



Research Report

Commission on the Status of Women

Reducing the global maternal mortality ratio by providing practical alternatives

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Introduction

In the tapestry of global public health, the issue of maternal mortality stands as both a sentinel and a challenge, demanding urgent attention and innovative solutions. Maternal mortality, the tragic loss of mothers during pregnancy or in the immediate aftermath of childbirth, is a stark indicator of healthcare inequities and systemic shortcomings. As of recent years, while strides have been made in various healthcare domains, maternal mortality continues to cast a long shadow, affecting women in both developing and developed nations. This complex issue is not merely a matter of medical concern; it intertwines with socio-economic, cultural, and systemic factors. The crux of the matter lies in the persistent gaps in accessing quality healthcare during the perinatal period. This introduction delves into the imperative of reducing the global maternal mortality ratio through practical alternatives, navigating through the historical landscape, current challenges, and the impact on women, families, and communities worldwide.

Throughout the 20th century, maternal mortality was a pervasive challenge, with women facing formidable risks during childbirth due to limited medical advancements and insufficient healthcare infrastructure. Despite incremental progress, the issue persisted, prompting global initiatives like the United Nations Millennium Development Goals (MDGs) in 2000. While MDG 5 aimed to improve maternal health, the realities on the ground reflected persistent challenges, emphasizing the need for more targeted and practical interventions.¹

As of today, maternal mortality remains a poignant testament to the gaps in healthcare access. The World Health Organization (WHO) estimates that approximately 810 women die every day from complications related to pregnancy and childbirth, with the vast majority of these deaths occurring in low-resource settings. These statistics reveal a sobering truth: the journey towards safer motherhood is far from complete.²

The ramifications of maternal mortality extend beyond mere statistics; they reverberate within families and communities. Each lost mother represents a disruption in the familial fabric, affecting children who lose a caregiver, husbands who lose partners, and communities that lose contributors. The mental health toll on families is palpable, and the economic repercussions, particularly in developing nations, perpetuate cycles of poverty.

As we navigate the complexities of maternal mortality, this exploration will delve into practical alternatives—innovative and evidence-based solutions that transcend the barriers preventing women from accessing timely and quality healthcare during one of the most vulnerable periods of their lives. Through a comprehensive lens that considers healthcare infrastructure, community engagement, education, and systemic reforms, this examination seeks to illuminate the path towards a future where no woman succumbs to preventable maternal mortality. In doing so, we embark on a journey to unravel the layers of this global health challenge and advocate for practical alternatives that will redefine the narrative of maternal health worldwide.

¹<https://research.un.org/en/docs/dev/2000-2015>

²<https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

Definitions of Key Terms

Global maternal mortality rate (MMR)

The maternal mortality rate is defined as the amount of maternal deaths per 100,000 live births during the same time period. It means that the mother that just gave birth dies after or during the childbirth. There are also late maternal deaths, this means that a mother does not die directly after giving birth, but more than 42 days and less than a year after having a child. The maternal mortality ratio can be calculated by the following formula: (number of maternal deaths / number of live births) X 100,000.³

Maternal death

Maternal death or maternal mortality is when a female dies from any cause related to pregnancy and how it is managed, whether it is incidental or not, anywhere from during, directly after or up to 42 days after the childbirth.⁴

Lifetime risk of maternal death

The probability that a 15-year-old female will eventually die from maternal death is a woman's lifetime risk of maternal death. In LEDC's that is 1 in 49 women and in higher developed countries that number is 1 in 5300 women.⁵

Prenatal care

Prenatal care is the health care a woman should get when she is pregnant. Prenatal care is crucial as it informs a mother how to take care of herself and the fetus. It also can help to prevent any complications during the pregnancy as there are regular check ups from your healthcare provider.⁶ Examples of prenatal care are: watching what you eat and drink, the check ups from a doctor and gynecologist and doing research or taking lessons in taking care of the baby.⁷

