

Maternal Health and PPH in the EAC

EAC Regional Meeting on Life-
Saving Medicines for PPH

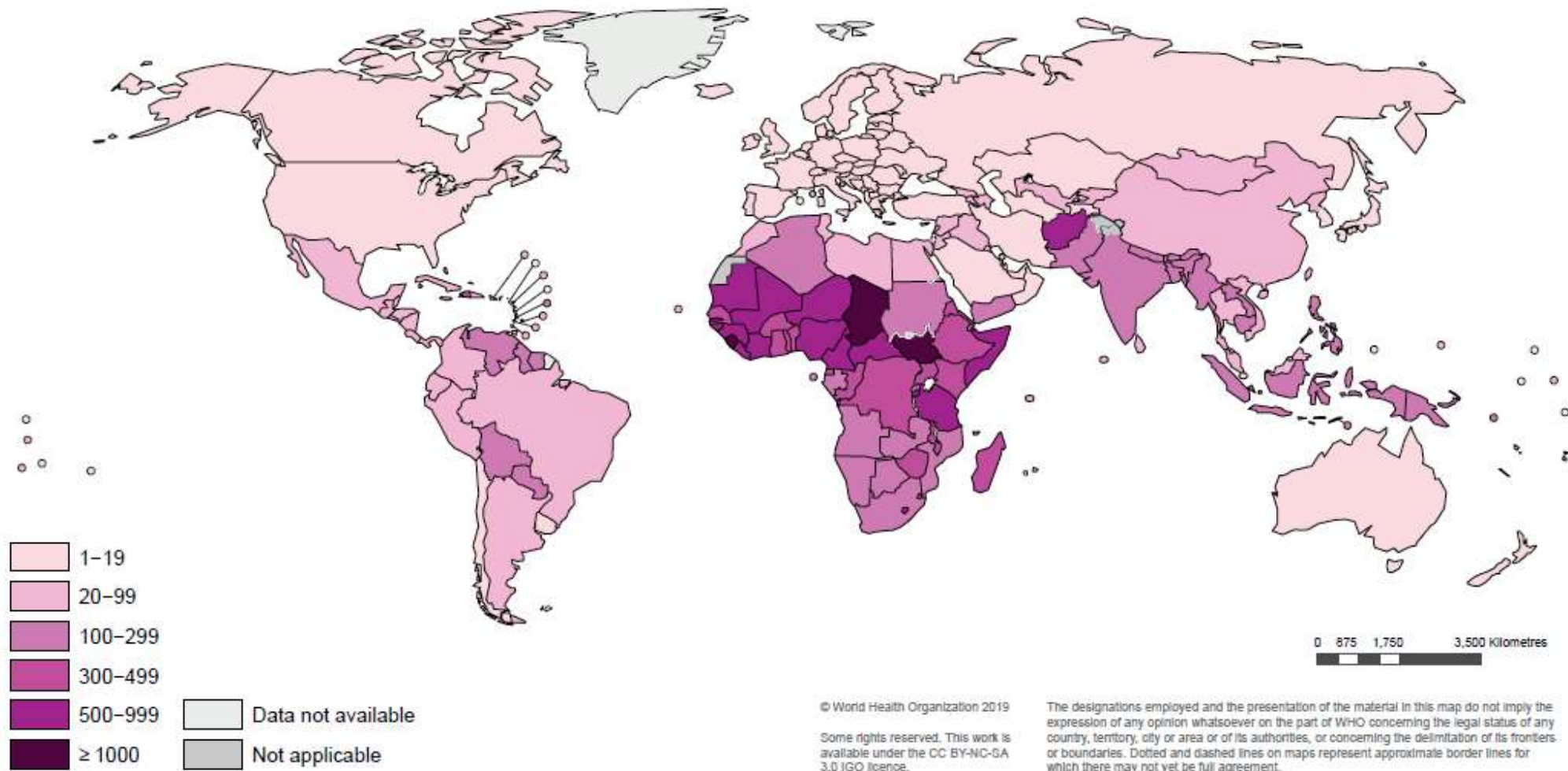
Nairobi 12-13 December 2019

Maternal Mortality Targets

SDG target 3.1:
reduce global
MMR to less than
70 per 100 000
live births by
2030.



Figure 4.1. Maternal mortality ratio (MMR, maternal deaths per 100 000 live births), 2017



MMR estimates for 2017

- MMR in the world's least developed countries (LDCs) is high, estimated at 415 maternal deaths per 100 000 live births (UI 396 to 477),
 - more than 40 times higher than that for MMR in Europe (10; UI 9 to 11), and
 - almost 60 times higher than in Australia and New Zealand (7; UI 6 to 8).

MMR estimates for 2017

Three countries are estimated to have had extremely high MMR in 2017 (defined as over 1000 maternal deaths per 100 000 live births):

- **South Sudan (1150; UI 789 to 1710),**
- **Chad (1140; UI 847 to 1590) and**
- **Sierra Leone (1120; UI 808 to 1620).**

Sixteen other countries, all also in sub-Saharan Africa except for one (Afghanistan), had very high MMR in 2017 (i.e. estimates ranging between 500 and 999).

