

# Combating Infant Maternal Mortality: The Mimiko Initiative

*Pm news*

In 2000, world leaders met and collectively proclaimed an ambitious target aimed at reducing infant maternal mortality by two-thirds in 2015. While infant mortality was christened Millennium Development Goals (MDG-4), maternal mortality was dubbed Millennium Development Goals (MDG-5).



Expectedly, in Nigeria, politicians, government officials, healthcare providers, counsellors, non-government organisations (NGOs) and the civil society latched on the latest refrain: Millennium Development Goals.

Instructively, the MDGs are eight in all. They are MDG-1, reducing extreme poverty; MDG-2, universal primary education; MDG-3, gender and women empowerment; MDG-4, reduction of child mortality; MDG-5, reduction of maternal mortality; MDG-6, combating HIV/AIDS and other diseases; MDG-7, environmental sustainability and MDG-8, developing global partnership for development.

The World Health Organisation (WHO), the United Nation's Children's Fund, (UNICEF) and other multilateral donor agencies released funds to

many developing nations including Nigeria, to enable her improve her sorry health record.

So, four years, more to the target year of 2015, how far has Nigeria gone in reducing infant maternal mortality? The statistics are truly frightening. In Nigeria, maternal mortality ratio is

about 1,100 deaths per 100,000 live births when juxtaposed with developed nations like Japan, Germany, Spain, Canada, Italy, United Kingdom and the United States.

In 2007, a report on Integrated Maternal, Newborn and Child Health Strategy by the Federal Ministry of Health, revealed that Nigeria loses 2,300 under-five-year old and 145 women of child bearing age daily.

According to Professor Jackson Omene, a neonatologist, Nigeria has one of the worst records in maternal and child mortality in the world.

“Nigeria is one of the worst countries to have a baby. Child bearing in most rural areas of the country is a dangerous gamble. Most maternal deaths take place at home after unsupervised deliveries,” he lamented.

So, what, indeed, is responsible for the alarming upsurge of infant and maternal mortality rate in Nigeria? Prof. Omene itemised the factors as “lack of skilled birth attendants, poor basic healthcare facilities, government’s inability to close economic gaps, low female literacy rates and acute shortage of health professionals.”

In the course of his campaign for the governorship of Ondo State, Dr. Olusegun Mimiko, a medical doctor, came across a report that showed that infant maternal mortality was high in Ondo State. So, he dutifully commissioned a study on the causes of high maternal and child mortality in the state.

The report showed that the following factors were responsible for the increase in infant maternal mortality in Ondo State: delay in seeking care when complications arise, reaching care when decisions are made, assessing care on arrival at healthcare facilities and referring care from where it is initiated to where it can be completed.

Mimiko’s response to the report was officially unveiled nine months after he was sworn in as governor of the state, with the launch of the Mother and Child Hospital on 28 October, 2009. The hospital, located at Oke-Aro, Akure, is encapsulated under Mimiko’s home-grown Abiye Safe Motherhood Programme also known as Abiye Plus.

The Oke-Aro model, due to its widely acclaimed success, is to be replicated in Ondo, with another also in Akure.

How does the Mother and Child Hospital operate? Treatment for pregnant women, including children under five years is free. Currently, the Mother and Child Hospital, Akure, records an average of 25 deliveries daily. And because it is free, modestly safe to deliver a child, equipped with modern facilities,; run by experienced and well-trained medical personnel—paediatricians, gynaecologists, pharmacists, midwives and nurses, over 20 per cent of its patients are from outside the state.

In 18 months, the Mother and Child Hospital, anchored on the plank of the Abiye Safe Motherhood Programme, which accentuate that “pregnancy is not a death sentence,” has treated 31,000 patients and safely delivered 9,879 babies out of which 1,224 were by caesarian session.

Remarkably though, the World Bank has officially listed the Ondo State Abiye Safe Motherhood Programme on its website as one of the effective health programmes in Africa, specifically for its salutary impact in reducing infant and maternal mortality in concert with the objective of the Millennium Development Goals 4 and 5.

With dwindling state resources and taking into cognisance the N18,000 minimum wage as well as development projects competing for available funds, how has Governor Mimiko contrived to

sustain the Mother and Child Hospital? The study the governor earlier commissioned recommended a child-based financing model.

From empirical data, the cost of caring for a pregnant woman after she has been admitted up to a few days after she has been delivered of her baby is N6,000. However, the state government is currently looking at how it can reduce the cost to N4,500 and further to N3,500 without compromising its standard and quality.

Impressed with the success so far attained by the Mother and Child Hospital, the World Bank has chosen Ondo and two other states in Nigeria for a result-based financing in pursuance of its infant and maternal mortality reduction scheme in Africa.

To enable the state have a reliable database for continued planning, the Ondo State House of Assembly passed Confidential Enquiry into Maternal Death law, which makes it mandatory for all health facilities in the state to report any maternal death when it occurs.

The government is keen to know the facilities that pregnant women who died in the course of child birth were denied before their death and to encourage compliance with the law, there will be no punishment for those whose health centres lacked facilities that eventually led to the death of any pregnant woman during childbirth. However, failure to report the death of any pregnant woman during childbirth will be regarded as a breach of the law.

Without doubt, the Ondo State Confidential Enquiry into Maternal Death Law will challenge healthcare providers to upgrade their facilities so as not to be seen as veritable slaughter houses due to their gloomy records in swelling the morbid chamber of infant maternal mortality.

Ultimately, the quality of the Mother and Child Hospital, its accessibility and affordability will send quacks scampering from the state for lack of patronage since no pregnant woman will deliberately put her life and that of her unborn child at risk by patronising devious hands of an unqualified health attendant in a healthcare centre that is diametrically antithetic to what it professes to be.