BRIEFING

Silent Emergency: Women Dying, to Give Life

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Save the Children UK

Margarita*a mother-of-three in Colombia, taken by Angela Ponce for Save the Children

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Save the Children's medical team at the Mahama Refugee Camp in Rwanda successfully perform a Caesarean section operation. *Thacien Biziyaremye/Save the Children*

INTRODUCTION

THE PROBLEM

Every woman deserves the right to give birth safely and with dignity. Efforts to reduce maternal and infant mortality are integral to achieving the Sustainable Development Goals (SDGs), but progress has stagnated in recent years. Maternal mortality rates (MMR) have plateaued in numerous countries and, troublingly, they are on the rise in others – **a woman[1] dies from complications due to pregnancy or childbirth every two minutes.** At the global level almost all the progress achieved in maternal mortality had occurred by 2015 and has stagnated since then. The global MMR had already fallen from 339 maternal deaths per 100 000 live births to 227 by 2015, but has remained at 223 between 2016 and 2020 – far away from reaching the UN goal of 70 by 2030. Nearly two million babies are stillborn every year and never take their first breath. Pregnancy and childbirth continue to pose a silent emergency for countless women and newborns worldwide, **with a staggering 4.5 million maternal and newborn deaths and stillbirths annually.** That is equivalent to one loss every 7 seconds.[2]

Pregnancy and childbirth remain a silent emergency, but we have solutions and must fund and implement them in marginalized areas and among underserved populations.

KEY TAKEAWAYS

- **In 2024, 24 million (17.9%) births are estimated take place without skilled attendance vs 110 million (82.1%) of births with SBA**
- **In 2024, 28 million (22.2%) births are estimated take place outside a health facility vs 106 million (77.8) in a health facility**

THE SOLUTIONS

Skilled delivery, including the application of critical drugs during labour, is widely recognised as the paramount strategy for preventing maternal and neonatal morbidity and mortality, in addition to health facility access.

A pregnant Venezuelan woman is assisted near the border by medical staff at Save the Children's Sexual and Reproductive Health Unit in Maicao, Colombia. ***Angela Ponce/Save the Children***

The presence of skilled birth attendants (SBAs)[3]— a doctor, nurse, or midwife present at birth—ensures safe birth, diminishes both actual and potential complications, and significantly enhances the survival rates of both mothers and newborns. However, in 2024, 24 million women are likely to give birth without skilled birth attendance (17.9% of births), and 28 million women are likely to give birth outside of a health facility (22.2% of births).[4]

Addressing inequities in access to maternal and child healthcare interventions can be achieved by enhancing the role of primary healthcare (PHC) with the majority of services essential for the continuum of maternal and newborn health (MNH) effectively delivered at the PHC level.

Access to sexual and reproductive rights and health (SRHR) services is fundamental to maternal health. Several barriers to SRHR services originate from factors outside the health

system, such as women's limited education or empowerment. Enhancing the quality of SRHR information and services can be instrumental in addressing some of these barriers, and safeguarding women's rights to voluntary and informed healthcare services.

Without access to care, protection and education, women are becoming pregnant and giving birth before their bodies are ready increasing the risks of complications during birth.

Despite this, there has been a coordinated global campaign against SRHR in global forums, rolling back progress in realizing these rights.

COMPLICATING FACTORS

KEY STATISTICS

- **63% of births in conflict zones take place with skilled birth attendance compared to 88% of births in no conflict zones**
- **37% of births in conflict zones take place without skilled birth attendance compared to 12% of births in no conflict zones**
- **56% of births in conflict zones take place in a health facility compared to 85% of births in no conflict zones**
- **44% of births in conflict zones take place outside of a health facility (almost half of all births) compared to 15% of births in no conflict zones**

The scale of global conflict increasing year on year. Climate change is increasing the frequency of extreme heat and wildfires, which are associated with heightened risks of preterm birth, stillbirths and pregnancy complications. During times of conflict, climate-related disasters, and humanitarian emergencies, the availability of skilled birth attendants diminishes significantly and access to health facilities, key drugs and commodities is limited.