Maternal Deaths 2017

Highest estimated numbers of maternal deaths accounting for approximately one third (35%) of estimated global maternal deaths in 2017

- Nigeria 67 000 (23% of global maternal deaths)
- India 35 000 (12% of global maternal deaths)

Three other countries also had 10000 maternal deaths or more:

- the Democratic Republic of the Congo (16 000),
- Ethiopia (14 000) and
- the United Republic of Tanzania (11 000).

Regional and country-level trends, 2000–2017



- The subregion of **Southern Asia** achieved the greatest overall percentage reduction in MMR: 59% (from 384 to 157).
- Four other subregions roughly halved their MMRs during this period: **Central Asia** (52%), **Eastern Asia** (50%), **Europe** (53%) and **Northern Africa** (54%).
- MMR in **LDCs** also declined by 46%.
- **Sub-Saharan Africa** as a region also achieved a substantial reduction in MMR of roughly 38%.



- **Northern America** – increase in MMR of almost 52%, rising to 18 in 2017

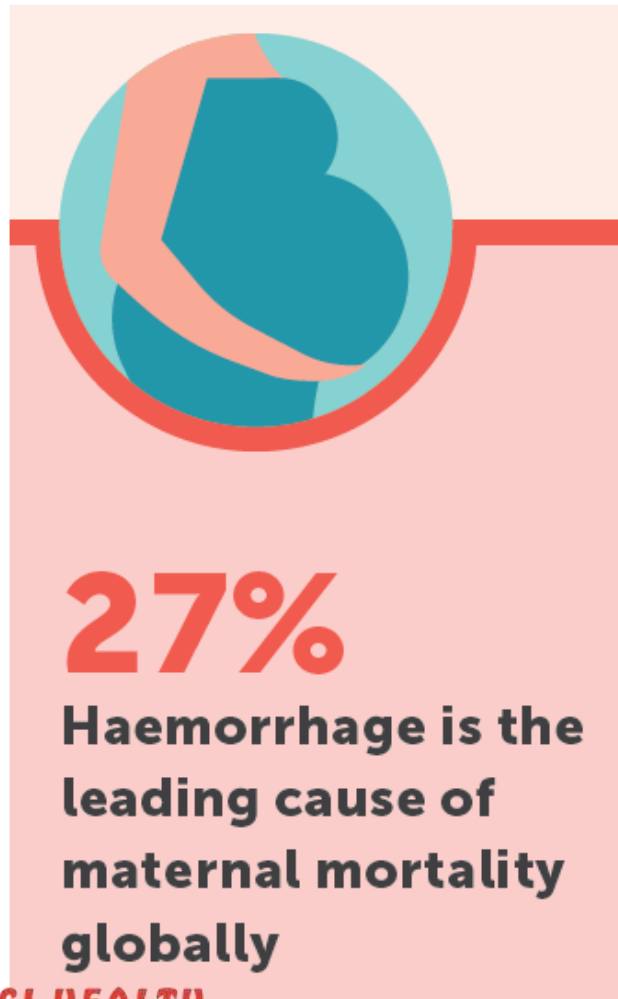
Causes of maternal deaths

- Every day in 2017, approximately 810 women died from preventable causes related to pregnancy and childbirth.



- 295,000 women died from preventable causes related to pregnancy and childbirth in 2017.
- 94% of all maternal deaths occur in LMICs.
- Young adolescents (ages 10-14) at greatest risk.
- Skilled care before, during and after childbirth can save the lives of women and newborns.

Why do women die?



- severe bleeding (mostly bleeding after childbirth)
- infections (usually after childbirth)
- high blood pressure during pregnancy (pre-eclampsia and eclampsia)
- complications from delivery
- unsafe abortion.

72.6%

Postpartum haemorrhage
caused by uterine atony

PPH from uterine atony can be prevented through the administration of a quality uterotonic immediately after delivery of the infant.

Most maternal deaths are preventable

- All women need access to high quality care in pregnancy, and during and after childbirth.
- Maternal health and newborn health are closely linked.
- All births should be attended by skilled health professionals.

How can women's lives be saved?

- **Severe bleeding** after birth can kill a healthy woman within hours if she is unattended. **Injecting uterotonics** immediately after childbirth effectively reduces the risk of bleeding.
- **Infection** after childbirth can be eliminated if **good hygiene** is practiced and if **early signs of infection are recognized and treated** in a timely manner.
- **Pre-eclampsia** should be **detected and appropriately managed before the onset of convulsions** (eclampsia) and other life-threatening complications. Administering drugs such as **magnesium sulfate** for pre-eclampsia can lower a woman's risk of developing eclampsia.

Acknowledgements

- **TRENDS IN MATERNAL MORTALITY: 2000 TO 2017.**
Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division