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FOCUS
ON
5

WOMEN'S
HEALTH AND
THE MDGS

The logo for 'WOMEN DELIVER' features a stylized white arrow pointing downwards and to the right, positioned to the left of the text. The text 'WOMEN' is stacked above 'DELIVER' in a bold, white, sans-serif font.

WOMEN
DELIVER

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*Designed by
Ahlglim|Shepard, Inc.*

ENDORISING ORGANIZATIONS

- The Averting Maternal Death and Disability Program (AMDD), Mailman School of Public Health, Columbia University
- Center for Health and Gender Equity (CHANGE)
- EngenderHealth
- International Federation of Gynecology and Obstetrics (FIGO)
- International Planned Parenthood Federation (IPPF)
- Ipas
- Likhaan
- Physicians for Human Rights

Of all the Millennium Development Goals (MDGs), MDG 5 – **Improve Maternal Health** – has made the least progress and is the most underfunded.

These briefing cards outline FOUR reasons why policymakers should prioritize saving the lives of mothers and newborns and TWO key investments they should make in order to achieve that goal.

Globally, the MDGs are widely accepted as the path to ending poverty. But one central fact is not yet widely understood: none of these goals can be achieved without more progress in promoting women's and adolescent girls' rights, protecting maternal health, and advancing family planning and reproductive health.

These briefing cards present the messages and recommendations that policymakers, civil society groups, and advocates can use to improve vital maternal and newborn health services in the developing world. They highlight cost-effective national health strategies that are also practical solutions to improve maternal and newborn health outcomes.

No woman should die giving life.



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FOCUS ON 5
WOMEN'S
HEALTH AND
THE MILLENNIUM
DEVELOPMENT
GOALS

Key Messages and Actions to Promote Women's Health in the MDGs

There is a global consensus that care for mothers, newborns, and children is an interconnected continuum. The health of a mother is critical to the health and survival of her infant, and other children as well. However, women's health continues to be the most neglected and underfunded element of this continuum.

Political commitment and actual investment in the necessary measures must increase dramatically if Millennium Development Goal (MDG) 5—*Improve Maternal Health*—is to be achieved by 2015.

These briefing cards detail **four key reasons** why policymakers should invest in women's health and **two key actions** to improve vital services for mothers and newborns in the developing world. The cards highlight what is needed financially, where the money should go, and what the results would be.

FOUR KEY REASONS:

- Invest in women—it pays!
- Maternal health is a human right.
- The investment necessary to achieve MDG 5 is well within reach.
- We know what to do—scaling up cost-effective strategies can accelerate progress.

TWO KEY ACTIONS:

- Increase investment in maternal and newborn health by US\$5 billion annually by 2010 and by an additional US\$8 billion annually by 2015.
- Increase the number of skilled attendants for maternal and newborn care by 1 million in developing countries by 2010.



THE KEY MESSAGES: REASONS TO TAKE ACTION

- 1. Invest in women – it pays!** Investment in women creates a virtuous circle in which healthy and educated women are more productive economically. They deliver for their families, communities, and nations. Their income stays at home and their care keeps children alive.
- 2. Maternal health is a human right.** Disparities in maternal death rates between rich and poor women are greater than in any other public health measure. Women's rights to quality health care must be ensured to prevent avoidable maternal deaths and complications.
- 3. The investment necessary to achieve MDG 5 is well within reach.** Greater political will and financial investment in maternal health and women will decrease deaths and disabilities and increase access to information and services.
- 4. We know what to do: scaling up cost-effective strategies can accelerate progress.** Maternal and newborn mortality is one of the best indicators of overall health system performance. We know what the problems are and we know which interventions will save lives — skilled care during pregnancy and childbirth; emergency obstetric care; immediate postnatal care for mothers and infants; and family planning and other reproductive health services

Note: Message 3 and 4 are detailed in briefing cards 2 and 3.

THE ACTION PLAN

1. Increase investment in maternal and newborn health by US\$5 billion annually by 2010 and by an additional US\$8 billion annually by 2015.
2. Increase the number of skilled attendants for maternal and newborn care by 1 million in developing countries by 2010.

An annual increased investment of US\$5 billion in maternal and newborn health could return as much as three times as much in annual productivity gains.

1 United Nations Human Rights, Office of High Commissioner for Human Rights, "What are human rights?", <http://www.ohchr.org/EN/Issues/Pages/WhatAreHumanRights.aspx>, 2008.

