

Abstract

# Epidemiological Characteristics of Maternal Deaths in Kabul, Afghanistan, 2017

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## Abstract

**Background:** Each day about 1,000 women die worldwide because of complications related to pregnancy and childbirth. Developing countries account for 99% of the deaths and have the highest maternal mortality ratio (MMR). The vast majority of these deaths would be avoidable if their causes were known and successful interventions implemented. The MMR in Afghanistan has been reduced from 1,300 per 100,000 live births in 1990 to 400 per 100,000 live births in 2016, still among the highest in the world, but the country still needs to reduce the ratio to meet the Millennium Development Goal (MDG) 5 target of 325 deaths per 100,000 live births. We determined the causes of MD in four large maternity hospitals.

**Objective:** To determine epidemiological characteristics of maternal deaths (MD).

**Methods:** A prospective review of all death data among child bearing women was performed in four hospitals from January 1-November 15, 2017. We used the WHO definition of maternal death.

**Results:** Fifty women died and the mean maternal age at death was 31 years. The leading causes of death were hemorrhage (18 women, 58/100,000), hypertensive events (17 women, 56/100,000), thromboembolic events (5 women, 16/100,000), septicemia (5 women, 16/100,000) and cardiac diseases (3 women, 10/100,000). The gestational age was more than 30 weeks in 40 women (80%); 30 women (60%) were prime gravida; deaths occurred among rural mothers in 39 women (78%); 44 women (88%) had no antenatal care; and 26 women (52%) had existing risk factors. The stages of death were during the postpartum period (31 women, 62%), the antepartum period (10 women, 20%), and labor (9 women, 18%). The MMR was 162 /100,000 live births.

**Conclusions:** The MMR was surprisingly low, suggesting Afghanistan can achieve the MDG goal in areas served by reasonable health care. The identification of risk factors will allow us to target specific risk factors with appropriate interventions.

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