

cuses efforts on improving the quality of, access to, and utilization of emergency obstetric care services. This recommendation is based on sound analysis of the authors' operations research, which was reported elsewhere.<sup>2</sup> Their commentary elicits the following reflections.

Establishing a universal shortlist of options to tackle maternal mortality, as do child survival programs, would be ideal. After a decade of related work, however, the World Health Organization (WHO) cautioned that pursuing such a course in safe motherhood is futile.<sup>3</sup> One probable factor in that assessment is the diversity of the conditions leading to maternal mortality. Therefore, emergency obstetric care should not be seen as the absolute panacea for maternal mortality. Neither should it necessarily be the first priority in all settings.

Other important strategies for preventing maternal mortality include family planning and (albeit sensitive) safe abortion services. Also, the recent report of a 40% reduction in maternal mortality through vitamin A supplementation,<sup>4</sup> achieved in Nepal, suggests the likelihood of other options.

In all instances of intervention to enhance safe motherhood, program managers need to carefully analyze each situation to identify specific problems and related factors. This will facilitate the prioritization and selection of feasible strategies relevant to each setting. Careful monitoring and evaluation of emergency obstetric care intervention, especially under programmatic conditions, is vital to confirm its effectiveness, because the emergency obstetric care data now available have been obtained mainly under the more favorable conditions of a research project.

In my opinion, emphasis on emergency obstetric care should not necessarily deemphasize traditional birth attendant training and prenatal care. Some prenatal care interventions are beneficial to maternal health,<sup>3</sup> and some lead to more favorable perinatal outcomes.<sup>5</sup> As the prenatal care study in Gambia<sup>6</sup> illustrates, a relatively high proportion of women in many developing countries receive conventional prenatal care, but their babies are delivered by traditional birth attendants. Traditional birth attendants therefore constitute an inevitable component of the continuum of care of pregnant women in such settings. The opportunities provided by both prenatal care and traditional birth attendants could be used to facilitate access to emergency obstetric care services. One way of doing this is to reorient the content of prenatal care and traditional birth attendant training interventions to emphasize the timely seeking of, and referral to, emer-

gency obstetric care. Activities that are not useful to the mother or the baby should be abandoned. □

*Alan Thevenet N. Tita, MD, MPH*

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When the letter was written, Alan Thevenet N. Tita was with the Acha-Tugi Institution, Presbyterian Church in Cameroon Health Services, Mben-giri, Cameroon.

Requests for reprints should be sent to Alan Thevenet N. Tita, MD, MPH, 6424 Dellfern Dr, Houston, TX 77035 (e-mail: atita@sph.uth.tmc.edu).

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## The Role of Emergency Obstetric Care in the Safe Motherhood Initiative

Maine and Rosenfield commented on the lack of a clear strategic focus for the global Safe Motherhood Initiative.<sup>1</sup> They strongly recommended a strategy that fo-