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Skip to main content World Health Day, celebrated on 7 April 2025, will launch a year-long campaign focused on maternal and newborn health. The campaign, titled Healthy beginnings, hopeful futures, aims to encourage governments and the health community to intensify efforts to prevent maternal and newborn deaths. It also emphasizes the importance of prioritizing women's long-term health and well-being.Explore the WHO Academy's free courses on maternal and newborn health. Click on the links below to register for your preferred course.Maternal and newborn health courses Infection Prevention and Control in Maternal and Neonatal Care Respectful maternity and newborn care Medical Abortion (AR, ES, FR, RU, ZH)Integration of a human-rights based approach to comprehensive abortion care Oral Health Care of Pregnant Women and Newborns Accelerating elimination of congenital syphilis: ensuring adequate diagnosis and treatment Related courses Integrated management of childhood illness Counseling and prescribing of contraception in pharmacies (AR, ES, FR, RU, ZH)Learning Caregiver Skills Training for Families of Children with Developmental Delays or Disabilities Mainstreaming of gender equality, disability and social inclusion in WASH in healthcare facilities Gender and health: awareness, analysis, and action Social participation for universal health coverage Skip to main content - Select language العربية Français русский español português This document provides a summary of all WHO recommendations on maternal health based on guidelines approved by the WHO Guidelines Review Committee. The summary includes promotion, prevention and prevention of maternal complications during pregnancy, childbirth and postnatal periods as well as management of maternal complications. Each summary includes the recommendations as well as what is not recommended. The summary is a useful resource for policy makers and programme managers. Skip to main content This page and linked pages display WHO publications in various digital formats, over and above what is available on Publications.This publication page will eventually replace Publications.If you are unable to find a publication through the search function on this page, please try the search bar by clicking on the magnifying glass at the top right of the site. Skip to main content Severe bleeding after childbirth - postpartum haemorrhage (PPH) - is the leading cause of maternal mortality world-wide. Each year, about 14 million women experience PPH resulting in about 70,000 maternal deaths globally. Even when women survive, they often need urgent surgical interventions to control the bleeding and may be left with lifelong reproductive disability. Women today are more likely than ever to survive pregnancy and childbirth according to a major new report released today, but United Nations (UN) agencies highlight the threat of major backsliding as unprecedented aid cuts take effect around the world.Released on World Health Day, the UN report, Trends in maternal mortality, shows a 40% global decline in maternal deaths between 2000 and 2023 - largely due to improved access to essential health services. Still, the report reveals that the pace of improvement has slowed significantly since 2016, and that an estimated 260 000 women died in 2023 as a result of complications from pregnancy or childbirth - roughly equivalent to one maternal death every two minutes.The report comes as humanitarian funding cuts are having severe impacts on essential health care in many parts of the world, forcing countries to roll back vital services for maternal, newborn and child health. These cuts have led to facility closures and loss of health workers, while also disrupting supply chains for lifesaving supplies and medicines such as treatments for haemorrhage, pre-eclampsia and malaria - all leading causes of maternal deaths.Without urgent action, the agencies warn that pregnant women in multiple countries will face severe repercussions - particularly those in humanitarian settings where maternal deaths are already alarmingly high."While this report shows glimmers of hope, the data also highlights how dangerous pregnancy still is in much of the world today despite the fact that solutions exist to prevent and treat the complications that cause the vast majority of maternal deaths," said Dr Tedros Adhanom Ghebreyesus, Director-General of the World Health Organization (WHO). "In addition to ensuring access to quality maternity care, it will be critical to strengthen the underlying health and reproductive rights of women and girls - factors that underpin their prospects of healthy outcomes during pregnancy and beyond."The report also provides the first global account of the COVID-19 pandemic's impact on maternal survival. In 2021, an estimated 40 000 more women died due to pregnancy or childbirth - increasing to 322 000 from 282 000 the previous year. This upsurge was linked not only to direct complications caused by COVID-19, but also widespread interruptions to maternity services. This highlights the importance of ensuring such care during pandemics and other emergencies, noting that pregnant women need reliable access to routine services and checks as well as round-the-clock urgent care."When a mother dies in pregnancy or childbirth, her baby's life is also at risk. Too often, both are lost to causes we know