deaths (0-1 year old) and 940 under 5 deaths (0-5 years old) were reported in 2015.
- ◇ In 2015, 21.8 percent of under 5 deaths were preventable.
- ◇ Top cause of under 5 deaths based on ICD 10 classification is condition from perinatal period.

Selangor MDG 5 facts :

- ◇ 47 maternal deaths were reported in 2015.
- ◇ 49 percent of maternal deaths were preventable.
- ◇ 10 cases (43.5%) were direct cause of death and 11 cases (47.8%) were indirect cause of death.
- ◇ Infection is the major cause of maternal deaths.

PREMATURITY



Overview

BORN EARLY

Preterm is defined as babies born alive before 37 weeks of pregnancy are completed. There are sub-categories of preterm birth, based on gestational age:

- extremely preterm (<28 weeks)
- very preterm (28 to <32 weeks)
- moderate to late preterm (32 to <37 weeks).

Induction or caesarean birth should not be planned before 39 completed weeks unless medically indicated.

One baby in ten is born premature. Worldwide.



Preterm birth, occurring before 37 completed weeks of pregnancy, is the number one cause of newborn deaths and the second leading cause of deaths in children under five. Preterm babies are at increased risk of illness, disability and death. However, some of these early births and a majority of the resulting deaths can be prevented with proven, low cost interventions.

The problem

An estimated 15 million babies are born too early every year. That is more than 1 in 10 babies. Almost 1 million children die each year due to complications of preterm birth. Many survivors face a lifetime of disability, including learning disabilities and visual and hearing problems.

Globally, prematurity is the

leading cause of death in children under the age of 5. And in almost all countries with reliable data, preterm birth rates are increasing.

Inequalities in survival rates around the world are stark. In low-income settings, half of the babies born at 32 weeks (two months early) die due to a lack of feasible, cost-effective care, such as

warmth, breastfeeding support, and basic care for infections and breathing difficulties. In high-income countries, almost all of these babies survive.



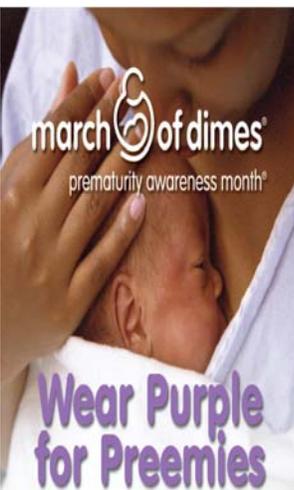
"Helping Hands for Premies"

The solution

More than three-quarters of premature babies can be saved with feasible, cost-effective care, e.g. essential care during child birth and in the postnatal period for every mother and baby, antenatal steroid injections (given to pregnant women at risk of preterm labour and meeting set criteria to strengthen the babies' lungs), kangaroo mother care (the baby is carried by the mother with skin-to-

skin contact and frequent breastfeeding) and antibiotics to treat newborn infections.

To reduce preterm birth rates, women need better access to family planning and increased empowerment, as well as improved care before, between and during pregnancies.



Why does pre-term birth happen?

Preterm birth occurs for a variety of reasons. Most preterm births happen spontaneously, but some are due to early induction of labour or caesarean birth, whether for medical or non-medical reasons.

Common causes of preterm birth include multiple pregnancies, infections and chronic conditions, such as diabetes and high blood pressure; however, often no

cause is identified. There is also a genetic influence. Better understanding of the causes and mechanisms will advance the development of solutions to prevent pre-term birth.



world
prematurity
day november 17

Key facts :

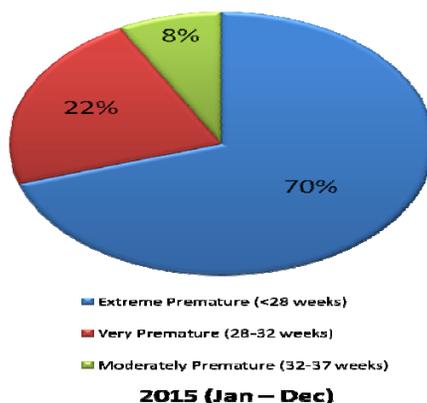
- Every year, an estimated 15 million babies are born preterm (before 37 completed weeks of gestation), and this number is rising.
- Preterm birth complications are the leading cause of death among children under 5 years of age, responsible for nearly 1 million deaths in 2013.
- Three-quarters of them could be saved with current, cost-effective interventions.
- Across 184 countries, the rate of preterm birth ranges from 5% to 18% of babies born.

