

# Reducing maternal mortality - more needs to be done

The World Health Organization (WHO) has released its report “Trends in Maternal Mortality: 1990 to 2015” [1] which looks into the global efforts to reduce maternal deaths as part of the Millennium Development Goals (MDGs) which are ending in 2015. It is said to “examine global, regional and country specific progress in reducing maternal mortality”. MDG Goal 5 specifically aimed to improve maternal health.

The report highlighted the following:

- Globally, the Maternal Mortality Ratio (MMR – number maternal deaths/100 000 live births) fell by nearly 44% over the past 25 years, from 385 in 1990 to an estimated 216 in 2015.
- The annual number of maternal deaths decreased by 43% from approximately 532 000 in 1990 to an estimated 303 000 (UI 291 000 to 349 000) in 2015.
- The approximate global lifetime risk of a maternal death fell considerably from 1 in 73 to 1 in 180.

Although there is a decrease in MMR globally, sub-Saharan Africa still registers the highest number of maternal deaths, accounting for 66% of the global maternal deaths. WHO reports that the estimated MMR for South Sudan has dropped from the highly publicized 2,054/100,000 to 789/100,000 live births [1]. This may be good news for the country but the challenges that kept it in this situation remain.

The major global causes of maternal deaths, accounting for 75% of the deaths, are: severe bleeding, infections, high blood pressure during pregnancy, complications from delivery and unsafe abortion [2]. There are many interventions, proven and tested that can be used to tackle poor maternal health outcomes. Health systems that support access to complete antenatal care, skilled delivery at birth and emergency obstetric care are key. Unfortunately, the barriers to the implementation remain the biggest challenge.

The conflict which started in December 2013 has reversed some of the gains made in the health infra-structure since 2005. Hospitals were destroyed, women and children displaced and thousands still face the threat of famine. It is unlikely that maternal mortality and morbidity can be reduced in such circumstances.

So much more needs to be done. The focus on training of skilled birth attendants, introduction of innovative programmes such as the use of misoprostol to reduce postpartum bleeding [3], establishment of maternal birthing homes and increased access to emergency obstetric surgery should be put in the forefront. Development partners have continuously supported the Ministry of Health in these endeavours and should be encouraged to continue.

The MDGs are being replaced by the Sustainable Development Goals. The new target is to reduce the global MMR to less than 70 per 100,000 live births by 2030. South Sudan should be able to achieve this target if all health partners work together.

## References

1. WHO. 2015. Trends in Maternal Mortality: 1990 to 2015. <http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>
2. WHO Fact Sheet 348. 2015. Maternal mortality. <http://www.who.int/mediacentre/factsheets/fs348/en/>
3. Smith JM, Dimiti A, Dwivedi V. et al. 2014, Advance distribution of misoprostol for the prevention of postpartum hemorrhage in South Sudan. *Int J Gynecol Obstet.* 127 (2) 183–188 <http://dx.doi.org/10.1016/j.ijgo.2014.05.016>

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