**Good practices and challenges to respecting, protecting and fulfilling all human rights in the elimination of preventable maternal mortality and morbidity, including through the utilization of technical guidance.**

1. **Policies and strategies for improving maternal health inMauritius**
2. With a view to prevent maternal mortality and morbidity, the Ministry of Health and Wellness provides the following services:

* Echography services are available at Medi-Clinics and Area Health Centres (AHC);
* All pregnant women with high risk obstetric history or any related problem are referred to Specialist Clinics in Regional Hospitals;
* Specialist services, including visits by Obstetricians, are provided at the level of Primary Care;
* Patients are given iron and calcium tablets and other multivitamins;
* All pregnant women with any suspected problem are attended by Obstetricians;
* Haemoglobin is routinely tested to detect and treat anaemia;
* Test is routinely done for HIV/AIDS for all pregnant women;
* All pregnant women are screened for gestational diabetes; and
* Pregnancy hypertensive disorders are intensively managed

1. **Safe Abortion / Sexual and Reproductive Health**
2. Section 235 A of the Criminal Code (Amendment) Act provides for Medical Termination of Pregnancy under specified conditions (copy is at ***Annex I***).
3. Termination of Pregnancy is only allowed under the following conditions if:

* The continued pregnancy will endanger the pregnant person's life;
* The termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant person;
* There is substantial risk that the continued pregnancy will result in a severe malformation, or severe physical or mental abnormality, of the foetus which will affect its viability and compatibility with life; or
* The pregnancy has not exceeded its fourteenth week and results from a case of rape, sexual intercourse with a female under the age of 16, or sexual intercourse with a specified person which has been reported to the police.

1. Moreover, according to the legislation, only a specialist in Obstetrics and Gynaecology registered under the Medical Council Act is authorized to provide such treatment in a prescribed institution
2. There is no provision in the law for the Termination of Pregnancy on request or as a choice that can be made by women with an unwanted pregnancy. Women who do not wish to keep their pregnancy for personal reasons have recourse to clandestine abortions through medical or surgical means.
3. Review of the provisions of the law to allow for Voluntary Termination of Pregnancy as an option for unwanted pregnancies may, in the future, be a laudable option to reduce, if not, to eliminate clandestine abortion and provide access to safe abortion services.
4. **Causes of maternal deaths for the five-year period 2014-2018, Island of Mauritius**
5. There were 32 cases of maternal deaths for the period 2014-2018 in the island of Mauritius. A breakdown of the different causes of deaths are as follows:

|  |  |  |
| --- | --- | --- |
| Causes | Number | % |
| Eclampsia and other maternal hypertension | 8 | 25.0 |
| Diseases of the circulatory system complicating pregnancy, childbirth and puerperium | 6 | 18.8 |
| Antepartum or intrapartum haemorrhage (with coagulation defect) | 3 | 9.4 |
| Abdominal or ectopic pregnancy | 3 | 9.4 |
| Post partumhaemorrhage | 2 | 6.3 |
| Complications following abortion | 2 | 6.3 |
| Diseases of the respiration system complicating pregnancy, childbirth and puerperium | 2 | 6.3 |
| Diseases of the digestive system complicating pregnancy, childbirth and puerperium | 2 | 6.3 |
| Infections of genitourinary tract in pregnancy | 2 | 6.3 |
| Amniotic fluid, pulmonary and other obstetric embolism | 1 | 3.1 |
| Sepsis, pyrexia and other puerperal infections | 1 | 3.1 |
| Death from any obstetric cause occurring more than 42 days | 0 | 0.0 |
| ALL CAUSES | 32 | 100 |

1. **Measures being taken to improve maternal care are as follows:**

*Increase Attendances for Antenatal Care*

1. Antenatal clinics are being carried out daily by MHOs and Specialists at the level of hospitals. This service has also been extended to all Area Health Centres (AHC). Ultrasonography machines have been available at AHC level to facilitate delivery of obstetrical care.

