



**Safe  
Motherhood:  
Helping to  
make women's  
reproductive  
health and rights  
a reality**

What is the greatest  
threat to a woman's  
life and health in  
developing countries?

*Complications of  
Pregnancy & Childbirth*

# Every minute:

**380** women become pregnant

**190** women face an unplanned or unwanted pregnancy

**110** women experience a pregnancy-related complication

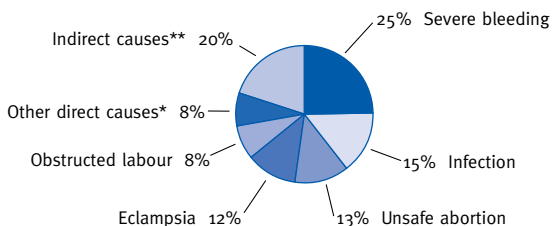
**40** women have an unsafe abortion

**1 woman dies**

## WHY “SAFE MOTHERHOOD”?

Governments and health advocates agree: sexual and reproductive health is essential for national development and personal well-being. And safe motherhood is a key component of efforts to improve women’s reproductive health and rights. Pregnancy and childbirth are the leading causes of disability and death among women between the ages of 15 and 49, making safe motherhood programmes essential for women’s health and survival. More broadly, commitment to safe motherhood can galvanize action on a range of health problems that affect women and their families, including reproductive tract infections, infertility, HIV/AIDS and other sexually transmitted diseases. It can also encourage attention to social issues, like lack of education, discrimination and violence against women, which can lead to, or worsen, women’s poor reproductive health.

### CAUSES OF MATERNAL DEATH WORLDWIDE



\* Other direct causes including, for example: ectopic pregnancy, embolism, anaesthesia-related.

\*\* Indirect causes including, for example: anaemia, malaria, heart disease.

