

Birthing centre infrastructure in Nepal post 2015 earthquake

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A massive earthquake hit Nepal in April followed by a strong aftershock in May. The earthquake had an impact in 31 districts out of the 75 districts of the country and total death toll reached 9,000, injured 23,000 and damaged 900,000 houses[1]. Recent global and regional publications have indicated growing public health concerns and rebuilding infrastructures following the earthquake [2,3,4]; however none of the articles have focused on reproductive health care services, particularly on birthing centres in Nepal.

Although Nepal has made substantial progress in reducing maternal mortality (from 364 per 100,000 live birth in 1996 to 170 per 100,000 live birth in 2010), there are concerns for the sustainability of maternal and child health care following the earthquakes[5]. A total of 1.4 million women and girls of reproductive age were affected in the 14 severely affected districts in the country. There were an estimated 93,000 pregnant women during an earthquake, up to 10,000 delivering each month and 1,000 to 1,500 at risk of pregnancy-related complications requiring emergency obstetric care[6]. The earthquake destroyed nearly 84% (375 / 446) of health facilities in the earthquake affected districts [6] (most offering birthing facilities) which could further worsen the already low health-facility delivery rate (35%) and low delivery by skilled birth attendants (36%)[7]. Around 70% to 90% of birthing centres across the 14 most affected districts are destroyed or

damaged with number of mothers giving birth outside hospitals and birthing centres to have reached more than a third in these most affected areas[8].

The damage to primary health care facilities and birthing centres in rural areas of the earthquake-affected area is a major concern, as these facilities act as a first contact point for the women seeking maternity services. Damage to these facilities, however, hinders the provision of basic obstetric care, thus putting the lives of childbearing women at risk. In this moment of crisis, Nepal should reinstate its network of mobile outreach clinics providing maternity care services by skilled birth attendants while re-building birthing centres takes place[5]. Other possible interventions could also be helpful like training skilled birth attendants and improving community based health services along with building temporary birthing tents[9].

Nepal, however, with its focus on preventive medicine and primary health care could also take this recent earthquake as a challenge to improve its universal health coverage[3]. Nepal's recent national health policy[10] highlighted the need for earthquake-resistant buildings in new health care facilities, re-fitting existing ones and implementing its disaster-response plan. This is the opportunity for Nepal to translate these health policies into action. Many countries, non-governmental organizations (NGOs) and international non-governmental organizations (INGOs) from around the world have provided

aid and relief to the earthquake victims[11, 12]. Multinational agencies are already on board to offer their help to improve sexual and reproductive health services while also building capacity of health care providers[6].

In conclusion, the recent earthquake is an opportunity to rebuild stronger health facilities including birthing centres and improve capacity of skilled birth attendants. We suggest that a focus on improving facility delivery services starting from the most severely affected districts could be the necessary step towards achieving universal health care. Technical and financial support offered by international development partners can play a crucial role in enhancing the capabilities of health care facilities including birthing centres.

Conflict of interest:

The authors declare that they have no financial or non-financial potential conflicts of interest.

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