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Six Steps Towards Ending Preventable Maternal Mortality

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Cover Design: Yuval Cohen (Wilson Center). The words on the cover are what the experts from the above organizations responded when asked to provide (in one or two words) what is needed to end preventable maternal mortality.

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Maternal Health Initiative

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Six Steps to End Preventable Maternal Mortality

Every day, 830 women around the world die from complications related to pregnancy or childbirth. Most of these deaths are due to severe post-partum bleeding, infections, high blood pressure during pregnancy, delivery complications, and unsafe abortions. The vast majority of these deaths could have been prevented with timely interventions.

While most (99 percent) of the more than 300,000 maternal deaths each year occur in developing countries, maternal death is a global reality.[1] Some countries, including the United States, are currently experiencing a rise in maternal mortality rates (MMR). Sustainable Development Goal 3 set a 2030 deadline to reduce the global maternal mortality ratio from its 2015 level of 216 deaths per 100,000 live births to fewer than 70 maternal deaths per 100,000 live births. To meet this objective, ending preventable maternal mortality (EPMM) must remain a vital goal for the global community.

The Maternal Health Initiative and the United Nations Population Fund hosted two private meetings with maternal health and family planning experts at the Woodrow Wilson International Center for Scholars, in Washington, D.C. In collaboration, the following six steps to help end preventable maternal mortality were developed:

1) Take a rights-based approach to women's health
2) Follow a holistic life-cycle approach to woman-centered care, from adolescents and youth, to spacing and limiting births, to reproductive health issues ranging from STI and HIV prevention to cervical cancer and other diseases of the reproductive tract
3) Pay attention to emerging issues: comprehensive sexuality education and non-communicable diseases
4) Acknowledge the impact of unsafe abortions and promote quality post-abortion care
5) Ensure accountability at all levels and focus on data collection, disaggregation, and reporting
6) Do not silo investments in women and newborns

Take a Rights-Based Approach to Women's Health

Women and girls are central to any strategy toward EPMM. Women and girls defining their own needs and demanding them is paramount to change. Strategies must value women's and girls' roles and contributions to society, their right to healthy lives, and their right to make their own decisions. Plans forward must focus on eliminating inequities in access and quality of care and assure comprehensive counselling by providers, so that all decisions are made freely, with full and informed choice and without coercion.

Women's sexual and reproductive rights are grounded in fundamental human rights, which are guaranteed and protected in international, regional, and domestic legal instruments.[2] Despite these protections, violations of women's sexual and reproductive health rights are persistent and widespread. Over their lifetimes, women and girls are vulnerable to human rights abuses such as sexual and gender-based violence, female genital cutting, early and forced marriage, and human trafficking. These violations, along with their perceived lower status in some societies, have direct health impacts on maternal health, including increased risk of unwanted or unintended pregnancy, abortion, and increased incidence of fistulas, depression, HIV/AIDS, and other sexually transmitted infections.[3]

Social gender norms and unequal power relationships between men and women, discriminatory social and cultural practices, and national laws that repress the autonomy of women of all ages are largely responsible for

health inequities. Gender biases also play a role in the quality of healthcare that individuals receive, and make it difficult for women to access sexual and reproductive health services. Yet, at the same time, their position in society puts them at more risk. Traditional responsibilities, like cooking, agricultural work, sanitation, and water retrieval, often place women at greater risk for morbidities.[4]

Under international human rights law, women have a right to respectful maternity care, defined as "care organized for and provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labor and childbirth."[5] Women, especially ethnic minorities and those of lower socioeconomic status, are particularly vulnerable to disrespectful and abusive treatment during childbirth in facilities around the world.[6]