2 Committee on Economic, Social and Cultural Rights, General Comment 14, The right to the highest attainable standard of health, U.N. Doc. E/C.12/2000/4 (2000), at para 12. Available at: <http://www1.umn.edu/humanrts/gencomm/escgencom14.htm>

3 Ibid.

4 The Lancet, Executive Summary, Maternal Survival Series, September 2006, London, p.1.

MESSAGE 1

Invest in women – it pays!

HEALTHY WOMEN DELIVER FOR THEIR FAMILIES, COMMUNITIES, AND NATIONS.

Women's income is more likely than men's to go toward food, education, medicine, and other family needs. As caretakers for everyone in the household, women govern family nutrition, health care, and resource use. Good nutrition among pregnant women and adolescents helps ensure healthy pregnancies and healthy families.

If a woman falls ill and/or dies, her children are much more likely to leave school, become ill, or to possibly die. Her production and income is lost to the family and the community. Therefore, many lives are saved—and national income rises—when mothers' well-being is ensured by access to health care from skilled providers during labour, birth, and just after delivery.

THE RETURN ON INVESTMENT IN WOMEN IS ENORMOUS.

Several reports estimate that the package of services essential to making significant improvements in maternal health would cost less than US\$1.50 per person in the 75 countries where 95 percent of mothers' deaths occur.¹ A World Bank study found that emergency obstetric care, skilled health care before and during delivery, and family planning were among the six most cost-effective health interventions for low-income countries.²

MESSAGE 2

Maternal health is a human right.

WOMEN IN DEVELOPING COUNTRIES DIE AT VASTLY HIGHER RATES THAN IN DEVELOPED COUNTRIES.

Of all public health measures, maternal mortality rates show the greatest level of disparity. In Canada, where education, family planning, and health care services are available to all, one in 11,000 women have a lifetime risk of dying from complications of pregnancy and childbirth. In Niger, where high fertility joins poverty and shattered health care systems, pregnancy-related causes kill one in seven women.³

THESE DEATHS ARE LARGELY AVOIDABLE.

Maternal deaths are a gross violation of women's human rights. Yet, these deaths could be cut by nearly three-quarters if women and adolescents had better access to skilled care during pregnancy and childbirth, emergency obstetric care, and immediate postnatal care, as well as family planning and other reproductive health services.⁴ Health care improvements must come within a broader context of efforts to promote human rights, reduce poverty, and foster equality between men and women.



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WOMEN'S HEALTH AND THE MILLENNIUM DEVELOPMENT GOALS

MDG 5: Women's Health is Critical to the Millennium Development Goals (MDGs)

MESSAGE 3

The investment necessary to achieve MDG 5 is well within reach.

Greater political will and financial investment in maternal health and women will create progress.

UN Secretary-General Ban Ki-moon has noted that MDG 5 has made the least progress to date of all the Millennium Development Goals (MDGs) and is the least likely to achieve its targets by 2015. At present, MDG 5 is insufficiently financed. In 2006, donor aid for maternal and newborn health — US\$1.2 billion — fell short of the amount needed to reduce maternal mortality by three-quarters by 2015. Investments in maternal and newborn health must increase by an additional US\$5 billion annually by 2010 in order to achieve greater progress toward MDG 5 targets by 2015.



THE MDGS AT A GLANCE

At the United Nations Millennium Summit in 2000, global leaders from 189 countries agreed to the Millennium Declaration, a strategy to address extreme poverty and development challenges worldwide by 2015. The Millennium Development Goals (MDGs) are a framework for assessing countries' progress in achieving the development priorities identified by the Millennium Declaration.⁵

MDG 1: Eradicate extreme poverty and hunger

MDG 2: Achieve universal primary education

MDG 3: Promote gender equality & empower women

MDG 4: Reduce child mortality

MDG 5: Improve maternal health

MDG 6: Combat HIV/AIDS, malaria & other diseases

MDG 7: Ensure environmental sustainability

MDG 8: Develop a global partnership for development

THE MDGS BUILD ON DEVELOPMENT PRIORITIES SET AT PRIOR GLOBAL EVENTS:

- Conference on Environment and Development (1992)
- International Conference on Population and Development (1994)
- Fourth World Conference on Women (1995)
- World Summit for Social Development (1995)
- World Education Forum (2000), and others

MATERNAL HEALTH IMPACTS THE OTHER MDGs

MDG 5—Improve Maternal Health—is often called the heart of the MDGs, because progress there is critical to achieving each of the other MDGs. Poverty has an enormous negative impact on the health of women and their families; ill health in turn pushes women and their families further into poverty.

