HIV’s Deleterious Effect on Global Trends in Maternal Mortality

HIV & AIDS [2]
Women & Gender [3]


The document reports some fantastic news about a public health indicator that has until recently refused to budge. That indicator is the maternal mortality ratio, the number of maternal deaths per 100,000 live births. The improvement between 1990 and 2008 is significant and promising.

The part of the report that received much less coverage relates to HIV and its strong, adverse effect on maternal mortality. The authors estimate that in 2008 there were 42,000 deaths due to HIV & AIDS among pregnant women and approximately half of those were maternal deaths. In absence of HIV we would have had 337,000 maternal deaths in 2008 instead of 358,000.
To give an idea of the impact of HIV on maternal health, 9% of all maternal deaths in Sub-Saharan Africa were directly due to HIV. In comparison, the proportions are 1.2% for Asia, 5.2% for Latin America and the Caribbean and 5.6% in developed regions. Without these HIV deaths the maternal mortality ratio in sub-Saharan Africa would have been approximately 580 maternal deaths per 100,000 live births rather than 640.

The HIV epidemic has had a very deleterious effect on maternal mortality; this is especially true in east and southern Africa where the HIV prevalence rates are high. In fact, in countries with high HIV prevalence, HIV has become leading cause of death during pregnancy and postpartum period.

Many interventions exist to prevent maternal mortality due to HIV. The first is to prevent HIV infection among women and their partners. A second major intervention is to avoid unintended pregnancy among women living with HIV by providing access to a full spectrum of family planning services. And the third is to provide antiretroviral medicines to pregnant women living with HIV; not only do these medicines benefit the woman, but they also help prevent mother to child transmission.

For almost 40 years, MSH has used a health systems approach to improve the health of the world’s poorest and most vulnerable populations. MSH’s, USAID-funded, Community-Based Family Planning and HIV & AIDS Services (CFPHS) Project in Malawi exemplifies our approach to integrated HIV and family planning services. In 2009 community based distribution agents trained by the project disseminated family planning and HIV messages to 700,000 people and increased contraceptive coverage from 20,000 to 39,000 couple years of protection, thereby preventing both unintended pregnancies and maternal deaths. During that same period the project staff informed 93,000 people of their HIV status through door-to-door integrated HIV testing and counseling and family planning services. Those who tested HIV positive were referred to health facilities for services and treatment as necessary.

This project is just one example of how providing community-based integrated HIV/family planning interventions can simultaneously prevent HIV infections and unintended pregnancies, thereby contributing to improved maternal health for HIV negative and HIV positive women alike.

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HIV & AIDS [7], Malawi [8], maternal health [9], maternal mortality [10], MNCH [11], prevention [12], UNFPA [13], UNICEF [14], USAID [15], Women [16], World Bank [17], World Health Organization [18]

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Links: