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. Unfortunately, the overwhelming majority of maternal deaths (94%) occur in low-income and lower-middle-income countries, where they remain at extremely high levels, and some countries with advanced economies (such as the U.S.) have seen their MMRs increase over the past few decades.

In 2017, 295,000 women died during and following pregnancy-related causes, making maternal mortality a major public health concern. According to the World Health Organization (WHO), the majority of these deaths are preventable, with conditions such as severe bleeding, infection, high blood pressure, and anesthesia complications being the most common causes of maternal death.

STATISTICS OF GLOBAL MORTALITY

- Deaths per 100,000 live births:
  - Developed: 21
  - Less developed: 250
  - Least developed: 600

STATISTICS OF GLOBAL MORBIDITY

- Maternal mortality ratio (MMR) per 100,000 live births:
  - Developed: 21
  - Less developed: 250
  - Least developed: 600

RISKS AND BARRIERS TO HEALTH CARE

- Lack of access to skilled health personnel for delivery
- Lack of access to quality emergency obstetric care
- Cultural beliefs and practices
- Insufficient healthcare facilities and equipment
- Inadequate or poorly trained staff
- Infections such as malaria or related to chronic conditions like cardiac diseases or diabetes
- Difficulties in transportation

STRATEGIES TO REDUCE AND PREVENT MATERNAL MORTALITY

- Implementing solutions for reducing MMRs in the U.S. and abroad
- Providing continuity of care before, during, and after pregnancies
- Improving the quality and availability of national surveillance and survey data
- Improving quality of maternity services through efforts such as the utilization of safety protocols in all birthing facilities
- Improve access to patient-centered, comprehensive care for women before, during, and after pregnancy, especially in rural and underserved areas

CONCLUSION:

The majority of births across several low-income and lower-middle-income countries are not assisted by trained health personnel. For instance, in the U.S., 21% of pregnant women experience moderate to severe bleeding during pregnancy, and 41% of women undergo cesarean deliveries. The American Academy of Family Physicians (AAFP) has outlined the following four primary objectives in decreasing MMRs:

- Develop strategies to help improve resident workforce: services nationwide.
- Ensure accountability in order to improve comprehensive reproductive, maternal, and newborn health care.
- Address inequalities in access to and quality of reproductive, maternal, and newborn health care.
- Improve quality of data in order to respond to the needs and priorities of women and girls.

In summary, the prevention of maternal mortality requires a comprehensive approach that involves improving access to skilled health personnel, addressing the root causes of maternal death, and prioritizing the health and well-being of women and girls around the world.