GIVING BIRTH SHOULD NOT BE A MATTER OF LIFE AND DEATH

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Every day, almost 800 women die in pregnancy or childbirth

Almost all of these women—99 per cent—live and die in developing countries. Since 1990, the global maternal mortality ratio has decreased by 42 per cent, from over 543,000 in 1990 to 287,000 in 2010.[1] While this progress is encouraging, it should be taken as a call to further action. With only a few years left until the 2015 deadline to achieve the Millennium Development Goals (MDGs), the annual rate of progress will have to more than double if MDG 5, to improve maternal and reproductive health, is to be reached.

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The Current Situation

Every year, 287,000 women die from pregnancy-related causes.[2] Another 5.7 million suffer severe or long-lasting illnesses or disabilities caused by complications during pregnancy or childbirth. These range from obstetric fistula to uterine prolapse, infertility and depression.

Since 1990, the number of women dying in pregnancy and childbirth has declined by 61 per cent in Asia and the Pacific and 41 per cent in sub-Saharan Africa.[3] While the progress is notable and indicates that current interventions are working—with increased access to family planning, skilled attendance at birth and emergency obstetric care when needed—progress has been too slow in a number of countries, which are far from reaching MDG 5 targets.

The leading causes of maternal deaths are hemorrhage (bleeding), in particular post-partum hemorrhage, infections, unsafe abortions, high blood pressure leading to seizures, and obstructed labour. These complications occur predominantly at childbirth and are highly treatable if adequate care, supplies and medicines are available.

Every year, more than one million children are left motherless and vulnerable because of maternal death. Children who have lost their mothers are up to 10 times more likely to die prematurely than those who have not.

In Africa and South Asia, complications during pregnancy and childbirth are the leading cause of death for women of childbearing age. Young women aged 15-20 are twice as likely to die in childbirth as those in their twenties. Girls under the age of 15 are five times more likely to die from maternal causes.

Globally, the two leading causes of death in women of reproductive age are AIDS and complications of pregnancy and childbirth. Recent analysis indicates that in Eastern and Southern Africa there is a strong correlation between maternal mortality and HIV, and that the virus is likely slowing efforts to reduce maternal mortality in some African countries.

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Maternal mortality represents one of the greatest health disparities between rich and poor countries and between the rich and poor within countries. The risk of a woman dying in sub-Saharan Africa as a result of pregnancy or childbirth is 1 in 39, as compared to 1 in 4,700 in industrialized countries.

The number of maternal deaths is highest in countries where women are least likely to be assisted by a skilled attendant at delivery, such as a midwife, doctor or other trained health professional. An estimated 35 per cent of pregnant women in developing countries do not have contact with health personnel prior to giving birth. In sub-Saharan Africa, where maternal mortality ratios are the highest, only 46 per cent of women are attended by a trained midwife, nurse or doctor during childbirth. Globally it is estimated that approximately 50 per cent of all pregnant women have no access to skilled assistance at childbirth.

The consequences of losing over 287,000 women every year have a ripple effect in families, communities and nations. Children without mothers are less likely to receive proper nutrition, health care and education. The implications for girls tend to be even greater, leading to a continued cycle of poverty and poor health. And every year, over $15 billion in productivity is lost due to maternal and newborn death, a huge burden on developing nations.

Improving maternal health is intricately linked to improving women's overall health. Women need access to continuous health care before, during and after pregnancy. Access to family planning is critical to improve maternal and child health.

It is estimated that around half the pregnant women in the world suffer from anemia, very often related to malnutrition, very common in South Asia and sub-Saharan Africa, which is a danger if untreated because it reduces women's chances of surviving hemorrhage during childbirth .

Maternal health is directly linked to women's social status and how empowered they are to make decisions. In societies where men traditionally control household finances, the health of women is often not considered a priority, and women are frequently not in a position to seek care for themselves and their children. Also women are not allowed to decide if or when to become pregnant or the number, spacing and timing of their children.

IMPROVING MATERNAL HEALTH IS INTRICATELY LINKED TO IMPROVING WOMEN'S OVERALL HEALTH

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What Must Be Done?

