Stalled global progress on preventable maternal deaths needs renewed focus and action

Pandemic setbacks have compounded underinvestment as an obstacle to meeting the sustainable development goal on preventable maternal mortality, write Clara Menendez and colleagues

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At the midpoint to the 2030 deadline for reaching the United Nations’ sustainable development goals (SDGs), we are well off target in terms of ending preventable maternal deaths worldwide. The latest progress report from the World Health Organization, the United Nations International Children’s Emergency Fund (Unicef), and the United Nations Population Fund (UNFPA)1 finds that the global decline in preventable maternal mortality seen at the start of this century has flattened in recent years. Setbacks resulting from the covid pandemic have compounded the challenge of reducing the world’s 4.5 million preventable and treatable maternal, neonatal, and newborn deaths each year—a staggering one death every seven seconds.

In 2020, an estimated 287 000 women worldwide died from maternity related causes, averaging almost 800 maternal deaths a day.2 Assuming that the rate of progress of the past five years remains unchanged, the maternal mortality rate will be 222 in 100 000 live births by 2030—over three times the SDG target of fewer than 70 maternal deaths in 100 000 live births.3 Reaching the target can be accomplished only by focusing major efforts on the factors that determine maternal survival, especially in high burden countries.

Even before the covid pandemic over 95% of maternal deaths occurred in low and middle income countries, and 79% of those were in sub-Saharan Africa.2,4 In 2020 sub-Saharan Africa was the only region with a very high maternal mortality rate, estimated at 545 maternal deaths in 100 000 live births. This is 136 times higher than the rate of four maternal deaths in 100 000 live births in Australia and New Zealand, where the rate was lowest. Excluding sub-Saharan Africa, the rate was below 100 in the rest of the world.2

Access to care

Most maternal deaths are preventable with access to skilled birth attendance, emergency obstetric care, and postpartum care in the weeks after delivery.2 An increasing number of deliveries in low and middle income countries occur in health facilities,2 and first attendance to antenatal care clinics is high in most such countries, including sub-Saharan Africa. But this has not resulted in the expected reduction in maternal mortality. The pandemic further obstructed SDG 3.1 on maternal mortality, by reducing already constrained health financing. Competing priorities, caused by overlapping poly-crises, are further hindering efforts to reverse these declines.

High maternal mortality has many causes, including delays in the decision to seek care, late arrival at a health facility, and delays in receiving adequate care. Inadequacies in the quality of care are a recognised problem, and many factors contribute to poor quality care. Some relate to the workforce, such as a lack of training and motivation in underpaid health staff, understaffing, and stigma and bias regarding mothers. Others relate to resourcing and facilities, including shortages of medical supplies and equipment, a lack of sustainable financing for health, a lack of safe water in health facilities, and complex operating environments.

More generally there is often a lack of autonomy in women’s decision making about their care, as well as poor accountability in health systems.5,6 A key factor that often goes unrecognised is imprecise diagnosis of the causes of death, such as overdiagnosis of eclampsia or underdiagnosis of obstetric infections, leading to inaccurate case management.7-10

Data systems

Reducing the number of maternal deaths in low income settings requires a comprehensive approach, including improvements in diagnosing maternal illness, refining clinical skills, and increasing the availability and quality of medicines, diagnostic tests, and other medical supplies.7 It also requires investment in data systems, as countries with the highest maternal mortality rates are also the least likely to have good data.1 This is challenging because, as of 2022, more than 25% of countries are still reporting post-pandemic health service disruptions.1

Maternal mortality can also be reduced through access to adequate family planning. The proportion of women worldwide whose family planning needs were satisfied increased modestly from 73.6% in 2000 to 76.8% in 2020, whereas coverage in sub-Saharan Africa was only 55.5% in 2020.11 There is a critical need for female health workers who can provide obstetric care in addition to postpartum support including information on birth spacing.12,13

We must focus on gender equality to give women agency over their health and family rights. Adolescent girls, who have a higher risk of pregnancy complications than women a few years older, are having fewer births than in 2000, but 41 births in every 1000 girls under 19 still occurred in 2020 worldwide.12 A reduction in adolescent pregnancies...
would contribute to ending preventable maternal deaths. Most maternal and peri-neonatal deaths are preventable. The clinical knowledge and technology required to prevent them have been known for decades. However, limited prioritisation of policy and resources is resulting in structural failings in health systems. Around the world, this is unnecessarily condemning thousands of women and their newborns to death. Renewed focus and action to end preventable maternal deaths—which have many risk factors, causes, and solutions in common with other SDGs—are needed to align global partnerships and investments, to accelerate subnational efforts and progress at the country level.

Progress on this front has stalled since the millennium development goal era, up to 2015. Now, in a post-pandemic world and halfway towards the 2030 target for reaching the SDGs, there must be a commitment to prioritise the needs of the most vulnerable people: those who are disadvantaged and marginalised. Ending the terrible toll on mothers who are bringing up future generations must involve a human and gender rights lens, and it must be a top priority of national and international agendas.

Competing interests: GG co-led the joint Every Newborn Action Plan and Ending Preventable Maternal Mortality report that was developed by Unicef, WHO, and UNFPA and released at the International Maternal Newborn Health Conference in January 2023.

VBdL’s husband, Steven Lauwerier, is acting head of Unicef Health under whose auspices the progress report by WHO, Unicef, and UNFPA was released. VBdL was part of Unicef Health, 2008-22, as malaria and health partnerships adviser and acting chief of health in emergencies (January to June 2022) but did not have any direct input into the progress report.

FB is associated with the Partnership for Maternal, Newborn and Child Health hosted by WHO but was not involved in writing or reviewing the recent progress report by WHO, Unicef, and UNFPA.

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3 UN Department of Economic and Social Affairs. The 17 goals. https://sdgs.un.org/goals