

# Maternal & Newborn Mortality

## A challenge for Africa

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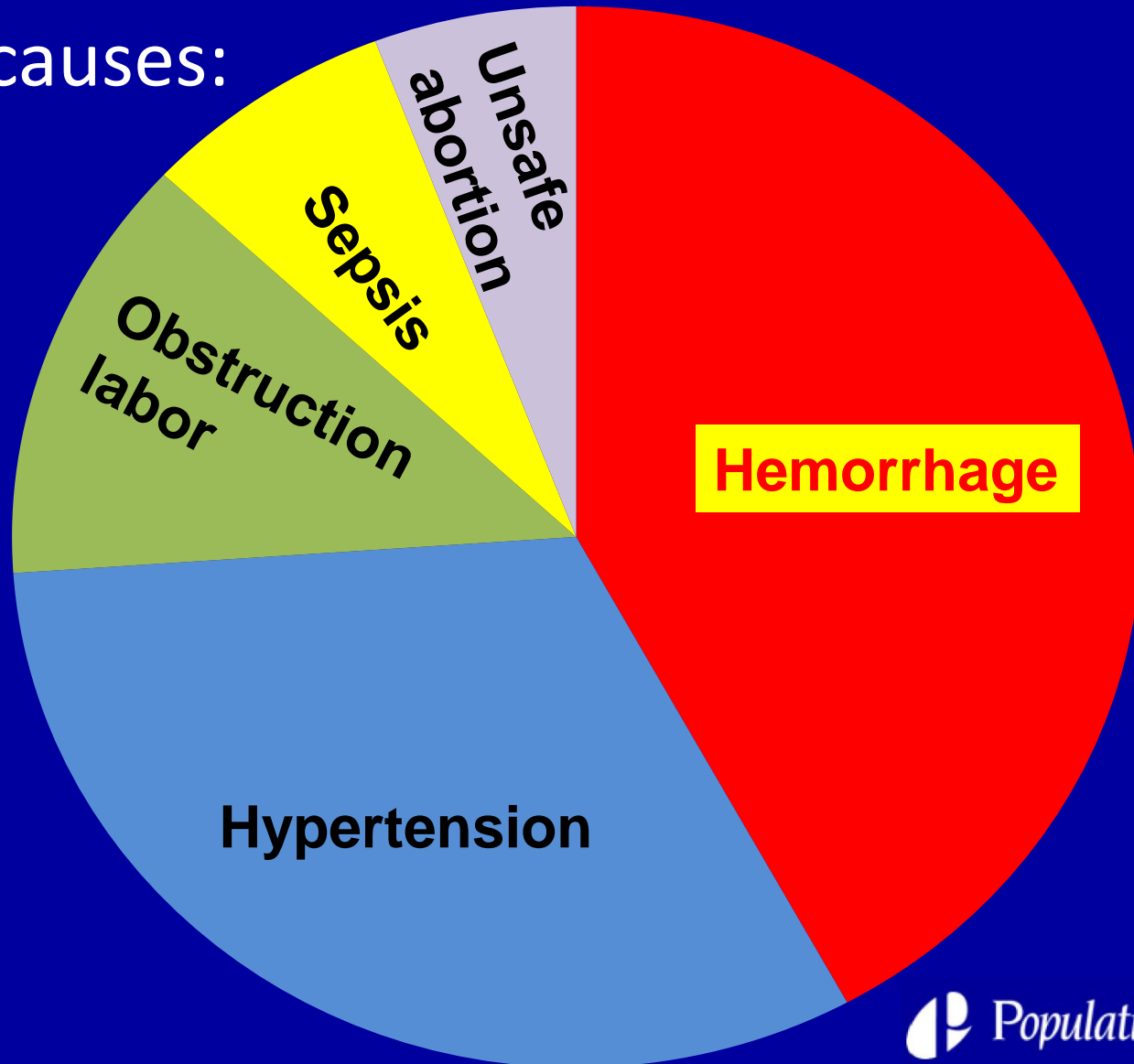


# Facts

- ✓ Lifetime risk of a woman dying from pregnancy or childbirth
  - **1 in 8** in Sierra Leone
  - **1 in 17,400** in Sweden
- ✓ **Every day**
  - **30** women die every hour
  - **9** children under age 5 die every minute
- ✓ For every woman who dies, **20** experience injury, infection, disease, and disabilities.

# Most maternal death are due to:

Medical causes:



## Socio-cultural causes of maternal deaths:

- Nutritional taboos, which cause anemia
- Female genital mutilation
- Early marriage and pregnancy
- Short birth spacing

**1** in **3** deaths could be avoided if women who wanted effective contraception had access to it.

### In Senegal

- **Only 10%** of women use any contraception.
- In the last **15 years, more than 30%** of married women who did not want to become pregnant failed to use any kind of contraception. (**21%** want no more)

# The gap for reaching international maternal and child health goals in Senegal

Indicator	2005 (Measure)	2015 (goal)	Gap (difference)
NEWBORN MORTALITY	35‰	12‰	23‰
INFANT MORTALITY	61‰	22‰	39‰
CHILD MORTALITY	121‰	44‰	74‰
MATERNAL MORTALITY	401/ 100,000	139/ 100,000	262/ 100,000

# Lack of human and infrastructure resource impacts maternal health

*“With **1** midwife covering **4600** women (60% of them live in Dakar capital city);*

***1** hospital for **505,172** people and*

***1** health center for **165,878** people,*

*How will I do it?*

*I need an additional 500 midwives.*

*Where will I find them? How will I pay for it ?”*

— RH Division Head, Ministry of Health, Senegal

# 8 of 10 maternal and newborn deaths are preventable

## We need:

- More community workers with midwifery skills
- Effective referrals systems
- Trained personnel
- Supplies and equipment
- An engaged civil society
- Free access for poor, vulnerable women
- Evidence-based programs

# The Realities:

I spoke with a woman who told me that during a prenatal visit, the midwife offered her a prescription, lab tests, and a sonogram.

But it cost too much for the woman, so she didn't get the care that she needed UNTIL the pain was too much to bear.

Her condition deteriorated to the point that she needed surgery. Her baby died. She had a hysterectomy. As she lay in her hospital bed recovering, she finished her story by saying, *“And in the end, this is what it cost me.”*

**This is one story from a country where hundreds of thousands of women and babies die from pregnancy-related causes every year.**

No woman should die giving life

