



World Health Organization (WHO)

Background Guide

On the Question of Reducing Maternal Mortality



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1. Introduction

Every day, thousands of women die from the innocent act of childbirth, simply due to their unfortunate lack of access to proper health care resources. For any creature, motherhood is meant to be a fulfilling, wonderful experience. Yet, millions of mothers experience severe illness, intense pain, and suffering due to childbirth every year. Hundreds of thousands of these mothers will face death during or following childbirth.

The mortality rate of women per childbirth is about 50 times greater in developing nations than in developed nations. On average, women in developing nations give birth to more children over their lifetimes than in developed nations, leading to a 100 times greater risk of death because of childbirth for women in developing nations than in developed nations.

This large disparity rests on the basic difference that typically separates developed nations from developing nations: a lack of resources. Women in developing nations do not have adequate access to health resources, family planning skills, abortion methods, transportation, etc. The five major causes of maternal death include: severe bleeding (usually postpartum), infections (usually postpartum) like sepsis, eclampsia (hypertensive disorders), unsafe abortion, and obstructed labor. (see **Figure 1, appended in the back**)

2. Background

In 2000, at the United Nations Millennium Summit, 8 Millennium Development Goals were outlined, to be met by 2015. One -hundred-eighty-nine countries adopted the 5th Millennium Development goal, pledging to reduce the maternal mortality ratio by 75% in their respective nations in the given timeline. However, progress in reducing maternal mortality rates had barely amounted to a 5% reduction between the years of 1990 and 2005.

Maternal mortality commonly occurs due to pregnancy due to an already existing disease, complications of pregnancy, or unsafe abortions. Millions of such deaths would be preventable if higher quality health resources were available

everywhere. According to WHO statistics, tens of millions of women do not receive help from a skilled professional during childbirth. Women may not receive a single prenatal visit from a midwife, let alone from a doctor prior to childbirth. Why? The health resources may not be available, or too far away, or too costly. Sometimes, even if health care is available, the quality may be very low. Other times, the women may be shunned from society due to caste or cause of pregnancy.

The WHO is working to reduce maternal mortality with “clinical and programmatic guidance” through the Department of Making Pregnancy Safer (MPS) around the world. The WHO has also developed guidelines to assist countries in addressing the root problems related to maternal mortality under the umbrella program, “Integrated Management of Pregnancy and Childbirth” (IMPAC). MPS and IMPAC have worked to increase the availability of health care to women by educating families and communities on how to deal with pregnancy and training more midwives. In June of 2009, the UN Human Rights Council developed a resolution, led by Columbia and New Zealand, to push for greater governmental involvement in ensuring every woman’s access to healthier pregnancy and childbirth practices.

Individual countries have undertaken different plans of action to work towards a reduction in maternal mortality rates. Some countries, like India, need to take greater action to combat maternal mortality. With an increasingly high birth rate, a high number of India’s women die every year from childbirth, despite India’s growing economy. The fault seems to lie with the government’s blind eye to the problem, rather than the possibility for greater availability of resources. The Philippines have taken action to encourage greater family planning, but the fertility rate remains high among older rural women without formal education. These higher fertility women are at greater risk for maternal mortality, and so the Philippines’ efforts have not had as great of an effect as was intended. In Malawi, the launch of the Campaign on Accelerated Reduction of Maternal Mortality in Africa (CARMMA) initiative has proven fruitful in reducing maternal mortality. The United Nations Population Fund, World Health Organization, and United Nations Children’s Fund have

vowed to support CARMMA fully.

The problem of maternal mortality lies largely within developing countries; 99% of maternal deaths occur in developing nations. It is important to realize that 85% of the world's population live in countries labeled as "developing". The countries with the greatest maternal mortality rates as of 2005 (more than 1 in every 100) include Afghanistan, Angola, Burundi, Cameroon, Chad, the Democratic Republic of the Congo, Guinea-Bissau, Liberia, Malawi, Niger, Nigeria, Rwanda, Sierra Leone, and Somalia. (see Figure 2)

In order to truly reduce Maternal Mortality Rates around the world, nations must actively work to increase health resources availability and ensure better health for pregnant mothers. The United Nations World Health Organization will work to design a solution that promotes such involvement of countries.

3. Committee Goals

The World Health Organization and various international partnerships have outlined different reasons for maternal mortality. The paths taken to battle maternal mortality will be more efficient if the causes for maternal death and poor maternal health is better understood.

1. What causes are associated with maternal mortality?
2. What are methods to fight these causes of maternal mortality on an international level?
3. What has the WHO done in the past, what is the WHO doing now? What is working, what is not working?

Many nations have undertaken different projects in order to combat maternal mortality in accordance with the Millennium Development Goals. In some cases, the efforts taken are just not efficient at successfully reducing maternal mortality to a great enough degree. Therefore, the committee must also ask and work with these questions:

4. What initiatives are working?
5. What new programs might be necessary to supplement nations' actions so far?

Lastly, some nations have not invested enough financial support or have not taken enough effort to work toward their goals for reduc-

ing maternal mortality so therefore, the WHO must answer this question:

