



## Global Maternal Mortality Fact Sheet

### Maternal Mortality

- **Every minute a woman dies in pregnancy and childbirth.** Each year more than 536,000 women die due to complications developed during pregnancy and childbirth<sup>1</sup> and 10 million more suffer debilitating illnesses and lifelong disabilities.<sup>2</sup> Seventy-five percent of maternal deaths occur during childbirth and the postpartum period.<sup>3</sup> The vast majority of maternal deaths are avoidable when women have access to vital health care before, during and after childbirth.<sup>4</sup>
- **Pregnancy and childbirth are the leading cause of death and disability for women in developing countries.**<sup>5</sup> Complications during pregnancy and childbirth include uncontrolled bleeding, obstructed labor, infection and high blood pressure.<sup>6</sup> Societal factors include gender discrimination and social, cultural, legal, economic and logistical barriers that deny women life-saving health care.
- **Huge disparities exist in maternal death rates between rich and poor countries and within rich and poor, rural and urban, educated and those with no formal education groups within countries.**<sup>7</sup> Ninety-nine percent of maternal deaths occur in developing countries where the lifetime risk of dying in pregnancy and childbirth is 1 in 76, compared to 1 in 8,000 in industrialized countries.<sup>8</sup> In Niger, a woman's lifetime risk is 1 in 7; in the U.S., her risk is 1 in 4,800.<sup>9</sup> Worldwide, women giving birth in urban areas are twice as likely to be attended by skilled health workers as those in rural areas.<sup>10</sup> Similarly, 84 percent of women who have completed secondary or higher education are attended by skilled workers during childbirth.<sup>11</sup>
- **Despite pledges by world leaders, little progress has been made in saving women's lives.** The United Nations Millennium Development Goal 5—to reduce maternal mortality by 75 percent and to achieve universal access to reproductive health services by 2015 has made the least progress of all MDGs. At the global level, maternal mortality decreased by less than 1 percent per year between 1990 and 2005—far below the 5.5 percent annual improvement needed to reach the target.<sup>12</sup> At this rate, MDG 5 will not be met in Asia until 2076 and many years later in Africa.<sup>13</sup>
- **Skilled health workers at delivery are key to improving outcomes.** Risks of mortality for women and their babies are highest at the time of birth.<sup>14</sup> In 2006, nearly 61 percent of births in the developing world were attended by skilled health workers, up from less than half in 1990. Coverage, however, remains low in Southern Asia (40 percent) and sub-Saharan Africa (47 percent)—the two regions with the greatest number of maternal deaths.<sup>15</sup>



## Global Impact

- **Mothers play a vital role in the economic health of their families and communities.** Each year an estimated U.S. \$15.5 billion in potential productivity is lost when mothers and newborns die.<sup>16</sup> As families accrue expenses for medical interventions that came too late and that they could not afford, communities take on the burden of caring for the bereaved and impoverished family, and government is forced to manage the widespread effects of the cycle of poverty.<sup>17</sup>
- **When a woman dies in childbirth, her infant and any other children's survival is threatened.** Infants of mothers who do not survive the delivery are more likely to die within two years.<sup>18</sup> Children up to 10 years whose mothers die are 3 to 10 times more likely to die within two years than children with living mothers.<sup>19</sup> Every year an additional 2 million children worldwide are maternal orphans.<sup>20</sup>
- **Maternal mortality has long-term implications on a child's education, care and health.** When a mother dies, enrollment in school for younger children is delayed and older children often leave school to support their family. Children without a mother are less likely to be immunized, and are more likely to suffer from malnutrition and stunted growth.<sup>21</sup> The implications for girls tend to be even greater, leading to a continued cycle of poverty and poor health.

## Proven Interventions

- **Low-cost, low-tech interventions have an immediate and meaningful impact for mothers and newborns.** Skilled care by nurses, doctors or midwives before, during and after childbirth—including family planning, skilled health worker attendance and emergency medical services—are cost-effective interventions that would prevent 80 percent of maternal deaths.<sup>21</sup> A package of maternal health services costing less than U.S. \$1.50 per person could make significant improvements in women's health in the 75 countries where 95 percent of maternal and child deaths occur.<sup>23</sup>
- **Increasing availability of skilled health workers means more women survive childbirth and more children live through early infancy.** A 10 percent increase in skilled health workers corresponds to a 5 percent reduction in maternal deaths.<sup>24</sup> In parts of Asia, the proportion of women who have a skilled health worker present during delivery increased from 31 to 41 percent between 1995 and 2005. Increases have also been seen in many African countries.<sup>25</sup>
- **Several countries, including low-income countries, have significantly reduced maternal mortality.** Successes in countries like Bangladesh, Nepal, Thailand, Malaysia, Sri Lanka, Egypt, Honduras and some of the southern States of India stem from a number of factors, including increasing access to hospital and midwifery care, improving quality of care and controlling infectious diseases.<sup>26,27,28,29</sup>

## U.S. and Global Support

- **Even with estimated spending from private and public sources on global health tripling from \$15 billion to \$45 billion between 2000 and 2006, the poorest and most disadvantaged countries need substantial assistance from wealthier countries.**<sup>30</sup> Aid to the least developed countries has essentially stalled since 2003.<sup>31</sup> The U.S. ranks at the middle range among donor nations for the EU target of giving .7 percent of its gross national income (GNI) for official development assistance (ODA).<sup>32</sup>
- **While global funding for maternal health has gradually increased, current investments fall far below what is needed to achieve the MDG goal to reduce maternal mortality.**<sup>33</sup> Funding from donor governments and organizations for maternal, newborn and child health programs rose from \$2.1 billion in 2003 to \$3.5 billion in 2006.<sup>34</sup> The World Health Organization 2005 Report estimates that \$3.9 billion a year is needed (\$39 billion ramping up over 10 years) to make significant progress towards providing universal access to maternal and newborn care and improving the quality and range of available interventions. The estimate focuses on the 75 countries that account for 95 percent of maternal and newborn deaths.<sup>35</sup>

- **The U.S. has lagged behind other industrialized nations in investments for global maternal health programs.** In FY2006 and 2007, U.S. government funding remained at the same level. However, due to inflation, the percentage of U.S. funds actually declined by 18 percent over the past 10 years.<sup>36</sup> In addition, lack of accountability for tracking of U.S. maternal health funding has made it extremely difficult to measure the specific investments in maternal health programs.
- **U.S. leadership is critical to increasing political prioritization and investment in maternal health.** U.S. investments in other global health priorities, including HIV and AIDS through the President's Emergency Plan for AIDS Relief (PEPFAR), has been critical to increasing access to HIV prevention and treatment and improving the health of people around the world. The U.S. must also be a global leader on maternal health.

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