

DELIVERING THE GOODS: WHAT NEEDS TO BE DONE

Preventing maternal deaths requires political and financial commitment and a broad range of partners: men as well as women, international organizations, governments, civil society and the media need to be involved.

Experts estimate that, by 2015, between \$US 5.5 billion and \$6.1 billion in additional funding will be needed to accomplish Millennium Development Goal 5 to improve maternal health. The international community and national governments have a responsibility to increase investment and offer long-term support.

To date, funding has fallen far, far short of need.

UNFPA AT WORK

Maternal health lies at the very core of the UNFPA mission. The Fund works to prevent maternal mortality and morbidity in 90 countries worldwide through technical and financial assistance for reproductive health programmes. These are undertaken in close partnership with donors, national governments, implementing non-governmental organizations, partner United Nations agencies and the World Bank.

Maternal health—because everyone counts

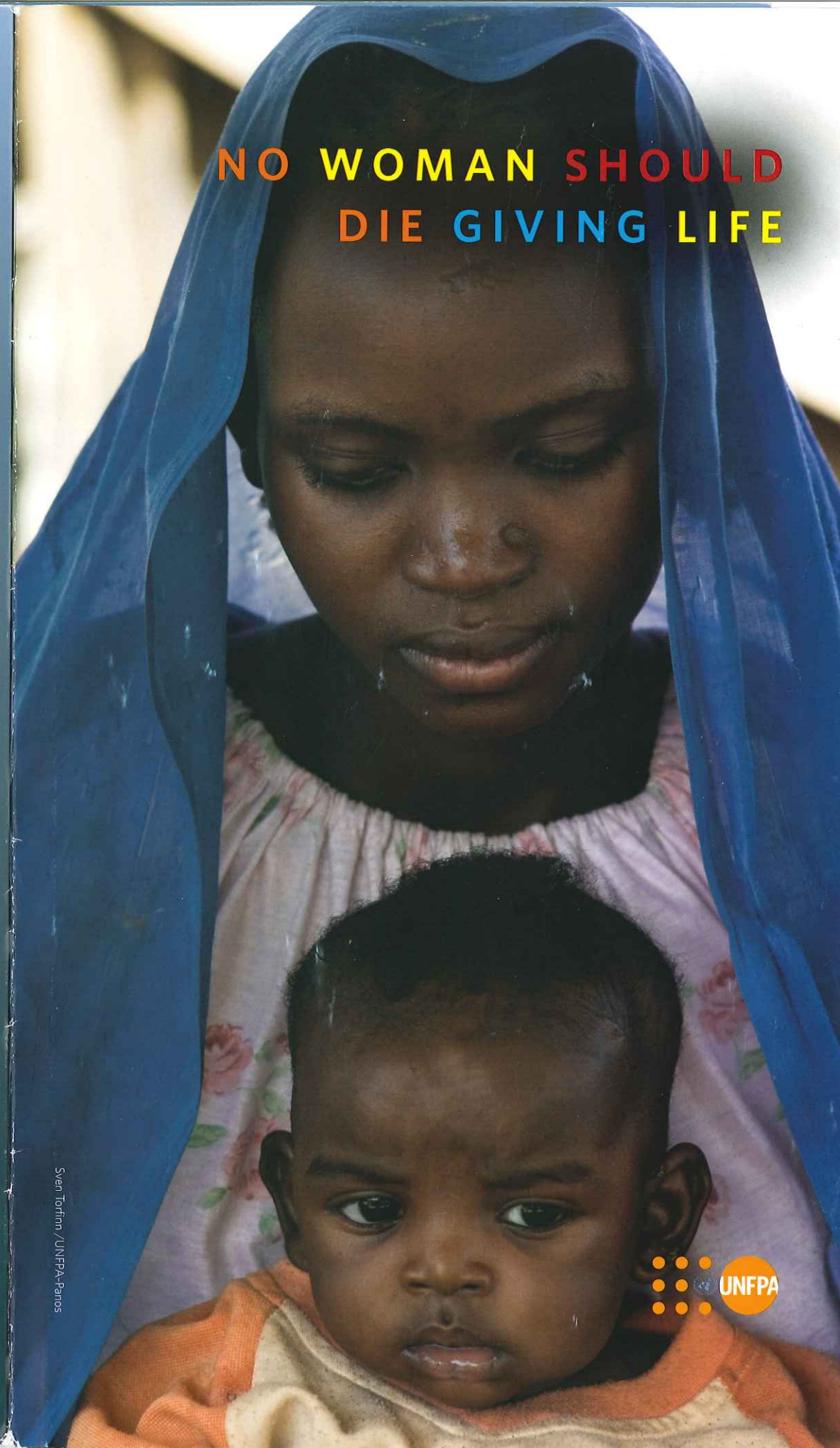
UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. UNFPA supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.

