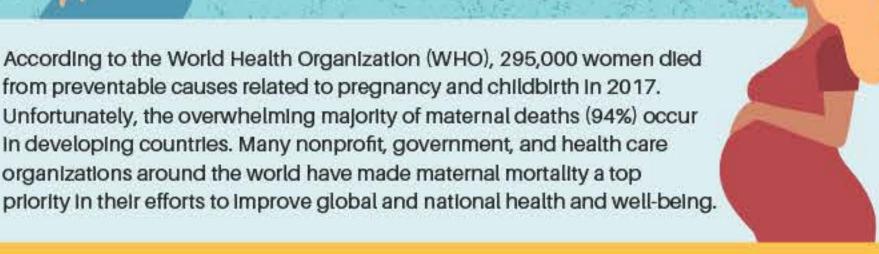


PREVENT MATERNAL **MORTALITY INJUSTICES**

AROUND THE WORLD

from preventable causes related to pregnancy and childbirth in 2017. Unfortunately, the overwhelming majority of maternal deaths (94%) occur In developing countries. Many nonprofit, government, and health care organizations around the world have made maternal mortality a top priority in their efforts to improve global and national health and well-being. **MATERNAL MORTALITY RATE (MMR)**

HOW TO



Between 2000 and 2017, the global MMR decreased by 38%. But many developing countries still have extremely high MMRs, and some countries with advanced economies (such as the

ACROSS THE GLOBE

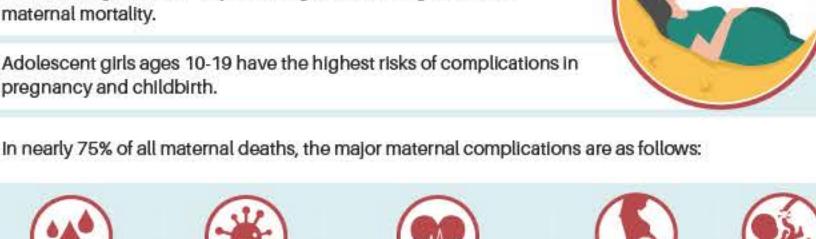
U.S.) have seen their MMRs increase over the past few decades. STATISTICS OF GLOBAL MMRS

Adolescent girls under 15 years of age have the highest risk of

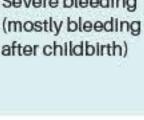
maternal mortality. Adolescent girls ages 10-19 have the highest risks of complications in

In 2017, 295,000 women died during and following pregnancy

pregnancy and childbirth.

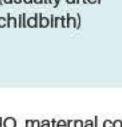


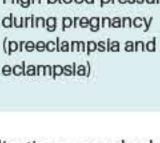
Severe bleeding High blood pressure Complications Infections from delivery

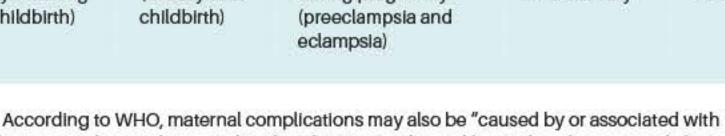


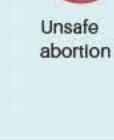
and childbirth.











infections such as malaria or related to chronic conditions like cardiac diseases or diabetes."

STATISTICS OF MMRS IN THE U.S. In the U.S., MMRs can be four times higher for women who do not receive prenatal care,

non-Hispanic black women have been nearly four times more common than among white women.

For the past six decades, pregnancy-related deaths among American Indian/Alaska Native and

compared with women who do.

42 deaths per 12 deaths per 100,000 live births 100,000 live births

25% of women in the U.S. do not receive the recommended number of prenatal visits.



Sierra Leone 1.360

among black women

32% of African

American

women



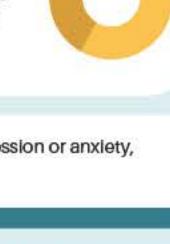
3 Greece - 184

United Arab Emirates - 165

MMRS IN FIVE

41% of American

Indian or Alaska Native women



among white women

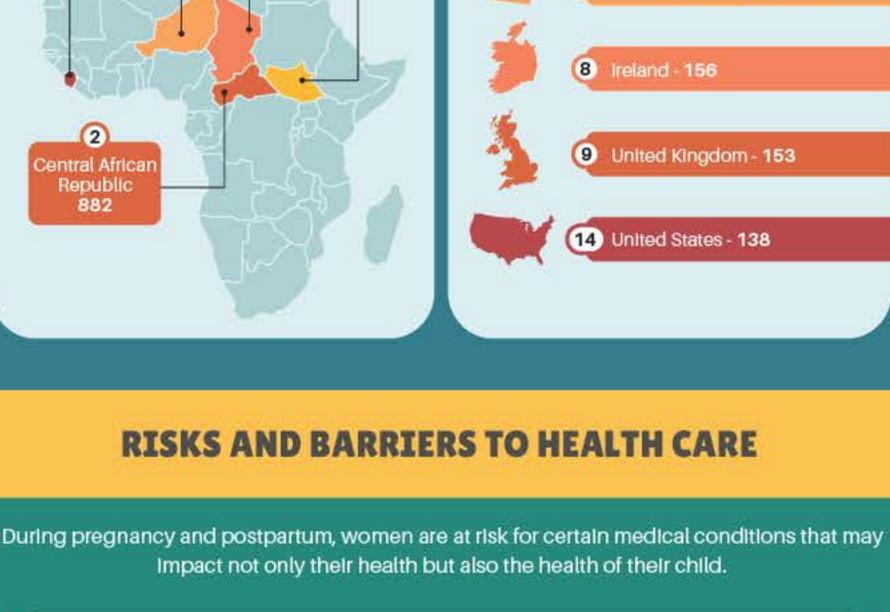
Deaths per 100,000 live births: 4 5 Nigeria



Deaths per 100,000 live births:

(3)

Chad 856



Ireland - 156



Cardiovascular and noncardiovascular health conditions **DURING PREGNANCY** Infections

CAUSES OF MATERNAL MORTALITY IN THE U.S.