This contributes to women giving birth without appropriate medical support, disrupting the continuum of care services for both mothers and babies and impeding women and girls from accessing essential reproductive health services. In parallel, when sexual violence is used as a weapon of war, along with the trauma, unwanted pregnancies increase and place pressure on already fragile and weak health systems. In conflict zones, 37% of births take place without skilled birth attendants, and 44% (almost half of all births) take place outside of a health facility.

A midwife at Beledweyne Hospital in Somalia supported by Save the Children/*Save the Children Somalia*

Women in countries affected by conflict are 3 times more likely to go without skilled birth attendance, and 3 times more likely to give birth outside of a health facility.

What can you do? Against this backdrop, this brief serves to highlight emerging data on maternal and newborn health to help decision-makers understand the problems and to highlight realistic and attainable solutions.

Scaling up access to skilled birth attendance and quality health facilities are proven and cost-effective solutions that save lives. To ensure that women in communities with the greatest need can access these solutions, Save the Children is calling on donors and governments to:

1. **Prioritise maternal and newborn health in conflict and climate-related responses and funding**

2. **Urgently increase funding to primary healthcare to build resilience and mitigate the destruction of facilities during conflict**

3. **Ensure that women and girls have access to education and resources that empower them to make informed decision about their reproductive health, and are not forced to endure childbirth too early in their lives**

How are conflict and climate-related conditions affecting mothers and babies?

During times of conflict and climate-related disasters, **pregnant women experience disproportionate burdens,** including malnutrition, insecurity, stress, and lack of access to safe, quality care, and resources for preterm birth (<37 weeks) are also extremely limited. Preterm birth is the leading cause of neonatal mortality and is linked to enduring physical, neurodevelopmental, and socioeconomic consequences.[5]

Around the world, 6.9 million pregnant and breastfeeding women suffer from acute malnutrition, a 25% increase since 2020[6]. During pregnancy, poor diets lacking in key nutrients can cause anaemia, pre-eclampsia, haemorrhage, and death for mothers, and stillbirth, low birth weight, wasting, malnutrition[7], and developmental delays for children.[8]

Climate change poses a deepening threat—it is expected to increase the risk of hunger and malnutrition by 20% by 2050[9], and recent studies have demonstrated that exposure to extreme heat and wildfires is associated with heightened risks of preterm birth, stillbirths, and pregnancy complications.[10]

In conflict settings, the destruction of infrastructure—including hospitals, clinics, and functioning health systems—leads to shortages of medical supplies, trained health workers, and transportation which make it difficult for women to access services during pregnancy, labour, birth, and the postnatal period.

Access to SBA is lowest in countries affected by conflict and climate crises (see Table 1). Further, many pregnant women frequently refrain from seeking medical care due to fear and insecurity, stemming from concerns about violence, harassment, or the absence of safety during the journey to health facilities. If they do choose to travel to receive medical attention, they often endure long, difficult journeys that can be harmful to both mother and baby.[11]

Table 1: Countries with 50% and below skilled birth attendance[12][13]

Countries	Skilled birth attendance	Crises and insecurities
Somalia	31.9% (2019)	Conflict and debt distress
Eritrea	34.1% (2010)	Institutionally and socially fragile
South Sudan	39.7% (2020)	Conflict
Central African Republic	40.3% (2019)	Conflict
Haiti	41.6% (2017)	Institutionally and socially fragile
Niger	43.7% (2021)	Conflict and extremely high risk of climate
Yemen	44.7% (2013)	Conflict
Madagascar	45.8% (2021)	Extremely high risk of climate
Chad	47.2% (2019)	Institutionally and socially fragile
Angola	49.6% (2016)	Institutionally and socially fragile
Ethiopia	49.8% (2019)	Conflict and extremely high risk of climate
Nigeria	50.7% (2022)	Conflict and extremely high risk of climate

The U.N. estimates that women and girls account for 80% of people displaced by climate change[14], and access to sanitary conditions and skilled birth attendants in refugee camps or makeshift settlements is extremely limited.