UNFPA —because everyone counts



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NO WOMAN SHOULD
DIE GIVING LIFE



Sven Torfinn / UNFPA-Panos



Don Hinrichsen/UNFPA

NO WOMAN SHOULD DIE GIVIN

STEPPING UP EFFORTS TO MAKE MOTHERHOOD SAFER

Nasleema Kahdr was 14 years old when she gave birth to her first child. It was also her last.

During the winter of 2007, after days of labour, Nasleema gave up her spirit and expired on a dirt floor in a remote and inaccessible corner of Afghanistan. Her baby died while still wedged into her mother's under-developed pelvis. Both were buried and then quickly forgotten. Where Nasleema comes from, death in childbirth is nothing new.

Every minute of every single day a woman or girl dies from complications relating to pregnancy and childbirth. That adds up to more than half a million maternal deaths a year, or fully 10 million over the course of a generation. Most of these women lose their lives because they, like Nasleema, are poor, live in poor neighborhoods, in poor countries where their rights have been systematically violated from cradle to grave.

They die because they have no education, no access to emergency obstetric care and no opportunity to determine when, if or how many children to give birth to. They die because their wellbeing is not considered of sufficient import to justify life-saving care.

Either way, these deaths constitute an indictment of the conditions under which so many women and girls live, labour and die. For every woman who loses her life, 20 more will be left disabled from injuries sustained before,

SNAPSHOTS OF A TRAGEDY

- The risk of a woman dying as a result of pregnancy or childbirth is about 1 in 7 in Afghanistan and Sierra Leone—and about 1 in 30,000 in Sweden.
- More than 10 million women a year suffer from severe or long-lasting illnesses or disabilities caused by complications relating to pregnancy and childbirth. These range from obstetric fistula to infertility and depression.
- The main causes of maternal death are haemorrhage, infections, seizures caused by high blood pressure, obstructed labour and unsafe abortions.

Left: Adolescent girls from the Dang District in Nepal receive two hours daily of UNFPA-sponsored skills development training and reproductive health education.

during or after childbirth. Most severe among these is obstetric fistula: a complication that leads to chronic incontinence and social isolation.

THE POVERTY GAP

In industrialized countries, death and disability owing to pregnancy and childbirth are rare. The maternal death rate in East Asia and Latin America has 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 among women and girls.

Ninety-nine per cent of all maternal deaths occur in developing countries—especially among the poorest. In some countries the number of maternal deaths is increasing. And when women suffer and die, children suffer and die also. Every year, one million children are orphaned because their mothers die in childbirth. Children who lose their mothers are 10 times more likely to die prematurely.

We know what it takes to save women's lives: universal access to contraception to avoid unintended pregnancies; access to skilled care during pregnancy and delivery; and rapid access to quality emergency obstetric care in the event of complications.

THREE DEADLY DELAYS

Timing is critical in preventing maternal death and disability: Although post-partum haemorrhage can kill in less than two hours, for most other complications, a woman has between 6 and 12 hours or more to obtain life-saving emergency care. Similarly, most perinatal deaths occur during labour and delivery, or within the first 48 hours thereafter.

The 'three delays' that prevent women from accessing life-saving care are:

- Delay in the decision to seek care;
- Delay in identifying and reaching a medical facility or clinic that offers emergency obstetric services;
- Delay in receiving adequate and appropriate treatment.

