



## Global Maternal Mortality Fact Sheet

*Women are not dying because of diseases we cannot treat... They are dying because societies have yet to make the decision that their lives are worth saving.*

– Mahmoud Fathalla

### Maternal Mortality

- **Every day, 1,000 girls and women die in pregnancy or childbirth.** In 2008, an estimated 358,000 women died due to complications developed during pregnancy and childbirth.<sup>1</sup> For every woman who dies, at least 20 more suffer injury, infection or disability from maternal causes – approximately seven million women every year.<sup>2</sup> Seventy-five percent of maternal deaths occur during childbirth and the post-partum period, and the vast majority of maternal deaths and injuries are avoidable when women have access to health care before, during and after childbirth.<sup>3 4</sup>
- **Maternal deaths are the greatest health inequity of the 21<sup>st</sup> century.**<sup>5</sup> Ninety-nine percent of maternal deaths occur in developing countries. Pregnancy and childbirth are among the leading causes of death and disability for girls and women in developing countries.<sup>6</sup> The chances of a woman dying in pregnancy or childbirth is one in 14 in Somalia and one in 31 in sub-Saharan Africa, compared with just one in 15,200 in Italy and one in 4,200 in Europe.<sup>7</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>8</sup> Similarly, 84% of women who have completed secondary or higher education are attended by skilled workers during childbirth.<sup>9</sup>
- **Each year modern contraceptive use prevents 188 million unintended pregnancies resulting in 150,000 fewer maternal deaths.**<sup>10</sup> If unmet need for family planning were fully satisfied, an additional 90,000 women's lives would be saved and 590,000 newborn deaths would be averted.<sup>11 12</sup> Family planning and contraception empower women to achieve healthy outcomes for themselves and their children, advancing greater gender equity and dignity for women and families.
- **Combining maternal health needs and family planning would reduce total costs by \$1.5 billion.** Investing in both services simultaneously would reduce maternal deaths by more than two-thirds and dramatically drop the number of unintended pregnancies, newborn deaths and unsafe abortions.<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> Only 63% of births in the developing world are attended by skilled health workers – including midwives as well as doctors and nurses with midwifery skills – up from 53% in 1990.<sup>15</sup> The percentage of births attended by skilled health workers remains even lower in Southern Asia (45%) and sub-Saharan Africa (46%) – the two regions with the greatest number of maternal deaths.<sup>16</sup>



The Campaign for Healthy Moms and Newborns

[www.MothersDayEveryDay.org](http://www.MothersDayEveryDay.org)



- **Despite progress in regions where maternal health has been prioritized, only 23 countries are on target to meet United Nations Millennium Development Goal 5 – to reduce maternal mortality by 75% and achieve universal access to reproductive health services by 2015.**<sup>17</sup> At the global level, maternal mortality decreased by less than 2.3% annually since 1990 – far below the 5.5% annual improvement needed to reach the target.<sup>18 19</sup>
- **Women in the United States have a higher risk of dying from pregnancy-related complications than women in 40 other countries.** Estimated maternal mortality ratios have doubled in the past 20 years, from 6.6 deaths per 100,000 live births in 1987 to 13.3 deaths per 100,000 live births in 2006. Each year, 1.7 million women suffer serious complications. African American women are nearly four times more likely to die of pregnancy-related complications than white women.<sup>20</sup>

