Joint Statement on
REDUCING MATERNAL MORBIDITY AND MORTALITY
Over the past decade, the reduction of maternal mortality in Latin America and the Caribbean has shown signs of a marked slowdown and in some cases a reversal, jeopardizing commitments made at the global and regional levels and by the Member States themselves, including those established in the Sustainable Development Goals.¹

On average, almost 8,000 women and other people who give birth died annually during pregnancy, childbirth and up to 42 days postpartum in Latin America and the Caribbean between 2015 and 2020. Since 2020, the situation has become even more dire due to the direct and indirect impacts of the COVID-19 pandemic, which have posed a major setback in progress toward eradicating preventable maternal deaths. In 2020, the number of maternal deaths in the region soared to over 8,000 – a 9% increase from the estimated 7,742 maternal deaths recorded in 2019 before the pandemic began – while the maternal mortality rate increased from 77 deaths per 100,000 live births in 2019 to an estimated 88 deaths per 100,000 live births in 2020². Moreover, preliminary estimates indicate a maternal mortality rate of 113 deaths per 100,000 live births in 2021, showing an alarming upward trend in maternal deaths compared to pre-pandemic years.²

Although all women are at risk of experiencing pregnancy related complications, there is a clear relationship between socioeconomic status and increased risk of maternal illness and death. Deep-seated structural inequalities related to gender, ethnicity, place of residence, and levels of formal education are among the many social and cultural factors that contribute to preventable maternal deaths in the region. There is also a higher maternal mortality rate among indigenous women, women


² Cuevas, L. Informe sobre los datos actualizados y análisis de indicadores clave de salud materna y razón de mortalidad materna de países de Latino América y el Caribe, periodo 2015-2021. Ciudad de Panamá: Grupo de Trabajo Regional para la Reducción de la Mortalidad Materna, 2022.
of African descent, migrant women, women living in poverty, and women living in rural areas. The COVID-19 pandemic further exacerbated these inequalities due to overburdened health systems, isolation measures, and a decrease in the supply and demand of services, as well as in the quality of care.\textsuperscript{3,4}

In Latin America and the Caribbean, the vast majority of maternal deaths are the result of preventable causes: hemorrhage, pregnancy-induced hypertension, complications related to unsafe abortion, and sepsis, as well as indirect causes such as severe acute respiratory infections.\textsuperscript{5}

Despite the preventable nature of these deaths, maternal mortality continues to increase throughout the region due to major systemic issues, including limited access to health facilities and respectful maternal care; a shortage of skilled personnel, including professional midwives; safe access to comprehensive sexual and reproductive health care; and lack of facilities capable of providing quality obstetric care, especially in rural and hard-to-reach areas.\textsuperscript{6}

Maternal mortality is a serious public health problem rooted in social inequities that violates the right of every woman to health and life. Maternal death has enormous health and economic implications for families and communities, given the important role that women play in family life and in the social and economic development of the region. Every woman has the right to evidence-based maternal care to prevent dying from preventable causes.

Therefore, the organizations that make up the Regional Task Force for the Reduction of Maternal Mortality (Grupo de Trabajo Regional para la Reducción de la Mortalidad Materna [GTR]) make a call to action to accelerate the reduction of maternal mortality. As GTR, we commit to promote and support the implementation of the strategic guidelines agreed to in the Interagency Strategic Consensus for the Reduction of Maternal Mortality.

\begin{itemize}
\item \textsuperscript{6} Chou D, Daelmans B, Jolivet R, Kinney M, Say L. (2015) Ending preventable maternal and newborn mortality and stillbirths. BMJ; 351:h4255. Available at: https://www.bmj.com/content/351/bmj.h4255 DOI: https://doi.org/10.1136/bmj.h4255
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Morbidity and Mortality 2020-2030\(^7\) at the public policy, health systems, and information and surveillance systems levels.

We, GTR member organizations call on governments to commit politically and financially to end preventable maternal deaths; on donors to earmark financial resources to this cause; on technical agencies to provide the necessary assistance; on media to highlight this critical issue; and on civil society and other key partners to work together to make this vision a reality. Without these joint efforts, progress towards eradicating preventable maternal deaths will stall, and women’s fundamental human rights to health and life will remain under threat.

**Let us prevent the preventable. Let us act urgently towards a region with zero preventable maternal deaths.**

**Regional Task Force for the Reduction of Maternal Mortality**


This campaign is also supported by Every Woman Every Child Latin America and the Caribbean (EWEC-LAC), the regional interagency mechanism for coordinating the adaptation and implementation of the Global Strategy for the Women’s, Children’s and Adolescent’s Health (2016-2030) in Latin America and the Caribbean, some national governments and other social organizations.

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