Why are so many mothers dying in pregnancy and childbirth?

Marleen Temmerman discusses why women and babies die in Africa, using WHO data, she elaborates what the situation is like in Africa and what could be done to improve the situation. With a focus on some developments in Kenya, she highlights what could be done to reduce maternal and new born mortality in Africa.

> Women are not dying because of untreatable diseases. They are dying because societies have yet to make the decision that their lives are worth saving: We have not yet valued women's lives and health highly enough.
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> Prof Mahmoud Fathalla, 2006.

Maternal mortality, one of the key indicators of inequity and injustice, remains unacceptably high. According to WHO, 287 000 women died during and following pregnancy and childbirth in 2020, over 90% in low and lower middle-income countries, and most preventable. The maternal mortality rate (MMR) in low-income countries was 430 per 100 000 live births versus 13 per 100 000 live births in high income countries1. The high number of maternal deaths in some areas of the world reflects inequalities in access to quality health services and lack of women agency, decision power and reproductive rights[1].

Women die because of complications during and following pregnancy and childbirth, and most of these are preventable or treatable. Major complications that account for nearly 75% of all maternal deaths are severe bleeding, infections, high blood pressure during pregnancy (pre-eclampsia and eclampsia), complications from delivery and unsafe abortion[1].

To avoid maternal deaths, prevention of unintended pregnancies as well as quality of care are the two main interventions. All women, including adolescents, need access to contraception, safe abortion services to the full extent of the law, and quality post-abortion care and all women need access to high quality care in pregnancy, and during and after childbirth. Maternal health and newborn health are closely linked as timely management and treatment can make the difference between life and death for the women as well as for the newborns[1].

Progress in maternal health has been made, but too little, too late, too slow and even reversing in some parts of the world. The Millenium Development Goals (MDGs) were launched in 2001, with MDG5 aiming at reducing the maternal mortality ratio by three-quarters and ensure universal access to reproductive healthcare by 2015. Between 1990 and 2010, maternal mortality decreased globally by nearly 50%, from 543 000 maternal deaths per year to 287 000, with the greatest reductions in the second half of this period. A major catalyst for this progress was the target set by MDG5. Later, a second target on reproductive health was added, which has undoubtedly contributed to accelerated progress. In tandem, countries and the international community enhanced their commitment to support, develop, and implement effective interventions to improve the health of women, especially during pregnancy and childbirth, and post-partum[2].

Strategies to implement targeted interventions to reduce maternal mortality need to address more than the clinical causes of death—they should respond to changing demographics, meet the specific needs of women for reproductive health, and address contextual features such as challenges in health-care systems. Universal access to high-quality health services, including family planning and information and services for reproductive health (especially for vulnerable and at-risk populations), should be put at the centre of efforts to achieve the vision of ending maternal deaths[2].

In 2014, a Global Investment Framework for Women's and Children's Health demonstrated how investment in women's and children's health can secure high health, social, and economic returns. Increasing health expenditure by just $5 per person per year up to 2035 in 74 high-burden countries could yield up to nine times that value in economic and social benefits. These returns include greater gross domestic product (GDP) growth through improved productivity, and prevention of the needless deaths of 147 million children, 32 million stillbirths, and 5 million women by 2035[3].

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Recently, Ian Askew and colleagues published a strong and comprehensive overview on the importance of integrating contraceptive services within maternal and newborn health programs and policies. They show that "Family planning saves lives has been a popular and influential slogan for three decades as it recognizes and seeks to communicate the long-established scientific evidence that use of contraception contributes to the survival of women before and during childbirth and to the health of their babies".

Their paper underlines that still "24% (218 million) of women wanting to avoid pregnancy have an unmet need for modern contraception; among adolescents this proportion is higher at 43%. If all this need could be met, the number of unintended pregnancies would be reduced to 35 million each year resulting in 21 million fewer unplanned births, 46 million fewer abortions (of which 26 million would still be unsafe because of legal restrictions), 8 million fewer miscarriages, and 0.7 million fewer stillbirths"[4].

In the next paragraph, I focus on some developments in Kenya, my second home country where I live for many years and work with many partners in the area of maternal and perinatal health. In 2013, the Government of Kenya introduces the Free Maternity Service Policy in all public health facilities. Hospital costs were a major expense incurred by most women, and a barrier to maternity care utilization. Langat et all, showed sustained increase in the use of skilled care during pregnancy and childbirth since the launch of the program[5].

Another study from Kenya showed that women's ability to make decisions (voice, agency, and autonomy) is critical for gender equality, empowerment and an important determinant of access and utilization of services. Individual agency, immediate relational agency, and distance relational agency all play crucial roles in shaping women's decision-making power and control over their utilization of maternal health services. This study offers valuable insights emphasizing the critical need for developing context-specific strategies to promote women's voices for sustained use[6].

Despite the increased use of antenatal care (over 90%) and the high rate of facility deliveries in Kenya (88%) the MMR is still high, mainly due to lack of quality care and referrals[7].

It is important to note that Kenya has embraced EWENE, Every Women, Every Newborn, Everywhere, launched at the International Maternal Newborn Health Conference (IMNHC) in May 2023 and bringing together both the WHO Every Newborn Action Plan (ENAP) initiative and the strategies for Ending Preventable Maternal Mortality (EPMM). As underlined by Askew et all, there is an alarming stagnation and setbacks since maternal and newborn health were prioritized in the Sustainable Development Goals for Health in 2015: preventable maternal deaths, stillbirths and newborn deaths remain unacceptably high in all regions of the world and they are still declining too slowly to reach the SDG targets for 2030. To save more maternal and newborn lives, a significant change in the way health systems address the determinants of maternal and newborn mortality is needed[8].

We know what needs to be done. We have learned from the successes of the MDGs that political will, leadership and coordination, are key factors to improve health and reduce maternal and perinatal mortality. However, almost 20 years after Prof Mahmoud Fathalla's legendary words we need to do more, and to push even harder to create a world in which every women, every child, and every adolescent is able to survive, thrive, and transform.

In the twenty-first century, the complex relationship between women's health and rights has been influenced by a range of interconnected challenges, including



A delapidated labour ward in rural Africa



A midwife examining a pregnant lady

gender inequity, reproductive health disparities, maternal mortality and morbidity, and women's inability to access life-saving, high-quality healthcare services including family planning.

Going forward, the world needs to find ways to implement the unfinished agenda of the International Conference on Population and Development (ICPD) 1994 where women's reproductive rights were recognized, as well as the unfinished agenda of the Sustainable Development Goals (SDGs), thus prioritizing health and rights for women and girls as essential not only to their survival but also to their progress and empowerment. It is also important to consider the interconnection between women's health and rights and climate change, with its disproportionate impact on the well-being of girls and women, and to address the impact and opportunities afforded by digital technologies. By embracing a holistic approach, societies might be able to advance the cause of women's health and rights in a more inclusive and sustainable manner[9].

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Prof. Ahmoud Fatallah with Dr. Temmerman at the ICPD conference