*Measures to reduce Maternal mortality*

1. The following measures have been undertaken to reduce maternal mortality:

* Sensitization programmes are being carried out to encourage women to attend Antenatal Care early and regularly in their pregnancies;
* Arrangements have been made for High Risk pregnancies such as multiple pregnancies, PIH (Pregnancy Induced Hypertension) cases, pregnancy associated with medical conditions such as blood disorders and cardiac pathologies to be followed up by Senior Specialist at hospital level only;
* Systems have been put in place for the optimal use of ultrasonography both at hospital and at AHCs which allow early detection of placental abnormalities and multiple pregnancies;
* An aggressive approach has been adopted in the treatment of high risk pregnancies; and
* The Expanded Programme on Immunisation against vaccine preventable diseases has been enhanced with the introduction of new vaccines in line with WHO recommendations, including the HPV (Human Papilloma Virus) vaccine (which has already been introduced in 2016) to prevent cervical cancer;

1. **Challenges**
2. The Ministry of Health and Wellness has noted the following challenges regarding maternal health:

* One of every 3 to-be-mothers suffers from anaemia;
* Only one of every 3 pregnant women attending government antenatal care;
* Services for check-up does so at a gestational age of 3 months or less;
* The incidence of cancers, including women reproductive organs, is on the rise;
* Gestational diabetes is becoming more and more a matter of concern; and
* High prevalence of hypertension among adults including pregnant women;

1. **Way Forward**
2. The Ministry of Health and Wellness has identified the following measures to further improve maternal health in Mauritius:

* Planning the implementation of the Family Doctor Scheme (in the pipeline);
* Strengthening of Maternal and Child Health Care including through the implementation of the National Sexual and Reproductive Health Action Plan;
* Construction of a state-of-the-art Cancer Centre (in process);
* Better clinical management of gestational diabetes through the recruitment of five diabetologists; and
* Screening programmes for early detection of cervical and breast cancers among females are being strengthened by the NCD/Health Promotion Unit.

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***ANNEX I***

Section 235A (1) to (10) of the Criminal Code read as follows-

*(1) No person shall provide treatment to terminate a pregnancy unless he*

1. *Is a specialist in obstetrics and gynaecology who is registered as such under the Medical Council Act;*
2. *Provides the treatment in a prescribed institution and*
3. *Complies with all the requirements of this section.*

*(2) The specialist referred to in subsection (1) (a) may only provide treatment to terminate a pregnancy where another specialist in obstetrics and gynaecology and other specialist in the relevant field share his opinion, formed in good faith, that-*

*(a) the continued pregnancy will endanger the pregnant person’s life;*

*(b) the termination is necessary to prevent grave permanent injury to the physical or mental health of the pregnant person;*

*(c) there is a substantial risk that the continued pregnancy will result in a severe malformation, or severe physical or mental abnormality, of the foetus which will affect its viability and compatibility with life;*

*(d) the pregnancy has not exceeded its fourteenth week and results from a case of rape, sexual intercourse with female under the age of 16 or sexual intercourse with a specified person which has been reported to the police.*

*(3)notwithstanding sections 297 and 298 of the Criminal Code, any person who, for the purpose of procuring treatment to terminate pregnancy, knowingly makes a false declaration of rape, sexual intercourse with a female under 16 or sexual intercourse with a specified person to the police shall commit an offence and shall on conviction, be liable to penal servitude for a term not exceeding 10 years.*

*(4) (a) subject to subsections (5) and (6), the specialist referred to in subsection (1) (a) shall carry out a termination of pregnancy under this section except with the informed consent of the pregnant person.*

*(b) (i) subject to subparagraph (ii), consent under paragraph(a) shall be given in writing.*

*(ii) where the pregnant person is unable to read or write, she may give her consent by affixing her thumbprint to a written statement which is read out to her.*

*(5) Where a request for treatment to terminate a pregnancy under this section is made by pregnant person who is under the age of 18, no treatment shall be provided to terminate the pregnancy except with the written informed consent of one of her parents or her legal guardian, as the case may be.*

*(6) Where a woman is, in the opinion of the specialists referred to in subsection (2)*

*(a) severely mentally disabled to such an extent that she is incapable of understanding the nature of or the consequences of undergoing, the treatment to terminate her pregnancy; or*

*(b) in a state of continuous unconsciousness and there is no reasonable prospect that she will regain consciousness in time to request, and to consent to, treatment to terminate her pregnancy, the specialist referred to in subsection (1) (a) may terminate her pregnancy upon the request and with the written informed consent of her partner, spouse, parents or legal guardian, as the case may be.*

*(7) Where counselling shall be provided to a pregnant person before and after a termination of pregnancy.*

*(8) No person shall, by means of coercion or intimidation, compel or induce a pregnant person to undergo treatment to terminate a pregnancy against her will.*

*(9) Any person who contravenes this section shall commit an offence and shall, on conviction, be liable to imprisonment for a term not exceeding 5 years and to a fine not exceeding 100,000 rupees.*

*(10) In this section-*

*“informed consent” means consent, obtained freely and without threat or improper inducement, to receive treatment to terminate a pregnancy after the risks, benefits and alternatives have been adequately explained to the person concerned;*