

Factsheet – Maternal and Newborn Health

IMPROVING MATERNAL AND NEWBORN HEALTH – THE MOST ELUSIVE OF THE MDGs

An urgent and greatly increased global effort is required to improve maternal and newborn health, which remains the most elusive of the Millennium Development Goals (MDGs). Unless efforts are radically expanded to tackle this unfinished agenda, there is little hope of eliminating the huge yearly toll of avoidable maternal and newborn deaths. Only a minority of pregnant women and mothers receive even the most basic health care in poor countries. Many pregnancies remain unplanned in poor developing countries, and care at the time of birth – when both mothers and newborns are more likely to die – is particularly lacking. The following facts clearly show the urgency of the problem.

- Death tolls are still very high – Every minute a woman dies giving birth, and seven newborn babies die. Annually, this adds up to the deaths of more than half a million women and 3.7 million babies under one month¹. A mother's risk of dying from a pregnancy-related complication is about 250 times greater in a developing country than in a developed country. Pregnancy and childbirth and their consequences are still the leading causes of death, disease and disability among women of reproductive age in developing countries, and newborn deaths are 40% of all child deaths in developing countries.
- Maternal death has many causes – Apart from unsafe abortion, the four major direct causes of maternal death in developing countries are severe bleeding, infection, hypertension and obstructed labour. Maternal deaths due to indirect causes that complicate pregnancy – such as malaria, anaemia, HIV/AIDS and cardiovascular disease – represent 20% of the global total².
- Disability and illness are commonplace – For every woman who dies in pregnancy in a high-mortality country, another 30 suffer long-lasting injury or illness and their inevitable side effects³. At least two million women in sub-Saharan Africa, south Asia and the Arab region are living with an 'obstetric fistula', and 50,000 to 100,000 new cases develop each year. A fistula is a hole in the vagina or rectum caused by prolonged labour (usually the baby dies). An untreated fistula can lead to long-term infection, social isolation, depression and deepening poverty. Other maternal illnesses related to childbirth can also be severe with lifetime impacts ranging from nerve damage to mental illness. Millions of babies suffer from birth-related injuries, infections, diseases and disabilities, which often blight their entire lives.
- The contrast between developing and developed countries is stark – More than 99% of maternal deaths, and 93% of child deaths,⁴ occur in poor countries, mostly in sub-Saharan Africa and south Asia⁵. A child born in these countries is almost 14 times more likely to die during the first 28 days of life than a child born in an industrialised country, and

1. UNICEF. State of the World's Children 2009: *Maternal and Newborn Health* New York, 2005, <http://www.unicef.org/sowc09/>

2. World Health Organization. *Reduction of maternal mortality: a joint WHO/UNFPA/UNICEF/World Bank Statement*. Geneva, Switzerland, 1999.

3. World Health Organization. *World health report 2005: make every mother and child count*. Principal authors: Wim Van Lerberghe, Annick Manuel, Zoe Matthews and Cathy Wolfheim. Geneva, Switzerland, 2005, <http://www.who.int/whr/2005/en/>

4. UNICEF press release *Global child mortality continues to drop*, 10 September 2009, http://www.unicef.org/media/media_51087.html

5 AbouZahr C. Maternal mortality overview. in *Health dimensions of sex and reproduction*. Harvard University Press, Boston, 1998.

newborn mortality is 20% to 50% higher for the poorest 20% of households than for the richest. Every year about one million children are left motherless and vulnerable⁶ – Children who have lost their mothers can be four times more likely to die prematurely than those who haven't⁷. They are less likely to be able to attend school, which may in turn lead to living in poverty as adults⁸.

- Health care is inadequate – Less than 60% of all women in developing countries, and only 34% in the least developed countries have access to a skilled professional when giving birth. Even fewer deliver in a health facility that provides quality skilled care for mothers and babies.
- The status of women affects health – The level of maternal and newborn mortality has been described as a 'litmus test' for the status of women. At a national level, there are often insufficient resources devoted to providing services, while in individual households a woman's ability to pay for health services is often constrained by her access to, and control over, resources.

The MNCH (Maternal, Newborn and Child Health) Consensus – making it happen

The world is only just starting to make progress on concerted and coordinated action to improve maternal, newborn and child health. A broad Consensus has now formed that recognizes the need to align current momentum in politics, advocacy and finance behind a commonly agreed set of action points needed to accelerate progress on the ground, - these include:

- Scale up packages of essential services, especially in those countries experiencing the majority of maternal and newborn deaths – notably in sub-Saharan Africa and in South Asia. Focusing investment on the 49 aid-dependent countries⁹ for the 2009-2015 will save the lives of up to 1 million women, 4.5 million newborn babies and prevent 1.5 million stillbirths, as well as decreasing significantly the number of unwanted births and halving the number of unsafe abortions. Political leadership and community engagement and mobilization will be critical to accelerating this progress.
- Strengthen health systems to deliver a package of high quality interventions in key areas along the continuum of care, which include providing: 1) Comprehensive family planning, including advice, services, supplies; 2) Skilled care for women and newborns during and after pregnancy and childbirth, including antenatal care, quality care at birth, emergency care for complications, postnatal care, and essential newborn care; 3) Safe abortion services (when abortion is legal); 4) Improved child nutrition and prevention and treatment of major childhood diseases.
- Remove barriers to access, with services for children being free at the point of use.
- Deploy skilled and motivated health workers in the right place at the right time, with the necessary infrastructure, drugs, equipment and regulations.
- Ensure better information, which will help leaders to decide on the best course of action, as will accountability at all levels for credible results.

6 UNFPA, 2007, <http://www.unfpa.org/mothers/facts.htm>

7 Gertler, Levine and Bretozzi (2004) *Lost presence and presents – How parental death affects children*, University of California, Berkeley

8 Falkingham, J. *Maternal health and poverty, Improving the health of mothers and babies*, id21 Insights Health 11, University of Sussex.

9 Figures are totals for 49 aid-dependent countries for the 2009-2015 period, based on calculations done for the High Level Task Force on Innovative International Financing for Health Systems (HLTF), June 2009, summarized in:

http://www.internationalhealthpartnership.net//CMS_files/documents/working_group_1_report_EN.pdf.