Top 5 causes of Neonatal Death in Selangor (Jan—Dec 2015)

Wigglesworth Classification

No	Causes	%
1	Immaturity	34.2%
2	Lethal Congenital Malformation	30.9%
3	Asphyxial condition	10.7%
4	Infection	8.9%
5	Other specific casues	5.6%

Immaturity and gestational age



WHO effort

New Goal By 2025 For The Reduction Of Deaths Due To Complications Of Preterm Birth Recommended By Born Too Soon – The Global Action Report on Preterm Birth , WHO

For countries with a current neonatal mortality rate level of ≥ 5 per 1,000 live births

- To reduce the mortality due to preterm birth by 50% between 2010 and 2025

For countries with a current neonatal mortality rate level of < 5 per 1,000 live births

- To eliminate remaining preventable preterm deaths, focusing on equitable care for all and quality of care to minimize long-term impairment

New Goal By 2035 For The Ending of Newborn Death Recommended by Every Newborn Action Plan

To achieve an average global neonatal mortality rate of 7 in 1000 live birth, all countries have to reduce neonatal mortality by at least two-thirds from a baseline in 2012.

New Goal By 2035 For The Ending Preventable Stillbirth Deaths Recommended by Every Newborn Action Plan

All countries reduce their stillbirth rate to less than 10 in 1000 live births by 2035, with a resultant average global stillbirth rate of 8 in 1000 live births.

Those countries with stillbirth rate under 10 in 1000 live births should focus on addressing inequalities and using audit data to tract and prevent all avoidable stillbirths

(5.2) Proportion of birth attended by skilled health



IMPROVE MATERNAL HEALTH

SAFE DELIVERY

- ◇ **WHO DEFINATION: DELIVERY CONDUCTED BY SKILLED HEALTHCARE PERSONNEL**
- ◇ **IN MALAYSIA, ALL HEALTHCARE PERSONNEL ARE COMPULSORY TO BE REGISTERED UNDER 'LEMBAGA BIDAN MALAYSIA' IN ORDER TO CONDUCT DELIVERY.**

Act 436 Midwives Act 1966 Part V Section 14(1) revealed that:

"Any person who, not being a midwife registered under this Act (Act 436 Midwives Act 1966 Part V Section 14(1), practices midwifery, shall be guilty of an offence and shall be liable on conviction to a fine not exceeding two thousand ringgit or to imprisonment for a period not exceeding one year or to both."
Source : KKM

Scenario in Malaysia

- ◇ Safe delivery rate in Malaysia is 98% since 2009
- ◇ Reduction of home delivery rate from 24.8% in 1990 to 1.7% in 2012
Source: KKM

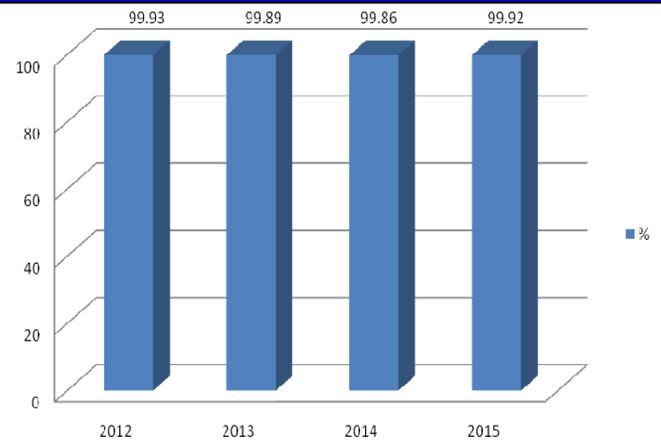
HOME BIRTH RISK

- ◇ **Planned home births are associated with a tripling of the newborn mortality rate compared with planned hospital deliveries.**
- ◇ **Research conducted by Joseph R. Wax, MD, and colleagues, from the department of obstetrics and gynecology at Maine Medical Center in Portland, shows that the overall newborn death rate was almost twice as high in planned home vs. planned hospital births, and was almost tripled among those newborns in planned home births without any congenital abnormalities.**
- ◇ **Although rare, newborn deaths occurred in 0.2% of the total planned home births included in the analysis, compared with 0.09% of the total planned hospital births. Among infants born without any birth defects, the rates were 0.15% vs. 0.04%, respectively.**

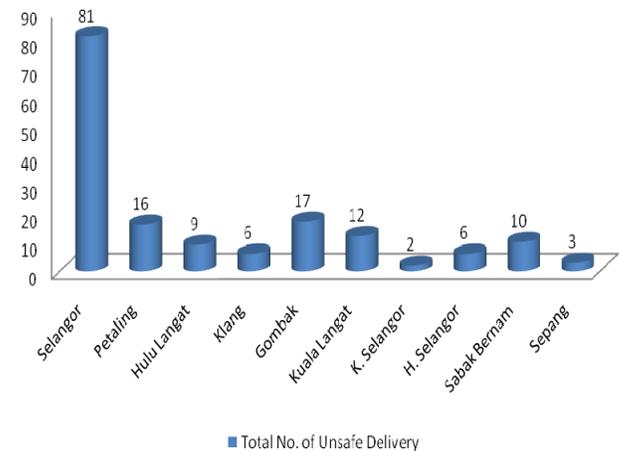
Source : Web MD



Proportion of birth attended by skilled health in Selangor 2012-2015



Total of births not attended by skilled health workers Based on district in Selangor 2015