In practice, it is crucial to address the third delay first, for it would be useless to facilitate access to a health facility if it is not well-staffed and well equipped, and its personnel incapable of providing good quality care. Unless all three delays are addressed, however, no safe motherhood programme can succeed.



Above: Students attending the UNFPA-sponsored Midwifery School of Al-Fasher practise safe delivery techniques. Most of the students are former fistula patients displaced by the ongoing war in Darfur.

Sven Torfinn/UNFPA-Panos

CONTRACEPTION AND UNSAFE ABORTION

Chief among the causes of maternal death and disability is the inability of millions of women to choose if, when and how many children to have. To date:

- An estimated 200 million women worldwide do not have access to safe and effective contraceptives, even though they want to delay or avoid pregnancy.
- One in three deaths relating to pregnancy and childbirth could be avoided if women who wanted to use effective contraception could access it.
- Every year, an estimated 19 million unsafe abortions take place in developing countries.
- Every year, an estimated 68,000 women and girls die as a result of unsafe abortion. Millions more suffer complications or life-long disability.
- Ninety per cent of abortion-related death and disability could be avoided if women had access to effective contraception.

SKILLED ASSISTANCE AND EMERGENCY OBSTETRIC CARE

The rate of maternal deaths and disabilities is highest where skilled attendance at birth is most scarce. In developed countries, skilled health professionals attend almost all births. In developing countries, that figure is 57 per cent and plummets

to less than 20 per cent in the least developed countries.

In developing countries, fully 35 per cent of pregnant women and girls have no contact with health-care personnel prior to delivery. In sub-Saharan Africa, 70 per cent of new mothers have no contact with healthcare personnel following birth. Such care is critical, since most maternal deaths occur during delivery and in the two days following childbirth.

Furthermore, harmful traditional practices—such as infibulation, a radical form of female genital mutilation/cutting that involves excising the external genitalia and then stitching the wound—also contributes to high maternal death and disability.

CHILDREN GIVING BIRTH TO CHILDREN

How old or young a woman or girl is when she gives birth matters. In poor countries where child marriage is common, young girls are more likely to get pregnant before their bodies are able to handle the demands of childbirth.

In these countries, complications relating to pregnancy and childbirth are the leading cause of death for girls between the ages of 15 and 20. This is because girls in this age group are twice as likely to die in childbirth as women in their twenties. The numbers are higher for young adolescents: if under the age of 15, a girl is five times more likely to lose her life as a result of child-bearing.

Girls aged 15 to 19 account for one in four unsafe abortions—a total of more than five million each year.

THE HIGH PRICE OF MARGINALIZATION AND DISCRIMINATION

Child marriage, female genital mutilation/cutting, unwanted births and violence constitute multiple violations of the rights of women and girls and directly contribute to premature death and disability owing to pregnancy-related causes.

In countries that enjoy similar levels of economic development, maternal health is inversely proportional to a woman's status: the higher the status the lower the rates of maternal death and disability. In societies where men control every facet of a woman's life—including household finances—the health of women is frequently not considered a priority.

Indeed, in these settings women are far less likely to have any say as to if,



Above: Mother massages her newborn

Amy Vitale / Panos

when and with whom to become pregnant—nor are they able to determine the spacing and timing of their pregnancies. This has a direct impact on maternal death and ill-health: Women who give birth to more than four children, or whose pregnancies are too closely spaced, face a far higher risk of dying in pregnancy or childbirth.

WHY SAVING LIVES MATTERS

Not only do maternal health interventions work, they are also cost-effective. Strategies to reduce maternal death and disability strengthen health systems to the benefit of all. Maternal health indicators can help gauge health-care system performance in terms of access, gender equity and institutional efficiency.

Apart from being a basic human right, access to maternal health services saves lives—and not only that of the mother, but also her newborn and older children. Ensuring access to voluntary family planning could reduce maternal deaths by one third and child deaths by as much as 20 per cent. Skilled attendance at birth, backed by emergency obstetric care where necessary, could reduce maternal deaths by 75 per cent.