Lifetime risk of maternal death: 1 in X

By region/group:

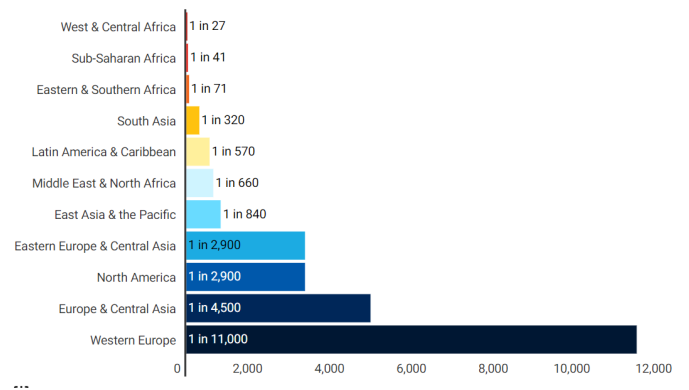


Figure 1: Life-time risk of maternal death per region.

<https://data.unicef.org/topic/maternal-health/maternal-mortality/>

³ <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/26>

⁴ <https://www.who.int/data/gho/indicator-metadata-registry/imr-details/4622>

⁵ <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

⁶ <https://www.nichd.nih.gov/health/topics/pregnancy/conditioninfo/prenatal-care>

⁷ <https://www.womenshealth.gov/a-z-topics/prenatal-care>

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Pregnancy Complications

Pregnancy complications refer to health issues that arise during the course of pregnancy and may affect the health of the pregnant woman or the developing fetus. These complications can include conditions such as gestational diabetes, preeclampsia, and other medical issues that may arise before, during, or after childbirth.⁸ In the context of reducing maternal mortality, addressing and preventing pregnancy complications is crucial. Practical alternatives may include early detection, regular antenatal care, and timely interventions to manage complications and ensure a safe pregnancy and childbirth.

Least Developed Countries (LDCs)

Least Developed Countries (LDCs) is a designation by the United Nations for countries that exhibit the lowest indicators of socioeconomic development, including low income, weak human assets, and economic vulnerability. The classification is based on criteria such as income, human assets (health and education), and economic vulnerability.⁹

Demography

Demography is the scientific study of human populations, including their size, composition, distribution, density, and changes over time due to births, deaths, migration, and other factors. It provides insights into the dynamics and characteristics of populations.¹⁰

Professional Health Care

Professional health care refers to the provision of medical services and care by trained and qualified healthcare professionals, including doctors, nurses, therapists, and other licensed practitioners. It involves the application of scientific knowledge and skills to diagnose, treat, and prevent illness and promote overall well-being.¹¹

Sustainable Development Goals (SDG's)

The Sustainable Development Goals (SDGs) are a set of 17 global goals adopted by all United Nations Member States in 2015 as part of the 2030 Agenda for Sustainable Development. These goals address various social, economic, and environmental challenges, aiming to promote prosperity, protect the planet, and ensure that all people enjoy peace and well-being.¹² Maternal health is directly linked to several SDGs, especially Goal 3 (Good Health and Well-being) and Goal 5 (Gender Equality). Practical alternatives involve aligning efforts to reduce maternal mortality with broader sustainable development initiatives, fostering collaboration across sectors, and ensuring that progress is measured in the context of the SDGs.

⁸ <https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

⁹ <https://unctad.org/publication/least-developed-countries-report-2021>

¹⁰ <https://education.nationalgeographic.org/resource/demography/>

¹¹ <https://www.who.int/publications/i/item/9241563176>

¹² <https://sdgs.un.org/goals>

General overview

The history of maternal mortality

The early 20th century witnessed a myriad of challenges related to maternal health globally, with maternal mortality remaining a significant concern.

