Maternal Health and Reproductive Rights

Unintended pregnancies are a leading cause of maternal deaths around the world. Pregnancies that occur too early, too late or too frequently in a woman’s life can lead to illness during pregnancy and complications at the time of birth. Increasing access to family planning and reproductive health services can help reduce pregnancy-related deaths and empower women.

The State of Maternal Health

Since 1990, the number of women dying during pregnancy and childbirth has declined by more than 45 percent. While this is a significant step forward, maternal mortality remains the second leading cause of death among women of reproductive age in developing countries. Approximately 289,000 women die each year due to pregnancy-related causes, with 99% of these deaths occurring in the developing world. This is a decrease from previous years, but continued progress will require ongoing improvements in maternal and reproductive health access, including strong political commitment and increased investment by governments and the international donor community.

Key Maternal Health Facts:
- The leading cause of death for adolescent girls in developing countries is from complications in pregnancy and childbirth. Of the estimated 190 million pregnancies in the developing world in 2014, an estimated 74 million of these pregnancies were unintended.
- 49% of these unintended pregnancies ended in abortion while 38% resulted in unplanned births. The remaining ended in miscarriage or stillbirths.
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The risk of maternal deaths is not equal across all regions. For women in Europe, the lifetime risk of dying during pregnancy and childbirth is 1 in 3,300 while in Africa it is 1 in 40. Sub-Saharan Africa is the most heavily impacted by maternal mortality, accounting for 62 percent of total maternal deaths worldwide.

Maternal deaths are decreasing but could be rapidly reduced if key interventions were scaled up. Some of these interventions include:
- Expanding the mix and availability of modern contraceptives to help women effectively delay, time, space, and limit pregnancies;
- Strengthening and improving the referral system and response to manage complications and life-threatening emergencies with comprehensive care;
- Strengthening the provision of quality integrated antenatal care for the prevention, screening, diagnosis, and treatment of HIV and AIDS, TB, malaria, etc.; and
- Building the competency of health providers, and promoting policies, budgets, and regulations to address health worker shortages and retention.

Mortality is not the only consequence of poor maternal health care. Maternal morbidity, which includes potentially debilitating or disabling injuries, diseases and illnesses, has an even wider impact. Annually, 12 million women face severe complications from pregnancy and childbirth, and over two million women live with obstetric fistulas.

The direct causes of maternal mortality and morbidity include hemorrhage, hypertensive disorders such as
eclampsia, unsafe abortion, infections such as sepsis, and obstructed labor. These are generally preventable and treatable with basic supplies and inexpensive medicines such as oxytocin to prevent hemorrhage, and antibiotics to address infection, but are too often unavailable to the women who need them. Other significant barriers to improving maternal health also remain, such as a shortage of trained healthcare providers and weak transportation networks that connect patients to services.

Links between Maternal Health and Reproductive Rights

The key to ensuring women and girls have the best possible maternal health outcomes is providing complete access to comprehensive reproductive health services and education.

If 100% of the need for modern contraceptive services were met in the developing world it could avert:
- 283 million unintended pregnancies
- 82 million unplanned births
- 52 million unsafe abortions
- 170,000 maternal deaths

Policy Considerations

The United Nations Millennium Development Goal (MDG) 5 aims to reduce the maternal mortality ratio by 75 percent between 1990 and 2015 and achieve universal access to reproductive health. As of 2013, the maternal mortality ratio had dropped by 45 percent with a decrease from 380 to 210 deaths per 100,000 live births. The U.S. and other donors should work with developing country governments and non-governmental partners to meet the demands of maternal health by fully supporting universal access to reproductive health services. Increased investments in recent years have decreased the number of teens having children in developing regions, and more women are receiving antenatal care but the number of women wanting to delay or prevent pregnancy but lack access to modern contraceptives is still higher than it should be. Family planning and reproductive health access has the dual benefit of saving women’s lives and empowering them to delay and space their pregnancies. The prevention of unintended pregnancy through family planning services is necessary to ensure women have health pregnancies and safe deliveries.

The U.S. government is one of the largest donors to global efforts and has been engaged in activities to improve maternal health outcomes in developing countries for several decades. USAID doubled down on its commitment to fighting maternal mortality with the launch of Acting on the Call: Ending Preventable Child and Maternal Deaths (EPCMD) in 2014. USAID global health funding is contributing to ending preventable maternal mortality in 24 priority countries, where maternal mortality is among some of the highest in the developing world and where there are low levels of resources available to address maternal mortality and morbidity. We encourage policymakers to strengthen their support of these essential investments by calling for an increase in funding for proven interventions in future fiscal years and promote policies that support USAID and other agencies in the mission to end preventable child and maternal deaths worldwide.

Sources