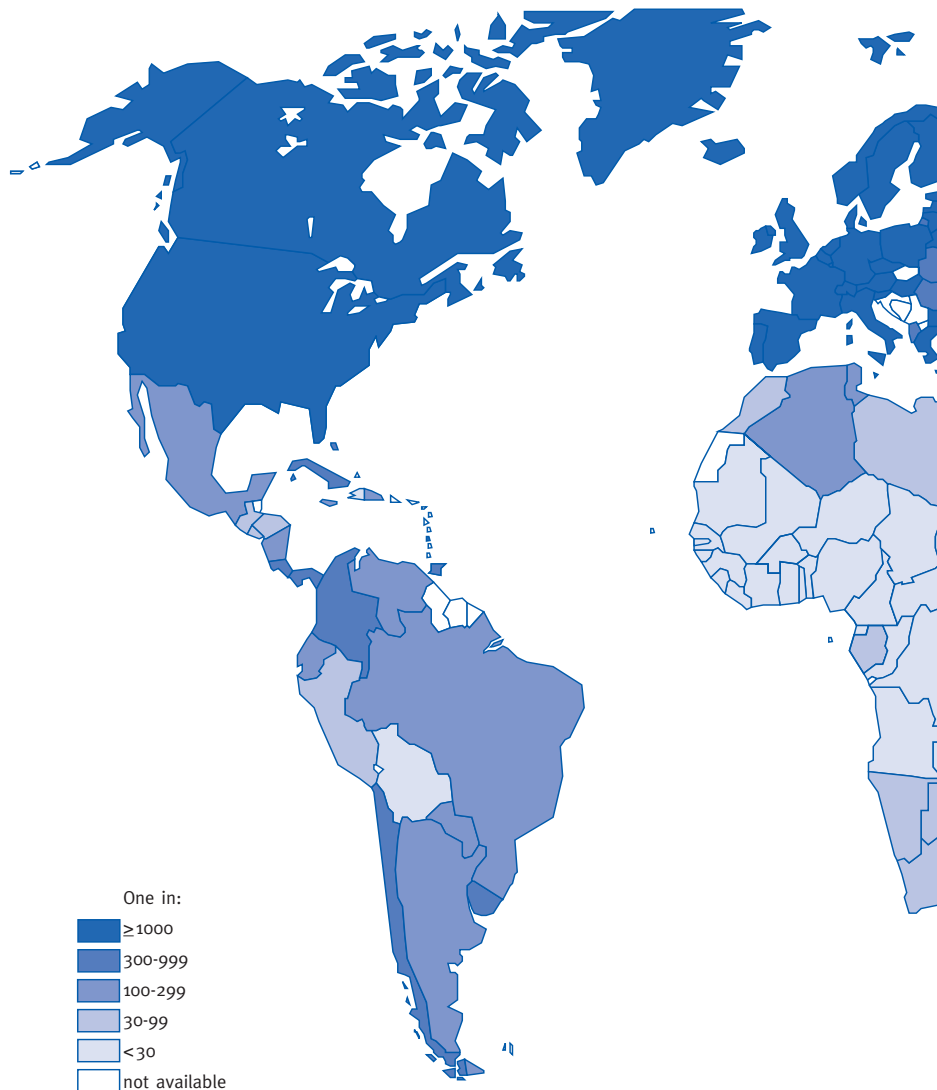
Source: WHO, 1997

Death from pregnancy or childbirth is a social injustice that can and must be addressed through political, legal and health systems in every country. More than 99 percent of these deaths now take place in the developing world. Safe motherhood interventions, which are designed to reduce maternal death and disability, are highly cost-effective: basic maternal care costs as little as US\$2 per person in developing countries. The total cost of saving the lives of a mother or infant through antenatal, delivery and postnatal care is approximately \$230, while the benefit to countries, communities and families cannot be measured. Over one-half of all infant deaths could be prevented through these interventions.

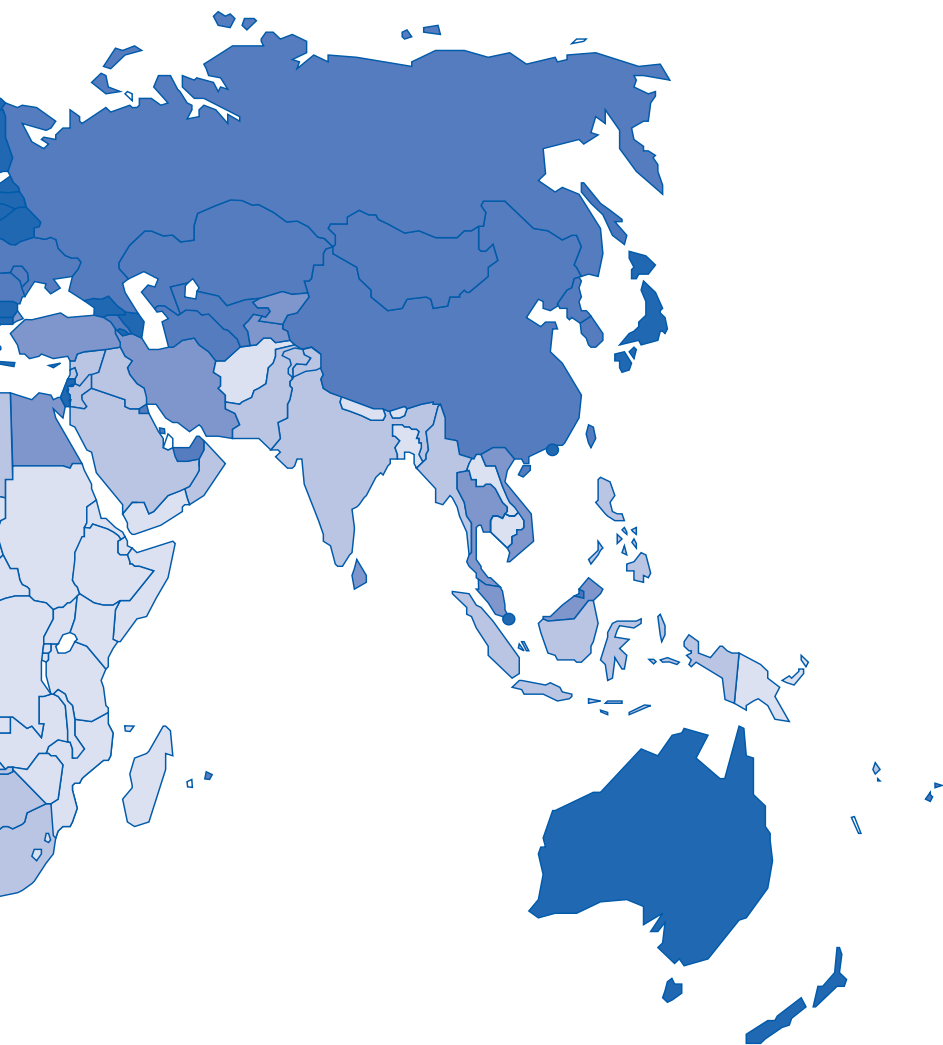
## THE SAFE MOTHERHOOD INITIATIVE

The global Safe Motherhood Initiative was launched in 1987 to improve maternal health and cut the number of maternal deaths in half by the year 2000. It is led by a unique alliance of co-sponsoring agencies who work together to raise awareness, set priorities, stimulate research, mobilize resources, provide technical assistance and share information. Their cooperation and commitment have helped governmental and non-governmental partners from more than 100 countries take action to make motherhood safer. During the Initiative's first decade, these safe motherhood partners developed model programs, tested new technologies and conducted research in a wide range of countries and settings. The essential services they have identified, and the most important lessons they have learned, are summarized on page seven.