At the outset of the century, limited medical advancements and inadequate healthcare infrastructure contributed to high maternal mortality rates. Practical alternatives during this period often

involved community-based care and traditional midwifery practices. The mid-20th century saw a gradual shift as medical interventions, such as antibiotics and improvements in obstetric practices, began to play a role in reducing maternal deaths. Notably, the establishment of the United Nations in 1945 marked a turning point, laying the foundation for international collaboration on global health issues. However, it wasn't until the latter part of the 20th century that specific global initiatives addressing maternal health gained momentum.

The 1980s and 1990s saw increased attention to maternal mortality reduction through the implementation of essential obstetric care and family planning programs. Organizations like the World Health Organization (WHO) began emphasizing the importance of skilled birth attendants and the need for comprehensive maternal health services. However, practical alternatives during this period were still characterized by challenges, including disparities in healthcare access and insufficient attention to the social determinants of maternal health.

While there was progress in raising awareness about maternal mortality, concrete global strategies with practical alternatives took center stage towards the end of the century. Initiatives like the Safe Motherhood Initiative, launched in 1987, aimed to address the root causes of maternal mortality and improve access to essential maternal healthcare. These efforts set the stage for more targeted approaches in the subsequent decades.¹³

Maternal mortality rates from the US, UK and Sweden, 1900–2000

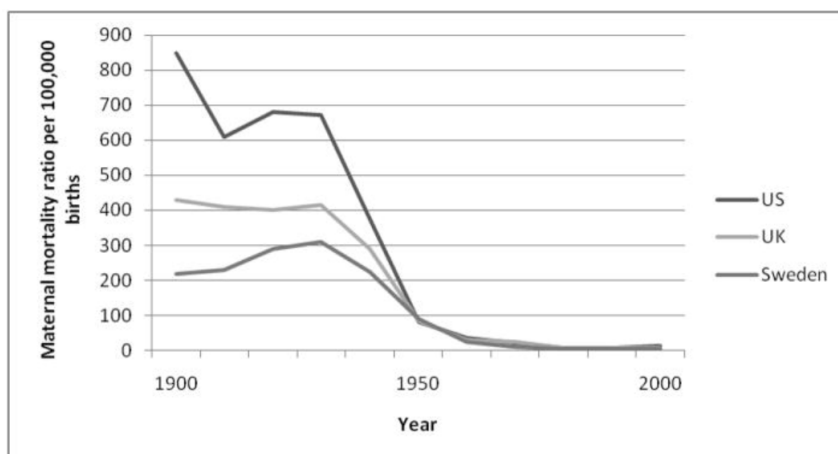


Figure 2: Maternal mortality rates from the US, UK and Sweden, 1900–2000
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3893928/>

¹³<https://www.thelancet.com/journals/lancet/article/PIIS0140673606693859/fulltext?pubType=related>

The causes of maternal mortality

Maternal mortality arises from a complex interplay of factors, often rooted in socio-economic disparities, limited access to quality healthcare, and insufficient maternal health education. Common causes include complications during childbirth, inadequate prenatal care, and the persistence of preventable conditions like hemorrhage, infections, and hypertensive disorders. Addressing these root causes necessitates practical alternatives that extend beyond medical interventions, involving community-based solutions and healthcare system improvements.

Several factors contribute to women dying during or after childbirth, including inadequate access to skilled healthcare providers, delays in receiving emergency obstetric care, and pre-existing health conditions. Social determinants such as poverty, education, and cultural practices further compound these challenges. Implementing practical alternatives involves addressing these multifaceted factors through comprehensive healthcare reforms and community education.

Limited access to healthcare services is a primary barrier preventing women from receiving the necessary care during pregnancy and childbirth. Geographic remoteness, financial constraints, cultural factors, and inadequate healthcare infrastructure contribute to this issue. Practical alternatives must involve strategies to eliminate these barriers, ensuring that women, regardless of their socio-economic status or geographical location, can access essential maternal health services.