Leading causes of pregnancy-related deaths among pregnant women:

 Hemorrhage DAY OF DELIVERY Amniotic fluid embolism Cardiovascular conditions

Hemorrhage

Hypertensive disorders of pregnancy

Cardiovascular and noncardiovascular health conditions

RISKS:

PREECLAMPSIA:

Administer drugs such

as magnesium sulfate.

Preterm births

Low birth weight

Cerebrovascular accident

Cardiomyopathy

Infection 7-42 DAYS Other cardiovascular conditions **POSTPARTUM**

Infection

FIRST 6 DAYS

POSTPARTUM

43-365 DAYS

POSTPARTUM



- - Suicidal thoughts and suicide

POSTPARTUM AND PERINATAL DEPRESSION IN THE U.S. 1 in 9 expectant mothers will experience symptoms of postpartum depression.

Excessive crying

SEVERE BLEEDING:

Inject oxytocics immediately

after childbirth to reduce the

risk of bleeding.

Distance to

facilities

World Health Organization

Addressing inequalities in access to and

quality of reproductive, maternal, and

Addressing all causes of maternal mortality,

Strengthening health systems to collect

related disabilities.

reproductive and maternal morbidities, and

high quality data in order to respond to the

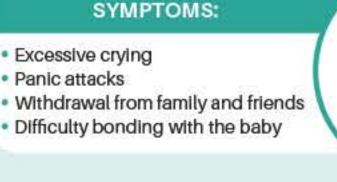
needs and priorities of women and girls.

Ensuring accountability in order to improve

quality of care and equity.

Poverty

Panic attacks



INFECTION: Practice good hygiene

SIMPLE SOLUTIONS FOR COMMON COMPLICATIONS

and recognize and treat

the early signs of infection.

Though simple solutions exist for pregnancy and childbirth complications, unfortunately health care professionals in many developing countries lack the resources and expertise to implement them. The majority of births across several low-income and lower-middle-income countries are not assisted

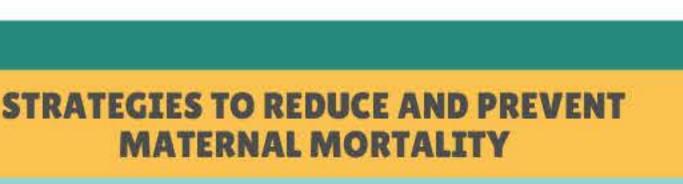
Information



quality services

Cultural beliefs

and practices



AAT

Evaluate evidence-based methods to

education and support practicing family

Address the growing loss of rural maternity

physicians providing full-scope

services nationwide.

The HRSA Maternal Mortality Summit - Technical Report summarizes key findings on actions to decrease rates of maternal mortality and morbidity:

reproductive and maternity care.

IN THE U.S.: Closure of rural hospitals and obstetrics programs is leading to obstetrical deserts and poor

health outcomes, which points to the need for highly qualified women's health nurse practitioners in these areas.

MATERNAL MORTALITY

The WHO, the U.S. Department of Health and Human Services (HHS), and the American

Academy of Family Physicians (AAFP) have announced detailed strategies for reducing

maternal mortality rates.

The WHO's "Ending Preventable Maternal The AAFP has outlined the following four Mortality Strategy" involves working with primary objectives in decreasing MMRs: partners in supporting countries toward:

decrease maternal mortality. newborn health care services. Ensuring universal health coverage for Review methods to increase recognition of comprehensive reproductive, maternal, and implicit bias and reduce disparities in maternal morbidity and mortality. newborn health care. Develop strategies to help improve resident

- Access: Improve access to patient-centered, comprehensive care for women before, during, and after pregnancy, especially in rural and underserved areas.
- Safety: Improve quality of maternity services through efforts such as the utilization of safety protocols in all birthing facilities. Workforce: Provide continuity of care before, during, and after pregnancies by increasing the types and distribution of health care providers.

health nurses practicioners and other health care professionals will play a key role in Implementing solutions for reducing MMRs in the U.S. and abroad.

online.regiscollege.edu/online-master-science-nursing/

Life Course Model: Provide continuous team-based support and use a life course model of care for women before, during, and after pregnancies. Data: Improve the quality and availability of national surveillance and survey data, research, and common terminology and definitions.

Review Committees: Improve quality and consistency of maternal mortality review

committees through collaborations and technical assistance with U.S. states.

Partnerships: Engage in opportunities for productive collaborations with

- https://www.mhtf.org/topics/maternal-health-in-the-united-states/ https://www.who.int/news-room/fact-sheets/detail/maternal-mortality https://www.awhonn.org/news/392376/Womens-History-Month-Our-Commitment-to-Reduce-the-Maternal-Mortality-Rate-Intm https://www.npwh.org/lins/filebrowser/file?fileName=Ellminating%20Preventable%20Matemal%20Deaths%20Position%20Statement%20Final.pdf https://www.aafp.org/news/health-of-the-public/20190601maternalmortality.html https://www.cia.gov/library/publications/the-world-factbook/rankorder/2223rank.html

multiple summit participants.

https://npwomenshealthcare.com/preventing-postpartum-depression-closer-to-home/ https://www.hrsa.gov/sites/default/files/hrsa/maternal-monality/Maternal-Monality-Technical-Report.pdf

CONCLUSION: As public health officials continue to collaborate with health care organizations, women's