The policy and program changes required to achieve MDG 5 will directly support MDGs 3 through 7 (focusing on women's empowerment, child health, HIV and other diseases, and the environment) and influence the achievement of poverty reduction (MDG 1) and education (MDG 2).

2005 Figures

MATERNAL MORTALITY SCORECARD: HIGHEST RISK IN EACH REGION⁶

Region	Country	Lifetime risk of death from pregnancy-related causes
Africa	Niger	1 in 7
Middle East	Afghanistan	1 in 8
Latin America & Caribbean	Haiti	1 in 44
Asia	Bangladesh	1 in 27
Europe	Estonia	1 in 2,900

5 <http://www.un.org/millenniumgoals/>

6 World Health Organization (WHO); UN Population Fund (UNFPA); UN Children's Fund (UNICEF); UN Population Division; and the World Bank, October 2007.

7 Hill K et al. "Estimates of maternal mortality worldwide between 1990 and 2005: an assessment of available data." *The Lancet*, October 13-19, 2007, 370 (9555):1311-1319.

8 World Health Organization, The global shortage of health workers and its impact, Fact sheet N° 302, April 2006.

MEASURING PROGRESS TOWARD MATERNAL HEALTH

Globally, the rate of deaths from pregnancy and childbirth has declined only 1 percent per year between 1990 and 2005, but a 5.5 percent annual rate is needed to get on track toward achieving MDG 5.⁷ Many countries in sub-Saharan Africa and South Asia have shown little progress or have actually lost ground.

Thirty-six countries in sub-Saharan Africa have severe shortages of health workers. At least 2.3 trained health care providers are needed per 1,000 people to reach 80 percent of the population with skilled attendance at birth and child immunization coverage.⁸

In October 2007, the United Nations General Assembly revised the targets and indicators for MDG 5. The new targets and indicators to be achieved by 2015 include:

Target 1: Reduce maternal mortality by three-quarters

- **Indicator 1: Maternal mortality ratio** — Annual number of maternal deaths per 100,000 live births.
- **Indicator 2: Percentage of births attended by skilled health personnel** — The percentage of women who deliver with a skilled health worker (doctor, nurse, or midwife) in attendance.

Target 2: Achieve reproductive health for all

- **Indicator 3: Contraceptive prevalence rate** — The percentage of women of reproductive age (15-49) who are practicing, or whose sexual partners are practicing, any form of contraception.
- **Indicator 4: Adolescent birth rate** — The annual number of births to women aged 15-19 per 1,000 women in that age group.
- **Indicator 5: Unmet need for family planning** — The gap between women's stated desires to delay or avoid having children and their actual use of contraception.
- **Indicator 6: Antenatal care coverage** — Percentage of women who have given birth who received antenatal care from a skilled attendant at least once during their pregnancy.



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WOMEN'S HEALTH AND THE MILLENNIUM DEVELOPMENT GOALS

MDG 5: Practical Solutions

MESSAGE 4

We know what to do: cost-effective health strategies can accelerate progress

Maternal mortality is one of the best indicators of overall health system performance. If health services are functioning and quality care is made available to women, maternal deaths can be minimized, if not eliminated. Complications during pregnancy and childbirth are unpredictable—therefore, all women need access to skilled care, including the capacity to manage life-threatening complications.

No magic bullet can address all maternal health problems, but some interventions do work. Core strategies for improving maternal health include:

1. Skilled care during and immediately after pregnancy and childbirth;
2. Access to emergency obstetric care if life-threatening complications develop;
3. Immediate postnatal care for mothers and newborns; and
4. Family planning and other reproductive health services.



THE PROBLEM ⁹

Pregnancy and childbirth are among the leading causes of death for women in developing countries. Almost all these deaths could be prevented by cost-effective measures that are easy to implement, even where resources are scarce.

- Annually, there are 210 million pregnancies. More than 40 percent result in complications, and 15 percent have a life-threatening complication.
- One woman dies from pregnancy-related causes every minute—more than 500,000 per year—almost all (99 percent) in developing countries.
- Four million newborn infants also die each year, mostly due to the mother's poor health or to inadequate care in the critical hours, days, and weeks after birth.