how to prevent," said UNICEF Executive Director Catherine Russell. "Global funding cuts to health services are putting more pregnant women at risk, especially in the most fragile settings, by limiting their access to essential care during pregnancy and the support they need when giving birth. The world must urgently invest in midwives, nurses, and community health workers to ensure every mother and baby has a chance to survive and thrive."The report highlights persistent inequalities between regions and countries, as well as uneven progress. With maternal mortality declining by around 40% between 2000 and 2023, sub-Saharan Africa achieved significant gains - and was one of just three UN regions alongside Australia and New Zealand, and Central and Southern Asia, to see significant drops after 2015. However, confronting high rates of poverty and multiple conflicts, the sub-Saharan Africa region still counted for approximately 70% of the global burden of maternal deaths in 2023, indicating slowing progress, maternal mortality stagnated in five regions after 2015: Northern Africa and Western Asia, Eastern and South-Eastern Asia, Oceania (excluding Australia and New Zealand), Europe and North America, and Latin America and the Caribbean."Access to quality maternal health services is a right, not a privilege, and we all share the urgent responsibility to build well-resourced health systems that safeguard the life of every pregnant woman and newborn," said Dr Natalia Kanem, UNFPA's Executive Director. "By boosting supply chains, the midwifery workforce, and the disaggregated data needed to pinpoint those most at risk, we can and must end the tragedy of preventable maternal deaths and their enormous toll on families and societies."Pregnant women living in humanitarian emergencies face some of the highest risks globally, according to the report.Nearly two-thirds of global maternal deaths now occur in countries affected by fragility or conflict. For women in these settings, the risks are staggering: a 15-year-old girl faces a 1 in 51 risk of dying from a maternal cause at some point over her lifetime compared to 1 in 593 in more stable countries. The highest risks are in Chad and the Central African Republic (1 in 24), followed by Nigeria (1 in 25), Somalia (1 in 30), and Afghanistan (1 in 40).Beyond ensuring critical services during pregnancy, childbirth and the postnatal period, the report notes the importance of efforts to enhance women's overall health by improving access to family planning services, as well as preventing underlying health conditions like anaemias, malaria and noncommunicable diseases that increase risks. It will also be critical to ensure girls stay in school and that women and girls have the knowledge and resources to protect their health.Urgent investment is needed to prevent maternal deaths. The world is currently off-track to meet the UN's Sustainable Development Goal target for maternal survival. Globally, the maternal mortality ratio would need to fall by around 15% each year to meet the 2030 target - significantly increasing from current annual rates of decline of around 1.5%.Note to editorsAbout the United Nations Maternal Mortality Estimation Inter-Agency GroupThe 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 Population Division of the United Nations Department of Economic and Social Affairs. It uses national data to estimate levels and trends of maternal mortality from 2000-2023. The data in this new publication covers 195 countries and territories. It supersedes all previous estimates published by WHO and the United Nations Maternal Mortality Estimation Inter-Agency Group>About the dataThe SDG target for maternal deaths is for a global maternal mortality ratio (MMR) of less than 70 maternal deaths per 100 000 live births by 2030. The global MMR in 2023 was estimated at 197 maternal deaths per 100 000 live births, down from 211 in 2020 and from 328 in 2000.The report includes data disaggregated by the following regions, used for SDG reporting: Central Asia and Southern Asia; Sub-Saharan Africa; Northern Africa and Western Asia; Latin America & the Caribbean; Western Asia and Northern Africa; Australia and New Zealand; Eastern Asia and South-eastern Asia, and Oceania excluding Australia and New Zealand.A maternal death is a death due to complications related to pregnancy or childbirth, occurring when a woman is pregnant, or within six weeks of the end of the pregnancy>About World Health DayWorld Health Day is marked around the world on 7 April. Each year, it draws attention to a specific health topic of concern to people all over the world. The World Health Day 2025 campaign focuses on improving maternal and newborn health and survival with the theme "Healthy beginnings, hopeful futures". The campaign urges governments and the health community to ramp up efforts to end preventable maternal and newborn deaths, and to prioritize women's longer-term health and well-being. Skip to main content - Select language العربية Français русский español português Every day in 2023, over 700 women died from preventable causes related to pregnancy and childbirth - meaning that approximately one woman is dying every two minutes.Sustainable Development Goal (SDG) target 3.1 is to reduce maternal mortality to less than 70 maternal deaths per 100 000 live births by 2030.The United Nations Maternal Mortality Estimation Inter-Agency