



Media centre

Media centre

▶ News

▶ Commentaries

▶ Events

Fact sheets

Fact files

Questions & answers

Features

Multimedia

Contacts

Maternal mortality

Fact sheet N°348

Updated November 2015

Key facts

- Every day, approximately 830 women die from preventable causes related to pregnancy and childbirth.
- 99% of all maternal deaths occur in developing countries.
- Maternal mortality is higher in women living in rural areas and among poorer communities.
- Young adolescents face a higher risk of complications and death as a result of pregnancy than other women.
- Skilled care before, during and after childbirth can save the lives of women and newborn babies.
- Between 1990 and 2015, maternal mortality worldwide dropped by about 44%.
- Between 2016 and 2030, as part of the Sustainable Development Agenda, the target is to reduce the global maternal mortality ratio to less than 70 per 100 000 live births.

Maternal mortality is unacceptably high. About 830 women die from pregnancy- or childbirth-related complications around the world every day. By the end of 2015, roughly 303 000 women will have died during and following pregnancy and childbirth. Almost all of these deaths occurred in low-resource settings, and most could have been prevented.

Transitioning from the Millenium Development Goals to the Sustainable Development Goals


Improving maternal health was 1 of the 8 Millennium Development Goals (MDGs) adopted by the international community in 2000. Under MDG 5, countries committed to reducing maternal mortality by 3 quarters between 1990 and 2015. Since 1990, the number of maternal deaths worldwide has dropped by 43%.

In sub-Saharan Africa, a number of countries halved their levels

Related links

[Trends in maternal mortality: 1990 to 2015](#)

[Infographic: Saving mother's lives: maternal mortality 1990-2015](#)

[Global causes of maternal death: a WHO systematic analysis](#) 

The Lancet Global Health, 6 May 2014

[WHO's work on maternal health](#)

[Global Strategy for Women's and Children's health](#)

[Guidelines: Integrated management of pregnancy and childbirth \(IMPAC\)](#)

[Maternal mortality](#)

[More about maternal health](#)

of maternal mortality since 1990. In other regions, including Asia and North Africa, even greater headway was made. Between 1990 and 2015, the global maternal mortality ratio (i.e. the number of maternal deaths per 100 000 live births) declined by only 2.3% per year between 1990 and 2015. However, increased rates of accelerated decline in maternal mortality were observed from 2000 onwards. In some countries, annual declines in maternal mortality between 2000-2010 were above 5.5%, the rate needed to achieve the MDGs.

Seeing that it is possible to accelerate the decline, countries have now united behind a new target to reduce maternal mortality even further. One target under Sustainable Development Goal 3 is to reduce the global maternal mortality ratio to less than 70 per 100 000 births, with no country having a maternal mortality rate of more than twice the global average.

Where do maternal deaths occur?

The high number of maternal deaths in some areas of the world reflects inequities in access to health services, and highlights the gap between rich and poor. Almost all maternal deaths (99%) occur in developing countries. More than half of these deaths occur in sub-Saharan Africa and almost one third occur in South Asia. More than half of maternal deaths occur in fragile and humanitarian settings.

The maternal mortality ratio in developing countries in 2015 is 239 per 100 000 live births versus 12 per 100 000 live births in developed countries. There are large disparities between countries, but also within countries, and between women with high and low income and those women living in rural versus urban areas.

The risk of maternal mortality is highest for adolescent girls under 15 years old and complications in pregnancy and childbirth is a leading cause of death among adolescent girls in developing countries.^{1,2}

Women in developing countries have, on average, many more pregnancies than women in developed countries, and their lifetime risk of death due to pregnancy is higher. A woman's lifetime risk of maternal death – the probability that a 15 year old woman will eventually die from a maternal cause – is 1 in 4900 in developed countries, versus 1 in 180 in developing countries. In countries designated as fragile states, the risk is 1 in 54; showing the consequences from breakdowns in health systems.

Why do women die?

Women die as a result of complications during and following pregnancy and childbirth. Most of these complications develop during pregnancy and most are preventable or treatable. Other complications may exist before pregnancy but are worsened during pregnancy, especially if not managed as part of the

woman's care. The major complications that account for nearly 75% of all maternal deaths are:³

- severe bleeding (mostly bleeding after childbirth)
- infections (usually after childbirth)
- high blood pressure during pregnancy (pre-eclampsia and eclampsia)
- complications from delivery
- unsafe abortion.

The remainder are caused by or associated with diseases such as malaria, and AIDS during pregnancy.

How can women's lives be saved?

Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known. All women need access to antenatal care in pregnancy, skilled care during childbirth, and care and support in the weeks after childbirth. Maternal health and newborn health are closely linked. Approximately 2.7 million newborn babies die every year⁴, and an additional 2.6 million are stillborn.⁵ It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death for both the mother and the baby.