- ◇ **The American College of Obstetricians and Gynecologists, one of the largest professional ob-gyn organizations in the U.S., does not support planned home births because of safety concerns and a lack of scientific evidence. Every year, about 25,000 women in the United States (or 1 in 200) deliver at home, and about 75% of these are low-risk, single-baby births that are planned to be a home delivery.**

- ◇ **Thomas J. Garite, MD, and Moon H. Kim, MD, comment that "The report by Wax et al. supports the safety of planned home birth for the mother, but raises serious concerns about increased risks of home birth for the newborn infant.**

Source : Web MD



5

(5.6) Unmet Family Planning

IMPROVE MATERNAL HEALTH



Key facts

- An estimated 225 million women in developing countries would like to delay or stop childbearing but are not using any method of contraception.
- Some family planning methods, such as condoms, help prevent the transmission of HIV and other sexually transmitted infections.
- Family planning / contraception reduces the need for abortion, especially unsafe abortion.
- Family planning reinforces people's rights to determine the number and spacing of their children. By preventing unintended pregnancy, family planning /contraception prevents deaths of mothers and children.

Source : WHO

Global Unmet Family Planning

- limited choice of methods;
- limited access to contraception, particularly among young people, poorer segments of populations, or unmarried people;
- fear or experience of side-effects;
- cultural or religious opposition;
- poor quality of available services;
- users and providers bias
- gender-based barriers

Source : WHO

EMERGENCY CONTRACEPTIVE

Key facts

1. Emergency contraception can prevent most pregnancies when taken after intercourse.
2. Emergency contraception can be used in the following situations: unprotected intercourse, contraceptive failure, incorrect use of contraceptives, or in cases of sexual assault.
3. There are 3 methods of emergency contraception: emergency contraceptive pills (ECPs), combined oral contraceptive pills or the Yuzpe method, and copper-bearing intrauterine devices (IUDs).
4. A copper-bearing IUD is the most effective form of emergency contraception available when inserted within 5 days of unprotected intercourse.

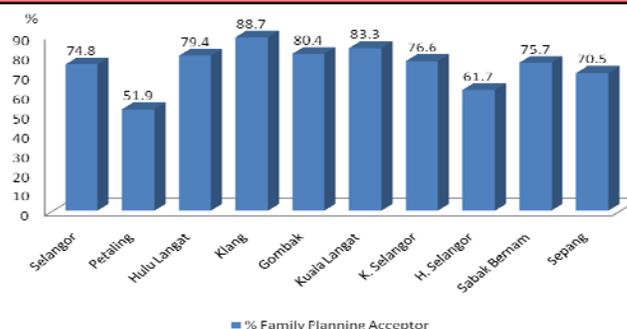
Source : WHO

Benefit family planning

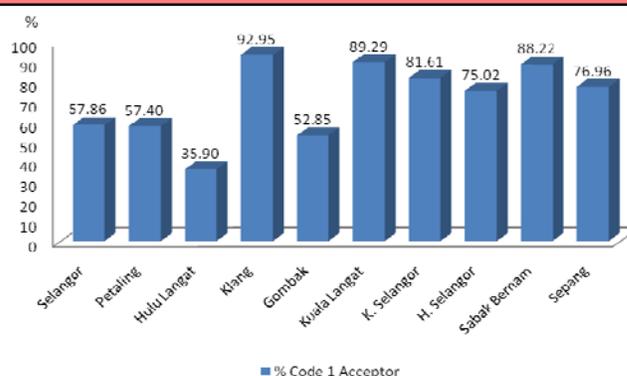
- ◇ Preventing pregnancy-related health risks in women
- ◇ Reducing infant mortality
- ◇ Helping to prevent HIV/AIDS
- ◇ Empowering people and enhancing education
- ◇ Reducing adolescent pregnancies
- ◇ Slowing population growth

Source: WHO

Percentage of High Risk Mother in Selangor Practicing Family Planning Effectively for Two Years, 2013-2015 (QAP Indicator) (Target : 70%)



Percentage of High Risk Mother in Selangor Practicing Family Planning (Code 1) Effectively, 2015 (Target : 80%)



Medical eligibility

criteria & contraindications

Emergency contraceptive pills prevent pregnancy. They should not be given to a woman who already has a confirmed pregnancy. If a woman inadvertently takes the pills after she becomes pregnant, however, the available evidence suggests that the drugs will not harm either the mother or her fetus. These 2 drugs are not used for termination of pregnancy.

