Pregnancy and childbearing, whilst offering women opportunities for personal development and fulfilment, also present inherent risks. Maternal mortality is an important indicator of a woman's health and status. The Sustainable Development Goals set a target of reducing the maternal mortality ratio to less than 70 deaths per 100 000 live births by 2030.

295 000 maternal deaths were estimated to have occurred worldwide in 2017, and a woman's lifetime risk of maternal death – the probability that a 15-year-old woman will die eventually from a maternal cause – is 0.53, that is one woman in 190, which is approximately half the rate reported in 2000 (WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, 2019[25]).

The leading causes of deaths are severe bleeding after childbirth, infections, high blood pressure during pregnancy and unsafe abortion. The majority of these deaths are preventable and occur in resource-poor settings (WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, 2019[25]). Fertility and maternal mortality have strong associations with economic development. Risk of maternal death can be reduced through family planning, better access to high-quality antenatal, intrapartum and postnatal care by skilled health professionals.

Maternal mortality ratio (MMR) averaged around 140 deaths per 100 000 live births in lower-middle and low income Asia-Pacific countries in 2017, more than four times the upper-middle income and 14 times the high-income Asia-Pacific countries average respectively (Figure 3.22, left panel). Estimates for 2017 show a small group of countries – Hong Kong, China; Australia; Japan; Singapore and New Zealand – with very low ratios (less than 1 per 10000 live births), whereas Myanmar, Nepal and the Lao PDR had high MMRs at 180 or more deaths per 100 000 live births. Almost 15% of the world's maternal deaths occurred in India and Pakistan alone.

Despite high ratios in certain countries, significant reductions in maternal mortality have been achieved in Asia-Pacific over the last 17 years (Figure 3.22, right panel). The MMR declined by 50% between 2000 and 2017 across lower-middle and low income Asia-Pacific countries. Bangladesh, Cambodia, India, the Lao PDR and Nepal showed the largest reductions among countries reporting ratios higher than the low and lower-middle income countries average in 2000. According to a study (WHO, 2015[10]), Cambodia's success is related to reduced fertility through wider use of contraceptives and increased coverage of antenatal care and skilled birth attendance – achieved through increasing the number of midwives and facilities providing Emergency Obstetric and Newborn Care.

Across countries, maternal mortality is inversely related to the coverage of skilled birth attendance (Figure 3.23). Nepal and Papua New Guinea reported that less than 60% of live births are attended by skilled health professionals (see indicator "Pregnancy and birth" in Chapter 5). These countries have relatively high MMRs above 145 deaths per 100 000 live births.

Higher coverage of antenatal care[1] is associated with lower maternal mortality, indicating the effectiveness of antenatal care across countries (Figure 3.24). Addressing disparities in the unmet need of family planning and providing essential reproductive health services to underserved populations may also substantially reduce maternal deaths in the region (UNESCAP, 2017[3]).

To improve quality of care, maternal death surveillance and response (MDSR) has been implemented in countries. MDSR is a continuous cycle of identification, notification and review of maternal deaths followed by actions to prevent future death. Global survey of national MDSR system instigated in 2015 provides baseline data on status of implementation. The implementation status of countries in WPRO (Cambodia, China, Fiji, Laos PDR, Malaysia, Mongolia and Papua New Guinea) can be found at *http://www.who.int/maternal_child_adolescent/epidemiology/maternal-death-surveillance/en/*.

Definition and comparability

Maternal mortality is defined as the death of a woman while pregnant or during childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from unintentional or incidental causes (WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division, 2019[25]).

This includes direct deaths from obstetric complications of pregnancy, interventions, omissions or incorrect treatment. It also includes indirect deaths due to previously existing diseases, or diseases that developed during pregnancy, where these were aggravated by the effects of pregnancy.