The effect of maternal mortality

Globally, maternal mortality remains a pressing concern, with stark disparities between developed and developing countries. According to the World Health Organization (WHO), an estimated 810 women die every day due to complications related to pregnancy and childbirth, with the vast majority occurring in low-resource settings.¹⁴ These statistics underscore the urgency of implementing practical alternatives to reduce the maternal mortality ratio and achieve the Sustainable Development Goal 3 on good health and well-being.

The impact of maternal mortality ratios is profound, with developing countries experiencing a disproportionate burden. In these regions, maternal deaths contribute to the perpetuation of poverty cycles, hindering economic development. Additionally, developed countries, while having lower ratios, grapple with disparities and the broader societal impact on healthcare

Causes of Maternal Death

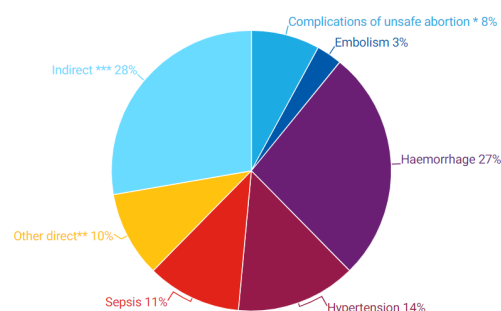


Figure 2: Causes of maternal death
<https://data.unicef.org/topic/maternal-health/maternal-mortality/>

¹⁴<https://www.who.int/news-room/fact-sheets/detail/maternal-mortality>

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systems. Reducing maternal mortality requires targeted efforts to address the unique challenges faced by both developing and developed nations.

Maternal mortality ratios have far-reaching implications for the economic and demographic landscapes of countries. Beyond the immediate loss of life, maternal deaths often disrupt families and communities, affecting the workforce and straining social structures. The economic consequences are felt through lost productivity and increased healthcare expenditures. Moreover, high maternal mortality ratios contribute to skewed demographic patterns, impacting population growth rates and the demographic dividend.

The consequences of maternal mortality extend beyond the physical realm, profoundly impacting the mental health of families. The loss of a mother can lead to increased stress, depression, and anxiety among family members, especially children. Practical alternatives should encompass not only medical interventions but also psychosocial support mechanisms to address the mental health challenges faced by families affected by maternal mortality.

In developing a holistic approach to address the global maternal mortality ratio, practical alternatives must consider the multifaceted nature of the issue, encompassing healthcare infrastructure improvements, community engagement, and comprehensive maternal health education.

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Major parties involved

Many countries and organisations are involved in this issue as it is significant to approximately half of the world population. However, some organisations have played a bigger or more active role regarding this issue:

NGOs and UN bodies involved

- World Health Organisation (WHO)

The World Health Organisation has written multiple informative texts on maternal mortality. It has also made a set of different strategies with the goal of reducing the global maternal mortality rate.

- United Nations International Children's Emergency Fund (UNICEF)

UNICEF has collected lots of data and has done research on the maternal mortality ratio.¹⁵

- Centers for Disease Control and Prevention (CDC)

The Centers for Disease Control and Prevention has set up multiple campaigns for the cause of reducing maternal mortality. As well as different programs such as the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality (ERASE MM) to help organisation that coordinate and manage Maternal Mortality Review Committees.¹⁶