Women also must be able to exercise their right to choose how many children they want and when they want them. Delaying pregnancy and birth spacing are proven strategies to reduce the risk of childbirth complications. Between 2017 and 2018, modern contraceptive use averted 20 million unsafe abortions and 137 thousand maternal deaths.[7] Ensuring that women control decisions about their reproductive health and facilitating access to family planning methods is key to EPMM. If all the women and girls with an unmet need for family planning were able to use contraceptives, an estimated 29% of maternal deaths would be prevented.[8]

Follow a Holistic Life Cycle Approach to Woman-Centered Care

Woman-centered care prioritizes women's individual needs, encourages women to define those needs for themselves, and ensures women are valued decision-makers in their own care.[9] When taking a life cycle approach to woman-centered care, health services must adapt to women's evolving health needs and address issues from vaccinations, puberty, pregnancy, and childbirth to non-communicable diseases, menopause, and old age. Looking at women across life stages allows practitioners to regularly practice health promotion and disease and disability prevention.

But for some important life stages—such as adolescence—research and programs on sexual and reproductive health are limited and often not considered essential. Yet adolescent health is critical to EPMM:

- Maternal mortality risk is highest for adolescent girls under 15 years old;[10]
- Complications in pregnancy and childbirth is a leading cause of death among adolescent girls in developing countries;[11]
- Globally, 40 percent of girls are married before the age of 18;[12]
- Every day, 20,000 girls under the age of 18 give birth in developing countries;[13]
- Every year, 7.3 million babies in developing countries are born to teen mothers;[14]

The earlier young people receive comprehensive sexuality education and understand the risks associated with unprotected sex, the better prepared they will be to delay first sex and pregnancy. Evidence shows that when girls have the opportunity to delay marriage and childbearing and to advance in school, maternal mortality drops with each additional year of study they complete.[15]

Pay Attention to Emerging Issues: Comprehensive Sexuality Education and Non-communicable Diseases

Comprehensive sexuality education (CSE) is essential to reducing maternal mortality and must be inclusive of LGBTQ youth. Comprehensive sexuality education, a rights-based and gender-focused approach to sexuality education (in school or out), includes scientifically accurate information about human development, anatomy, reproductive health, contraception, childbirth and sexually transmitted infections (STIs); and CSE goes beyond information. CSE helps young people to explore and nurture positive values regarding their sexual and

reproductive health, to include relationships, culture and gender roles, human rights, gender equality, and threats such as discrimination and sexual abuse.[16]

Non-communicable diseases (NCDs) complicate pregnancy and childbirth. The world is witnessing an "obstetric transition" from mostly direct causes of maternal mortality to more indirect causes, which makes addressing the effects of NCDs on maternal health increasingly urgent. A more holistic approach to addressing maternal health is needed by paying attention to complex "indirect causes" of maternal deaths and their underlying risk factors. NCDs such as hypertension, anemia, cardio vascular diseases, reproductive cancers, diabetes, and obesity are risk factors for pregnancy and childbirth and need addressing to end preventable maternal mortality. Preventative care will likely play a large role in EPMM as the burden of NCDs grows.

Acknowledge the Impact of Unsafe Abortion and Promote Quality Post-Abortion Care

WHO estimates that between 2010–2014, on average, 56 million induced (safe and unsafe) abortions occurred worldwide each year. Of these, around 25 million were determined to have been unsafe with the vast majority happening in developing countries. Each year, seven million women in developing regions are admitted to hospitals for complications from unsafe abortion, and at least 22,800 women die from these complications.[17]

The reality may be even more grim than these numbers suggest. Abortion, as a cause of maternal death, is likely to be underreported or misclassified, which exacerbates the stigma by hiding the true extent of the problem from policymakers and communities.