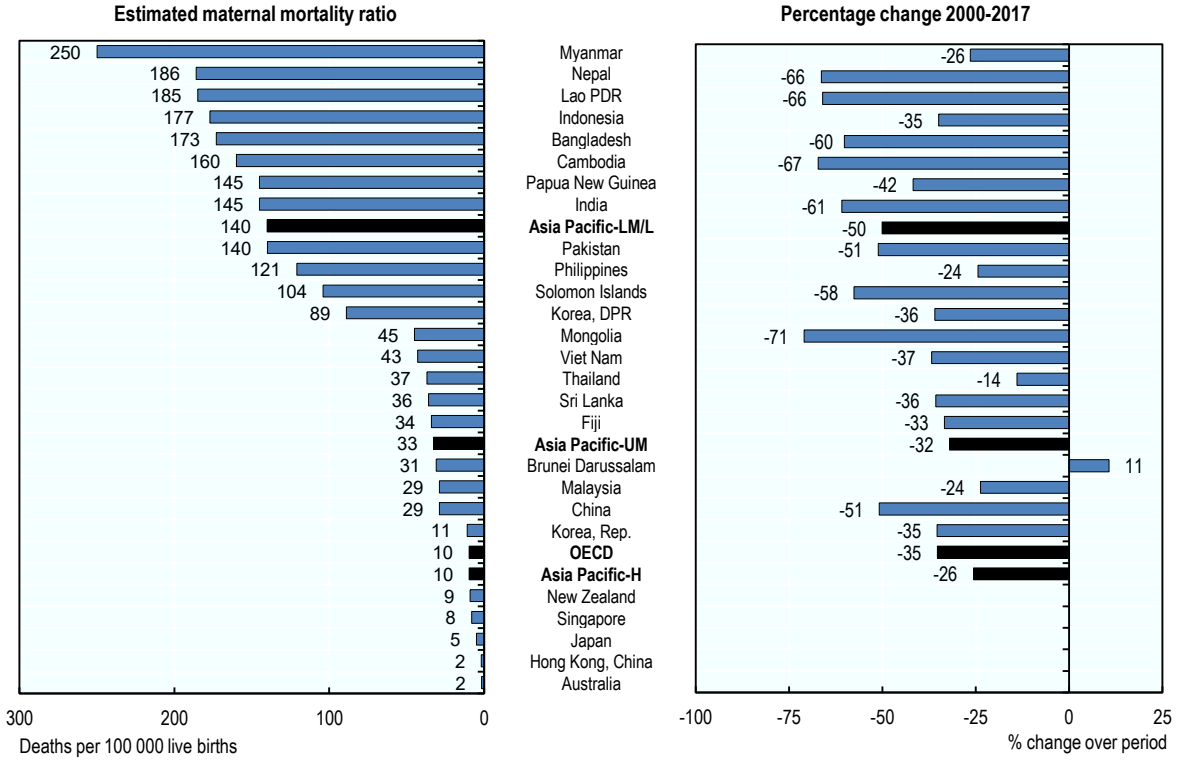
Maternal mortality is here measured using the maternal mortality ratio (MMR). It is the number of maternal deaths during a given time period per 100 000 live births during the same time period.

There are difficulties in identifying maternal deaths precisely. Many countries in the region do not have accurate or complete vital registration systems, and so the MMR is derived from other sources including censuses, household surveys, sibling histories, verbal autopsies and statistical studies. Because of this, estimates should be treated cautiously.

Note

1. Evidence is based on at least four times, but latest WHO Recommendations are at least eight antenatal visits, comprising pregnancy monitoring, managing problems such as anaemia, counselling and advice on preventive care, diet, and delivery by or under the supervision of skilled health personnel.

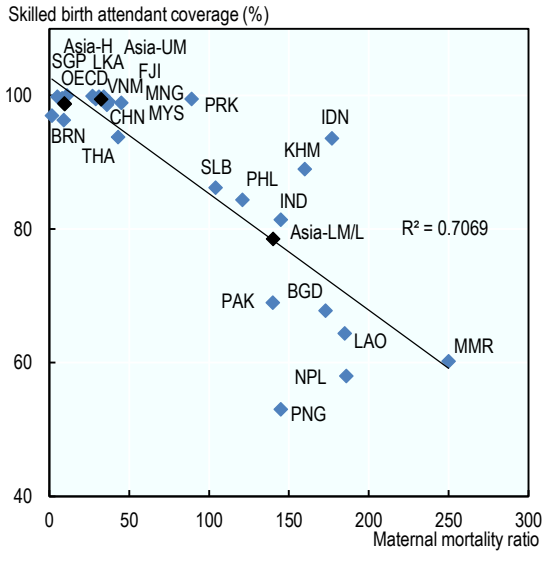
Figure 3.22. **Estimated maternal mortality ratio, 2017 (or latest year available), and percent change since 2000**



Source: OECD Health Statistics 2020; WHO (2019); Health facts of Hong Kong 2019.

StatLink https://stat.link/1pgxlm

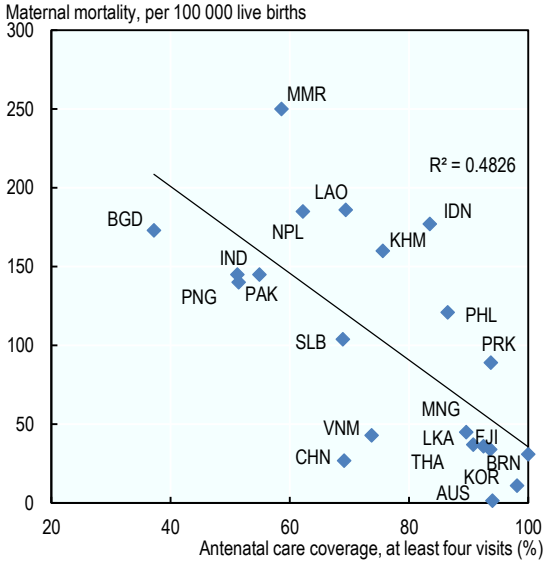
Figure 3.23. **Skilled birth attendant coverage and estimated maternal mortality ratios, latest year available**



Source: OECD Health Statistics 2020; WHO (2019); WHO GHO 2019.

StatLink https://stat.link/niguwx

Figure 3.24. **Antenatal care coverage and maternal mortality ratios, latest year available**



Source: WHO GHO 2019.

StatLink https://stat.link/8kys0o