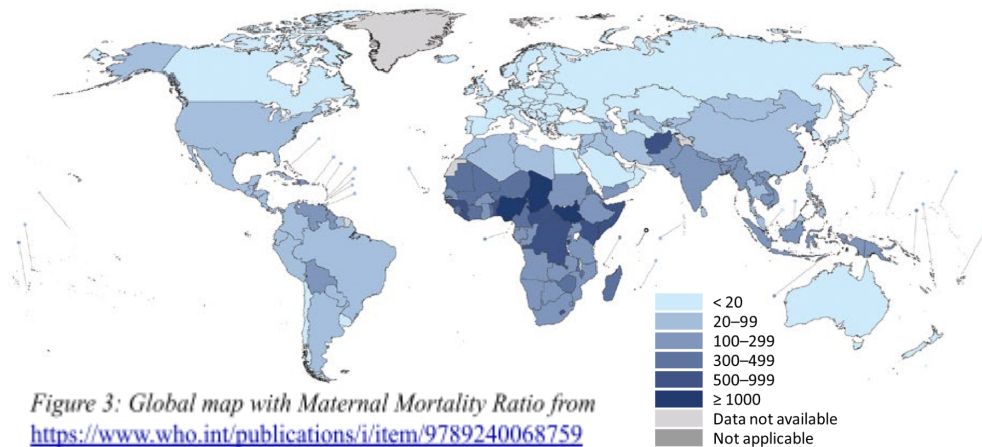
- The Region of the Americas, Pan American Health Organisation (PAHO)

The Regions of America have a United Nations branch for the national health in these countries, this organization, the Pan American Health Organisation (PAHO), provides technical cooperation to strengthen, help and improve health care for babies, women and mothers in the countries of the Region of the Americas.¹⁷

¹⁵<https://data.unicef.org/topic/maternal-health/maternal-mortality/>

¹⁶<https://www.cdc.gov/reproductivehealth/maternal-mortality/index.html>

¹⁷<https://www.paho.org/en/topics/maternal-health>



Countries that have a high MMR

The following countries have a high MMR, so it is necessary that these countries receive help and practical alternatives to reduce these numbers. These countries are all located in Middle and West - Africa.

- Afghanistan
- Democratic Republic of Congo
- Kenya
- Liberia
- Somalia

Countries that have an extremely high MMR

The following countries have an extremely high MMR, so it is necessary that these countries receive help and practical alternatives to reduce these numbers. They need extra attention as these countries have extremely high ratios. These countries are all located in Middle and West - Africa.

- Nigeria
- Chad
- South Sudan

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Timeline of Key Events

Addressing and reducing global maternal mortality involves a complex interplay of various events, treaties, laws, and conventions. While the timeline below highlights some key moments, it's important to note that ongoing efforts and developments are continually shaping the landscape. Here's a chronological overview:

1928 - Invention of penicillin by Alexander Fleming

- Penicillin is an antibiotic. Antibiotics destroy microorganisms like bacteria and viruses.¹⁸

From 1935 on - The use of aseptic techniques during and after childbirth

- Aseptic techniques like the use of sterile fields for delivery, hand washing, and the use of sterile gloves, decreased the amount of maternal deaths in Western countries tremendously.

1939 - Introduction of sulfonamides in clinical practices

- The use of antibiotics like sulfonamides decreased the amount of maternal deaths in Western countries a lot.

1940's - Introduction of penicillin in clinical practices

- The use of antibiotics like penicillin decreased the amount of maternal deaths in Western countries a lot.¹⁹

1945 - United Nations (UN) Established

- The United Nations was founded, providing a global platform for addressing international issues, including health and human rights.

1979 - Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW)

- CEDAW was adopted by the UN General Assembly, recognizing women's rights and aiming to eliminate discrimination against women, including in the field of healthcare.²⁰

1994 - International Conference on Population and Development (ICPD)

- Held in Cairo, ICPD focused on issues related to population and development, emphasizing reproductive health and rights, including maternal health.²¹

2000 - Millennium Development Goals (MDGs)

- Goal 5 of the MDGs aimed to improve maternal health, setting specific targets to reduce maternal mortality.²²

2003 - Maputo Protocol

- The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa, known as the Maputo Protocol, addresses various women's rights issues, including maternal health.²³

