

THE LANCET MATERNAL HEALTH SERIES

Key Messages

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- Despite global reductions in maternal mortality over the past quarter century, significant challenges remain for many women in terms their health status and their access to quality health care.
- The causes of maternal mortality and morbidity are increasingly diverse, and the overall burden falls disproportionately on the most vulnerable groups of women in all countries.
- For women using services, some receive excellent care but too many experience one of two extremes: *Too Little, Too Late* or *Too Much, Too Soon*. Both extremes represent maternal health care that is not grounded in evidence. And other women receive no care at all.
- Reaching every woman with the quality care she deserves depends on the resources and conditions of her community and country, and thus context-appropriate strategies and national plans are needed.
- Good maternal health is a human right. The global community and countries must take action to reach every woman, every newborn, everywhere with good quality health care.

“Every woman, every newborn, everywhere has the right to good quality health care.”

The past quarter century has delivered progress for some women and their newborn babies. Maternal deaths fell by nearly half, and use of maternity services increased markedly. At the same time, the Millennium Development Goal (MDG) for maternal health fell far short of achievement. Some countries and groups of women saw little or no progress despite significant global political attention to maternal health.

As more women survive childbirth, the global burden of poor maternal health is shifting markedly from preventable deaths to an increasingly diverse array of maternal morbidities and widening disparities within and between groups of women. Across all income-levels, there is maternal health care that is not grounded in evidence—whether care is “too much, too soon” or “too little, too late”. And globally, an estimated quarter of pregnant women continue to lack access to any skilled care at birth.

Opportunities for future progress in improving the quality of maternal health care and reducing inequities lie in more than just the wider promotion of effective maternal health interventions. They depend on key investments and the commitment of political capital by multiple partners across all populations to ensure universal implementation.

Every woman, every newborn, everywhere has the right to good quality health care. Local, national, and global communities must take action today to improve quality of care and reduce disparities in access in order to secure future economic and social development and support the vision of the 2030 Sustainable Development Goals (SDGs) and the *Global Strategy for Women’s, Children’s and Adolescents’ Health*.

Despite global reductions in maternal mortality over the past quarter century, significant challenges remain for many women in terms their health status and their access to quality health care.

- Since 1990, progress has been achieved in reducing maternal deaths and advancing maternal health care:
 - In 2015, 216 women died of maternal causes for every 100,000 live births—down 44 percent from 385 per 100,000 in 1990—but still far short of MDG 5a target of 75 percent reduction.
 - Three-quarters of women now deliver with assistance from a skilled birth attendant and two-thirds receive at least four antenatal care visits.
- The burden of maternal morbidity has become more apparent, with an estimated 27 million episodes from the five main obstetric causes in 2015.
- In Sub-Saharan Africa, a woman’s lifetime risk of dying in pregnancy or childbirth is 1 in 36 compared with 1 in 4,900 in high-income countries.

The causes of maternal mortality and morbidity are increasingly diverse, and the overall burden falls disproportionately on the most vulnerable groups of women in all countries.

- Demographic, epidemiological, socioeconomic, and environmental transitions have contributed to an increasingly diverse array of poor maternal health outcomes and widening disparities.
 - The gap in maternal mortality ratio (MMR) between the 10 countries with the highest levels was 100 times greater than the pooled MMR for the 10 countries with the lowest levels. By 2013, the gap had doubled to 200 times.
 - The young age structure of the global population and the high unmet need for contraception has driven population growth and placed stress on fragile health systems.
 - Low- and middle-income countries have increasing incidence of non-communicable diseases. As direct causes of maternal mortality decline, indirect causes of maternal mortality and morbidity are becoming more prominent, including those related to poor mental health.
 - The increase in prosperity, and related lifestyle and behavioural changes, is associated with older ages of women at first birth, increased obesity and non-communicable diseases, greater aspiration to use formal-sector health services and technologies, and to receive woman-centred care.
 - Climate change, environmental degradation, and natural disasters often affect women most.
- Preventable maternal deaths remain unacceptably high in low- and middle-income countries and among certain population groups mainly due to a lack of timely, quality, and evidence-based care.

