

# Safe Motherhood

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## Excessive hazards of pregnancy and childbirth in the Third World

Special efforts will have to be made in developing countries regarding women's health, the care of pregnant women, and access to satisfactory health services during pregnancy and delivery, if maternal mortality is to be substantially reduced by the year 2000.

At the Nairobi Conference on Safe Motherhood in 1987 the world community set itself the goal of halving maternal mortality by the year 2000. How far have we come in reducing an annual toll of 500 000 maternal deaths, almost all of them in the developing world? Since 1987 a considerable volume of new information on the nature and dimensions of the problem has become available and a reappraisal of the situation is now possible. Sadly, while there appears to have been progress in limited areas, the global situation remains virtually unchanged. Half a million women continue to die each year, the vast majority from preventable causes such as unsafe abortion or inadequate health care.

The difficulty of measuring maternal mortality has long proved an impediment to

alerting health planners and others about the magnitude and causes of the problem and hence to intervening on an appropriate scale. However, the information gap is gradually closing (1-3).

### Third World burden

Of the half million or more women's deaths related to pregnancy and childbirth each year, all but about 4000 occur in developing countries that account for 87% of the world's births. Maternal mortality ratios are highest in Africa, with values of up to 1000 deaths per 100 000 live births in several rural areas and of over 500 per 100 000 in some cities. Such high figures even in urban areas indicate either that accessible and affordable maternal care services are unavailable or that, where services exist, they are failing to provide women with appropriate care.

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The risks of pregnancy are considerably higher in West, Central and East Africa than in North and southern Africa. Overall in sub-Saharan Africa, high maternal mortality ratios are compounded by high fertility, there being an average of eight live births

**In sub-Saharan Africa an increase in the risk associated with pregnancy and childbirth has been aggravated by a very large increase in the number of births.**

per woman. An African woman's lifetime risk of dying from pregnancy-related causes often exceeds 1 in 20.

Maternal mortality in southern Asia is also very high. Recent studies in rural Bangladesh, for example, found ratios of approximately 600 per 100 000. In rural Andhra Pradesh, India, a study in 1984-85 found a ratio of 874 per 100 000. Fertility rates are not quite as high as in Africa, but southern Asia, with its dense population, accounts for nearly half the world's maternal deaths yet only 29% of births. In contrast, maternal mortality ratios in East Asia are quite low. A recent study in China, however, shows considerable variations, with ratios of 50 and 115 per 100 000 in urban and rural areas respectively. In remote rural areas the ratio was above 200 per 100 000. Ratios in south-east and western Asia, while on average not as high as in southern Asia, are nevertheless above 700 per 100 000 in some areas.

Most of the data on Latin America are based on civil registration and therefore tend to underestimate the true position. The degree of underreporting is sometimes as high as 60%. This means that maternal mortality

ratios in many countries are considerably higher than was previously thought. It is estimated that the average for this area is 200 deaths per 100 000 live births. Except for some parts of the Caribbean, the risks of pregnancy are lower in Latin America than in Africa and most of Asia, despite a large number of deaths associated with abortion.

The risk of dying as a result of a particular pregnancy in the richest developed countries is at least 100 times smaller than in the poorest countries of Africa and Asia. Maternal mortality ratios in western and northern Europe are about 10 per 100 000 or lower. In southern and eastern Europe they are slightly higher, but, with the notable exception of Romania which had, until recently, very high mortality due to abortions, they are rarely more than 30 per 100 000. The values for Australia, Canada, Japan, New Zealand and the USA are similar to those in Europe. Allowing for underregistration, the evidence for which is substantial, it is estimated that the developed countries as a whole have a maternal mortality ratio of about 26 per 100 000 live births. Coupled with low fertility this results in only between 4000 and 5000 maternal deaths a year in the developed world, 1% of the total. A woman living in a developed country has only a 1 in 2000 risk of dying from pregnancy-related causes.

### **Progress too slow**

Since 1987 when the first global and regional estimates were made by WHO, pregnancy and childbirth have apparently become safer for women in most of Asia and parts of Latin America. In contrast, the situation in sub-Saharan Africa seems to have changed very little, the increased number of births having led to a parallel increase in maternal deaths. However, comparisons of present estimates with those

made five years ago should be treated with caution, because it is not clear which changes are real and which simply reflect better information. For example, in the earlier period the maternal mortality ratio for China was thought to be around 50 per 100 000, but a recent study has shown it to be nearer 100 per 100 000. The seemingly large declines in North and southern Africa also largely reflect improved information.

Globally, the risks associated with pregnancy and childbirth are about 5% lower than they were five years ago. However, the number of births has increased by some 7%, and consequently the total number of maternal deaths remains almost unchanged. In developed countries the number of births has fallen slightly, there has been a fall of 13% in the maternal mortality ratio, and an equivalent fall has occurred in the number of maternal deaths. Setting aside those areas where an apparent increase in maternal mortality is attributable to better information, for example in the Caribbean, the only real rise in maternal mortality has taken place in sub-Saharan Africa, where an increase in the risk associated with pregnancy and childbirth has been aggravated by a very large increase in the number of births. The resulting situation is the worst in the world and reflects deteriorating economic and health conditions.

A number of studies in Latin America have made it possible to assess the degree of underreporting in official figures and to make more reliable estimates of the current situation. With a few exceptions, such as Bolivia and Haiti, most countries in the region have maternal mortality ratios within the range 150–250 per 100 000. The number of maternal deaths in the region as a whole appears to have declined by about a quarter.

There are also signs of improvement in Asia, where falls in both the risk of pregnancy and the number of deaths are apparent in all subregions except East Asia.

During the late 1980s there seems to have been little or no improvement in the coverage of maternity care, the frequency of and mortality from unsafe abortion, and the prevalence of nutritional anaemia in women. Low birth weight, largely a reflection of poor nutritional and health status of mothers before and during pregnancy, continues to be a major problem. The impact of the poor health and inadequate care of mothers during pregnancy is passed on to the next generation. Seven million infants die annually because of complications that develop during pregnancy and because of poor management during delivery. The condition of many children, particularly girls, is clearly exacerbated by maternal ill-health or death, and the cycle of deprivation is thus perpetuated.

If the goal for the year 2000 is to be attained, additional efforts will have to be made regarding women's health, the care of pregnant women, and access to appropriate and adequate health services during pregnancy and delivery. □

## References

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