An additional 14 million women across 26 countries risk losing access to contraception over the next decade due to climate-related displacement, leading to an estimated 6.2 million unintended pregnancies and 2.1 million unsafe abortions by 2030[15].

Pregnant women are also at risk of psychological consequences of crises. Distress resulting from the violent nature of conflict, displacement, loss of loved ones, and financial instability contributes to heightened psychological stress that has a negative impact on maternal health, while conflict and climate change crises create conditions for an increased risk of gender-based violence (GBV) (including sexual violence as an act of war) and a higher likelihood of infectious and other diseases.

One in five women in displaced settings experiences sexual violence, increasing the risk of unwanted pregnancy, STIs, and HIV[16], and in 2022, women and girls accounted for 94% of the 2,455 UN verified cases of conflict-related sexual violence[17]. Emerging evidence suggests that climate change is also a serious aggravator of GBV due to displacement, resource scarcity, and food insecurity.[18]

COUNTRY IN FOCUS: THE SITUATION FOR MOTHERS AND BABIES IN NIGERIA

Nigeria is grappling with a number of social and economic hurdles, notably insecurity manifested in banditry and kidnappings, ongoing insurgency from terrorist factions, and separatist movements gaining traction. The displacement of millions due to conflict has intensified significant challenges, particularly in accessing healthcare, water, sanitation, and hygiene (WASH) services, and education, among other obstacles.

Although comprising only 2.4 percent of the world's population, **Nigeria currently accounts for 10% of global maternal deaths.** The latest data reveals a maternal mortality rate of 567 per 100,000 live births – one of the highest in the world. Meanwhile, infant mortality sits at 69 per 1,000 live births, and for children under the age of five, it climbs to 128 per 1,000 live births.[19][20][21]

RECOMMENDATIONS

Women and their babies deserve safe deliveries, a continuum of care, and reproductive health and family planning services. Access to quality healthcare workers and facilities are proven solutions that will improve maternal and newborn survival.

Governments and donors need to take urgent action, provide immediate relief efforts, and implement long-term strategies for sustained impact.

Save the Children calls on governments and donors to:

1 INCREASE INVESTMENTS IN PRIMARY HEALTHCARE FACILITIES TO ENSURE WOMEN AND THEIR BABIES HAVE ACCESS TO WELL-TRAINED, WELL-EQUIPPED HEALTHCARE WORKERS TO SUPPORT SAFE DELIVERIES

High-quality, accessible, and affordable primary health care (PHC) is critical for mothers and babies, especially in conflict and climate crises. They support access to essential services, including pre- and postnatal maternal health services, family planning, childhood immunisation, and an individual's health needs throughout their lives. In low- to middle-income countries (LMICs), there is a growing body of evidence indicating the cost-effectiveness of numerous interventions commonly administered through PHC services. A study of 67 LMICs projected that investing in PHC over the period from 2020 to 2030 would avert up to 64 million deaths.[22]

However, public funding for PHC is insufficient, and patients often have to pay out-of-pocket (OOP) payments, which constitute the primary source of health funding in low-income countries. OOP payments pose a substantial barrier to accessing healthcare in low- and middle-income countries (LMICs), despite accounting for the largest portion of public financing in low-income and lower-middle-income countries, standing at 41% and 42% respectively.[23]

Governments are encouraged to increase investments in PHC systems to achieve universal health coverage, provide resilience against climate shocks, reduce out-of-pocket patient costs, and expand health services to meet the needs of vulnerable pregnant women, children, and communities.