Group (MMEIG) - comprising WHO, the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the World Bank Group and the United Nations Department of Economic and Social Affairs, Population Division (UNDESA/Population Division) has collaborated with external technical experts on a new round of estimates covering 2000 to 2023. The estimates represent the most up to date, internationally-comparable MMEIG estimates of maternal mortality, using refined input data and methods from previous rounds.The report presents internationally comparable global, regional and country-level estimates and trends for maternal mortality between 2000 and 2023. Skip to main content Haemorrhage - severe heavy bleeding - and hypertensive disorders like preeclampsia are the leading causes of maternal deaths globally, according to a new study released today by the World Health Organization (WHO). These conditions were responsible for around 80 000 and 50 000 fatalities respectively in 2020 - the last year for which published estimates are available - highlighting that many women still lack access to lifesaving treatments and effective care during and after pregnancy and birth. Published in the Lancet Global Health, the study is WHO's first global update on the causes of maternal deaths since the United Nations' Sustainable Development Goals were adopted in 2015. In addition to outlining the major direct obstetric causes, it shows that other health conditions, including both infectious and chronic diseases like HIV/AIDS, malaria, anaemias, and diabetes, underpin nearly a quarter (23%) of pregnancy and childbirth-related mortality. These conditions, which often go undetected or untreated until major complications occur, exacerbate risk and complicate pregnancies for millions of women around the world. "Understanding why pregnant women and mothers are dying is critical for tackling the world's lingering maternal mortality crisis and ensuring women have the best possible chances of surviving childbirth," said Dr Pascale Alottoy, Director of Sexual and Reproductive Health and Research at WHO as well as the UN's Special Programme on Human Reproduction (HPR). "This is also a massive equity issue globally - women everywhere need high quality, evidence-based health care before, during and after delivery, as well as efforts to prevent and treat other underlying conditions that jeopardize their health." In 2020, there were an estimated 287 000 maternal deaths in total - equivalent to one death every two minutes. This new WHO study reports that haemorrhage - mostly occurring during or following childbirth - is responsible for nearly a third (27%) of maternal mortality, with preeclampsia and other hypertensive disorders contributing to an additional 16%. Preeclampsia is a serious condition characterized by high blood pressure that can lead to haemorrhage, strokes, organ failures and seizures if left untreated or treated too late. Other direct causes include: sepsis and infections; pulmonary embolism; complications from spontaneous and induced abortions - including miscarriage, ectopic pregnancies, and issues relating to unsafe abortions - and, anesthetic complications and injuries that occur during childbirth. The findings highlight the need to strengthen key aspects of maternity care, including antenatal services that detect risks early in pregnancy and prevent severe complications; lifesaving obstetrics that can manage critical birth-related emergencies like haemorrhage or embolism, and postnatal care. Most maternal deaths occur during or shortly after childbirth, making this a critical window to save lives. However, around a third of women - primarily in lower income countries - still do not receive essential postnatal checks in the first days after birth. At a population level, broader preventive interventions could help reduce the prevalence of underlying health conditions - like noncommunicable diseases and malnutrition - that increase women's risks. "Often not just one but many interrelated factors contribute to a woman dying during or after pregnancy - preeclampsia for instance can significantly increase the likelihood of haemorrhage as well as other complications that may occur even long after childbirth," said Dr Jeremy Cresswell, Scientist at WHO and an author of the paper. "A more holistic approach to maternal health has been proven to give women the best chance of a healthy pregnancy and birth, and of enjoying lasting quality of life after delivery - health systems need to be able to support them across different life stages." The study draws on national data that is reported to WHO, as well as peer-reviewed studies. For some causes, data remains limited. In particular, the authors call for more data on maternal suicide, which is currently available for only 12 countries. In addition, most countries do not report on late maternal deaths (those that occur in the year following childbirth), although several conditions can lead to risks lasting much beyond the birth itself. After childbirth, many women struggle to access follow-up care, including mental health support.WHO works to strengthen access to high quality, respectful services across the continuum of pregnancy, childbirth and postnatal care, through evidence-based research and guidelines. In 2024, WHO and partners launched a global Roadmap for Postpartum Haemorrhage, which outlines key priorities for tackling this major cause