

# Pakistan: Maternal mortality

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**GUESSTIMATES are no substitute for hard data. Efforts to improve development indicators must be based on comprehensive, granular information that highlights weak spots and challenges. Initiatives can then be tailored to the situation on ground, thereby saving time and money. Without this spadework, campaigns cannot achieve their objectives or be sustainable. It is therefore heartening that for the first time a wide-ranging and in-depth survey has been conducted into maternal mortality in Pakistan, a tragedy of huge proportions that has dogged this country for decades. According to the findings, overall, 12pc of deaths in the past three years among ever-married women between 15 and 49 years of age were on account of maternal causes. That is not to say the indicators have not improved: they have, as the recently launched survey shows. The maternal mortality rate in 1990-91 was 234 per 100,000 live births; it is now 186. Antenatal care has shown a marked improvement over the last three decades: ANC coverage by a skilled provider went up from 26pc in 1990-91 to 91pc in 2019. Similarly, delivery of health facilities has shown a dramatic increase from 14pc in 1990-91 to 71pc last year.**

Nevertheless, this is a journey with a long road ahead. The fact is the MMR must be brought down further to 70 deaths per 100,000 by 2030 if Pakistan is to meet Sustainable Development Goal 3.1. Several changes must be effected in order to bring this about. For one, the fact that 29pc of live births still take place at home places mothers and babies at risk in case of any complications. The most common complications that women reported experiencing during delivery are prolonged labour pains, laceration in the vagina, the baby did not breath and the baby was in breech position. Delay in reaching health facilities is among the leading causes of MMR: this is also borne out by the fact that the MMR ratio is 26pc higher in the rural areas, with its far from optimum health delivery mechanisms, than in urban areas. The differences in MMR between various parts of the country also show massive disparity. For example, in Balochistan 298 women in 100,000 live births die, while the figure in Punjab is 157 per 100,000 live births. MMR is one part of a bigger picture showing Pakistan's lack of investment in its human resource. Perhaps this survey can help change that in one crucial aspect.

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