

MILLENNIUM DEVELOPMENT GOAL 5: IMPROVING MATERNAL HEALTH

THE CHALLENGE – MAKING PREGNANCY SAFER

Statistics on maternal disabilities and illnesses are appalling in countries with high mortality, with survivors often suffering life long disabilities. For every woman who dies, another 30 women suffer long-lasting injury or illness that can result in lifelong pain, disability and socio-economic exclusion.

KEY FACTS – A DELIVERY LIKE NO OTHER...

- Every minute a woman dies giving birth. Over 500,000 die each year from pregnancy-related complications.
- For every woman who dies, another 30 women suffer long-lasting injury or illness that can result in life long pain, disability and socio-economic exclusion.
- More than 99% of maternal deaths occur in poor countries, mostly in sub-Saharan Africa and South Asia.
- Less than 60% of all women in developing countries and only 34% in the least developed countries have access to a skilled professional when giving birth, and even fewer are delivering in a health facility providing skilled care.
- Pregnancy and childbirth and their consequences are still the leading causes of death, disease and disability among women of reproductive age in developing countries.
- The risk of a woman dying as a result of pregnancy or childbirth complication during her lifetime is about 1 in 7 in Afghanistan and Sierra Leone compared with about 1 in 29,800 in Sweden.

CAUSES OF MATERNAL DEATH

The lion's share of maternal deaths (80%) is due to direct causes—consequences of pregnancy related complications, or caused by interventions, omissions, incorrect treatment or events that result from these complications. The major direct causes of maternal death in developing countries are severe bleeding, infection, hypertension, obstructed labour and unsafe abortion.

WHY ARE WOMEN STILL DYING FROM PREGNANCY-RELATED CAUSES?

- Countries with weak and fragile health systems have not been able to provide women with a continuum of skilled care that is crucial to reduce maternal deaths.
- Poverty, humanitarian crises and, particularly in sub-Saharan Africa, the direct and indirect effects of HIV/AIDS have further slowed, stagnated or reversed progress.

WHAT CAN BE DONE?

- Ensuring the provision of and access to a continuum of care from home to health facilities. Most maternal deaths could be prevented if women had access to and could use professional care. Quality care includes services before and during pregnancy, childbirth and the postpartum period. Practical and cost-effective services include childbirth at health facilities that have the necessary equipment, medicines and skilled staff to provide round-the-clock services. Quality control and transport to obstetric emergency care in case of complications is also needed. This implies strengthening health systems.
- Political commitment is needed at the highest level to give the necessary leadership and momentum to make it a government priority to protect and promote the health and well-being of all women and children. Adequate resources, both human and financial are needed to scale up better maternal health. Improved data gathering and reporting, as well as availability and use of relevant information in

programmes and policy is essential for making effective decisions and actions.

- Empowering women, families and communities to enhance necessary self care, as well as to increase access to and utilization of quality skilled care. Support for transport to appropriate health facilities, especially in case of obstetric emergency, is crucial to ensure access to care.

Main sources for this fact-sheet were the 2005 World Health Report: Make Every Mother and Child Count (WHO) and The Lancet's Maternal Survival Series (2006).