2010 - UN Global Strategy for Women's and Children's Health

¹⁸<https://www.britannica.com/science/penicillin>

¹⁹<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3893928/>

²⁰<https://www.un.org/womenwatch/daw/cedaw/>

²¹https://www.un.org/development/desa/pd/sites/www.un.org.development.desa.pd/files/files/documents/2020/Jan/un_1995_programme_of_action_adopted_at_the_international_conference_on_population_and_development_cairo_5-13_sept_1994.pdf

²²<https://research.un.org/en/docs/dev/2000-2015>

²³<https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa>

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- Launched by UN Secretary-General Ban Ki-moon, this initiative aimed to accelerate progress in improving maternal and child health worldwide.²⁴

2015 - Sustainable Development Goals (SDGs)

- Goal 3 of the SDGs specifically targets good health and well-being, including the reduction of maternal mortality.²⁵

2015 - Every Woman Every Child Global Strategy

- Building on the UN Global Strategy, this initiative focuses on the health of women, children, and adolescents, with a specific emphasis on reducing maternal mortality.²⁶

2015, February 15th - WHO - Strategies for Ending Preventable Maternal Mortality (EPMM)

- The World Health Organization (WHO) releases a set of strategies aimed at ending preventable maternal mortality. This marks a significant commitment to addressing maternal health on a global scale.²⁷

2018, September 27th - HRC Resolution on Preventable Maternal Mortality and Morbidity and Human Rights in Humanitarian Settings

- The Human Rights Council (HRC) adopts a resolution specifically addressing preventable maternal mortality and morbidity in humanitarian settings, recognizing the vulnerabilities faced by pregnant women in crisis situations.²⁸

2019 - Nairobi Summit on ICPD25

- Marking the 25th anniversary of the ICPD, the summit aimed to mobilize political will and financial commitments to accelerate the promise made in 1994.²⁹

2021 - Generation Equality Forum:

- Organized by UN Women, this forum brought together governments, corporations, and civil society to make commitments and investments in gender equality, including maternal health.³⁰

2021, July 14th - HRC Resolution on Maternal Mortality and Morbidity and Human Rights

- The Human Rights Council passes a resolution focusing on maternal mortality and morbidity with a human rights perspective. This reflects an ongoing commitment to addressing maternal health issues as a matter of fundamental human rights.³¹

2021, November 16th - WHO, Ending Preventable Maternal Mortality (EPMM): A Renewed Focus for Improving Maternal and Newborn Health and Well-being

- The World Health Organization releases a renewed focus on Ending Preventable Maternal Mortality, emphasizing the importance of maternal and newborn health and well-being. This underscores the need for ongoing efforts and innovation in this critical area.³²

²⁴<https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/Health/GlobalStrategy.pdf>

²⁵<https://sdgs.un.org/goals>

²⁶<https://pmnch.who.int/news-and-events/campaigns/every-woman-every-child>

²⁷<https://www.who.int/publications/i/item/9789241508483>

²⁸<https://www.right-docs.org/doc/a-hrc-res-39-10/>

²⁹<https://www.nairobisummiticpd.org/content/icpd25-commitments>

³⁰<https://forum.generationequality.org/about>

³¹<https://www.ohchr.org/sites/default/files/Documents/Issues/Women/WRGS/Health/ReportMaternalMortality.pdf>

³²<https://www.who.int/publications/i/item/9789240040519>

Previous attempts to solve the issue

One notable initiative aimed at reducing the global maternal mortality ratio through practical alternatives is the "Ending Preventable Maternal Mortality (EPMM): A Renewed Focus for Improving Maternal and Newborn Health and Well-being" launched by the World Health Organization (WHO) on November 16, 2021. This initiative reflects a renewed commitment to addressing maternal health challenges globally. The EPMM strategy focuses on evidence-based, practical solutions to prevent maternal mortality, with an emphasis on improving the quality of care, enhancing health systems, and ensuring women have access to timely and appropriate healthcare services. By recognizing the importance of practical alternatives, such as skilled attendance during childbirth, improved antenatal care, and community engagement, the EPMM initiative aligns with the broader global health agenda to achieve the Sustainable Development Goals, particularly Goal 3 on good health and well-being. The initiative underscores the need for a comprehensive and collaborative approach to maternal health, emphasizing practical solutions that can be implemented across diverse healthcare settings.³³

