

# MATERNAL HEALTH

This fact sheet outlines some basic facts about maternal health. There is a list of references at the end where you can find more information. The statistics are all worldwide figures, unless we have stated otherwise.

## WHAT IS MATERNAL HEALTH?

Maternal health refers to the health and wellbeing of a woman during **pregnancy**, **childbirth** and the **post partum** (after birth) period. The aim of work around maternal health is to prevent death (mortality), disabilities and infections (morbidity) among women and girls because of complications related directly to pregnancy and childbirth, including miscarriage or abortion. Worldwide, complications occur in over 40% of pregnancies, mainly just before, during, or just after delivery.

- **Pregnancy** starts when a man's sperm fertilises a woman's egg (conception). It ends either when a baby is born, or when a pregnancy is terminated through miscarriage or abortion. Pregnancy normally lasts around 280 days/40 weeks from the first day of a woman's last menstrual period. But this varies from woman to woman.

- **Childbirth** or birth starts when a woman goes into labour and ends when the baby and placenta have been fully delivered.
- **Postpartum period** is the period after birth. It ends six weeks (42 days) after a pregnancy ends. It is during this period that a mother's health is most vulnerable.

## WHY DO WE INCLUDE MATERNAL HEALTH IN OUR WORK?

The fifth Millennium Development Goal is to improve maternal health. When that goal was set in 1990, some 400 women died each year for every 100,000 live births. That ratio has now come down by almost 50% to 210 per 100,000 live births. This demonstrates that improving maternal health is very possible. But despite the improvements, each year:

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SOME 287,000 WOMEN AND GIRLS ARE DYING FROM MATERNAL CAUSES EACH YEAR.



- There are still some 287,000 women and girls dying from maternal causes each year. Ninety-nine per cent of these are in developing countries.
- Less than 50% of births in low-income countries are attended by a trained midwife, nurse or doctor.
- Only 56% of women living in rural areas in developing countries have the recommended number of four antenatal check-ups.
- Of the 136 million women who give birth each year, 20 million experience pregnancy-related illness and injury after giving birth, including fistula, incontinence, anaemia, infertility and depression.

## WHAT ARE THE MAIN CAUSES OF MATERNAL DEATHS AND DISABILITIES?

Most maternal deaths, disabilities and infections can be prevented if a woman gets proper, skilled care when she is giving birth and is able to reach emergency obstetric care if her pregnancy or birth has complications. There are four main causes of maternal deaths:

- **Severe bleeding** (mainly after birth). If a woman is left unattended after birth and suffers excessive bleeding she can die within two hours. An injection of a drug called oxytocin immediately post-birth can prevent severe bleeding. Some

bleeding throughout the postpartum period is normal.

- **Infections** (mainly after birth). These can be prevented through good hygiene practices by those attending the birth and by recognising the early signs of infection in a woman, such as high fever/temperature and rapid heartbeat.
- **High blood pressure**, which can lead to convulsions (eclampsia). This can be detected during antenatal care, as well as through a woman's ability to recognise warning signs (such as dizziness, blurred vision and severe headache) and seek treatment.
- **Unsafe abortion**. This results in around 47,000 deaths annually but could be prevented if women/girls were able to access reliable family planning methods to prevent unwanted pregnancies, as well as safe abortion services. (See the Family Planning fact sheet in your ringbinder for more details.)

Most other maternal deaths are connected with diseases such as malaria and HIV infection.

## WHAT CAN BE DONE TO IMPROVE MATERNAL HEALTH?

The healthcare solutions to improve maternal health fall into three areas: antenatal care in pregnancy, skilled care during childbirth and care in the weeks following birth (postnatal care).

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**Antenatal care (ANC).** Women are advised to attend ANC at least four times during their pregnancy. Antenatal care should start as soon as a woman suspects she is pregnant rather than when a pregnancy is showing, as is the case in many societies. Women will be given information about how to look after themselves and their unborn baby during pregnancy, especially on what to eat and how much heavy work they should do. They will also be given advice around the signs of any complications and the signs of labour. A woman will have her blood pressure checked and be tested for conditions such as sexually transmitted infections and HIV, as well as anaemia and diabetes, so she can receive advice, support and treatment where necessary. She will receive vaccinations against the life-threatening infection tetanus and receive iron and folic acid supplements to prevent anaemia and some birth defects. She will also be able to discuss plans for the birth.

**Skilled care during childbirth.** The chances of a mother or her baby becoming ill and dying are reduced if the woman is able to give birth in a properly equipped health facility with the assistance of a skilled birth attendant, such as a doctor, nurse or midwife.

Skilled attendants can check for signs of complications, arrange for the mother to be transferred to a better-equipped facility if necessary and available, ensure correct hygiene practices are followed and so forth. There is also a greater chance of a woman receiving check-ups in the 24 hours after delivery if she is in a health facility. Currently only 46% of women in low-income countries give birth with a skilled attendant, either in a facility or at home.

**Postnatal care (PNC).** According to international organisations, such as WHO, PNC is the most neglected area of maternal and child health programmes. Basic PNC for the mother includes checks for excessive bleeding and any signs of infection or postpartum complications, promotion of nutrition, anaemia management, counselling and support for breastfeeding and advice on family planning. The first check should take place within 24 hours or less if the woman is in a facility, with two other follow-up checks during the next six weeks.

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## RESOURCES

This fact sheet is drawn from the sources below. If you want to find out more about the issues covered in this fact sheet, please refer to them. Or you can ask BBC Media Action's London-based health advisors. If you are working in a country with high rates of HIV among women of reproductive age, this is an important factor that needs to be taken into consideration for work around improving maternal health.

## COUNTDOWN TO 2015: MATERNAL, NEWBORN AND CHILD SURVIVAL

Multi-institutional collaboration that publishes country profiles and calls for accountability in reaching the Millennium Development Goals on child mortality and maternal health:

<http://www.countdown2015mnch.org>  
[http://www.countdown2015mnch.org/documents/2013Report/Countdown\\_2013-Update\\_withprofiles.pdf](http://www.countdown2015mnch.org/documents/2013Report/Countdown_2013-Update_withprofiles.pdf)

## FACTS FOR LIFE

UNICEF handbook describing all the essential information around maternal health and childcare:

<http://www.factsforlifeglobal.org/>

## UNITED NATIONS MILLENNIUM DEVELOPMENT GOALS

Facts on maternal health worldwide:

<http://www.un.org/millenniumgoals/maternal.shtml>

Fact Sheet:

[http://www.un.org/millenniumgoals/pdf/Goal\\_5\\_fs.pdf](http://www.un.org/millenniumgoals/pdf/Goal_5_fs.pdf)

## WOMEN DELIVER

A global advocacy organisation that aims to improve the health and well-being of women and girls:

<http://www.womendeliver.org/knowledge-center/facts-figures/maternal-health/>

## WORLD HEALTH ORGANIZATION PUBLICATIONS AND FACT SHEETS ON MATERNAL HEALTH

[http://www.who.int/topics/maternal\\_health/en/](http://www.who.int/topics/maternal_health/en/)