

EDITORIAL

A call to action to address the maternal health crisis in Nigeria

In the tapestry of global health challenges, few issues evoke as much urgency as the crisis of maternal and newborn health in low-resource settings. Nowhere is this challenge more pronounced than in Nigeria, where the struggle for accessible, quality healthcare resonates across its diverse landscape. Against the backdrop of staggering population statistics, the need for concerted action and innovative solutions becomes ever more pressing.

Nigeria with a population of over 200 million, grapples with an ongoing maternal mortality crisis that stretches logic and conscience, despite being endowed with vast human and natural resources. The risk of perinatal death in Nigeria is also unacceptably high, with no significant change recorded in the last 20 years.^{1–4} Nigeria makes the second highest contribution of 12% of global maternal deaths, stillbirths and neonatal deaths, and is amongst the top 10 countries with the highest perinatal mortality globally.² These figures do not only pose a serious challenge to the attainment of the first target of the third sustainable development goal: behind these stark figures lie the untold stories of countless families, whose hopes and dreams are shattered by the cruel realities of inadequate healthcare access. Their struggles underscore the urgent need for increased political will, application of evidence-based interventions, and comprehensive healthcare reform to achieve universal health coverage.

To address the poor quality of care and high perinatal mortality in Nigeria, the Maternal and Perinatal Database for Quality, Equity, and Dignity Programme (MPD-4-QED) was established by the World Health Organization (WHO) and the Nigerian Federal Ministry of Health in 2019.⁵ The aim of the programme was to facilitate the largest, periodic analysis on the quality and outcomes of care provided to women and their newborns in Nigerian referral-level hospitals to inform policy and programmatic decisions at national, subnational and facility levels.⁶

1 | UNPACKING THE CHALLENGES: INSIGHTS FROM RESEARCH AND PRACTICE

In this *Special Issue* of BJOG we turn our attention to this critical issue of maternity care in Nigeria. In a series of articles, many of which represent analyses of the MPD-4-QED Programme, the authors examine the multifaceted complexities of maternal healthcare delivery in this African nation. The articles address diverse challenges from early

pregnancy loss and preterm birth, hypertensive disorders, obstructed labour, postpartum haemorrhage, birth asphyxia and caesarean section, to neonatal jaundice and sepsis. The mission is clear: to shed light on the challenges, explore potential interventions, and pave the way for meaningful change.

Through rigorous epidemiological research and insightful analyses, the contributors undertake a detailed analysis of Nigeria's maternal and perinatal health crisis. From the underutilization of primary health centres, the harsh realities of intra-hospital quality of care issues and systemic delays, to barriers of cultural beliefs and socioeconomic disparities, each article offers a unique perspective on the intricate web of challenges facing expectant mothers and newborns. In totality the articles explore pathways to progress in Nigeria's quest for improved maternal and newborn outcomes, urging stakeholders to heed the call for action and embrace data-driven solutions.

2 | CHARTING A PATH FORWARD: TOWARDS SUSTAINABLE SOLUTIONS

The special issue is 5 years on from a series of articles published in BJOG drawing insights from the Nigeria Near-Miss and Maternal Death Survey.⁷ As one reads these reports that navigate the complexities of Nigeria's maternal health



Credit: UNICEF/Natallin.

A UNICEF-supported midwife, talks with new mothers at a UNICEF-supported health clinic in Muna Garage IDP camp, Maiduguri, Borno State, northeast Nigeria, Thursday 25 January 2018. In December 2017 alone, a total of 406,638 consultations were made in UNICEF-supported health facilities in northeast Nigeria. Amina, who has been a midwife for over 20 years, says “I became a midwife because the last baby of my mother she gave a stillbirth. So when I grow up, I said, if I grow, I have to be a midwife so that I will help my people”.

landscape, one thing becomes abundantly clear: change is not only necessary but also achievable. We sincerely hope the launch of this *Special Issue* will catalyse a strengthening of health education and awareness, investment in healthcare infrastructure, and promotion of continuous research, monitoring and evaluation.

These are all necessary stepping stones to a brighter future. Knowledge, collaboration, and unwavering commitment will be required to turn the tide against maternal and perinatal mortality and allow a future where every woman and child receives the care and support they deserve.

This journey cannot be undertaken in isolation. It requires the collective efforts of policymakers, healthcare providers, researchers, and communities alike. Together, we must forge ahead with determination and resolve, guided by the principles of equity, compassion, and solidarity. Deliberate efforts by the international community to converge resources to reduce the unusually high maternal and perinatal deaths in Nigeria is a necessary first step towards attaining the coveted SDG targets for expectant mothers and newborns.

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