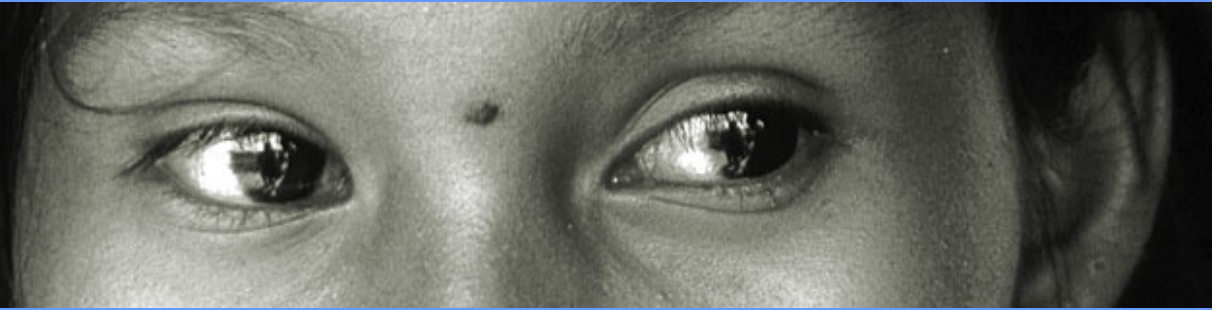


# NO WOMAN SHOULD DIE GIVING LIFE

## FACTS and FIGURES 1



### WHEN PREGNANCY KILLS Unacceptable maternal deaths

EVERY MINUTE, a woman dies in pregnancy or childbirth—this adds up to more than 10 million over a generation.

Almost all of these women—99 per cent—live and die in developing countries. A high maternal death rate is an indicator of an inadequate health care system, including those that offer poor and only limited access to health services. It also indicates that a woman's fundamental rights to life and health are being violated.

Yet the vast majority of maternal deaths could 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. And when women suffer and die, children suffer and die also.

We know what it takes to save women's lives: universal access to contraception to avoid unintended pregnancies, access to skilled care during delivery, and rapid access to quality emergency obstetric care when required.

#### THE CURRENT SITUATION

- Every year, 536,000 women die from pregnancy-related causes. This adds up to more than 10 million women over a generation.
- 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 haven't.
- The risk of a woman dying as a result of pregnancy or childbirth during her lifetime is about 1 in 7 in Niger and about 1 in 48,000 in Ireland.
- 10-15 million women a year suffer severe or long-lasting illnesses or disabilities caused by complications during pregnancy or childbirth. These range from obstetric fistula to infertility and depression.
- The main reasons for maternal deaths are haemorrhage, infections, unsafe abortions, high blood pressure leading to seizures and obstructed labour.

#### Definition of maternal mortality

Maternal mortality is defined as the death of a woman while pregnant or within 42 days after termination of pregnancy from any cause related to or aggravated by the pregnancy or its management. This includes death as a complication of abortion at any stage of pregnancy.

#### Contraception and unsafe abortions

- 200 million women want to delay or avoid pregnancy but are not using effective contraceptives.
- One in three deaths related to pregnancy and childbirth could be avoided if women who wanted effective contraception had access to it.
- An estimated 19 million unsafe abortions take place each year in developing countries.
- Every year, an estimated 68,000 women die as the result of unsafe abortions and millions more suffer complications.
- About 90 per cent of abortion-related deaths and disabilities worldwide could be avoided if women who wished to had access to effective contraception.

#### Skilled assistance and emergency obstetric care

- The number of maternal deaths is highest in countries where women are least likely to have skilled attendance at delivery.
- Worldwide, 62 per cent of births are attended by a skilled health worker. Almost all births in developed countries are attended. In less developed countries, the figure is 57 per cent. In least developed countries it falls to only 34 per cent.
- An estimated 35 per cent of pregnant women in developing countries do not have contact with health personnel prior to giving birth.
- In sub-Saharan Africa, where most maternal deaths occur, about 70 per cent have no contact with health personnel following childbirth.
- Mortality is highest during labour and the two days following a birth.
- Women who undergo infibulation—a radical form of female genital mutilation that involves stitching of the external genitalia—are at higher risk of complications during and following childbirth.