Another significant effort to address the challenge of reducing the global maternal mortality ratio has been the Human Rights Council's (HRC) resolution on maternal mortality and morbidity with a focus on human rights. On July 14, 2021, the HRC passed a resolution recognizing maternal mortality as a human rights issue and emphasizing the need to address it through a rights-based approach. The resolution underscores the importance of practical alternatives by acknowledging that preventable maternal mortality is often linked to violations of human rights, especially for vulnerable populations. By integrating a human rights perspective into the discourse on maternal health, this initiative seeks to promote accountability, access to information, and justice. It aligns with the broader goal of ensuring that women receive respectful and dignified care throughout the maternal healthcare continuum, contributing to efforts to reduce maternal mortality globally.³⁴

Another attempt to address the issue of reducing the global maternal mortality ratio through practical alternatives was embedded in the Millennium Development Goals (MDGs), specifically Goal 5. Envisioned in the year 2000, the MDGs were a set of eight international development goals with the fifth goal specifically targeting maternal health. The objective was to improve maternal health and reduce maternal mortality by three-quarters between 1990 and 2015. The MDGs served as a catalyst for global efforts to enhance maternal healthcare services, increase access to family planning, and promote skilled attendance during childbirth. Through practical alternatives like the promotion of antenatal care and the implementation of safe motherhood initiatives, the MDGs played a pivotal role in shaping policies and programs worldwide. While the MDGs concluded in 2015, their influence persists in ongoing initiatives such as the Sustainable Development Goals (SDGs), emphasizing the continued commitment to practical solutions for maternal health.³⁵

³³<https://www.who.int/publications/i/item/9789241508483>

³⁴https://www.ohchr.org/en/hr-bodies/hrc/regular-sessions/session47/res-dec-stat?session_id=47&stat_id=242

³⁵https://www.un.org/en/development/desa/population/migration/generalassembly/docs/globalcompact/A_RES_55_2.pdf

Possible solutions

A practical solution to address the issue of reducing the global maternal mortality ratio, particularly for females who face inadequate healthcare after childbirth, involves the establishment of community-based maternal health hubs. These hubs would serve as decentralized, accessible healthcare centers strategically placed within communities, especially in remote or underserved areas. The hubs would provide essential professional healthcare services, including skilled attendance during childbirth, postnatal care, and access to clean and sterile facilities. Emphasizing hygiene, these hubs would ensure the availability of clean water, sterile instruments, and infection control measures. By bringing healthcare closer to the communities, these hubs would overcome barriers related to distance and lack of infrastructure, ensuring that women receive timely and quality care in a safe environment. This solution aligns with the practical alternatives needed to reduce maternal mortality and addresses the critical elements of professional healthcare and hygiene.³⁶

Another viable solution to reduce the global maternal mortality ratio through practical alternatives involves a concerted effort to enhance education and training programs for healthcare professionals, including doctors and other essential personnel, in the affected environments. This initiative could be structured as a comprehensive capacity-building program focused on maternal healthcare. It would involve partnerships between international health organizations, local governments, and educational institutions to expand and improve medical training facilities. The curriculum would prioritize obstetric care, emergency interventions, and postnatal support. Emphasizing practical skills and hands-on training, this education initiative aims to produce a cadre of well-equipped healthcare professionals capable of addressing maternal health challenges in their communities. By investing in education, this solution not only increases the number of skilled healthcare workers but also contributes to building sustainable healthcare infrastructures in regions with high maternal mortality rates.³⁷

³⁶<https://www.who.int/publications/i/item/9241591692>

³⁷<https://www.who.int/publications/i/item/9789241508483>

Further reading

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