Definitions and current statistics

- Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy.
- Maternal mortality ratio (MMR) is the number of women who die during pregnancy and childbirth per 100,000 live births.

In 2017 there were 295,000 maternal deaths: 94% occurred in developing countries, and 86% occurred in sub-Saharan Africa and South Asia. In less developed countries, the MMR has a high estimate of 415, which is equivalent to 40 times the rate of some countries in Europe. Regarding the estimated lifetime, in the least developed countries where there are an estimated 130,000 maternal deaths for 2017, or 1 per 56 live births. While in the Sub-Saharan Africa region the lifetime risk of the maternal death was 1 in 37, and in Austria and New Zealand it was only 1 in 7800.

Causes of maternal mortality

The major complications accounting for the majority of deaths during pregnancy and childbirth: Hemorrhage causes 27.1% of global maternal deaths.

- Hypertensive disorders cause 14% of global maternal deaths.
- Sepsis causes 10.7% of global maternal deaths.
- Obstructed labor causes 2.8% of global maternal deaths. (data from Lancet May 2014).
- A note on the focus on abortion as a cause: although it can kill women, it is primarily an elective procedure and is not the reason that women die in childbirth. It distracts from the prevention of the vast majority of maternal deaths, which occur from late in the third trimester to shortly after childbirth.

International goals to reduce maternal mortality

International conferences have prioritized efforts to lower the number of maternal deaths and the maternal mortality ratio:

- Safe Motherhood Conference: organizations called for a reduction in the MMR by 50% by the year 2000.
- ICPD: states committed to reduce the MMR of 1990 by half by 2000 and further by half by 2015.
- Beijing Platform for Action: states recommitted to the goals set in the ICPD Programme of Action.
- Sustainable Development Goals: target 3.1 is estimated to reduce the global maternal mortality ratio (MMR) to less than 70 per 100,000 live births.

How can we achieve these goals?

Lessons from history: developing countries might think they do not have the infrastructure, technology, or financing to reduce their maternal mortality. However, a country need not be rich to make significant changes. A case study of Sweden is instructive: in 1751 Sweden's MMR was almost 900, but the government's education of midwives and the later introduction of antiseptic techniques helped Sweden reduce its MMR to 230 by 1900. This decrease was achieved while Sweden had a low GDP, and without modern technology.

The four main interventions to reduce maternal mortality are:

1. Prenatal care, including information on pregnancy and delivery and how to access skilled birth attendants;
2. Skilled birth attendants, who are trained to recognize problems early, prevent the transmission of infections, encourage rest and rehydration, and manage the placenta to reduce blood loss, among other qualifications;
3. Adequately equipped birthing facilities, which have at the very minimum the essential medications needed to treat major complications; and
4. Health care delivery system infrastructure, including education and transportation.

Calls for abortion and contraception are not helpful to reduce maternal mortality. They do not address the situations of women who want to have children, and do not protect mother and baby throughout pregnancy and childbirth. Additionally, they do not address the reality that the high MMR is due in large part to poor medical infrastructures that would not allow for women to undergo abortions safely.

The experience of Chile demonstrates that abortion services are not necessary to reduce the MMR.

- In 1931, Chile legalized abortions when necessary to save the life of the mother.
- By 1937, the MMR rose to its highest rate in Chile, at 989.2.
    - A mother-child law that provided for prenatal care decreased the MMR by 72.6% to 270.7 in 1957.
    - Compulsory education laws, strengthening of maternal and infant health programs, family planning services, and water and sewer improvements caused the MMR to further decrease.
    - Skilled birth attendance increased from 60.8% of births in 1957 to more than 90% by 1980, and 99% by 1990.
- In 1990, restrictions on abortion were tightened, and the MMR dropped from 42.1 in 1990 to 18.5 in 2004. This is a 56% decline in less than 15 years, and the largest proportional decrease in the MMR was seen in the poorest quintile.
    - During this time, Chile's economy grew and fewer people were living in poverty, leading to decreased maternal mortality.

For more information, see the World Youth Alliance's Maternal Health White Paper (November 2012), available at www.wya.net/research.