RISKING DEATH TO GIVE BIRTH

Women in Sweden have a 1 in 17,400 chance of dying from pregnancy-related causes and give birth to an average of 1.7 children in their lifetime.

Afghan women have a lifetime risk of one in eight and give birth to an average of seven children.

In Niger, a woman has a one in seven chance of dying from pregnancy-related causes in her lifetime.

India endures nearly a quarter of all maternal deaths in the world: more than one every five minutes.

In Peru, poor women are six times more likely to die during pregnancy or childbirth than rich women.

Lifetime risk of maternal death:
- Worse than 1 in 20
- 1 in 20 to 1 in 49
- 1 in 50 to 1 in 199
- 1 in 200 to 1 in 499
- 1 in 500 to 1 in 1,999
- Better than 1 in 2,000
- No data

*Lifetime risk is the chance of dying of pregnancy-related causes during a woman’s reproductive lifespan.

Data source: Maternal Mortality in 2005
Estimates developed by WHO, UNICEF, UNFPA and the World Bank

THE SKILLS GAP

Trained health workers are key to preventing maternal deaths. All women – especially the poor and excluded – deserve quality professional care, without barriers of cost.

% Births without trained health workers:
- More than 80%
- 51%–80%
- 26%–50%
- 6%–25%
- 5% or less
- No data

*Trained health workers include doctors, midwives, nurses and in some cases country-specific cadres such as auxiliary nurse midwives.

HEALTH STAFF SHORTAGE

57 countries across the developing world have critical shortages of midwives, nurses and doctors. A total of 2.4 million health workers are needed in these countries.

THAILAND’S SUCCESS STORY

Progress can be made learning from the case of Thailand which has reduced its maternal mortality substantially since 1940.

Progress in reducing maternal deaths will accelerate dramatically with the right health workforce in place. These key workers must be well trained, paid, supervised and supported by a working health system including the right drugs, supplies, equipment and functioning facilities.

Much of this was achieved by building up the Thai health system. A crucial ingredient in Thailand – and in Malaysia too, was the expansion of professional midwife training, backed up later by strengthening district hospitals to ensure access to emergency obstetric care.


Source: Statistical Information Service and Dissemination Group, Statistical Forecasting Bureau, National Statistical Office, Thailand