

Saving Women's Lives: Leading Killers and Practical Solutions

Compelling evidence from 20 years of research and pilot interventions has identified the primary killers of pregnant women and what works to save these women's lives.

The leading killers

Fully 42 percent of *all* pregnancies suffer complications – in rich and poor countries alike – and in 15 percent of all pregnancies, the complications are life-threatening.¹ Survival depends on the distance and time women must travel to get emergency care.

1. Haemorrhage:

- At least 125,000 women die of haemorrhage during childbirth each year for lack of access to safe, adequate blood supplies or transfusion equipment.²
- A healthy woman can bleed to death in two hours.

2. Eclampsia (high blood pressure):

- Hypertension often goes undiagnosed, especially among poor women who receive little preventive or prenatal health care.
- In the United States, pre-eclampsia causes 15 percent of premature deliveries and kills at least 1,200 babies each year.³
- At least 35 percent of women in developing countries receive no prenatal care, and half give birth with no skilled attendant (midwife, nurse or doctor) present.⁴

3. Unsafe abortion:

- About one-third of all pregnancies are unintended – some 80 million per year.⁵
- An estimated 19 million unsafe abortions are carried out each year, nearly all in the developing world.⁶
- Nearly 70,000 women die from unsafe abortions each year, and millions more suffer long-term illness or disability.⁷
- Uganda estimated that post-abortion care at its hospitals cost the health system 10 times more than elective abortion services by mid-level primary care practitioners.⁸

4. Sepsis (infection):

- Sepsis is common after childbirth worldwide – for poor women who give birth at home, in unsanitary conditions, or in clinics that lack sterile equipment; and for wealthier women who contract it in hospitals.
- Most U.S. women who suffer such infections commonly have access to immediate diagnosis and care, but poor women often die for lack of treatment or antibiotics.

5. Obstructed labour and obstetric fistula:

- Malnutrition or anaemia may stunt women's bodies, or the bodies of young girls may be immature and too small for a baby's head to pass easily through the birth canal resulting in an obstructed labour.

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Invest in women – it pays

- ✚ In developed countries, obstructed labour is remedied by caesarian section. In developed countries, many women do not survive because complications are not recognized in time or high-quality care is unavailable.
- ✚ Women without access to caesarean section may suffer days of agonising labour. The baby usually dies and the woman may be left with an obstetric fistula (an opening that allows leakage between the vagina and the bladder or rectum, or both).

Practical solutions:

Maternal mortality rates will decline only in the context of broad efforts to educate women and girls and improve their legal rights and economic status.

- ✚ Important factors in maternal mortality are poverty, poor general health, malnutrition, illiteracy, discrimination, cultural barriers, lack of decision-making power in the household and community, and violence against women.

Key health sector strategies include:

1. Access to comprehensive reproductive health services.

- ✚ More than 200 million women have an unmet need for effective contraception.⁹
- ✚ An estimated 90 percent of deaths from unsafe abortions and 20 percent of other obstetric deaths could be averted by access to effective contraception.¹⁰
- ✚ Access to emergency contraception results in fewer unintended pregnancies and abortions. One study estimated that 51,000 abortions were averted in the US by women's use of emergency contraceptives in 2000.¹¹
- ✚ After South Africa reformed its abortion law in 1996, deaths from unsafe abortion fell by 91 percent.¹²
- ✚ Abortion is legal in 120 of the UN's 192 member countries. Most of the 72 countries where it is illegal or allowed only to save the woman's life are developing countries with high maternal mortality rates.¹³

2. Care by skilled midwives, nurses or doctors during pregnancy and childbirth,

- ✚ A global shortage of 4 million health care workers is felt worst in rural parts of developing countries. But skilled paramedics can provide most essential care.
- ✚ Two years after Malawi established a national blood transfusion service in 2003, its maternal mortality rate due to severe blood loss dropped more than 50 percent.¹⁴

3. Emergency obstetric care for mothers and newborns with complications.

- ✚ The "three delays" contribute to high maternal mortality rates: delay in seeking help for complications; delay in reaching a health-care facility; and delay in receiving treatment from health-care providers. Traditional practices and discrimination against women play a role in all three delays.

¹ Kamrul Islam, M., *The Costs of Maternal-Newborn Illness and Mortality*, World Health Organization, Geneva, 2006, p. 7.

² World Health Organization, "New Initiative to Improve Mothers' Access to Safe Blood," June 12, 2007, Geneva, p. 1.

³ The Preeclampsia Foundation, Frequently Asked Questions, <http://www.preeclampsia.org/FAQ.asp#five>, (accessed June 19, 2007).

⁴ UNFPA, the United Nations Population Fund, "Facts About Safe Motherhood," <http://www.unfpa.org/mothers/facts.htm> (accessed June 19, 2007).

⁵ Population Action International, "A World of Difference, Sexual and Reproductive Health & Risks," 2001, http://66.39.133.128/resources/publications/worldofdifference/rr2_facts_english.htm (accessed June 22, 2007).

⁶ UNFPA, "Facts about Safe Motherhood," <http://www.unfpa.org/mothers/facts.htm> (accessed June 22, 2007).

⁷ Grimes, D.A., et al, "Unsafe Abortion: The Preventable Pandemic," *The Lancet*, Sexual and Reproductive Health 4, October 2006., p. 65.

⁸ *Ibid*, p 69.

⁹ UNFPA, the United Nations Population Fund, "Facts About Safe Motherhood," www.unfpa.org/mothers/facts.htm (accessed June 20, 2007).

¹⁰ Shaw, D., "Sexual and Reproductive Health: Rights and Responsibilities," *The Lancet*, Sexual and Reproductive Health, October 2006, p. 7.

¹¹ International Consortium for Emergency Contraception, <http://www.cecinfo.org> (accessed May 13, 2008).

¹² Glasier, A., "Sexual and Reproductive Health: A Matter of Life and Death," *The Lancet*, Sexual and Reproductive Health, October 2006 p. 70.

¹³ Grimes, D.A., et al, "Unsafe Abortion: The Preventable Pandemic," *The Lancet*, Sexual and Reproductive Health 4, October 2006, p. 69.

¹⁴ World Health Organization, "Blood Safety and Donation," Fact Sheet #279, June 2007, Geneva, p. 1.