Severe bleeding after birth can kill a healthy woman within hours if she is unattended. Injecting oxytocin immediately after childbirth effectively reduces the risk of bleeding.

Infection after childbirth can be eliminated if good hygiene is practiced and if early signs of infection are recognized and treated in a timely manner.

Pre-eclampsia should be detected and appropriately managed before the onset of convulsions (eclampsia) and other life-threatening complications. Administering drugs such as magnesium sulfate for pre-eclampsia can lower a woman's risk of developing eclampsia.

To avoid maternal deaths, it is also vital to prevent unwanted and too-early pregnancies. All women, including adolescents, need access to contraception, safe abortion services to the full extent of the law, and quality post-abortion care.

Why do women not get the care they need?

Poor women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such as sub-Saharan Africa and South Asia. While levels of antenatal care have increased in many parts of the world during the past decade, only 51% of women in low-income countries benefit from skilled care during childbirth. This means that millions of births are not assisted by a

midwife, a doctor or a trained nurse.

In high-income countries, virtually all women have at least four antenatal care visits, are attended by a skilled health worker during childbirth and receive postpartum care. In low-income countries, only 40% of all pregnant women have the recommended antenatal care visits.

Other factors that prevent women from receiving or seeking care during pregnancy and childbirth are:

- poverty
- distance
- lack of information
- inadequate services
- cultural practices.

To improve maternal health, barriers that limit access to quality maternal health services must be identified and addressed at all levels of the health system.

WHO response

Improving maternal health is one of WHO's key priorities. WHO works to contribute to the reduction of maternal mortality by increasing research evidence, providing evidence-based clinical and programmatic guidance, setting global standards, and providing technical support to Member States.

In addition, WHO advocates for more affordable and effective treatments, designs training materials and guidelines for health workers, and supports countries to implement policies and programmes and monitor progress.

During the United Nations General Assembly 2015, in New York, UN Secretary-General Ban Ki-moon launched the Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030⁶. The Strategy is a road map for the post-2015 agenda as described by the Sustainable Development Goals and seeks to end all preventable deaths of women, children and adolescents and create an environment in which these groups not only survive, but thrive, and see their environments, health and wellbeing transformed.

As part of the Global Strategy and goal of Ending Preventable Maternal Mortality, WHO is working with partners towards:

- addressing inequalities in access to and quality of reproductive, maternal, and newborn health care services;
- ensuring universal health coverage for comprehensive reproductive, maternal, and newborn health care;
- addressing all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities;
- strengthening health systems to respond to the needs and priorities of women and girls; and

-

- ensuring accountability in order to improve quality of care and equity.

¹ Conde-Agudelo A, Belizan JM, Lammers C. Maternal-perinatal morbidity and mortality associated with adolescent pregnancy in Latin America: Cross-sectional study. *American Journal of Obstetrics and Gynecology*, 2004, 192:342–349.

² Patton GC, Coffey C, Sawyer SM, Viner RM, Haller DM, Bose K, Vos T, Ferguson J, Mathers CD. Global patterns of mortality in young people: a systematic analysis of population health data. *Lancet*, 2009, 374:881–892.

³ Say L, Chou D, Gemmill A, Tunçalp Ö, Moller AB, Daniels JD, et al. Global Causes of Maternal Death: A WHO Systematic Analysis. *Lancet Global Health*. 2014;2(6): e323-e333.

⁴ UNICEF, WHO, The World Bank, United Nations Population Division. The Inter-agency Group for Child Mortality Estimation (UN IGME). Levels and Trends in Child Mortality. Report 2015. New York, USA, UNICEF, 2015.

⁵ Cousens S, Blencowe H, Stanton C, Chou D, Ahmed S, Steinhardt L et al.. National, regional, and worldwide estimates of stillbirth rates in 2009 with trends since 1995: a systematic analysis. *Lancet*, 2011, Apr 16, 377(9774):1319-30.

⁶ [Global Strategy for Women's, Children's and Adolescents' Health, 2016-2030](#). New York: United Nations; 2015 

For more information contact:

WHO Media centre

Telephone: +41 22 791 2222

E-mail: mediainquiries@who.int

Media centre » Fact sheets

Sitemap

[Home](#)
[Health topics](#)
[Data](#)
[Media centre](#)
[Publications](#)
[Countries](#)
[Programmes and projects](#)
[Governance](#)
[About WHO](#)

Help and Services

[Contacts](#)
[FAQs](#)
[Employment](#)
[Feedback](#)
[Privacy](#)
[E-mail scams](#)

WHO Regional Offices

[WHO African Region](#)
[WHO Region of the Americas](#)
[WHO South-East Asia Region](#)
[WHO European Region](#)
[WHO Eastern Mediterranean Region](#)
[WHO Western Pacific Region](#)



© WHO 2016