2 ENSURE WOMEN AND GIRLS HAVE EDUCATION AND RESOURCES TO MAKE THEIR OWN INFORMED DECISIONS REGARDING THEIR SEXUAL AND REPRODUCTIVE HEALTH

Maternal care and newborn survival are underpinned by early access to family planning and reproductive care services. Early access to contraceptives and SRHR services prevents pregnancy-related health risks for women, especially adolescent girls, and presents many potential non-health advantages, including enhanced educational opportunities and empowerment for women. Accelerated progress is necessary to bolster the rights of women

and girls to autonomously make informed decisions concerning reproductive healthcare, contraceptive utilisation, and sexual relations.

Approximately 218 million women in LMICs have an unmet need for modern contraception.[24] If all women in LMICs who wish to prevent pregnancy were to utilise modern contraceptives and all pregnant women and their newborns were to receive care according to the standards set by the World Health Organization (WHO), the impact would be significant: maternal deaths would drop by 62%, and newborn deaths would drop by 69%.[25]

Allocating adequate resources to expand access to high-quality care and adopting a human rights approach to health are crucial for directing attention toward impoverished and marginalised populations. Governments and global health institutions should **stand firm against rolling back progress on sexual and reproductive health and human rights** and focus on advancing efforts to finance and provide services aimed at reducing the unmet demand for SRHR and family planning services.

3 ENSURE CONFLICT AND CLIMATE-RELATED CRISES RESPONSE AND FUNDING PRIORITISE MATERNAL AND NEWBORN HEALTH

The intricate links among humanitarian disasters, conflict, climate change, and gender equality highlight a multitude of intricate challenges, with women and girls disproportionately shouldering the burden. The ramifications of climate-related and other humanitarian crises and conflicts can significantly impede women's access to reproductive and maternal health services and thereby affect her and her babies' health.

Unfortunately, only a handful of countries have given precedence to maternal and newborn health in their humanitarian and crisis response strategies. Many national governments and global stakeholders have also overlooked the crucial role that midwives can fulfill in such contexts, particularly in terms of preventing, identifying, and mitigating the effects of crises on pregnant individuals and newborns. Despite midwives being capable of addressing approximately 90% of the sexual, reproductive, maternal, and newborn health (SRMNH) care needs, their representation in the global SRMNH workforce is alarmingly low, comprising less than 10%.[26]

It is vital to emphasise the importance of women's involvement in conflict and climate crises solutions and planning across all levels[27]. Whether it is at the household level or on the international stage, women must have an equal role and voice in conversations where solutions are being discussed and decisions are being made.

In times of conflict and crisis, protecting women and children from the direct and indirect harms of conflict—such as health system deterioration and worsening socioeconomic conditions—is vital. This includes **developing and implementing innovative, context-specific, and conflict-sensitive responses that capture the voice of women and centre maternal health,** as well as working on preventive measures, such as training local and community health workers and raising awareness on topics like antenatal care for both men and women.[28]

References

[1] Within this brief, women and girls are defined as anyone who has lived experience as a girl or woman or identifies as a girl or woman. Save the Children prioritizes the experiences of women in our initiatives, while also acknowledging the importance of providing access to sexual, reproductive, maternal, newborn and adolescent health care for gender diverse individuals, including transgender and non-binary people.
[2] World Health Organization, 2023, Improving maternal and newborn health and survival and reducing stillbirth - Progress report 2023 https://www.who.int/publications/i/item/9789240073678
[3] According to the World Health Organization (WHO), a skilled birth attendant is an accredited health professional - such as a midwife, doctor or nurse - who has been educated and trained to proficiency in the skills needed to manage normal (i.e. uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of women and neonates for complications.
[4] The figures are calculations done by Save the Children UK's research and data hub using publicly available demographic and health statistics. We use the latest available data points on births attended by a skilled health professional (%) and births in a health facility (%) from UNICEF Data,https://data.unicef.org/topic/maternal-health/delivery-care/ Projections on total new births in 2024 is taken from World Population Prospects - Population Division - United Nations. The analysis was performed using country-specific estimates from UNICEF of skilled birth attendance and births in health facilities, which were then aggregated to a global level. However, as a consequence, global numbers may vary slightly between our estimates and other published estimates
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