**Maternal mortality has dropped dramatically, but more needs to be done**

Globally, the number of women who die from causes related to pregnancy and childbirth dropped by nearly 50% between 1990 and 2010. This number is still far too high – there were an estimated 287,000 maternal deaths in 2010, one every two minutes. For every maternal death, 20 other women suffer injury, infection, or disability.

- Only 9 Countdown countries are on track for Millennium Development Goal 5; while several others are making progress, 25 countries have made insufficient or no progress. (Figure 1)
- Maternal deaths are increasingly concentrated in South Asia and Sub-Saharan Africa.
- Haemorrhage and hypertension together account for over half of all maternal deaths. Other major causes include unsafe abortion and sepsis. Proven, cost-effective interventions are available to prevent these deaths.
- Equatorial Guinea, Nepal, and Vietnam reduced their maternal mortality ratio by 75% or more from 1990 to 2010, showing that rapid progress is possible.

**Figure 1: Progress towards Millennium Development Goal 5***

<table>
<thead>
<tr>
<th>Number of Countdown countries</th>
<th>On track</th>
<th>Making progress</th>
<th>Insufficient progress</th>
<th>No progress</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 5 10 15 20 25 30 35 40</td>
<td>![Graph showing progress](source: Countdown to 2015 analysis based on WHO, UNICEF, UNFPA, and World Bank 2012)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

*Indicates progress toward target A of MDG 5, which calls on countries to reduce the maternal mortality ratio by 75% between 1990 and 2015.

**A focus on coverage: the key to progress**

Coverage for proven interventions remains too low across the Countdown countries – representing missed opportunities for reaching women and newborns with essential care. (Figure 2)

- Median national coverage of at least one antenatal care visit is 88%, yet this figure drops to 55% for four or more antenatal care visits. Very low coverage of intermittent preventive treatment of malaria for pregnant women (IPTp) and of early initiation of breastfeeding indicate slow progress in integrating these services into antenatal care platforms.
- The median coverage levels for skilled attendant at birth and postnatal care for mothers are below 60%, a red flag for action given that most maternal deaths occur during or within 48 hours of childbirth. Task shifting strategies are one approach being used by some Countdown countries to improve coverage.
An urgent need to target hard-to-reach communities

Achieving MDGs 4 and 5 depends upon reaching the most vulnerable, including women and children living in remote areas. Yet, coverage of essential interventions within Countdown countries varies widely across different geographical regions and population groups.

- Coverage of proven interventions tends to be substantially higher among women and newborns from wealthier households.
- Skilled birth attendance, which requires access to a functioning health system, tends to show the widest gaps between rich and poor (Figure 3).
- 23 Countdown countries have caesarean section rates below 5% in rural areas, reflecting women’s lack of access to emergency obstetric care. Only 5 countries have such low rates in urban areas.

Neonatal mortality: a critical gap in the continuum of care

Although child mortality has declined sharply in many countries, newborn mortality is lagging behind. More than 40% of all child deaths occur during the first month of life. The leading killers of newborn babies are complications of preterm birth, intrapartum-related events, and sepsis and meningitis. Saving newborn lives means improving the quality of family planning, antenatal, intrapartum, and immediate postnatal care services.

For more information and detailed references, and for more Countdown reports and articles, please visit www.countdown2015mnch.org