

Maternal mortality

fact sheet

To improve maternal health, barriers that limit access to quality maternal health services must be identified and addressed at all levels of the health system.



Key facts

- ▶ Every day, approximately 800 women die from preventable causes related to pregnancy and childbirth.
- ▶ 99% of all maternal deaths occur in developing countries.
- ▶ Maternal mortality is higher in women living in rural areas and among poorer communities.
- ▶ Young adolescents face a higher risk of complications and death as a result of pregnancy than older women.
- ▶ Skilled care before, during and after childbirth can save the lives of women and newborn babies.
- ▶ Between 1990 and 2010, maternal mortality worldwide dropped by almost 50%.

Maternal mortality is unacceptably high. About 800 women die from pregnancy- or childbirth-related complications around the world every day. In 2010, 287 000 women died during and following pregnancy and childbirth. Almost all of these deaths occurred in low-resource settings, and most could have been prevented.

Progress towards achieving the fifth Millennium Development Goal

Improving maternal health is one of the eight Millennium Development Goals (MDGs) adopted by the international community in 2000. Under MDG5, countries committed to reducing maternal mortality by three quarters between 1990 and 2015. Since 1990, maternal deaths worldwide have dropped by 47%.

In sub-Saharan Africa, a number of countries have halved their levels of maternal mortality since 1990. In other regions, including Asia and North Africa, even greater headway has been made. However, between 1990 and 2010, the global maternal mortality ratio (i.e. the number of maternal deaths per 100 000 live births) declined by only 3.1% per year. This is far from the annual decline of 5.5% required to achieve MDG5.

Where do maternal deaths occur?

The high number of maternal deaths in some areas of the world reflects inequities in access to health services, and highlights the gap between rich and poor. Almost all maternal deaths (99%) occur in developing countries. More than half of these deaths

occur in sub-Saharan Africa and almost one third occur in South Asia.

The maternal mortality ratio in developing countries is 240 per 100 000 births versus 16 per 100 000 in developed countries. There are large disparities between countries, with few countries having extremely high maternal mortality ratios of 1000 or more per 100 000 live births. There are also large disparities within countries, between people with high and low income and between people living in rural and urban areas.

The risk of maternal mortality is highest for adolescent girls under 15 years old.^{1,2} Complications in pregnancy and childbirth are the leading cause of death among adolescent girls in most developing countries.^{1,2}

Women in developing countries have on average many more pregnancies than women in developed countries, and their lifetime risk of death due to pregnancy is higher. A woman's lifetime risk of maternal death – the probability that a 15 year old woman will eventually die from a maternal cause – is 1 in 3800 in developed countries, versus 1 in 150 in developing countries.

Why do women die?

Women die as a result of complications during and following pregnancy and childbirth. Most of these complications develop during pregnancy. Other complications may exist before pregnancy but are worsened during pregnancy. The major complications that account for 80% of all maternal deaths are:

- severe bleeding (mostly bleeding after childbirth)
- infections (usually after childbirth)
- high blood pressure during pregnancy (pre-eclampsia and eclampsia)
- unsafe abortion.

The remainder are caused by or associated with diseases such as malaria, and AIDS during pregnancy.

Maternal health and newborn health are closely linked. Nearly three million newborn babies die every year, and an additional 2.6 million babies are stillborn.³

How can women's lives be saved?

Most maternal deaths are avoidable, as the health-care solutions to prevent or manage complications are well known. All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death.

Severe bleeding after birth can kill a healthy woman within two hours if she is unattended. Injecting oxytocin immediately after childbirth effectively reduces the risk of bleeding.

Infection after childbirth can be eliminated if good hygiene is practiced and if early signs of infection are recognized and treated in a timely manner.

Pre-eclampsia should be detected and appropriately managed before the onset of convulsions (eclampsia) and other life-threatening complications. Administering drugs such as magnesium sulfate for pre-eclampsia can lower a woman's risk of developing eclampsia.

To avoid maternal deaths, it is also vital to prevent unwanted and too-early pregnancies. All women, including adolescents, need access to family planning, safe abortion services to the full extent of the law, and quality post-abortion care.

Why do women not get the care they need?

Poor women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such as sub-Saharan Africa and South Asia. While levels of antenatal care have increased in many parts of the world during the past decade, only 46% of women in low-income countries benefit from skilled care during childbirth. This means that millions of births are not assisted by a midwife, a doctor or a trained nurse.

In high-income countries, virtually all women have at least four antenatal care visits, are attended by a

skilled health worker during childbirth and receive postpartum care. In low-income countries, just over a third of all pregnant women have the recommended four antenatal care visits.

Other factors that prevent women from receiving or seeking care during pregnancy and childbirth are:

- poverty
- distance
- lack of information
- inadequate services
- cultural practices.

To improve maternal health, barriers that limit access to quality maternal health services must be identified and addressed at all levels of the health system.

WHO response

Improving maternal health is one of WHO's key priorities. WHO is working to reduce maternal mortality by providing evidence-based clinical and programmatic guidance, setting global standards, and providing technical support to Member States. In addition, WHO advocates for more affordable and effective treatments, designs training materials and guidelines for health workers, and supports countries to implement policies and programmes and monitor progress.

During the United Nations MDG summit in September 2010, UN Secretary-General Ban Ki-moon launched a *Global strategy for women's and children's health*, aimed at saving the lives of more than 16 million women and children over the next four years. WHO is working with partners towards this goal.

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