

FOCUS

Maternal Mortality

Globally, each year more than 500,000 women die because of largely preventable complications related to pregnancy and childbirth. An estimated 10 million more who survive these complications experience injuries, infections, disease or disability that can cause lifelong suffering. The impact on infants whose mothers die within the first six weeks of their lives is palpable: Evidence shows they are more likely to die before reaching age two than infants whose mothers survive.

Of the estimated 536,000 maternal deaths worldwide in 2005, almost half (265,000) occurred in sub-Saharan Africa and a third (187,000) in South Asia. Haemorrhage was the leading cause of death in these regions. In all regions, access to emergency obstetric care is essential to averting maternal deaths due to haemorrhage, sepsis and obstructed labour; adequate antenatal care also improves maternal health and reduces the risk of maternal mortality.



DID YOU KNOW?

A woman's lifetime risk of dying from complications of pregnancy and childbirth during her reproductive years is 1 in 76 in the developing world, compared with 1 in 8,000 in the industrialized world.

The lowest lifetime risk of maternal death is in Ireland, at 1 in 47,600. The highest lifetime risk is 1 in 7, in Niger.

Around 50 million births in the developing world, or about 4 in 10 of all births worldwide, are not attended by skilled health personnel.

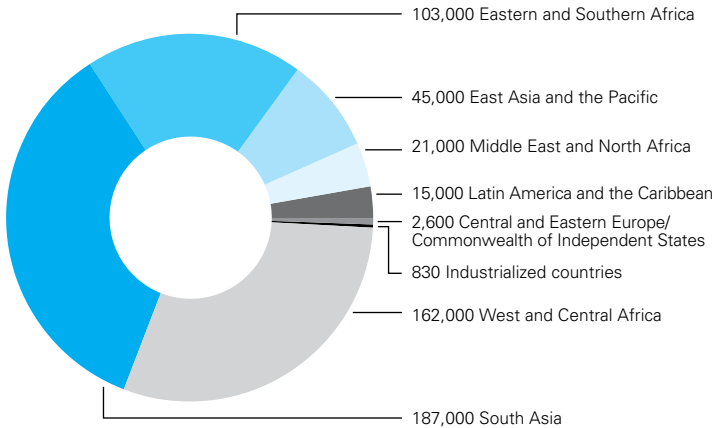
The greatest health divide between the industrialized world and many developing countries remains maternal mortality. More than 99 per cent of all maternal deaths in the world in 2005 occurred in developing countries.

UNDERLYING ISSUES

Maternal mortality tends to be inversely proportional to **women's status** in countries with similar levels of economic development; it is a reflection of women's fundamental disadvantage in society. A human rights-based approach fosters gender equality and empowers women through social, cultural and behavioural change. Existing human rights treaties and national legislation that promote and protect women's rights can ensure safe motherhood and guarantee care for both mother and child, beginning in pre-pregnancy and continuing through pregnancy, birth and the post-partum period.

The **quality of care** provided is another factor in ensuring maternal health, ranging from the availability and distribution of trained midwives and medical staff to issues of access, such as a lack of facilities near rural communities that have effective physical infrastructure, medical equipment and supplies, and qualified staff. The shortage of skilled attendants is striking, even in some countries with well developed training systems for health personnel. Sub-Saharan Africa and South Asia lag behind other regions in coverage of skilled attendance at delivery.

Estimated number of maternal deaths by region in 2005



Source: United Nations Children's Fund, *Progress for Children: A report card on maternal mortality*, Number 7, UNICEF, New York, 2008, p. 45.

ACTIONS

Report every maternal death:

Estimates of maternal deaths at country, regional and global levels would be vastly improved if national civil registration systems were improved.

Assess and address the local causes of maternal mortality and morbidity:

As part of national health systems, maternal death reviews provide evidence and analysis that can inform programme actions to improve the quality of maternal care.

Scale up services: Provide every woman with access to family planning based on individual countries' policies; focused antenatal care that includes services to prevent mother-to-child transmission of HIV; a skilled birth attendant who has knowledge of danger signs and is linked with a functioning referral system for emergency obstetric care; and post-natal care.

Build human resource capacity:

Ensure that health-care providers receive competency-based training and supervision.

Support efforts to lower financial barriers:

Low utilization of maternal care services often reflects their high costs. Incentives including conditional cash transfers, as well as private sector schemes, can help place these services within reach of the poor.

Engage the private sector:

Encourage public-private partnerships to improve access to maternal care and ensure standards.

Invest in maternal health:

Donors will need to increase their financial contributions to maternal health in low-income countries. Global development assistance to maternal and neonatal health in the 68 priority countries that are part of the initiative to track progress in maternal, newborn and child mortality (Countdown to 2015) stood at more than \$1.17 billion in 2006 – about \$12 per live birth in these countries.

Use budgets more efficiently:

Governments need to be more flexible and less narrowly focused on individual diseases in using existing funds.

Educate every child: An educated mother is less likely to die during childbirth; every extra year of schooling a girl achieves improves her own life chances and those of her children. Education for all should therefore be an essential part of any strategy to reduce maternal mortality.

Empower women: Progress to improve maternal health as expressed in Millennium Development Goal 5 will come about when women's overall status in society is improved. If women have greater autonomy and decision-making power, they will be more able to access available services and to take charge of their own health and that of their children.

SPOTLIGHT

ON ACHIEVING RESULTS

In 1997, **South Africa** was the first country in sub-Saharan Africa to institutionalize the maternal death review, a recognized effective approach to improve quality and accountability in maternal health care. Since then, **Botswana, Burkina Faso, Ghana, Kenya, Mali, the Republic of the Congo, Senegal, the United Republic of Tanzania and Zambia** have adopted policies that include maternal death reviews. By studying the causes and avoidable factors in the course of care, this approach uses findings to take actions to improve quality of care and contribute to reducing the maternal mortality ratio.

With only three doctors for every 100,000 people, **Mozambique** is training midwives in emergency obstetric care to help address the gap in its health-care system. The programme graduated its first class of almost 30 surgical midwives trained in delivery techniques and advanced surgery in August 2008.

Bangladesh, India and Nepal have introduced conditional cash transfers and other innovative schemes to overcome financial barriers to access maternal health services, including making cash payments to cover women's costs of transportation to health facilities and contracting private clinics to provide obstetric care to the poorest women.

For more information, see:

United Nations Children's Fund,
*Progress for Children: A Report
Card on Maternal Mortality*,
UNICEF, New York, 2008.

United Nations Children's Fund,
*State of the World's Children:
Maternal and newborn health*,
UNICEF, forthcoming
(December 2008).

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