Five causes are responsible for 75 percent of mothers' deaths:

- **Haemorrhage** is excessive, rapid bleeding that can kill even a healthy woman in two hours if she is unattended.
- **Obstructed labour** occurs when the fetus cannot pass through the birth canal. It is most common among poor, young girls whose bodies are not yet mature or among women who are stunted from malnutrition.¹⁰
- **Unsafe abortion** is the termination of an unwanted pregnancy either by a person lacking the necessary skills or in an unsanitary environment, or both. Every year, 20 million unsafe abortions occur.¹¹
- **Sepsis** is a severe infection.
- **Eclampsia** is a complication during pregnancy in which high blood pressure causes convulsions in the pregnant woman during or prior to birth.¹²

9 United Nations Population Fund (UNFPA), Facts About Safe Motherhood, www.unfpa.org/mothers/facts.htm

10 Kwast BE. 1991b. Puerperal sepsis: its contribution to maternal mortality. *Midwifery* 7(3):102–106.

11 World Health Organization, Safe abortion: Technical and policy guidance for health systems, Geneva, 2003.

12 Khan KS. Magnesium Sulfate and other anti-convulsants for women with pre-eclampsia, RHL Commentary, (revised 8 Sept 2003). The WHO Reproductive Health Library, Geneva: World Health Organization.

THE ACTION PLAN

Saving the lives of mothers and newborns requires investment to *prevent* problems during pregnancy and childbirth and to *treat* the complications that do develop. Access to *sexual and reproductive health information and services* can help couples or individuals to plan the number and spacing of their children. Once pregnant, quality maternity care can help identify possible complications before delivery and address them in time to avert disability and death. Because many complications are unpredictable and difficult to prevent, *all women should have access to skilled care during birth and immediately following delivery, including emergency care.*

The following concrete actions are required in order to meet MDG 5 by 2015:

- 1 Increase investment in maternal and newborn health by US\$5 billion annually by 2010 and by an additional US\$8 billion annually by 2015.**
- 2 Increase the number of skilled attendants for maternal and newborn care by 1 million in developing countries by 2010.**

CREATING A SAFER HOUSE: A FUNCTIONING HEALTH SYSTEM CAN PROVIDE PRACTICAL SOLUTIONS TO MATERNAL MORTALITY

Cause	% of Maternal Deaths	Practical Solutions	How They Work
H aemorrhage	24%	Oxytocin Misoprostol	Oxytocin and misoprostol are drugs to prevent or stop bleeding during and immediately following delivery. ^{13,14} Active management of the third stage of labour is the administration of one of these drugs before the delivery of the placenta, controlled cord traction, and uterine massage. ¹⁵
O bstructed labour	8%	Caesarean section	Caesarean section is the delivery of the baby by an incision into the abdominal wall and the uterus when a vaginal birth is either not possible or not safe for the mother and baby. ¹⁶
U nsafe abortion	13%	Family planning Safe abortion Medical abortion Manual vacuum aspiration	<p>1) Family planning information and access to contraception can prevent unintended and unplanned pregnancies that often result in abortion.</p> <p>2) Safe abortion is a safe medical procedure performed by a trained health care provider using proper techniques and sanitary standards for terminating unwanted pregnancy.¹⁷</p> <p>3) Medical abortion is a non-surgical option to safely terminate an early term pregnancy by using drugs (i.e., mifepristone and methotrexate).¹⁸</p> <p>4) Manual vacuum aspiration is a procedure for treating women with incomplete, induced, or spontaneous abortions.</p>
S epsis/Infection	15%	Antibiotics	A hygienic delivery and postpartum care can prevent infection that results in blood poisoning in newborns. Antibiotics can be used in the case of infection. ¹⁹
E clampsia	12%	Magnesium sulphate	Magnesium sulphate is an effective, safe, and low-cost medication that reduces the risk of eclampsia (convulsions) and maternal death.

The additional funds and personnel should be invested in the following core strategies to reduce maternal and newborn mortality:

Skilled care during pregnancy and childbirth

Skilled care is recognized worldwide as key to reducing maternal and newborn mortality. Nearly half of women in developing countries go through childbirth without such care. Skilled care requires: **1)** trained maternity care providers, such as doctors, nurses, and midwives; **2)** health facilities with adequate transportation and communication structures, and the necessary supplies, drugs, and equipment; and **3)** educated and mobilized communities to ensure that women seek skilled care and can reach appropriate health facilities in time.

