



Source: <http://gemini.info.usaid.gov/photos/displayimage.php?album=657&pos=9>

Maternal and Child Health

Childbirth and motherhood should be a time to celebrate new life. Yet, the miracle of birth leads to millions of unnecessary deaths each year due to inadequate healthcare.

Nearly 9 million children die annually before reaching the age of 5—and 40% of these deaths occur during the first month of life. The impact on mothers is equally devastating, with about 350,000 maternal deaths each year.¹ Maternal and infant deaths are directly correlated with poverty and insufficient healthcare services. 99% of these deaths occur in developing countries,⁴ however, with appropriate medical services, an estimated 74% of mothers' and 63% of children's lives could be saved.³ The U.N. has committed to improving child mortality and maternal health as part of the Millennium Development Goals (MDGs 4 and 5 respectively) by 2015. There is still a lot of work to be done. By providing vital family planning programs, sufficient healthcare workers, interventions and emergency obstetric care, it is possible to achieve these goals and save millions of lives worldwide.¹

*Maternal mortality is "the death of a woman while pregnant 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 accidental or incidental causes."*⁴

2005 Maternal Death Estimates According to Income Group and World Bank Regions

Region and income group	MMR (maternal deaths per 100 000 live births)	Number of maternal deaths	Lifetime risk of maternal death: 1 in:
Region*			
East Asia and Pacific	150	45 000	340
Europe and Central Asia	42	2 600	1 400
Latin America and the Caribbean	130	15 000	280
Middle East and North Africa	200	15 000	160
South Asia	500	187 000	59
Sub-Saharan Africa	900	270 000	22
Income group**			
High income	9	1 000	6 700
Upper middle income	91	9 000	540
Lower middle income	180	74 000	270
Low income	650	451 000	40
World	400	536 000	92

Source: http://www.who.int/whosis/mme_2005.pdf

Maternal mortality and child health is a global concern—particularly in developing countries

Maternal mortality exemplifies one of the largest health disparities between the rich and the poor.¹ In fact, 99% of the 536,000 maternal deaths in 2005 occurred in developing countries.⁵ While the risk of dying from childbirth is nearly non-existent in North America and Europe, women in parts of sub-Saharan Africa have a 1 in 6 risk of maternal death.³ Over half of all maternal deaths happen in sub-Saharan Africa and one-third in South Asia. Together, these two regions account for 86% of maternal deaths worldwide.⁴

It is projected that providing skilled health care workers at delivery and emergency obstetrics care could save nearly three-fourths of mothers' lives.¹ Yet each year, 50 million women give birth in their homes without any professional help.¹ Likewise, studies show that six million—or two-thirds—of child deaths could be prevented with effective homecare and basic treatments for common illnesses.⁶ Only 40% of children with pneumonia have access to antibiotics and 1/3 of infants do not undergo a basic immunization course.⁶ Due to this lack of sufficient care and family planning services, *one woman dies every minute from pregnancy or childbirth complications.*⁵ These women leave behind over 1 million children annually, who then become motherless and vulnerable.⁵

Millennium Development Goals 4 and 5

In 2000, the UN established 8 global development goals with a deadline set for 2015. MDG 4 aims to reduce child mortality by two-thirds.² MDG 5 strives to improve maternal health by three-fourths.³ Although childhood deaths have declined since 1990, many countries have not experienced any progress.² Only 16 of the 68 countries with the highest maternal death rates are still anticipated to reach MDG 4 and only 5 of the 68 are on track for MDG 5.¹ In fact, maternal mortality decreased by a mere 1% per year between 1990 and 2005—at a rate far slower than the 5.5% necessary to meet MDG 5.⁵

