

# Concept of Maternal Deaths and Strategies to Reduce Maternal Death Rates

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## PERSPECTIVE

The project of lowering maternal mortality is an increasing number of being addressed via way of means of area-based efforts to enhance access to care of obstetric emergencies. Improving coverage and quality of skilled attendance at delivery is also being increasingly emphasized. Post-abortion care, higher reproductive health services for adolescents, and stepped forward family planning care are vital elements in maternal mortality reduction.

### Causes and threat elements

Almost 75% of maternal deaths are as a result of direct headaches as follows: The excessive prices of death to women throughout being pregnant, childbirth or in the instantaneously postpartum period are because of complicated influencing factors relating to health care delivery (access to skilled health care, blood transfusions, anesthesia, sterile conditions and critical capsules) and social elements (poverty, the position of women, schooling and empowerment of women, religion). According to the WHO, unavailable, inaccessible, unaffordable or poor quality care, are the elements which might be basically liable for so many maternal deaths.

- Hemorrhage (25%),
- Infection (15%),
- Unsafe abortion (13%),
- Eclampsia (very excessive blood pressure leading to seizures) (12%),
- Obstructed labor (8%).

### Community-level interventions

Medical interventions arise in medical settings and might encompass number one (dietary supplements throughout being pregnant), secondary (early detection and treatment of risk) or tertiary prevention (treating obstetrical emergencies and headaches). Medical interventions have a wide reach in high-income countries in which almost all infants are delivered in hospitals with skilled clinical providers. Their key messages protected the significance of that specializes in maternal demise in preference to morbidity

as a final results in which the mortality burden is excessive. A clean message from this collection of articles is that focus on the intrapartum length is essential to end the epidemic of maternal deaths. Interventions including prenatal care, postpartum care, family making plans and secure abortion are justified after near birth interventions are already in place. They additionally assert that the single interventions with strong evidence are simplest powerful at lowering MMR in populations if they're a part of component packages which might be disbursed widely.

The awareness of community-level interventions is commonly primary prevention and can encompass distribution of nutrients and dietary supplements to all pregnant women in the community. Others have centered on training community health workers or conventional delivery attendants to apprehend the early caution signs of pregnancy risks and refer moms for medical care.<sup>6,7</sup> Community-level interventions additionally arise previous to pregnancy via way of means of lowering the risk elements and indirect reasons for adverse pregnancy outcomes. Mothers who start their pregnancies with anemia, malaria, tuberculosis, diabetes or malnutrition are at maximum risk; therefore, interventions to get rid of those oblique reasons of maternal mortality in the network are essential. Risk elements including the extremes of maternal age, quick intervals among pregnancies, and shortage of formal education additionally want to be addressed on the network-degree. Unsafe abortions account for sixty seven 900 maternal deaths annually (13% of overall maternal mortality). These deaths are preventable by supplying secure, accessible abortion care in addition to by addressing 'restrictive abortion legislation, loss of female empowerment, poor social support, inadequate contraceptive services and poor health service infrastructure'. Community-level interventions are particularly important in low-profits countries in which the bulk of infants are delivered at home and regularly without the guide of a skilled delivery attendant.

Medical interventions are an essential thing of complete country wide plans to lessen maternal mortality for the reason that maximum danger sufferers want to be mentioned hospitals and clinics for emergency, existence saving, capsules and clinical procedures. A complete national program to lessen maternal deaths ought to encompass support for each clinical and community-level intervention. This paper identifies the medical and network-degree

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Received: December 01, 2021; Accepted: December 17, 2021; Published: December 24, 2021

Citation: Naser I (2021) Concept of Maternal Deaths and Strategies to Reduce Maternal Death Rates. *Matern Pediatr Nutr* 6:147. doi: 10.35248/2472-1182.21.6.147

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interventions which have been set up as effective in lowering maternal mortality and that might be hired in sub-Saharan Africa.

The changing trends in population demographics and the worldwide disease burden will effect maternal risk and influence the techniques that countries put into effect to give up preventable maternal deaths. The “obstetric transition” idea became adapted from classic models of epidemiologic transitions skilled as countries progress along a trajectory towards development. Applied to maternal and new-born health care, countries pass via a chain of stages that replicate health system status and the shift in primary reasons of death as reductions in the rate of maternal mortality are achieved. In theory, as development progresses, bringing declines

in fertility and overall maternal mortality, the reasons of death shift from direct causes and communicable illnesses to an extra percentage of deaths from indirect reasons and chronic illnesses. In practice, this shift is observable in recent estimates of global maternal reasons of death. Different primary reasons of death require different strategies and interventions. The ranges defined in the obstetric transition model can provide guidance at the most urgent health priorities and focal areas for improvement at numerous levels of MMR. Improved understanding of the reasons of death in every context through maternal death surveillance and response (MDSR), confidential enquires, and different strategies for counting each death will offer greater facts to plan targeted interventions.