of maternal death. In the same year, the World Health Assembly's 194 countries passed a Resolution committing to strengthen quality care before, during and after childbirth. To galvanize action, World Health Day 2025 - which marks five years from the Sustainable Development Goals deadline—will focus on maternal and newborn health. The campaign will call for a major intensification of efforts to ensure access to high quality, proven care for women and babies, especially in the poorest countries and crisis settings where the vast majority of deaths occur. Beyond survival, the campaign will also showcase the need for broader attention to women's health, including postnatal care and support>AboutThe study, Global and regional causes of maternal deaths 2009-2020: a WHO systematic analysis, updates a previous analysis conducted in 2014 which covered the period 2003-2009. Haemorrhage was also responsible for the largest share of deaths in the previous analysis (27%). The study is available here: 24J00560-6/fulltextData were identified via three main pathways: the WHO Mortality Database; reports published by WHO Member States (MMEIG Database); and journal articles identified via bibliographic databases. Maternal causes of death are grouped into categories aligned with the International Classification of Diseases-Maternal Mortality (ICD-MM) coding; abortion (relating to miscarriage, ectopic pregnancy and induced abortion), embolism, haemorrhage, hypertensive disorders, pregnancy-related sepsis, other direct causes, and indirect causes described above. New estimates for the total numbers of maternal deaths, including global, regional and country-level data, will be published in April 2025, covering the period 2000-2023. Every day in 2023, over 700 women died from preventable causes related to pregnancy and childbirth.A maternal death occurred almost every 2 minutes in 2023.Between 2000 and 2023, the maternal mortality ratio (MMR, number of maternal deaths per 100 000 live births) dropped by about 40% worldwide. Just over 90% of all maternal deaths occurred in low- and lower-middle-income countries in 2023.Care by skilled health professionals before, during and after childbirth can save the lives of women and newborns.Maternal mortality is unacceptably high. About 260 000 women died during and following pregnancy and childbirth in 2023. Approximately 92% of all maternal deaths occurred in low- and lower-middle-income countries in 2023, and most could have been prevented.Sustainable Development Goal (SDG) regions and sub-regions are used here. Sub-Saharan Africa and southern Asia accounted for around 87% (225 000) of the estimated global maternal deaths in 2023. Sub-Saharan Africa alone accounted for around 70% of maternal deaths (182 000), while southern Asia accounted for around 17% (43 000).At the same time, between 2000 and 2023, eastern Europe and southern Asia achieved the greatest overall reduction in maternal mortality ratio (MMR): a decline of 75% (from an MMR of 38 to 9) and 71% (from an MMR of 405 down to 117), respectively. Despite its very high MMR in 2023, sub-Saharan Africa also achieved a substantial reduction in MMR of 40% between 2000 and 2023. The greatest reduction in lifetime risk of maternal death during this period occurred in the region of central and southern Asia, with an 83% fall in risk from 1 in 71 in 2000 to 1 in 410 in 2023. In five regions, the lifetime risk of maternal mortality reduced by more than half: sub-Saharan Africa, northern Africa and western Asia, Australia and New Zealand, eastern and south-eastern Asia, and Oceania (excluding Australia and New Zealand). Where do maternal deaths occur?The high number of maternal deaths in some areas of the world reflects inequalities in access to quality health services and highlights the gap between rich and poor. The MMR in low-income countries in 2023 was 346 per 100 000 live births versus 10 per 100 000 live births in high income countries. In 2023, 37 countries were classified as being in conflict or institutional/social fragility (1), accounting for 61% of global maternal deaths despite representing only 25% of global live births. The MMR is significantly higher in conflict-affected areas (504 deaths per 100 000 live births) compared to fragile settings (368) and non-conflict nor fragile settings (99). Women in low-income countries have a higher lifetime risk of death of maternal death. A woman's lifetime risk of maternal death is the probability that a 15-year-old woman will eventually die from a maternal cause. In high income countries, this is 1 in 7933, versus 1 in 66 in low-income countries.Why do women die?Women die as a result of complications during and following pregnancy and childbirth. Most of these complications develop during pregnancy and most are preventable or treatable. Other complications may exist before pregnancy but are worsened during pregnancy, especially if not managed as part of the woman's care. The major complications that account for around 75% of all maternal deaths are (i):severe bleeding (mostly bleeding after childbirth)infections (usually after childbirth)high blood pressure during pregnancy (pre-eclampsia and eclampsia)complications from deliveryunsafe abortion.How can women's lives be saved?To avoid maternal deaths, it is vital to prevent unintended pregnancies. All women, including adolescents, need access to contraception, safe abortion