Maternal death has long been one of the world's most neglected problems, but the issue as a development priority has been gaining momentum as the solutions and benefits of action have become better understood. The significant reduction of maternal mortality during the two last decades is demonstrating that the strategies implemented are efficient. Eliminating avoidable maternal mortality is possible in all settings, including the poorest countries.

Counting and analyzing each and every maternal death, at community and facility levels, and analyzing them with the communities, the health professionals and the policy-makers, will lead to the implementation of services mothers and newborns need.

Today we are on the verge of a tipping point, where with an increase in political will and financial commitments, dramatic progress is within reach. Affected countries need to adopt and effectively implement policies that prioritize maternal health through political leadership and domestic resource mobilization. The international community has a responsibility to increase investment levels and offer long-term, predictable financial support for maternal health and family planning policies and programmes.

This entails a considerable investment in human resources for maternal health such as midwives and others with midwifery skills. In September 2010, United Nations Secretary-General Ban Ki-moon and Heads of State and Government launched the "Global Strategy for Women's and Children's Health" with stakeholders pledging over $40 billion in resources for women's and children's health. The Global Strategy focuses on women and children when they are most vulnerable, e.g., in pregnancy or childbirth. It calls for all partners to unite and take real action—through enhanced financing, strengthened policy and improved service delivery.

Benefits of Action

The vast majority of maternal and newborn deaths can be prevented through cost-effective measures. If all women had access to family planning, a skilled attendant at birth and emergency obstetric care when needed, maternal mortality would be dramatically reduced.

Maternal Health Thematic Fund

In 2008, UNFPA launched the Maternal Health Thematic Fund (MHTF) to accelerate progress towards making safe motherhood a reality in some of the poorest countries in the world, with maternal mortality ratios of over 300 deaths per 100,000 live births.

The approach of the MHTF is to strengthen national health systems, rather than create parallel structures, and to help governments overcome obstacles that prevent their own maternal health plans from succeeding.

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Ensuring **access to voluntary family planning** could reduce maternal deaths by more than one-third and child deaths by as much as 20 per cent.

Ensuring **skilled attendance at all births,** backed by emergency obstetric care when needed, would reduce maternal deaths by about 75 per cent. That figure rises to about 90 per cent if skilled health personnel play a full role during pregnancy, childbirth and after birth.

Doubling the current global investment in family planning and maternal and newborn health care— from $12 to $24 billion—would radically reduce deaths of women and newborns.

When women and newborns survive, families, nations and communities thrive. With a reduction of maternal and child deaths comes a host of other development benefits including reduced poverty and increased economic development in poor countries.

Implementing strategies to reduce maternal death and disability strengthens health systems to the benefit of all. Maternal health indicators are used to gauge health system performance in terms of access, gender equality and institutional efficiency. Investing in maternal health holds the promise of improving the overall health of communities.

What is UNFPA Doing?

The Fund supports activities to improve maternal and reproductive health in over 90 countries through technical and financial assistance for reproductive health programmes. This is undertaken in close partnership with national governments, sister United Nations agencies (the H4+—UNFPA, UNICEF, UNAIDS, WHO, UN Women and the World Bank), NGOs and others. Activities range from providing technical assistance for family planning, advocating for health reforms and upgrading health facilities, to improving midwifery curricula and training, mobilizing communities and promoting women's rights. To help ensure the success of the UN Global Strategy, the H4+ is collaborating with countries to ensure ongoing political and operational support and implementation. Funding from Canada, France and most recently Sweden is allowing the H4+ to increase its capacity to support national programmes in a larger number of countries, especially in Sub-Saharan Africa.

For more information on UNFPA's work, please visit www.unfpa.org.

THE ELIMINATION OF ALL AVOIDABLE MATERNAL MORTALITY IS POSSIBLE. NO WOMAN SHOULD DIE GIVING LIFE.

IT'S WITHIN OUR REACH.

IT'S IN OUR HANDS.

NOTES

1 World Health Organization, UNICEF, UNFPA and The World Bank, "Trends in Maternal Mortality: 1990-2010," 2012.
2 Ibid.
3 Ibid.