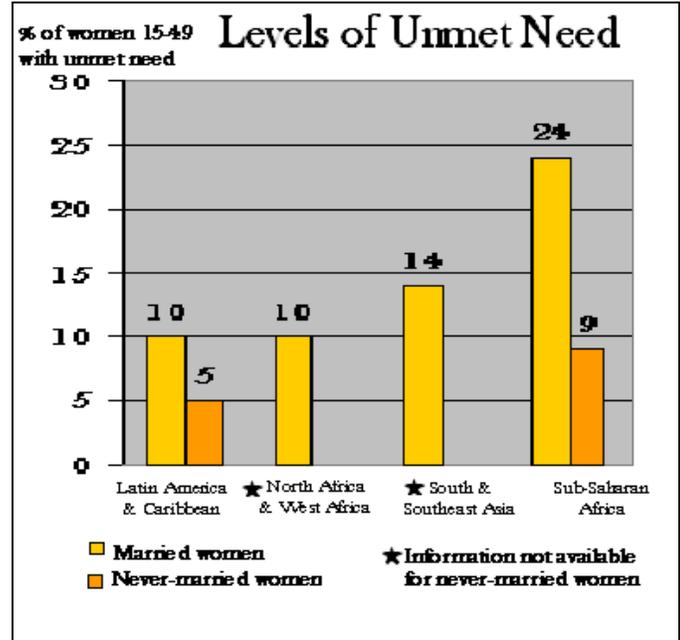
Woman worldwide have a great unmet need for family planning

Family planning empowers women to have the number of pregnancies they want, at healthy intervals that they choose.⁷ However, approximately 215 million women have an *unmet need* for family planning. In other words, these women want to prevent pregnancy but are not using a method of family planning. There are two categories of “unmet need” for family planning: those who want to space childbirth by at least two years, and women who hope to avoid pregnancy altogether.⁸ There are a variety of causes for this unmet need: a belief that they are not at risk of getting pregnant, a fear of the health effects of using contraception, the inability to attain family planning methods, or the views of their husband and family.⁹ Even today, the *unmet need* for family planning remains high, particularly in developing regions. For example, 1 in 4 women in sub-Saharan Africa have an unmet need.² All but one of the 17 least developed countries with the lowest levels of modern contraception are located in sub-Saharan Africa.²

Family planning dramatically reduces maternal and child mortality

By allowing women to choose when and how often they become pregnant, family planning significantly lowers health risks to mothers and their children. Mothers who do not space their pregnancies have a greater risk of death or pregnancy complications.¹¹ Similarly, a two-year birth spacing significantly diminishes infants’ health risks and by preventing closely spaced births over 2 million infants lives each year could be saved.¹⁰

Girls younger than the age of 15 are five times more likely to die while giving birth than women who are in their twenties.² Likewise, infants are 60% more likely to die in their first year of life with a mother who is younger than age 18.² Family planning addresses this issue by allowing young girls to delay pregnancy until they are physically developed enough to give birth in a healthy manner. Furthermore, countries that establish and bolster family planning services, have seen declining abortion-related deaths in accordance with rising contraceptive use.¹⁰



Source: Graph formed using data from “Women on the Front Lines of Health Care,” (Save the Children, 2010).

References

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“Family planning is to maternal health what immunization is to child health. It is a low-cost yet effective way of preventing maternal deaths whereby risky pregnancies are avoided.” ~Uganda’s First Lady Janet Museveni

Investing in family planning as well as maternal and newborn health simultaneously is economical

The pressing need for sexual and reproductive health services has grown alongside our expanding economy. Between 1995 and 2007, the number of women of reproductive age increased by 25%.¹² Yet aid from governments worldwide has not kept up with the rapid growth rate. For example, USAID’s international family planning funding only increased from \$541.6 million in 1995 to \$593.5 million in 2010.¹³ Thus, taking population growth into account, per capita family planning funding has declined dramatically. It is not only important that sexual and reproductive health funding increases, but also *where* this funding is allocated.

Simultaneously investing in both family planning as well as maternal and newborn health yields reciprocal benefits. By investing in both at the same time, maternal and newborn care could be provided for \$1.5 billion less. Although an additional \$3.6 billion is necessary to fulfill the unmet need for family planning, this investment ultimately *saves* money. Meeting the need for family planning would reduce unintended pregnancies. This, in turn, lowers the cost of providing women with maternal and newborn care by \$5.1 billion.¹² In other words, every added dollar spent on family planning saves \$1.40 in medical costs from unintended pregnancies. Altogether, investing in both family planning and maternal and newborn health costs \$24.6 billion—only \$4.50 per capita.¹⁴