

Comprehending Maternal Mortality: Exploring Causes and Resolving Challenges.

Fang Marghese*

Department of Infectious Disease Epidemiology, London School of Hygiene and Tropical Medicine, UK

Introduction

Maternal mortality remains a pressing global issue despite significant advancements in healthcare and technology. The loss of a mother during pregnancy, childbirth, or within 42 days after delivery not only affects families but also has far-reaching implications for communities and societies. To combat this tragic phenomenon, it is crucial to delve into the complex web of causes and explore effective solutions.

Causes of Maternal Mortality

Lack of Access to Quality Healthcare: One of the primary contributors to maternal mortality is the limited access to adequate healthcare services, especially in low-income and remote regions. Women in these areas often face challenges in reaching healthcare facilities, leading to delayed or inadequate prenatal care and skilled attendance during childbirth.

Complications during Pregnancy and Childbirth: Pregnancy and childbirth can be fraught with complications, including hemorrhage, infections, hypertensive disorders, and obstructed labor. When these complications are not identified and managed in a timely manner, they can result in severe consequences for both the mother and the child [1].

Socioeconomic Factors: Poverty, illiteracy, and lack of awareness play a significant role in maternal mortality. Women from disadvantaged backgrounds may not have the means to access proper healthcare or may not be aware of the importance of seeking medical assistance during pregnancy.

Cultural Practices and Beliefs: In some societies, traditional practices and cultural beliefs surrounding childbirth can lead to harmful consequences. For instance, reliance on unskilled birth attendants or adherence to harmful rituals during pregnancy can increase the risk of maternal mortality.

Weak Health Systems: Inadequate infrastructure, lack of medical equipment, and shortages of skilled healthcare professionals can all contribute to subpar maternal healthcare services and outcomes.

Solutions to Address Maternal Mortality

Improved Access to Healthcare: Governments and stakeholders must invest in expanding healthcare facilities and services in underserved areas. Mobile health units and telemedicine can be employed to reach remote communities

and provide essential prenatal and postnatal care [2].

Strengthening Health Systems: Enhancing the capacity of healthcare systems is crucial. This involves training healthcare professionals, upgrading medical facilities, and ensuring the availability of essential medicines and equipment.

Education and Awareness: Raising awareness among women and communities about the importance of antenatal care and skilled attendance during childbirth is vital. Education can help dispel myths and misconceptions and empower women to make informed decisions about their healthcare.

Encouraging Female Empowerment: Empowering women through education and economic opportunities can positively impact maternal mortality rates. When women are educated and financially independent, they are more likely to prioritize their health and access healthcare services.

Promoting Family Planning: Providing access to family planning services and contraceptives can help prevent unintended pregnancies and reduce the number of high-risk pregnancies [3].

Addressing Socioeconomic Disparities: Governments and organizations must work towards reducing poverty and improving living conditions, as these factors can significantly influence maternal health outcomes.

Advocating for Policy Changes: Advocacy efforts are essential to influence policymakers and ensure that maternal health remains a priority on the national and international agenda.

Investing in Research: Continued research on maternal mortality can lead to a better understanding of its causes and help identify effective interventions and strategies to combat the issue [4, 5].

Conclusion

Maternal mortality is a multifaceted problem with no single solution. Combining efforts at individual, community, and systemic levels is crucial to make significant progress in reducing maternal deaths globally. By addressing the root causes and implementing evidence-based solutions, we can strive towards a world where every mother has the opportunity to experience a safe and healthy pregnancy and childbirth.

*Correspondence to: Fang Marghese, Department of Infectious Disease Epidemiology, London School of Hygiene and Tropical Medicine, UK, E-mail: marghese.f56@lshtm.ac.uk

Received: 22-Dec-2023, Manuscript No. AAJCAH-24-135534; Editor assigned: 26-Dec-2023, PreQC No. AAJCAH-24-135534(PQ); Reviewed: 09-Jan-2024, QC No. AAJCAH-24-135534; Revised: 15-Jan-2024, Manuscript No: AAJCAH-24-135534(R); Published: 22-Jan-2024, DOI:10.35841/ajcah-8.1.186

References

1. Chinn JJ, Eisenberg E, Dickerson SA, King RB, Chakhtoura N, Lim IA, et al. Maternal mortality in the United States: research gaps, opportunities, and priorities. *Am J Obstet Gynecol.* 2020;223(4):486-92.
2. Han L, Ran J, Mak YW, et al. Smoking and Influenza-associated Morbidity and Mortality A Systematic Review and Meta-analysis. *Epidemiology.* 2019;30:405-17.
3. Heitkamp A, Meulenbroek A, van Roosmalen J, Gebhardt S, Vollmer L, de Vries JI, et al. Maternal mortality: near-miss events in middle-income countries, a systematic review. *Bull World Health Organ.* 2021;99(10):693.
4. Ishikawa Y, Terao C. The impact of cigarette smoking on risk of rheumatoid arthritis: a narrative review. *Cells.* 2020;9(2):475.
5. Joseph KS, Boutin A, Lisonkova S, Muraca GM, Razaz N, John S, et al. Maternal mortality in the United States: recent trends, current status, and future considerations. *Obstet Gynecol.* 2021;137(5):763.
6. Knypinski J, Wolfe DS. Maternal mortality due to cardiac disease in pregnancy. *Clin Obstet Gynecol.* 2020;63(4):799-807.
7. Lawrence H, Hunter A, Murray R, et al. Cigarette smoking and the occurrence of influenza—Systematic review. *J Infect.* 2019;79:401-6.
8. Pierce JP, Chen R, Leas EC, et al. Use of e-cigarettes and other tobacco products and progression to daily cigarette smoking. *Pediatrics.* 2021;147(2).
9. Saluja B, Bryant Z. How implicit bias contributes to racial disparities in maternal morbidity and mortality in the United States. *J Womens Health.* 2021;30(2):270-3.
10. Wang B, Li R, Lu Z, et al. Does comorbidity increase the risk of patients with COVID-19: evidence from meta-analysis. *Aging.* 2020;12:6049-57.