6. How can the United Nations increase involvement around the world in reducing maternal mortality?

4. Resources

- World Health Organization, Maternal Health Overview
http://www.who.int/topics/maternal_health/en/
- Family Health International on Maternal Mortality and Morbidity
<http://www.fhi.org/en/Topics/maternalmort.htm>
- World Health Organization Regional Office for the Western Pacific on Maternal Mortality
http://www.wpro.who.int/publications/PUB_929061191X.htm
- UN Human Rights Council: Article on Resolution passed in June 2009
http://www.who.int/pmnch/media/membernews/2009/20090617_humanrightsresolution/en/index.html
- Partnership for Maternal, Newborn, and Child Health: Consensus
http://www.immpact-international.com/uploads/files/CONSENSUS_FINAL%20090918.pdf
- Department of Making Pregnancy Safer: Key Steps for Maternal and Newborn Health Care in Humanitarian Crisis
http://www.who.int/making_pregnancy_safer/documents/keysteps.pdf
- Department of Making Pregnancy Safer: Country Profiles
http://www.who.int/making_pregnancy_safer/countries/en/index.html
- Article: "Africa Steps Up the Fight Against Maternal and Child Deaths"
http://www.thewip.net/contributors/2009/05/africa_steps_up_the_fight_agai.html
- Article: "India needs political will to reduce maternal mortality: WHO"
<http://www.thaindian.com/newsportal/health/>

india-needs-political-will-to-reduce-maternal-mortality-who_10033862.html

- CIA World Factbook: Country Profiles
<https://www.cia.gov/library/publications/the-world-factbook/>

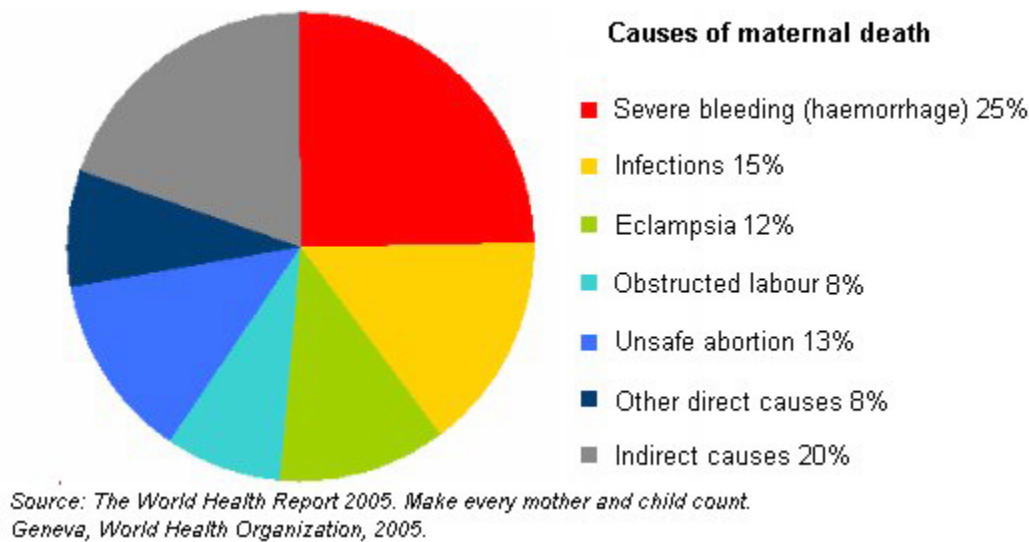


Figure 1. Causes of Maternal Death

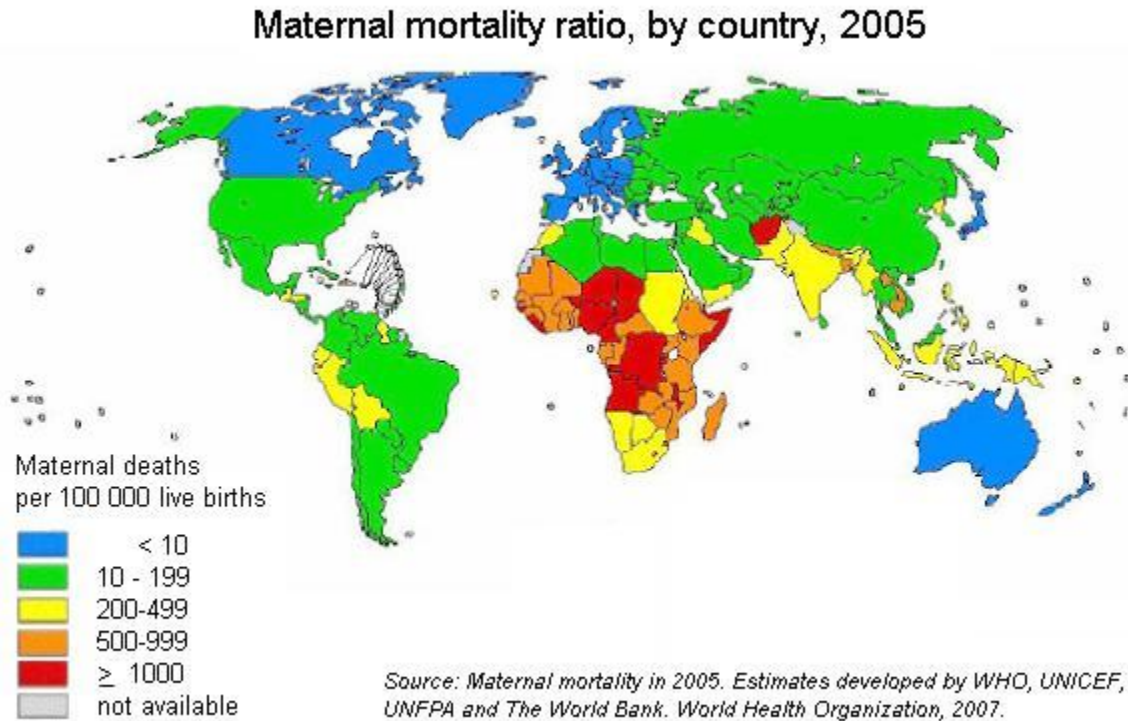


Figure 2. World Maternal Morality Rate