## Young people

- Girls aged 15-20 are estimated to be twice as likely to die in childbirth as those in their twenties.
- Girls under the age of 15 are five times more likely to die from maternal causes.
- Girls aged 15-19 account for one in four unsafe abortions—an estimated five million each year.
- Complications during pregnancy or childbearing are the leading cause of death for girls aged 15-19 in developing countries.
- Less than 20 per cent of all sexually active young people in Africa use contraception.

## The rights of women

- In societies where men traditionally control household finances, the health of women is often not considered a priority.
- Women are frequently not in a position to decide if, when and with whom to become pregnant. Nor can they determine the number, spacing and timing of their children.
- In countries with similar levels of economic development, maternal mortality is inversely proportional to women's status—i.e. the higher the status the lower the mortality rates.
- The poorer the household, the greater the risk of maternal death.
- Early marriage, female genital mutilation/cutting, unwanted childbirths and violence constitute violations of a woman's right to make decisions regarding her own body.

## BENEFITS OF ACTION

No woman should die giving life. Ensuring access to voluntary family planning could reduce maternal deaths by a third, and child deaths by as much as 20 per cent. Ensuring skilled attendance at all births, backed by emergency obstetric care when needed, would reduce maternal deaths by about 75 per cent.

Not only do maternal health interventions work but they are also cost-effective. Saving a mother's life usually means saving the life of her newborn and that of her older children. Children who have lost their mothers are up to ten times more likely to die prematurely than those who haven't.

Poor women are far more likely to die during pregnancy, childbirth and afterwards. Poor families and individuals have less money and tend to live further from healthcare facilities. Tackling the problem of maternal death is a significant step towards poverty eradication.

Strategies to reduce maternal death and disability strengthen health systems to the benefit of all. Maternal health indicators are used to gauge health system performance in terms of access, gender equity and institutional efficiency. Investing in maternal health holds the promise of improving overall health service delivery.

## WHAT MUST BE DONE?

Efforts to prevent maternal deaths require political and financial commitment. They also require a broad range of partners: men as well as women, international organizations, governments, civil society and the media need to be involved in the required long-term and targeted efforts. These should include:

- Access to contraception and sexual health and reproductive rights counselling for both men and women.
- More structured and improved services targeting pregnant women and those in labour, whether in villages, clinics or district hospitals. This includes access to transportation, facilities and skilled personnel.
- Strategies to address lack of personnel and to ensure functioning procurement and the distribution of drugs and equipment, quality of care, and financial accessibility.
- Skilled basic and emergency services before, during and following childbirth—especially in areas where poverty, conflict, great distances and overloaded health systems obstruct such efforts.
- Efforts to ensure that young women postpone first pregnancy
- Providing young people with the opportunity to make informed choices regarding their sexual lives, marriage and pregnancy.
- Advocating for a national and local debate focusing on the rights of men and women in relation to their bodies, health, education and access to resources.

It is estimated that, by 2015, between US\$5.5 billion and \$6.1 billion in additional funding will be needed from domestic and international sources to accomplish Millennium Development Goal 5 to improve maternal health.

In 2004, the world's major donors invested only \$530 million in maternal and newborn health. The international community has a responsibility to increase investment levels and offer long-term financial support. Countries need to adopt and effectively implement policies that protect poor families from the catastrophic consequences of unaffordable maternity care.

## WHAT IS UNFPA DOING?

Maternal health is at the core of the UNFPA mission. The Fund supports activities to prevent maternal mortality in about 89 countries through technical and financial assistance for reproductive health programmes. This is undertaken in close partnership with national governments, sister United Nations agencies, as well as the World Bank.

Activities range from providing family planning, advocating for health reforms and upgrading health facilities, improving curricula, training of midwives and doctors, mobilizing communities and promoting women's rights.

### LINK:

UNFPA: No Woman Should Die Giving Life:  
<http://www.unfpa.org/safemotherhood>

## International goals for maternal mortality

At the 1994 International Conference on Population and Development (ICPD), the participating countries agreed to reduce maternal mortality to 75 per cent below 1990 levels by 2015. The agreement was re-affirmed in 2000, when the international community also agreed on this target for the Millennium Development Goal 5. Progress is measured by tracking the maternal mortality ratios in each country, as well as the proportion of births assisted by skilled attendant. The additional target for MDG5 is "universal access to Reproductive Health" by the year 2015. Collectively, The Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), ICPD Programme of Action, Beijing Platform for Action and the MDGs constitute the commitments behind multilateral, bilateral and local efforts to reduce maternal mortality.

