

WORLD HEALTH DAY 2025 – ‘HEALTHY BEGINNINGS, HOPEFUL FUTURES’

Key messages – trends in maternal mortality 2000-2023

A new inter-agency report, which tracks maternal deaths nationally, regionally and globally from 2000 to 2023, shows there were an estimated 260 000 maternal deaths worldwide in 2023. The report was produced by WHO on behalf of the United Nations Maternal Mortality Estimation Inter-Agency Group comprising WHO, UNICEF, UNFPA, the World Bank Group and the United Nations Department of Economic and Social Affairs (UNDESA/Population Division). It uses national data to estimate levels and trends of maternal mortality from 2000-2023. The data in this new publication supersede all previous estimates published by WHO and the United Nations Maternal Mortality Estimation Inter-Agency Group.

Greatly reducing maternal mortality is possible.

- More than a third of countries globally (74) have extremely low MMR (defined as less than 20 maternal deaths per 100 000 live births). All but one country in WHO European region have MMR lower than 20 maternal deaths per 100 000 live births.
- This report marks the first time no region was estimated to have a very high MMR (defined as 500-999 maternal deaths per 100 000 live births).

Since 2000, through a concerted effort, the global community has reduced the maternal mortality rate by 40%. This is a huge achievement; however, now we must do even more to reach those who have been left behind.

- 2000: 446 000
- 2015: 303 000
- 2023: 260 000¹ (the equivalent of 712 women dying every day).
 - Sub-Saharan Africa – 182 000
 - Sub-Saharan Africa alone accounted for approximately 70% of global maternal deaths in 2023, followed by Central and Southern Asia which accounted for almost 17%.
 - North Africa and Western Asia – 9 100
 - Central and Southern Asia – 44 000
 - Eastern and South-Eastern Asia – 13 000
 - Latin America and the Caribbean – 7 200
 - Oceania (excluding Australia and NZ) - 550
 - Australia and NZ – 11
 - European Region – 1 100
- The global target of the SDG 3.1: to reduce the global MMR to less than 70 maternal deaths per 100 000 live births by 2030 has already been attained by all countries in the WHO European region. Therefore, all MSs within the region were encouraged to prioritize achieving their respective national targets, as outlined in the 2015 report *Strategies for Ending Preventable Maternal Mortality*, specifically, **by 2030, all countries should reduce their maternal mortality ratios by at least two-thirds from their 2010 baseline.**

¹ Please refer to Chapter X for an explanation of the methods used to calculate these figures

Maternal deaths have reduced but millions still lack access to lifesaving high quality care.

- Most maternal deaths occur during labour or in the first 24 hours after birth.
- Reducing these deaths will require strengthening antenatal care to detect and prevent complications, emergency obstetrics and skilled care during childbirth, as well as postnatal services.
- Until we address issues of equity and ensure access to health care facilities before, during and after birth, countries cannot hope to achieve their national targets on maternal mortality by 2030.

Maternal health needs are changing, with a growing burden of noncommunicable diseases globally impacting health in pregnancy and beyond.

- While direct obstetric complications like hemorrhage and preeclampsia are the leading causes of maternal mortality, pre-existing as well as non-obstetric health conditions complicate pregnancies for millions of women and underpin nearly a quarter of maternal deaths.
- It is essential to improve care and prevention of health conditions like anaemias and noncommunicable diseases – in addition to infectious diseases like syphilis and HIV - that increase risks.
- Gestational diabetes is the most common medical disorder in pregnancy. Other NCDs commonly experienced by pregnant women include asthma, cardiac conditions, epilepsy, haemoglobinopathies, and mental health and substance use conditions.
- Other factors affecting maternal health outcomes include:
 - Social determinants of health, such as education, ethnicity, race, gender, and income;
 - Harmful gender norms, biases, and inequalities that obstruct the rights of women and girls;
 - Weak health systems that lack adequately trained and competent health workers and essential medical supplies, providing poor quality care with little accountability;
 - External factors, such as climate change, conflict, humanitarian crises, causing instability and fragility.

COVID-19 negatively impacted the number of maternal deaths, but there has been a recovery.

- Despite the downward trajectory in maternal deaths in the WHO European region, there was an increase in 2020 and 2021: 1600 and 1840 deaths, respectively (1300 maternal deaths in 2019 and 1400 maternal deaths in 2022).
- The 2020-2021 increase in WHO European region mirrors the global pattern of excess deaths among women aged 15-49 years during the COVID-19 pandemic (300 excess deaths in 2020, 540 excess deaths in 2021, and 100 excess deaths in 2022).
- Cause: COVID-19 pandemic contributed to this via two mechanisms: (i) indirect obstetric deaths – where the woman had SARS-CoV-2 infection and died as a result of the interaction between COVID-19 and her pregnant state; and/or (ii) direct obstetric deaths – where disruptions to health services hindered access to and/or quality of care resulting

in pregnancy complications that may otherwise have been prevented/managed successfully ending in mortality

- The increase observed during the COVID-19 period appear to be temporary and limited in nature, as the MMR has since returned to pre-COVID-19 levels.

The world is not on track to meet the SDGs.

- While progress has been made in reducing maternal mortality since the last report (2023), the reduction remains insufficient to meet the global MMR target.
- If the rate of progress in reducing maternal mortality observed in the first half of the SDG era continues in the second half, in 2030 the global maternal mortality ratio (MMR) will be two and a half times higher than SDG target 3.1: to reduce the global MMR to less than 70 maternal deaths per 100 000 live births by 2030.

Future action and solutions

- Access to sexual and reproductive health services is a human right and should be available to all people throughout their lives, as part of ensuring universal health coverage. This not only contributes to improved maternal and overall health outcomes, but also to gender equality and wider development
- As funding and support to sexual and reproductive health reduce, including, but not limited to maternal health, family planning and comprehensive sexuality education, we can fully expect a dramatic-backsliding on the progress made since 2000.
- Women and girls' access to education is associated with the reduced likelihood of maternal death. Ensuring girls can stay in school and take decisions about their health and bodies is critical for improving their health.
- Expanding access to sexual and reproductive health services significantly reduces unintended pregnancies and related risk. -
- In May 2024, a World Health Assembly resolution (WHA77 resolution) was adopted calling for urgent action to accelerate progress towards reducing maternal, newborn, and child mortality in order to achieve SDG targets 3.1 and 3.2.
- The resolution called on Member States to take action to significantly reduce maternal, neonatal and child mortality and morbidity, remove barriers to and increase access to affordable, quality health care services, including safe essential quality medicines and cost-effective evidence-based interventions, reorient health systems towards a primary health.