



FACT SHEET

GOAL 5: Improve maternal health

QUICK FACTS

- » Estimates for 2005 show that, every minute, a woman dies of complications related to pregnancy and childbirth. This adds up to more than 500,000 women annually and 10 million over a generation. Almost all of these women – 99 per cent – live and die in developing countries.
- » Maternal mortality shows the greatest disparity among countries: in sub-Saharan Africa, a woman's risk of dying from treatable or preventable complications of pregnancy and childbirth over the course of her lifetime is 1 in 22, compared to 1 in 7,300 in developed regions. The risk of a woman dying from pregnancy-related causes during her lifetime is about 1 in 7 in Niger compared to 1 in 17,400 in Sweden.
- » Every year, more than 1 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.

WHERE DO WE STAND?

Maternal mortality remains unacceptably high across much of the developing world. Fully achieving the Goal 5 target of reducing by three quarters, between 1990 and 2015, the maternal mortality ratio remains a challenging task; it is the area of least progress among all the MDGs.

According to UNICEF, the UN Population Fund (UNFPA) and WHO, up to 15 per cent of pregnant women in all population groups experience potentially fatal complications during birth – 20 million women each year. More than 80 per cent of maternal deaths worldwide are due to five direct causes: hemorrhage, sepsis, unsafe abortion, obstructed labour and hypertensive disease of pregnancy. In about 21 per cent of the 500,000 maternal deaths occurring each year, women die as a result of severe bleeding. This complication can kill a woman in less than two hours; control of bleeding, replacement of blood or fast emergency evacuation is needed to save lives.

At the global level, maternal mortality decreased by less than 1 per cent per year between 1990 and 2005 – far below the 5.5 per cent annual improvement needed to reach the MDG target. Northern Africa, Latin America and the Caribbean and South-Eastern Asia managed to reduce their maternal mortality ratios by about one third during this period, though progress in these regions was insufficient to meet the target. In sub-Saharan Africa, the region with the highest level of maternal mortality, progress was negligible.

In 2006, nearly 61 per cent of births in the developing world were attended by skilled health personnel, up from less than half in 1990. Coverage, however, remains low in Southern Asia (40 per cent) and sub-Saharan Africa (47 per cent) – the two regions with the greatest number of maternal deaths.

The vast majority of maternal deaths can be prevented. In industrialized countries, deaths owing to pregnancy and childbirth are rare. The maternal death rate in East Asia and Latin America has also decreased – by as much as 50 per cent in some countries. But in Africa and South Asia, complications during pregnancy and childbirth remain the most frequent cause of death for women. In some countries the number is increasing.

Adolescent fertility has fallen since 1990 in almost all developing regions. However, the decline has been very slow, or there have been marginal increases precisely in the regions where adolescent fertility is highest, such as sub-Saharan Africa. Girls aged 15-20 are twice as likely to die in childbirth as those in their twenties, while girls under the age of 15 are five times as likely to die in childbirth.

The risk of maternal mortality increases with each pregnancy. Yet, 200 million women who would like to delay or avoid childbearing are without access to safe and effective contraceptives. Every year, an estimated 19 million unsafe abortions take place in the developing world, resulting in some 68,000 deaths.

Meeting unmet needs for contraception alone would reduce up to a third of maternal deaths globally. Having fewer pregnancies and spacing births increases the survival rate of both women and their children. However, achieving the Goal 5 target of universal access to reproductive health remains a distant dream in many countries.

Official development assistance for reproductive health, including maternal, newborn and child health, increased from \$2.1 billion in 2003 to \$3.5 billion in 2006, but this is not enough to meet the relevant MDG targets. Experts estimate that between \$5.5 billion and \$6.1 billion in additional funding is needed annually to achieve MDG 5.

WHAT HAS WORKED

1. In countries such as **Jamaica, Malaysia, Sri Lanka, Thailand and Tunisia**, significant declines in maternal mortality have occurred as more women have gained access to family planning and skilled birth attendance with backup emergency obstetric care. Many of these countries have halved their maternal deaths in the space of a decade. Severe shortages of trained health personnel and lack of access to reproductive health are holding back progress in many countries.
2. Finding trained health workers to deliver emergency obstetric care is often a challenge in the developing world's rural areas. UNFPA, in partnership with the Tigray regional health bureau (**Ethiopia**) and Médecins du Monde, an international NGO, has piloted an innovative project to train mid-level health officers so that they can provide life-saving emergency surgery at rural hospitals, where doctors are scarce. A positive evaluation of the project has opened the way for national scale-up to train health officers in integrated obstetric and emergency surgery. By doing so, access to critical life-saving obstetric services will be substantially improved to rural women.
3. In response to the 2005 **Pakistan** earthquake, UNFPA-supported mobile service units came to the rescue, and women received more comprehensive care than before the emergency. Health workers in these mobile clinics had seen 843,467 patients as of March 2008 for antenatal care consultations, deliveries, post-miscarriage complications and referrals for Caesarean section. Results show that 43 per cent of pregnant women in the affected area benefited from skilled birth attendance during the post-earthquake period as compared to the 31 per cent national average in Pakistan.
4. Galvanizing support for maternal health is the goal of the UNFPA-led Campaign to End Fistula, which in 2006 worked in 40 countries in **sub-Saharan Africa, South Asia** and the **Arab States**. The aim is to prevent and treat a terrible childbirth injury called fistula – a rupture in the birth canal that occurs during prolonged, obstructed labour and leaves women incontinent, isolated and ashamed. Nine out of 10 fistulas can be successfully repaired. More than 25 countries have moved from assessment and planning to

implementation. Eleven governments, as well as private-sector supporters such as Johnson & Johnson and Virgin Unite, have donated to the campaign.

WHAT NEEDS TO BE DONE?

- » Provide sufficient financing to strengthen health systems, particularly for maternal, childcare and other reproductive health services, and ensure that procurement and distribution of contraception, drugs and equipment are functioning.
- » Establish dedicated national programmes to reduce maternal mortality and ensure universal access to reproductive health care, including family planning services.
- » Provide trained health workers during and after pregnancy and childbirth for delivery of quality antenatal care, timely emergency obstetric services and contraception.
- » Ensure access to timely emergency obstetric services and provide adequate communication, skilled personnel, facilities and transportation systems, especially in areas where poverty, conflict, great distances and overloaded health systems obstruct such efforts.
- » Adopt and implement policies that protect poor families from the catastrophic consequences of unaffordable maternity care, including through access to health insurance or free services.
- » Protect pregnant women from domestic violence; and involve men in maternal health and wider reproductive health.
- » Increase access to contraception and sexual and reproductive health counseling for both men, women and adolescents.
- » Increase efforts to prevent child marriage and ensure that young women postpone their first pregnancy.

Source: *Committing to action: Achieving the MDGs*, Background note by the Secretary-General for the High-level Event on the Millennium Development Goals, United Nations, New York, 25 September 2008; *The Millennium Development Goals Report 2008*, United Nations; UNFPA Webpage *No Woman Should Die Giving Life: Facts and Figures*, <http://www.unfpa.org/safemotherhood>

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