

Facts on Global Maternal Health and International Family Planning

Maternal Mortality

- Every 90 seconds, somewhere in the world a woman dies from complications related to pregnancy or childbirth—approximately 343,000 women every year.¹
- Six developing countries alone count for over half of the maternal deaths in 2008—Afghanistan, the Democratic Republic of Congo, Ethiopia, India, Nigeria, and Pakistan. Twenty-one countries accounted for nearly 80% of maternal deaths in 2008.² Ninety-nine percent of pregnancy-related deaths occur in developing countries.³
- From 1980 to 2008, the United States and Canada have experienced a 33% increase in the maternal mortality rate.⁴
- In Niger, the lifetime risk of women dying from pregnancy-related complications is one in seven (highest in the world); in Ireland, it is one in 48,000 (lowest in the world). The lifetime risk in the United States is one in 4,800. Forty nations have a lower risk of maternal death than the U.S.⁵
- The top five causes of maternal death are severe bleeding, infections, eclampsia (a form of toxemia), obstructed labor and unsafe abortion.⁶
- Most maternal deaths take place during labor, delivery or in the immediate post-partum period. More than 3.4 million newborns die within the first week of life.⁷
- More than one million children are left motherless every year due to maternal deaths. Children are three to 10 times more likely to die within two years of the mother's death.⁸
- Pregnancy is the leading cause of death for girls ages 15–19 worldwide.⁹
- There is no single cause of death and disability for men between the ages of 15 and 44 that compares with the magnitude of maternal death and disability.¹⁰
- Maternal mortality could be reduced by more than 70 percent by improved access to reproductive health services, including contraception, treatment for pregnancy and birth complications, and strategies to prevent or manage abortion-related complications.¹¹

Maternal Health

- Pregnancy and childbirth leave millions of women and girls with short- or long-term injuries, infections or disabilities (maternal morbidities). For every maternal death there are about 20–30 cases of maternal morbidity.¹²
- An estimated 19 million unsafe abortions occur each year in developing countries.¹³ These unsafe abortions account for at least 13% of all maternal deaths.¹⁴ In 22 countries, a woman must obtain her husband's permission before having an abortion.¹⁵
- In the developing world, 137 million women who don't want to get pregnant are not practicing contraception, primarily because it is too costly or not available.¹⁶ One third of maternal deaths related to pregnancy and childbirth could be avoided if women who wanted effective contraception had access to it.¹⁷
- Adolescent girls (ages 15–19) account for approximately 12% of all births, and for 14% of the unsafe abortions, in the developing world.¹⁸
- Of the 123 million women living in developing countries who give birth each year, only about half receive the maternal and newborn care they need. Almost one-fifth of these women will have obstetric complications that go untreated.¹⁹

International Family Planning

- Mothers who wait three to five years before having another child have a lower risk of pre-eclampsia, hemorrhage, maternal death, and other complications of pregnancy and childbirth.²⁰

- Comprehensive family planning leads to sharp rises in contraceptive use, reducing unwanted pregnancies. Between 1960 and 1990, fertility in the developing world declined from more than six to fewer than four births per woman; more than 40% of that decline is attributable to family planning programs.²¹
- Meeting adolescents' needs for family planning, particularly contraception, would break the cycle of having too many children too early in life, which creates health risks and imposes undue financial burdens on young women and families.²²
- Levels of unmet need for contraception vary greatly among subgroups of women both at the regional level and within countries. Women who are young, uneducated, poor or living in rural areas are generally at high risk of having unintended pregnancy. Combined, 215 million women have an unmet need for modern contraception. If the unmet need for modern methods were fully satisfied, an additional 53 million unintended pregnancies would be averted each year, resulting in 22 million fewer unplanned births, 25 million fewer induced abortions, and seven million fewer miscarriages. An additional 150,000 women's lives would be saved and 640,000 newborn deaths would be averted.²³ Approximately 600,000 children would not lose their mothers.²⁴
- The demand for family planning services will grow by an estimated 40% by 2050 as a record number of young people reach reproductive age.²⁵
- Doubling current global investments in family planning and pregnancy-related care (to approximately \$24.6 billion) could save the lives of 400,000 women and 1.6 million infants every year. This amounts to less than 10 days of global military spending.²⁶ It would also reduce unintended pregnancies by more than two-thirds and reduce unsafe abortions and resulting complications by 75%.²⁷
- Investing in family planning boosts the overall effectiveness of every dollar spent on maternal and newborn health care. Every dollar spent on contraceptive services to help women prevent unintended pregnancies saves \$1.40 in maternal and newborn health care costs. Simultaneously investing in *both* family planning and maternal and newborn health can achieve the same outcomes for \$1.5 billion less than investing in maternal and newborn health care alone.²⁸
- Fulfilling the unmet need for modern family planning methods would increase costs by \$3.6 billion, but it would lower the cost of providing maternal and newborn health services by \$5.1 billion, because roughly 50 million fewer women would become pregnant unintentionally. Thus, it would result in net total savings of \$1.5 billion.²⁹

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