EDITORIAL

Maternal Health: The Mirror of Our Healthcare System

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Safe motherhood is a nonnegotiable right of every woman during her reproductive age.¹ At the beginning of the 21st century, the World Health Organization (WHO) with representatives from 189 countries had endorsed "good maternal health" as one of the eight Millennium Development Goals.² Reduction in maternal mortality by 75% with well-being during childbirth was considered as an essential yardstick in assessing the country's progress.

India has made progress by leaps and bounds with respect to the reduction in maternal mortality ratio from 556 in 1990 to 90 per 100,000 live births in 2020, through education, training, and intervention programs and schemes.³ The country has seen a 75% reduction in maternal mortality, over the last two decades. Unfortunately, the reduction has not been uniform across all states.^{4,5} Some states have reported very low maternal mortality comparable to developed countries, whereas some states of lower socioeconomic status still suffer from very high maternal mortality. The global goal set by WHO is to achieve a maternal mortality ratio of 70 per 100,000 live births, by 2030.⁶

Motherhood is a natural and fulfilling experience for a woman. Although a physiological process, the course can be complicated by the mother's preexisting health status, development of complications during pregnancy, childbirth, or in the postnatal period. More than two-thirds of the maternal deaths are preventable and treatable and are due to hemorrhage during childbirth, infections in the postnatal period, and pregnancy-related hypertensive diseases.⁷ In India, at the community level, humongous efforts have been made on education of women, encouraging regular antenatal checkups, training of midwives for safe and clean deliveries, and early referral of complicated cases.^{8,9}

Despite these efforts to prevent complications, a small fraction may need admission to the intensive care unit for both obstetric and nonobstetric causes. Several medical interventions for infertility, increased age of mother, and advancement in antenatal screening have led to an increase in a number of clinically challenging obstetric conditions.¹⁰ The critically ill pregnant mother cannot be considered and managed like any other critically ill patient. The unique physiological status and the precarity of two lives cause undue stress to the treating team. The severity of illness of the mother and the interventions like drugs and procedures may have detrimental effects on the fetus.¹¹ The need for understanding the anatomical and physiological changes during pregnancy, stringent monitoring of both mother and fetus, decision on treatment, interventions, and the skill for same are of paramount importance in improving maternal morbidity.

Science has made a significant advancement in technology, newer treatment modalities, and development of professional skills with respect to maternal and perinatal health.

This supplement on obstetric critical care is a much-needed review of important topics ranging from physiology to common ¹Department of Critical Care Medicine, St John's Medical College and Hospital, Bengaluru, Karnataka, India

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and uncommon obstetric and nonobstetric conditions, written by experts in this field. The reader can acquire knowledge at one stop with respect to the management of conditions with an update on the recent advances in obstetric critical care.

As India treads the last decade to attain the WHO's sustainable development goal of less than 70 maternal mortality ratio by 2030, the need is to intensify the efforts at the community level and implement state-specific interventions where high maternal mortality is reported.¹² The inequities of maternal healthcare delivery, especially to the poorer sections of the society, need to be addressed on a war footing. Simultaneously, the healthcare system must gear up with referral facilities having trained obstetric care team that comprises obstetricians, anesthetists, intensivists, and nurses to manage the critically ill pregnant mother, to help achieve this goal by 2030.

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