services to the full extent of the law, and quality post-abortion care.Most maternal deaths are preventable, as the health-care solutions to prevent or manage complications are well known. All women need access to high quality care in pregnancy, and during and after childbirth. Maternal health and newborn health are closely linked. It is particularly important that all births are attended by skilled health professionals, as timely management and treatment can make the difference between life and death for the women as well as for the newborns. Severe bleeding after birth can kill a healthy woman within hours if she is unattended. Injecting oxytocics immediately after childbirth effectively reduces the risk of bleeding.Infection after childbirth can be eliminated if good hygiene is practised and if early signs of infection are recognized and treated in a timely manner.Pre-eclampsia should be detected and appropriately managed before the onset of convulsions (eclampsia) and other life-threatening complications. Administering drugs such as magnesium sulfate for pre-eclampsia can lower a woman's risk of developing eclampsia.Why do women not get the care they need?Poor women in remote areas are the least likely to receive adequate health care (3). This is especially true for SDG regions with relatively low numbers of skilled health care providers, such as sub-Saharan Africa and southern Asia.The latest available data suggest that in most high-income and upper-middle-income countries, approximately 99% of all births benefit from the presence of a trained midwife, doctor or nurse. However, only 73% in low income and 84% in lower-middle-income countries are assisted by such skilled health personnel (3).Factors that prevent women from receiving or seeking care during pregnancy and childbirth are:health system failures that translate to (i) poor quality of care, including disrespect, mistreatment and abuse, (ii); insufficient numbers of and inadequately trained health-care providers, (iii); shortages of essential medical supplies; and (iv) the poor accountability of health systems; social determinants, including income, access to education, race and ethnicity, that put some sub-populations at greater risk;harmful gender norms and/or inequalities that result in a low prioritization of the rights of women and girls, including their right to safe, quality and affordable sexual and reproductive health services; andexternal factors contributing to instability and health system fragility, such as climate and humanitarian crises.To improve maternal health, barriers that limit access to quality maternal health services must be identified and addressed at both health system and societal levels.What was the impact of COVID-19 pandemic on maternal mortality?The MMR rose in 2021 (from 282 000 maternal deaths in 2020 to 322 000 maternal deaths in 2021). It is possible that the 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 ended in mortality, when they may otherwise have been prevented or managed successfully (4). The data show that this interruption to the downward trajectory of global MMR was short-lived. In 2022, the global MMR and number of maternal deaths were lower than they had been in the three years immediately prior to the COVID-19 pandemic. The Sustainable Development Goals and maternal mortalityIn the context of the Sustainable Development Goals (SDG), countries have united behind the target to accelerate the decline of maternal mortality by 2030. SDG 3 includes an ambitious target: "reducing the global MMR to less than 70 per 100 000 live births, with no country having a maternal mortality rate of more than twice the global average".The global MMR in 2023 was 197 per 100 000 live births; achieving a global MMR below 70 by the year 2030 will require an annual rate of reduction of almost 15%, a rate that has rarely been achieved at the national level. However, scientific and medical knowledge are available to prevent most maternal deaths. As 2030 approaches, the end of the SDG era, now is the time to intensify coordinated efforts, and to mobilize and reinvestigate global, regional, national and community-level commitments to end preventable maternal mortality.WHO responseImproving maternal health is one of WHO's key priorities. WHO works to contribute to the reduction of maternal mortality by increasing research evidence, providing evidence-based clinical and programmatic guidance, setting global standards and providing technical support to Member States on developing and implementing effective policy and programmes.As defined in the Strategies toward ending preventable maternal mortality (EPMM) and Ending preventable maternal mortality: a renewed focus for improving maternal and newborn health and well-being, WHO is working with partners in supporting countries towards-addressing inequalities in access to and quality of reproductive, maternal and newborn health care services-ensuring universal health coverage for comprehensive reproductive, maternal and newborn health care-addressing all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities;strengthening health systems to collect high quality data in order to respond to the needs and priorities of women and girls; andensuring accountability in order to improve quality of care and equity.ReferencesCresswell JA, Alexander M, Chong MYC et al. 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