Pregnancy and childbearing offer women opportunities for personal development and fulfilment. But in different countries and to varying extents, it also has inherent risks. Maternal mortality – the death of a woman during pregnancy, childbirth, or in the weeks after delivery – is an important indicator of woman's health and status. It shows clearly the differences between rich and poor, rural and urban, with the vast majority of deaths occurring in resource-poor settings, and most being preventable (WHO, 2011b). Fertility and maternal mortality have strong associations with economic development and GDP.

The maternal causes that lead to death result from complications during pregnancy and following birth. Most maternal deaths result either from severe bleeding after childbirth, infections, high blood pressure during pregnancy or unsafe abortion.

Around 800 women die from maternal causes every day. In developed countries, the maternal mortality ratio (MMR) averages around 11 deaths per 100 000 live births; in disadvantaged countries, it is an order of magnitude greater (Figure 1.8.1). Estimates for 2010 show a small group of countries (Singapore, Japan, Australia, New Zealand, Republic of Korea) with very low MMR, and a second group, including Sri Lanka, China, Thailand, Viet Nam and the Philippines, with MMR between 25 and 100 (WHO, 2012a). Another group of countries includes India, Indonesia, Bangladesh and Pakistan, and these have MMR equal to or above 200 deaths per 100 000 live births.

Almost 300 000 maternal deaths were estimated to have occurred worldwide in 2010. More than one quarter of the world's maternal mortality burden (77 000 deaths) occurred in India, Pakistan and Indonesia alone. Large numbers of maternal deaths also occurred in Bangladesh and China (Figure 1.8.2).

However, significant progress in reducing maternal mortality has occurred in the region over the last two decades (Figure 1.8.3). Average MMR across 20 Asian countries has been cut by two-thirds, from an estimated 360 deaths per 100 000 live births in 1990 to 125 in 2010, although this figure is affected by those countries with very high MMR. Nepal, Viet Nam, Lao PDR, Cambodia, Bangladesh and China have all seen significant falls in maternal mortality; in China's case falling by more than two-thirds, from 120 deaths per 100 000 live births in 1990 to 37 in 2010. Thailand and DPR Korea have seen less progress.

Increased fertility presents a greater lifetime risk for women in Asia/Pacific countries. Yet maternal death is not inevitable, and risks can be reduced through family planning, better access to high-quality health care, and greater education and status for women. Although almost all births in countries such as DPR Korea, Sri Lanka and Thailand are attended by skilled health professionals, there are several countries in the region (including Bangladesh, Lao PDR and Nepal) where the proportion is less than one in five (see Indicator 3.5). The lack of social status for girls and women in some countries limits their prospects for education, economic resources and decision making.

Although great headway has been made in the Asia/Pacific region, renewed efforts will need to be undertaken if the WHO Millennium Development Goals of reducing MMR by three-quarters between 1990 and 2015, and achieving universal access to reproductive health by 2015 are to be met.

Definition and comparability

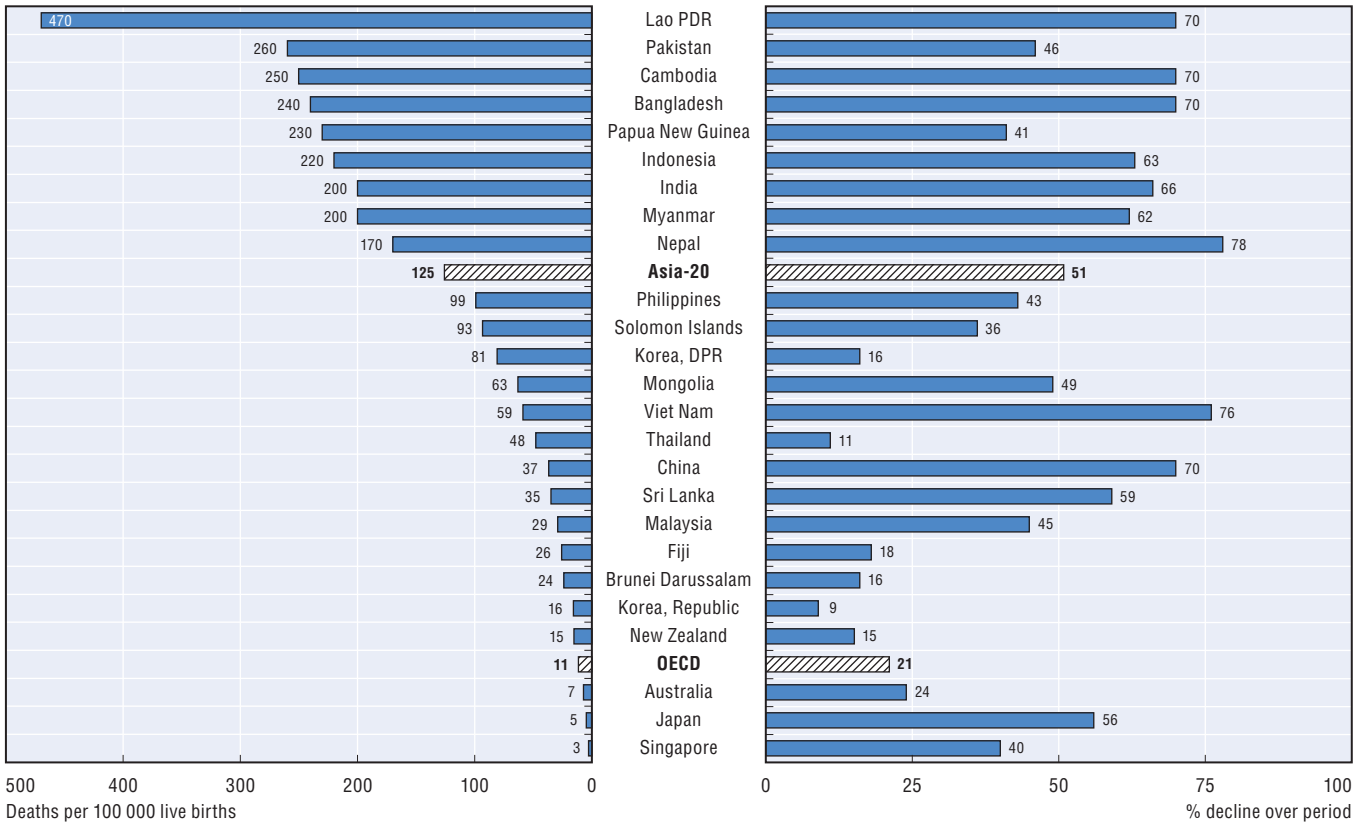
Maternal mortality is defined as the death of a woman while pregnant or during childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (WHO, 2012a).