## Global Impact

- **Mothers play a vital role in the economic health of their families and communities.** When women earn income, they reinvest 90% of it into their families while men reinvest only 30-40%.<sup>21</sup> Each year, an estimated \$15.5 billion in potential productivity is lost when mothers and newborns die.<sup>22</sup> As families accrue expenses for medical care that they cannot afford and often comes too late, communities take on the burden of caring for bereaved and impoverished families, and governments are forced to manage the widespread effects of the cycle of poverty.<sup>23</sup>
- **When girls give birth too young, they miss out on valuable years of education, thereby limiting their future income and opportunities to escape poverty.** Nearly 13 million adolescent girls give birth each year in developing countries, most often before they are physically, emotionally and financially prepared.<sup>24</sup> A girl growing up in Chad today is more likely to die in childbirth than she is to attend secondary school.<sup>25</sup> When a girl in the developing world receives seven or more years of education, she marries four years later and has 2.2 fewer children.<sup>26</sup> Furthermore, one extra year of primary school or secondary school increases a girl's eventual wages by 10-20% or 15-25%, respectively.<sup>27</sup>
- **When a mother dies, her children's survival is threatened.** Infants of mothers who do not survive delivery are more likely to die within two years.<sup>28</sup> Children up to 10 years whose mothers die are three to 10 times more likely to die within two years than children with living mothers.<sup>29</sup>
- **Maternal mortality has long-term implications for 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 families. Children without a mother are less likely to be immunized and are more likely to suffer from malnutrition and stunted growth.<sup>30</sup> The implications for girls tend to be even greater, leading to a continued cycle of poverty and poor health.





## Proven Solutions

- **Low-cost, low-tech interventions provided by skilled birth attendants, combined with family planning and general health system strengthening, can save most women and newborns.** Eighty percent of maternal deaths could be prevented by cost-effective, timely health care before, during and after childbirth – including family planning, skilled attendance at birth, emergency medical services and care in the weeks following birth.<sup>31</sup> Fully meeting the need for family planning and maternal and newborn health services in developing countries would save the lives of 251,000 women and 1.7 million newborns and prevent 53 million unintended pregnancies and 14.5 million unsafe abortions each year – costing \$24.6 billion annually, a little more than double the current global investment.<sup>32</sup>
- **Increasing the availability of skilled health workers means more women survive childbirth and more children live through early infancy.** A 10% increase in skilled health workers corresponds to a 5% reduction in maternal deaths.<sup>33</sup> By increasing the number of midwives, Malaysia, Sri Lanka and Thailand halved their maternal mortality ratios within 10 years between the 1950s and 1960s, and Egypt halved its maternal mortality ratio between 1983 and 2000.<sup>34</sup> Although the number of women giving birth with a skilled health worker in attendance has increased in the last decade, the world still needs 4.3 million more health workers.<sup>35</sup>

## U.S. and Global Support

- **While U.S. funding for maternal, newborn and child health programs has grown in recent years, Congress is considering significant cuts to this critical funding.** When President Obama took office, he announced a commitment to investments in maternal and child health through the Global Health Initiative (GHI). The GHI is committed to reducing maternal mortality by 30% and child mortality by 35% across assisted countries; doubling the number of at-risk babies born without HIV; and increasing the contraceptive prevalence rate to 35% across assisted countries.<sup>36</sup> However, Congress is debating serious reductions in spending for foreign assistance, including maternal and child health in FY2011 and FY2012. MDDED will share updates on funding for maternal and child health as they develop.
- **The strength of U.S. investment in maternal and newborn health depends on its investments in family planning.** If unmet need for contraceptives were satisfied, declining numbers of unintended pregnancies would reduce the cost of providing maternal and newborn care by \$5.1 billion.<sup>37</sup>
- **With the 2015 deadline to meet Millennium Development Goals 4 and 5 – to reduce child mortality and improve maternal health – governments and other stakeholders have increased commitments to maternal, newborn and child health.** The G8's 2010 Muskoka Initiative has garnered over \$7 billion in additional promised funding for disbursement over the next five years – which could assist developing countries to prevent 64,000 maternal deaths, avert 1.3 million child deaths and provide modern family planning to 12 million couples between 2010 and 2015.<sup>38</sup> The United Nations Secretary-General's Global Strategy for Women's and Children's Health attracted \$40 billion in pledged resources.<sup>39</sup> U.S. leadership in other global health priorities, including HIV and AIDS through the President's Emergency Plan for AIDS Relief (PEPFAR), have been critical to increasing access to HIV prevention and treatment and improving the health of people around the world – and U.S. leadership remains critical to ensuring that political prioritization in maternal and newborn health is maintained globally.



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- <sup>4</sup> The Millennium Development Goals Report 2007. United Nations, New York 2007. <http://www.un.org/millenniumgoals/pdf/mdg2007.pdf>
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