

Huge proportion of maternal deaths worldwide are preventable

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A study published in *PLoS Medicine* this week suggests that of women who die during pregnancy and childbirth in sub-Saharan Africa, more may die from treatable infectious diseases than from conditions directly linked to pregnancy.

Health professionals rarely have information on the cause of maternal death in this region, where half of all global maternal deaths occur. Often the only available information comes from clinical records or from verbal accounts by relatives of the deceased. By performing autopsies – the surest way to establish the cause of death - in pregnant women in a hospital in Mozambique, Clara Menendez of the Hospital Clinic/University of Barcelona and colleagues found that the implementation of treatment for HIV/AIDS, malaria and bacterial infections should dramatically reduce the maternal death toll.

The study took place between October 2002 and December 2004 in Maputo General Hospital. During this period there were 179 maternal deaths and the researchers were able to perform autopsies on 139 of these women. The researchers found that obstetric complications – conditions that are a result of pregnancy and giving birth –accounted for only 38% of deaths; this result contradicts the prevailing view that such complications are the main cause of maternal deaths in the developing world. Infectious diseases that are not specifically linked to pregnancy and delivery accounted for 48% of all the deaths: HIV/AIDS related conditions were the most common (over half of the women autopsied were HIV positive); malaria and bacterial infections leading to

meningitis and pneumonia were also important causes of death.

These results indicate that effective treatment and prevention of infectious disease, such as antiretroviral drugs for treating HIV/AIDS and insecticide-treated bed nets for preventing malaria, could greatly reduce the maternal death toll in Mozambique and perhaps in other countries in sub-Saharan Africa. However, it should be noted that the single most common cause of death was as expected: haemorrhage, massive blood loss around the time of delivery, reflecting the failure of health systems to provide adequate obstetric care and safe blood transfusion.

Accurate data is essential to develop an effective health policy to reduce the maternal mortality ratio (1,000 deaths per 100,000 live births in sub-Saharan Africa, compared to 8 in the developing world), one of the United Nations Millennium Development Goals. This study, which took place in a referral hospital in the capital, does not reflect the causes of maternal death elsewhere in Mozambique; other representative studies of maternal death across the region are needed.

In his related expert commentary, UK pathologist Dr Sebastian Lucas (Kings College London), who was not one of the study authors, notes that the data will contribute to the debate on the associations between maternal death, HIV and malaria. Together with other representative studies on maternal deaths in poor countries, this study contributes to the critical question of how resources should best be allocated to reduce the number of maternal deaths worldwide.

Source: Public Library of Science

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