WHEN A MOTHER DIES IN PREGNANCY OR CHILDBIRTH...

...her death has a devastating impact on her children, harming their health, interfering with their education, and diminishing their future opportunities.

The vast majority of maternal deaths can be prevented, if every woman has access to high-quality reproductive and maternal health care. Improving maternal health, and fulfilling the promise of MDG 5, will be a critically important step forward for Kenya’s children: it will in turn increase newborn survival, improve child health, increase educational attainment, and create a lifetime of opportunity for thousands of children.

The cost of a maternal death is A PRICE TOO HIGH TO BEAR.
A recent research study — *A PRICE TOO HIGH TO BEAR: The Costs of Maternal Mortality to Families and Communities* — shows the devastating ripple effect that maternal deaths have on children.

**Neonatal mortality:**
A woman’s maternal death, far too often, leads directly to the death of her newborn baby. Among the 59 maternal deaths examined in this study, only 31 infants survived delivery. Of these, 8 babies died in their first week of life, and another 8 died over the next few weeks. In all, only 15 babies survived.

Analysis of longer-term survey data from in the same area showed similarly dramatic findings on maternal death’s impact on newborn survival. Over the period from 2003 through 2011, there were a total of 90 live babies born to women who died of pregnancy or childbirth-related causes. (This analysis did not include cases of stillbirth prior to a maternal death). Of these babies who were born alive, 25% did not survive the first seven days of life. In comparison, only 1% of the babies whose mothers were still living and 4% of the babies whose mothers died of non-maternal causes failed to survive their first week. By one year after birth, fewer than 1/3 of the babies born in cases of maternal death were still alive, while about half of the babies born to women who died of non-maternal causes and nearly all of the babies born to surviving women were still alive to celebrate their first birthday.

**Family break-up:**
A mother’s death is a devastating loss, but the disruption chain begun by her death often culminates in the dissolution of the family itself. In a rural region where families — often extended families — all eat together, nearly three-quarters of the children and other household members in the study had to change the place where they took their meals after the mother’s death. While most surviving children were fed, and in many cases taken in, by a grandmother or other family or kin member, this dislocation still represents a traumatic breakdown of the family unit.

**Children’s education:**
When a mother dies, her children’s education suffers as well. The high economic costs (medical care, funeral costs, and loss of income) that come with a maternal death create a ‘disruption chain’ that forces many children to withdraw from or miss school because their family can no longer afford to pay school fees. Other children leave school because they have to fulfill the roles and responsibilities that their mother had performed. And even for children who are able to continue their schooling, their grief and new household responsibilities often negatively affect their schoolwork, achievements, and future opportunities.

These research findings must catalyse renewed and strengthened efforts to prevent maternal and newborn deaths by:

- Ensuring universal access to reproductive, maternal, newborn, and child health care
- Improving the quality of health services, including emergency obstetric care
- Strengthening referral services

Because it will take time to put an end to preventable maternal deaths, immediate measures should be taken to improve financial and social support for families facing maternal health crises, including maternal death. These steps may include:

- Outreach to families experiencing maternal deaths in the immediate postpartum period and throughout the first year, in order to maximize newborn survival
- Financial and social support to ensure that surviving children remain healthy and are able to continue with their education, through expansion of Orphan and Vulnerable Children (OVC) programs, in place to support children orphaned or made vulnerable by HIV, to also include children left motherless by maternal mortality
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**MATERNAL DEATH, AND ITS IMPACT ON CHILDREN, CAN BE PREVENTED!**

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New study from Kenya confirms dramatic impact of maternal death

In a study conducted in 2011-2013 in three sub-counties in Siaya County in Western Kenya, Family Care International (FCI), the International Center for Research on Women (ICRW), and the KEMRI/CDC Research and Public Health Collaboration in cooperation with the Ministry of Health sought to document the financial costs of maternal mortality to households in poor remote communities, and to explore the impact of these costs on family well-being.

In the study area, poverty is pervasive; reproductive, maternal, and child health indicators are worse than national averages; and rates of HIV, TB, and malaria are among the highest in Kenya.

Using KEMRI/CDC’s Health and Demographic Surveillance System, which has since 2001 conducted quarterly surveys of a total population of 220,000, the research team sought to identify every maternal death that occurred in the area over a period of 22 months, and to interview surviving household members. For each such ‘case’ household, an additional two control households – in which a woman had given birth at approximately the same time, and survived – were also interviewed.

Group discussions were also held with a subset of the households that had experienced a maternal death, to supplement quantitative data with more qualitative information about the effect of the death on surviving family members.

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