Access to emergency obstetric care when life-threatening complications develop

Basic emergency obstetric care, usually provided in health centres, includes administration of antibiotics, treatment to control excessive bleeding, manual vacuum aspiration, and assisted vaginal delivery. Comprehensive emergency obstetric care, typically delivered in district hospitals, includes basic emergency care plus caesarean delivery and safe blood transfusions.

IMMEDIATE POSTNATAL CARE FOR MOTHERS AND NEWBORNS

Health workers, including both skilled health care providers and community health workers, can deliver postnatal care at health facilities and through home visits. Mothers and newborns face the highest risk of death during delivery and the first hours and days after childbirth. Postnatal care for newborns includes immediate breastfeeding, warming of the infant, hygienic care of the umbilical cord, and timely identification of danger signs, especially among low birth weight babies, with referral and treatment. Care for mothers includes monitoring for excessive bleeding, pain, and infection, as well as counselling on breastfeeding, nutrition, and family planning.

Family planning and other reproductive health services

Reproductive health services have a direct impact on reducing maternal mortality and contribute to improving maternal health. These services include family planning, provision of safe abortion, post-abortion care, treatment of sexually transmitted infections and HIV and AIDS, adolescent sexual and reproductive health care, and counselling on violence against women.

Together these FOUR messages and TWO action steps can save the lives of countless mothers and newborns. Please use these briefing cards to help make progress on MDG 5 possible.



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- 13 Nordstrom L, Fogelstam K, Fridman G, Larsson A, Rydhstroem H. Routine oxytocin in the third stage of labour: a placebo controlled randomised trial. *Br J Obstet Gynaecol* 1997;104:781-6.
- 14 Derman RJ, Kodkany BS, Goudar SS, Geller SE, Naik V, Bellad MB, et al. Oral misoprostol in preventing postpartum haemorrhage in resource-poor communities: a randomised controlled trial. *Lancet* 2006; 368:1248-5.
- 15 International Confederation of Midwives and the International Federation of Gynecology and Obstetrics. Joint Statement: management of the third stage of labour to prevent postpartum haemorrhage. 2003.
- 16 Medline Plus, Medical Encyclopedia, <http://www.nlm.nih.gov/medlineplus/ency/article/002911.htm#Definition>
- 17 World Health Organization, Safe abortion: Technical and policy guidance for health systems, Geneva, 2003.
- 18 World Health Organization, Frequently asked questions about medical abortion, Geneva, 2006.
- 19 Haque K et al.



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FOCUS ON 5 WOMEN'S HEALTH AND THE MILLENNIUM DEVELOPMENT GOALS

Glossary of key terms

Continuum of care

The continuum of care for maternal, newborn, and child health includes integrated service delivery for mothers and children from pregnancy to delivery, the immediate postnatal period, and childhood. Such care occurs across the life cycle and within the health system and is provided by families and communities, through outpatient services, clinics, and other health facilities.²⁰

Emergency obstetric care (EmOC)

Consists of the skilled health providers, equipment, and supplies needed to deal with complications occurring during pregnancy and childbirth. This includes antibiotics, sedatives, and the capacity to offer blood transfusions and obstetric surgery, if necessary.

Family planning

The conscious effort of couples or individuals to plan the number of their children and to regulate the spacing and timing of their births through contraception. Also includes the treatment of involuntary infertility.²¹

Fistula (obstetric)

An opening or rupture between areas such as the vagina, rectum, bladder and/or abdominal cavity, usually caused by obstructed labour, unsafe abortion or traditional practices, such as female genital cutting. The result is uncontrollable leakage of urine or faeces, odour, infections, and usually, social ostracism for the woman or girl.²²

Gender

Refers to the socially defined roles and responsibilities of men and women, boys and girls.

Gender-based violence

Violence that targets women or men, girls or boys based on their gender. It includes, but is not limited to, sexual assault and domestic violence, and is often used as a weapon of war.

Gender equality

Equal treatment of women and men in laws and policies, and equal access to resources and services within families, communities and society at large.²³

Gender equity

Fair and just distribution of benefits and responsibilities between men and women, boys and girls.²⁴

20 The Partnership for Maternal, Newborn & Child Health, http://www.who.int/pmnch/about/continuum_of_care/en/index.html

21 World Health Organization and Johns Hopkins Bloomberg School of Public Health/Center for Communication Programs, *Family Planning: A Global Handbook for Providers*, Geneva: 2008.