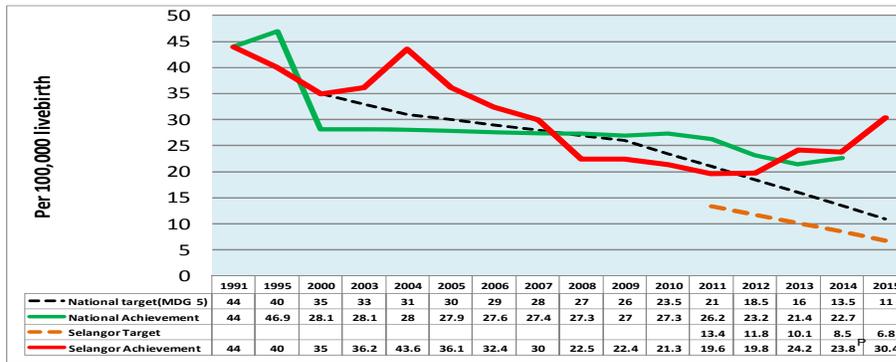
Source: WHO

Family Planning



Selangor Highlights for Year 2015

Maternal Mortality Ratio (MMR) Selangor & Malaysia : Achievement Against Set Target MDG 5

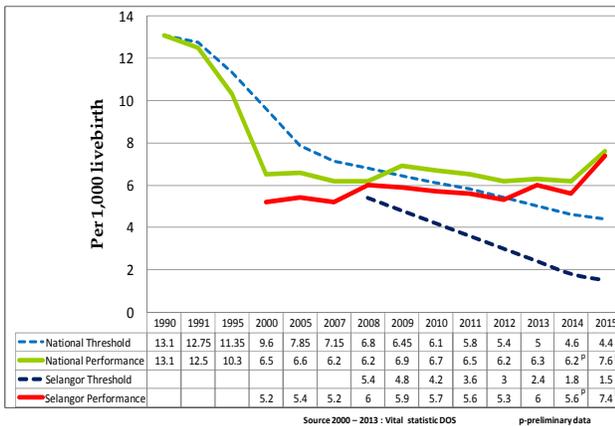


Source 2000-2014: Vital Statistic DOS

P= preliminary data

“Whenever a doctor cannot do good, he must be kept from doing harm” - Hippocrates

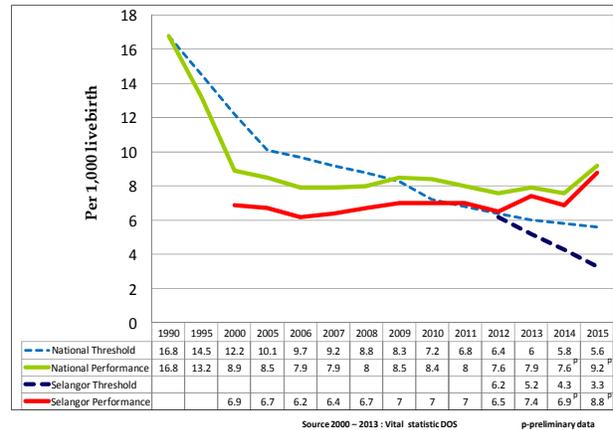
INFANT MORTALITY RATE (IMR)



Source 2000 – 2013 : Vital statistic DOS

p-preliminary data

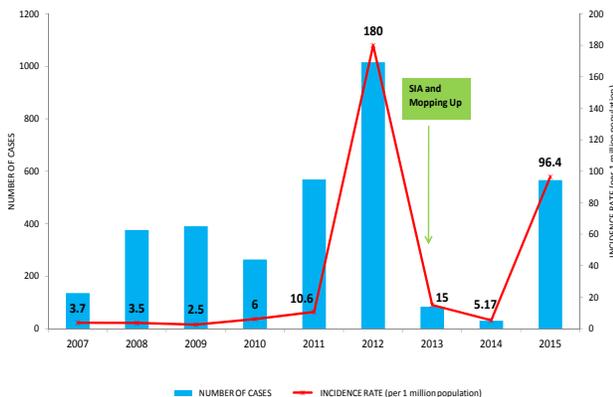
UNDER 5 MORTALITY RATE (U5MR)



Source 2000 – 2013 : Vital statistic DOS

p-preliminary data

Measles Incidence Rate (per 1 million population) in Selangor, 2007 - 2015



MEASLES

Eliminating measles & rubella requires **reaching every child** to protect them against both diseases, including the poor and marginalized.



All countries have committed to eliminating measles by 2020 and many have rubella control goals. Over 42 countries have already achieved measles elimination based on an independent review!

More than 65% of the children who died from measles in 2014 came from only 6 countries.



DR Congo | Ethiopia | India | Indonesia | Nigeria | Pakistan