For women using services, some receive excellent care but too many experience one of two extremes: *Too Little, Too Late* or *Too Much, Too Soon*. Both extremes represent maternal health care that is not grounded in evidence. And other women receive no care at all.

- Nearly 53 million women, concentrated in the poorest countries, or the poorest women within countries, received no skilled assistance at birth.

- Practices that are considered *Too Little, Too Late* are marked by, or include, the following:
 - Lack of evidence-based guidelines
 - Lack of equipment, supplies, medicines, and basic infrastructure
 - Inadequate numbers of skilled providers
 - Women delivering alone
 - Lack of emergency medical services and delayed inter-facility referrals
- In many high-income countries, and among certain population groups in low- and middle-income countries, practices that can be considered Too Much, Too Soon are marked by over-medicalisation and excessive and unnecessary obstetric interventions, such as:
 - Unnecessary caesarean section
 - Routine induced or augmented labour
 - Unnecessary continuous electronic fetal monitoring
 - Routine episiotomy
 - Routine antibiotics postpartum
- A growing number of low- and middle-income countries now straddle the two extremes of maternal health care, with *Too Little, Too Late* care among the most vulnerable, and *Too Much, Too Soon* care among the wealthy and those in private care. Access to evidence-based care remains inadequate across all settings; evidence-based guidelines should be adhered to
- It is no longer acceptable to merely encourage women to give birth in health facilities, many of which continue to lack emergency obstetric care, reliable water supply, and even the most basic capability to manage uncomplicated deliveries and to provide respectful evidence-based care.

Reaching every woman with the quality care she deserves depends on the resources and conditions of her community and country, and thus context-appropriate strategies and national plans are needed.

- Improved health outcomes for some women and their newborn babies have been realised through midwifery-led care, ensuring health facilities are capable of providing evidenced-based routine childbirth care and basic emergency obstetric care, innovations in emergency medical services, greater use of maternity waiting homes, and adoption of alongside midwifery-led birthing units, co-located with hospitals.
- More innovative maternal health metrics are needed to accurately reflect the burden of maternal health, the states of services and infrastructure, and the quality of care provided.
- Vulnerable women exist in every country and are often left out of good quality care. They include women who are adolescents or unmarried, immigrants, refugees and internally displaced, indigenous and ethnic or religious minorities, living in poverty, residing in informal urban settlements, living in fragile states, and those affected by humanitarian crises.
- Health systems in high-income countries also face challenges in supporting good quality care, such as high medical liability costs, fear of litigation, weak data and surveillance systems, and human resource shortages.
- Economic growth, urbanisation, and health system shocks due to disease outbreaks, extreme weather, and conflict, all have a significant effects – both positive and negative - on maternal health.

- Policy and technological innovations—such as Universal Health Coverage, mHealth, and behavioural economic interventions—and the data revolution are generating new approaches to improve the health of women and newborns in all income settings.
- Given stagnating levels of development assistance for health overall, increasing domestic investment in health makes sense not only for social development, but also economic growth.
- As access to services expands with urbanisation and better availability of health information, emphasis must not just focus on getting women to facilities, but must shift to improving quality and timeliness of care in facilities.

Good maternal health is a human right. The global community and countries must take action to reach every woman, every newborn, everywhere with good quality health care.

- Good maternal health is a pre-condition and determinant of newborn, child and adolescent health, and of sustainable development more generally. The investment case has been made.
- The new political and social landscape in the post-MDG era risks a loss of focus on maternal health and requires a fundamental shift in strategy to improve maternal health for all.
- In order to achieve the SDG vision of reducing maternal deaths to less than 70 per 100,000 live births, local, national, and global communities must take on the following five-point action plan:
 - **Quality:** Prioritise good quality, evidence-based maternal health services that respond to local needs and are capable of meeting emerging challenges.
 - **Equity:** Promote equity through investments in Universal Health Coverage.
 - **Health Systems:** Invest in strengthening entire health systems - including data and surveillance systems, skilled health workforce and facility capability - to increase their resilience and responsiveness.
 - **Financing:** Sustainable financing for maternal health as a catalyst for social development and economic growth.
 - **Better Evidence:** Better local evidence from routine audits and strengthened health management information systems and smarter metrics are needed to ultimately improve the quality of care.