22 Wall, LL and others. "The Obstetric Vesicovaginal Fistula in the Developing World." *Obstetrical and Gynecological Survey* 60, no. 7 suppl. 1 (July 2005): S3-S51.

23 Transforming health systems: gender and rights in reproductive health. World Health Organization, 2001.

24 Ibid.



25 United Nations Human Rights, Office of High Commissioner for Human Rights, "What are human rights?", <http://www.ohchr.org/EN/Issues/Pages/WhatareHumanRights.aspx>, 2008.

26 Committee on Economic, Social and Cultural Rights, General Comment 14, The right to the highest attainable standard of health, U.N. Doc. E/C.12/2000/4 (2000), at para 12. <http://www1.umn.edu/humanrts/gencomm/escgencom14.htm>

27 World Health Organization, International Statistical Classification of Diseases and Related Health Problems, Tenth Revision. 1992.

28 World Health Organization, Maternal Mortality, 2005.

29 Ibid.

30 Programme of Action of the International Conference on Population and Development. Geneva: United Nations, 1994, para 7.3, http://www.unfpa.org/icpd/icpd_poa.htm#ch7

31 Women's Sexual and Reproductive Rights Action Sheets ("Gender Equality and Equity," "Reproductive Rights and Reproductive Health," "Sexual Rights"). HERA (Health, Empowerment, Rights & Accountability), c/o International Women's Health Coalition, New York, 1998.

Human rights

The inalienable, universal and permanent rights that all people have simply because they are human beings. Under many declarations and treaties including the UN Charter, the Universal Declaration of Human Rights, and the Vienna Declaration of 1993, all states are obliged to respect, protect and fulfill all human rights. Among them is the right to the highest attainable standard of health, which as interpreted by the Committee on Economic, Social and Cultural Rights, includes four "interrelated and essential elements": health goods, services, and facilities. These must be available to all, accessible to all without discrimination, acceptable, and of good quality.^{25, 26}

Maternal death

The death of a woman while pregnant or within 42 days of the termination of pregnancy, due to complications during pregnancy or childbirth.²⁷

Maternal health

The health of women during pregnancy, childbirth, and the postpartum period.

Maternal mortality rate

The number of maternal deaths during a given time period per 100,000 women of reproductive age (15 to 49) during that same time period.²⁸

Maternal mortality ratio

The number of maternal deaths during a given time period per 100,000 live births during the same time period.²⁹

Newborn health

Health during the first four weeks of a child's life.

Reproductive health

The state of complete physical, mental and social well-being — not merely the absence of infirmity — in all matters relating to the reproductive system and to its functions and processes.

Sexual and reproductive health and reproductive rights

All couples and individuals have the right information, education, and the means to decide freely and responsibly the number, spacing, and timing of their children, and to attain the highest standard of sexual and reproductive health. These rights also include the right of all people to make decisions concerning reproduction free from discrimination, coercion, and violence. Furthermore, all individuals have the right to pursue a satisfying, consensual, safe, and pleasurable sexual life.^{30, 31}

32 Family Care International, New York, 2002. Skilled Care During Childbirth: An Information Booklet.

33 Ibid.

34 UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction (HRP), "Preventing Unsafe Abortion, The Persistent Public Health Problem," http://www.who.int/reproductive-health/unsafe_abortion/index.html (accessed April 16, 2007).

Skilled attendants

Individuals who have been trained to proficiency in the skills necessary to provide competent care during pregnancy and childbirth. Skilled attendants must be able to manage normal labour and delivery, recognize the onset of complications, perform essential interventions, start treatment, and supervise the referral of mother and baby for interventions that are beyond their competence or not possible in a particular setting.³²

Skilled care

Refers to the process by which a pregnant woman and her infant are provided with adequate care during pregnancy, labour, birth, and the postpartum and immediate newborn periods. The attendant must have the necessary skills and must be supported by an enabling environment at various levels of the health system, including a supportive policy and regulatory framework; adequate supplies, equipment, and infrastructure; and an efficient and effective system of communication and referral and transport.³³

Unsafe abortion

The termination of an unintended pregnancy, either by persons lacking the necessary skills or in an environment lacking minimal medical standards, or both.³⁴

Unwanted/unintended pregnancy

A pregnancy that a pregnant woman or girl decides, of her own free will, is undesired.

Women of reproductive or childbearing age

Women aged 15 to 49, according to the World Health Organization.



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