# LIFETIME RISK OF MATERNAL DEATH,\* 1990



Source: WHO, 1997



\* Lifetime risk of maternal death: the risk of an individual woman dying from pregnancy or childbirth during her lifetime. A lifetime risk of 1 in 1,000 represents a low risk of dying from pregnancy and childbirth, while 1 in 100 or lower is a high risk.

## ESSENTIAL SERVICES FOR SAFE MOTHERHOOD

Services to make motherhood safer should be readily available through a network of linked community health care providers, clinics and hospitals. The integrated services that policy-makers from around the world have pledged to provide include:

- Community education on safe motherhood;
- Antenatal care and counselling, including the promotion of maternal nutrition;
- Skilled assistance during childbirth;
- Care for obstetric complications, including emergencies;
- Postpartum care;
- Management of abortion complications, postabortion care and, where abortion is not against the law, safe services for the termination of pregnancy\*;
- Family planning counselling, information and services;
- Reproductive health education and services for adolescents.

## LESSONS LEARNED

**Empower women, ensure their choices:** Gender inequalities and discrimination limit women's choices and contribute directly to their ill-health and death. Legal reform and community mobilization can help women safeguard their reproductive health by enabling them to understand and articulate their health needs, and to seek services with confidence and without delay.

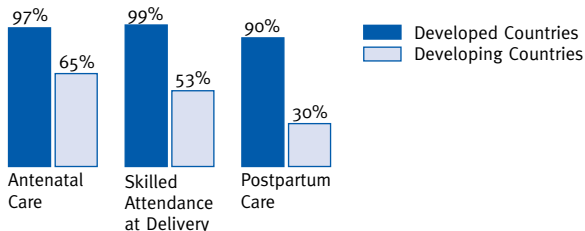
**Every pregnancy faces risks:** Every pregnant woman—even if she is well-nourished and well-educated—can develop sudden,

\* Each of the co-sponsors of the Safe Motherhood Initiative (see back panel) implements these activities according to its specific mandate.

life-threatening complications that require high quality obstetric care. Attempts to predict these problems before they occur have not been successful, since most complications are unexpected and the majority of women with poor pregnancy outcomes do not fall into any high-risk categories. Therefore, maternal health programmes must aim to ensure that all women have access to essential services.

**Ensure skilled attendance during childbirth:** The single most effective way to reduce maternal death is to ensure that a health professional with the skills to conduct a safe, normal delivery and manage complications is present during childbirth. Unfortunately, there is a chronic shortage of these professionals in poor and rural communities in the developing world. Research has shown that even trained traditional birth attendants (TBAs) have not significantly reduced a woman's risk of dying in childbirth, largely because they are unable to treat pregnancy complications. As an interim strategy for settings where TBAs attend a significant proportion of deliveries, programme planners may want to provide TBAs with adequate training and support to help them refer complicated cases effectively. In all settings, however, skilled attendance at delivery should continue to be the long-term goal.

## COVERAGE OF MATERNAL HEALTH SERVICES



Source: WHO, 1997

**Improve access to high quality maternal health services:** A large number of women in developing countries do not have access to maternal health services. Many of them cannot get to, or afford, high-quality care. Cultural customs and beliefs can also prevent women from understanding the importance of health services, and from seeking them out. In addition to legal reform and efforts to build support within communities, health systems must work to address a range of clinical, interpersonal and logistical problems that affect the quality, sensitivity and accessibility of the services they provide.

**Address unwanted pregnancy and unsafe abortion:** Unsafe abortion is the most neglected – and most easily preventable – cause of maternal death. These deaths can be significantly reduced by ensuring that safe motherhood programmes include client-centered family planning services to prevent unwanted pregnancy, contraceptive counseling for women who have had an induced abortion, the use of appropriate technologies for women who experience abortion complications, and, where not against the law, safe services for pregnancy termination.\*

**Measure progress:** Governments around the world have pledged to reduce maternal mortality by 50% by the year 2000. However, maternal mortality is difficult to measure, due to problems with identification, classification and reporting. Therefore, safe motherhood partners have developed alternative means for measuring the impact and effectiveness of programmes; for example, by recording the proportion of births attended by a skilled health provider. These indicators can identify weaknesses and suggest programmatic priorities so that maternal deaths can be better prevented in the future.

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## A CALL TO ACTION

Safe motherhood partnerships have been responsible for important international and country-level progress over the last ten years. Collaboration has enabled individual organizations to share their diverse strengths, and to achieve more than they could have alone. During this same decade, however, six million women have died needlessly in pregnancy or childbirth. Your support – and your partnership – can help safe motherhood partners around the world apply the lessons they have learned to save the lives of millions of women before the year 2000. Each minute, each day, in every country.

**Please join us.**





## *Safe Motherhood*

For further information, please contact the Secretariat of the Inter-Agency Group for Safe Motherhood:



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Each of these agencies implements safe motherhood activities according to its specific mandate.