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.

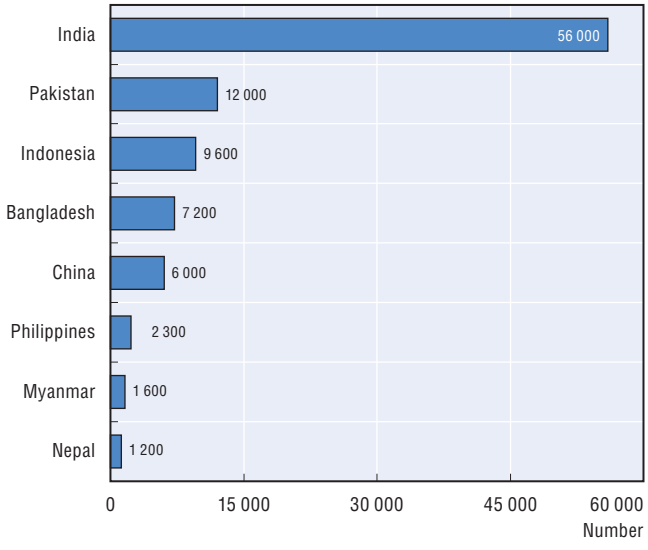
There are difficulties in identifying maternal deaths precisely. Many countries in the region do not have accurate or complete vital registration systems, and so the MMR is derived from other sources including censuses, household surveys, sibling histories, verbal autopsies and statistical studies. Because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

1.8.1. Estimated maternal mortality ratio, 2010, and percentage decline since 1990



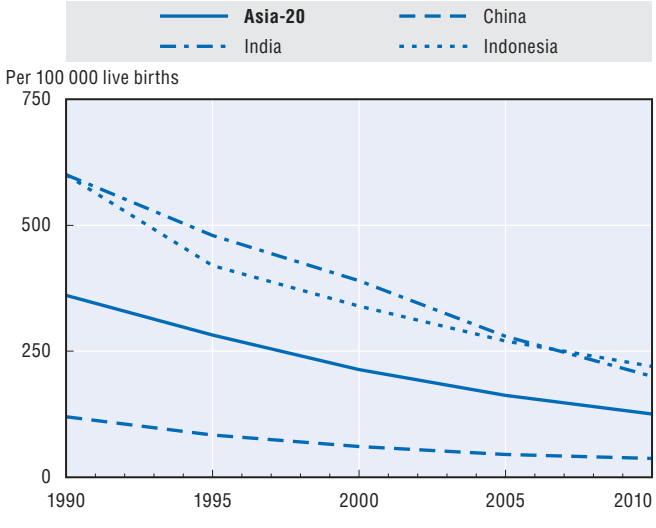
Source: WHO (2012a).

1.8.2. Estimated number of maternal deaths in eight countries, 2010



Source: WHO (2012a).

1.8.3. Estimated maternal mortality ratios, selected countries, 1990-2010



Source: WHO (2012a).

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