Most abortions result from unintended pregnancy. While unintended pregnancy rates have fallen worldwide, they remain high in developing regions, especially where women face barriers to using effective contraceptive methods. An estimated 214 million women in developing regions want to avoid pregnancy but have an unmet need for modern contraception, contributing to 84 percent of unintended pregnancies.[18] Consequently, 97 percent of unsafe abortions worldwide take place in developing countries where there are legally restrictive environments that impact the availability of safe and legal abortion and contribute to a shortage of trained providers and safety regulations.[19]

In contrast, abortion rates are among the lowest in the world in countries where a range of high-quality contraceptive services and information are available and where abortion is legal. Legalized abortion can reduce maternal deaths by increasing the likelihood that an abortion will be done safely.[20] Whether a country's abortion policies are favorable or restrictive, it is important to ensure that existing post-abortion care (PAC) includes the offer of quality family planning counseling and services, a crucial component of PAC that is too often overlooked in practice at the facility level.[21] Post-abortion family planning is the most important component of PAC for helping a woman achieve healthy timing and spacing of pregnancy according to her plans for her own future.

Ensure Accountability at All Levels and Focus on Data Collection, Disaggregation, and Reporting

Strengthening health systems depends on strengthening accountability processes at all levels. Transparent, publicly available information on maternal health budgets, policies, and outcomes promotes accountability and deters corruption. Weak government structures and lack of transparency significantly affect maternal health and mortality.

Disaggregated and population-specific data are crucial to understanding the needs of various subgroups within a country. Broad population averages masks the inequalities that may exist between groups and would not provide an accurate picture of need.

Every maternal death must be documented to fully understand both the immediate and the underlying causes of these deaths. We need reliable data to inform research and develop the most effective evidence-based interventions. Only one-third of countries have the capacity to count and register maternal deaths.[22] Unfortunately, maternal mortality and morbidity is highest in many countries that lack strong health surveillance and tracking systems.

The Maternal and Perinatal Deaths Surveillance and Response (MPDSR) systems being promoted globally by various country and international stakeholders to strengthen monitoring mechanisms behind causes of maternal deaths are a step in the right direction towards improving quality and enhancing accountability. Collecting country-specific data to meet a continuous feedback loop holds stakeholders accountable by accurately depicting progress to evaluate interventions to reduce preventable mortality.

Do Not Silo Investments in Women and Newborns

We need to invest in women and children to secure a more productive, equitable, and sustainable world. But how can we get the best return on our investment?

Increasingly, key organizations engaged in sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH) programs are "siloing" funding both within themselves and across development sectors. Funding tends to target narrow service areas, for example, family planning or adolescent girl or sexuality education or HIV or cervical cancer or midwifery or gender-based violence instead of holistically addressing maternal health at the primary healthcare service level. This leads to distortions and prevents economies of scale when individual (government, multilateral or civil society) organizations run small programs that often end when funding runs out.

In addition, "siloed" funding stifles progress towards ending maternal mortality. To improve the health and wellbeing of girls and women throughout their lifetimes, we need to integrate funding, support, and programs across sectors, including education, gender and human rights, youth, and economic growth, in addition to health. When interventions reflect the interplay between these sectors, we will be able to create more sustainable outcomes that not only benefit women but also the greater community. For example, funding programs that solely increase access to healthcare services does not guarantee that women will be well informed enough to use these services. There is a direct correlation between education level and use of health services; in order to improve outcomes for women and mothers, gaps in health and education must be addressed simultaneously.[23]

Without a holistic approach, we waste money, effort, and time.

- Integrating maternal health and newborn health—treating the mother-baby dyad as a whole—has proven to improve outcomes for both a woman and her child;[24]
- Incorporating HIV/AIDS screening into prenatal care decreases the rate of mother-to-child transfer;[25]
- Including family planning in postnatal care encourages healthy timing and spacing of pregnancies, which decreases maternal and child deaths and improves maternal and newborn health;[26]

One of the most effective strategies for saving maternal lives is healthy timing and spacing of pregnancy. The timing of a woman's pregnancy has an enormous impact on both her health and the health of her baby. This demonstrates why family planning is such an integral part of the maternal continuum of care and why maternal health and family planning sectors need to work hand in hand towards the shared goal of reducing unwanted pregnancies.

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