



Trends in Maternal Mortality, Socio-Economic Status, Rights and Responsibilities to Reduce Maternal Deaths

Marcel Y*

Department of Epidemiology, Gillings School of Global Public Health, The University of North Carolina, USA

Maternal Mortality

According to the World Health Organization (WHO), the following motivate the majority of maternal deaths around the world:

- Severe bleeding (known as hemorrhage)
- Infections
- Blood pressure issues of pregnancy, inclusive of preeclampsia and eclampsia
- Complications of labor and delivery
- Unsafe abortion

Infections and chronic medical conditions, which include diabetes, also are reasons of or related to maternal deaths worldwide.

In the United States, CDC tracks pregnancy-related deaths, inclusive of deaths that WHO calls “maternal mortality.” The main reasons of pregnancy-related death in the United States, according to CDC, are slightly different than maternal mortality causes around the world [1].

In the United States, the main reasons of pregnancy-related deaths encompass the following:

- Severe bleeding (sometimes known as hemorrhage)
- Infections and sepsis
- Cardiovascular conditions, such as:
 - Blockages (from time to time known as embolisms) in arteries and veins
 - Stroke (also known as cerebrovascular accidents)
 - Blood pressure disorders of pregnancy, consisting of preeclampsia and eclampsia
 - Heart muscle problems (known as cardiomyopathy)
 - Heart disease
 - Problems with anesthesia
 - Amniotic fluid embolism
 - Non-cardiovascular conditions, which include diabetes and respiratory problems

Prevention

- Stop preventable maternal deaths by ensuring women can access care at every stage—before, during, and after her pregnancy
- Mobilize communities to identify chance signs in pregnancy—like post-partum hemorrhage—and activate transport systems, so women can reach facilities in time to save their lives
- Make sure each woman has access to the information and health care—from her home to the health facility—to safely deliver her baby and care for herself and her children

- Train providers on modern standards and hints of care so as to counsel women at some stage in being pregnant and childbirth with dignity and respect

- Prevent the transmission of HIV from mom to child by identifying and supporting pregnant women who're HIV-positive

Link health systems with communities to make sure mothers and babies acquire the quality care they need.

The difficulty of maternal mortality has been very topical due to current focus on sustainable development and due to the fact that maternal mortality is very high in lots of developing countries [2].

It was observed that many women are illiterates and this affects their level of knowledge and publicity and also their stage of income and all these impinge on their nutritional status. This situation additionally affects their ability to work out their rights as human beings. Moreover, the advent of consumer costs in government hospitals made unaffordable for many women and makes them patronize religion clinics and traditional medical practitioners and on this way, many avoidable deaths occur. The gender relations turned into also observed to be a very important factor in life chances and pregnancy outcomes of women and women's health generally.

The COVID-19 pandemic together with the growing racial justice movement has highlighted longstanding disparities in health and health care for people of color, including stark disparities in maternal and infant health. Despite continued advancements in medical care, rates of maternal mortality and morbidity and pre-term start have been rising in the U.S. Maternal and infant mortality rates in the U.S. are far better than those in similarly large and wealthy countries, and people of color are at increased risk for poor maternal and infant health consequences [3].

Over half a million women die unnecessarily in pregnancy and childbirth each year worldwide. There are marked disparities among social agencies in phrases of women's access to skilled birth attendance and to essential obstetric care. Behind those deaths is a failure to assure women's rights. Related elements encompass poorly functioning, inequitable health systems, vulnerable legal and coverage frameworks and community beliefs that 'hide' pregnancy and childbirth.

***Corresponding author:** Marcel Y, Department of Epidemiology, Gillings School of Global Public Health, The University of North Carolina, USA, E-mail: marcelyotebieng@657gmail.com

Received: 05-Jan-2022, Manuscript No. ECR-22-52690; **Editor assigned:** 07-Jan-2022, PreQC No. ECR-22-52690(PQ); **Reviewed:** 21-Jan-2022, QC No. ECR-22-52690; **Revised:** 26-Jan-2022, Manuscript No. ECR-22-52690 (R); **Published:** 04-Feb-2022, DOI: 10.4172/2161-1165.1000422

Citation: Marcel Y (2022) Trends in Maternal Mortality, Socio-Economic Status, Rights and Responsibilities to Reduce Maternal Deaths. *Epidemiol Sci*, 12: 422.

Copyright: © 2022 Marcel Y. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

In current years, distinct strategies have evolved:

(i) The legal method, which makes use of the formal system of international human rights law to emphasise legal obligations to protect and fulfil rights. (ii) The development-centred approach, which draws at the principles of human rights and needs adherence to 'good development practice' such as participation and inclusion.

Internationally agreed human rights standards give legitimacy to and a legal basis for women's claims to maternal health [4]. At the national level, human rights are protected in constitutions, which also can include statements that guide the implementation of economic and social rights [5]. Strategies ought to involve:

1. Actions to empower women to understand and voice their declare to maternal health and to access information for decision-making
2. Actions to reduce inequalities and discrimination that put precise groups of ladies at more risk of maternal death
3. Actions to strengthen the state, and others with responsibility for reducing maternal deaths, to fulfil their duty and strengthen their accountability to women
4. Governments which have ratified the right to health have a

duty to take concrete steps towards the progressive realisation of the proper not to die an avoidable death in pregnancy and childbirth

5. Progressive realisation requires the state and its development partners to display and account for progress toward reducing maternal deaths, without discrimination

Planners can use this approach to justify prioritising resources for those measures that will be only in saving women's lives, particularly emergency obstetric care.

References

1. Saluja B, Bryant Z (2021) How Implicit Bias Contributes to Racial Disparities in Maternal Morbidity and Mortality in the United States. *J Womens Health (Larchmt)* 30:270-273.
2. Yayla M (2003) Maternal Mortality in Developing Countries. *J Perinat Med* 31:386-391.
3. Dashraath P, Wong JLJ, Lim MXK, Lim LM, Li S et al. (2020) Coronavirus Disease 2019 (COVID-19) Pandemic and Pregnancy. *Am J Obstet Gynecol* 222:521-531.
4. Dunn JT, Lesyna K, Zaret A (2017) The Role of Human Rights Litigation in Improving Access to Reproductive Health Care and Achieving Reductions in Maternal Mortality. *BMC pregnancy and childbirth* 17:1-13.
5. Connolly WB, Marshall AB (1991) Drug Addiction, Pregnancy, and Childbirth: Legal Issues for the Medical and Social Services Communities. *Clin Perinatol* 18:147-186.