



Many pregnancy-related complications going undetected and untreated – WHO

8 March 2025 - Haemorrhage – severe heavy bleeding – and hypertensive disorders like preeclampsia are the leading causes of maternal deaths globally, according to a new study released today by the World Health Organization (WHO). These conditions were responsible for around 80 000 and 50 000 fatalities respectively in 2020 – the last year for which published estimates are available - highlighting that many women still lack access to lifesaving treatments and effective care during and after pregnancy and birth.

Published in the *Lancet Global Health*, the study is WHO's first global update on the causes of maternal deaths since the United Nations' Sustainable Development Goals were adopted in 2015. In addition to outlining the major direct obstetric causes, it shows that other health conditions, including both infectious and chronic diseases like HIV/AIDS, malaria, anaemias, and diabetes, underpin nearly a quarter (23%) of pregnancy and childbirth-related mortality. These conditions, which often go undetected or untreated until major complications occur, exacerbate risk and complicate pregnancies for millions of women around the world.

“Understanding why pregnant women and mothers are dying is critical for tackling the world's lingering maternal mortality crisis and ensuring women have the best possible chances of surviving childbirth,” said Dr Pascale Allotey, Director of Sexual and Reproductive Health and Research at WHO as well as the UN's Special Programme on Human Reproduction (HRP). “This is also a massive equity issue globally - women everywhere need high quality, evidence-based health care before, during and after delivery, as well as efforts to prevent and treat other underlying conditions that jeopardize their health.”

In 2020, there were an estimated 287 000 maternal deaths in total – equivalent to one death every two minutes. This new WHO study reports that haemorrhage - mostly occurring during or following childbirth - is responsible for nearly a third (27%) of maternal mortality, with preeclampsia and other hypertensive disorders contributing to an additional 16%. Preeclampsia is a serious condition characterized by high blood pressure that can lead to haemorrhage, strokes, organ failures and seizures if left untreated or treated too late.

Other direct causes include: sepsis and infections; pulmonary embolism; complications from spontaneous and induced abortions - including miscarriage, ectopic pregnancies, and issues relating to unsafe abortions – and, anesthetic complications and injuries that occur during childbirth.

The findings highlight the need to strengthen key aspects of maternity care, including antenatal services that detect risks early in pregnancy and prevent severe complications; lifesaving obstetrics that can manage critical birth-related emergencies like haemorrhage or embolism, and postnatal care. Most maternal deaths occur during or shortly after childbirth, making this a critical window to save lives. However, around a third of women – primarily in lower income countries - still do not receive essential postnatal checks in the first days after birth. At a population

level, broader preventive interventions could help reduce the prevalence of underlying health conditions - like noncommunicable diseases and malnutrition - that increase women's risks.

"Often not just one but many interrelated factors contribute to a woman dying during or after pregnancy—preeclampsia for instance can significantly increase the likelihood of haemorrhage as well as other complications that may occur even long after childbirth," said Dr Jenny Cresswell, Scientist at WHO and an author of the paper. "A more holistic approach to maternal health has been proven to give women the best chance of a healthy pregnancy and birth, and of enjoying lasting quality of life after delivery – health systems need to be able to support them across different life stages."

The study draws on national data that is reported to WHO, as well as peer-reviewed studies. For some causes, data remains limited. In particular, the authors call for more data on maternal suicide, which is currently available for only 12 countries. In addition, most countries do not report on late maternal deaths (those that occur in the year following childbirth), although several conditions can lead to risks lasting much beyond the birth itself. After childbirth, many women struggle to access follow-up care, including mental health support.

WHO works to strengthen access to high quality, respectful services across the continuum of pregnancy, childbirth and postnatal care, through evidence-based research and guidelines. In 2024, WHO and partners launched a global Roadmap for Postpartum Haemorrhage, which outlines key priorities for tackling this major cause of maternal death.

In the same year, the World Health Assembly's 194 countries passed a Resolution committing to strengthen quality care before, during and after childbirth. To galvanize action, World Health Day 2025 – which marks five years from the Sustainable Development Goals deadline—will focus on maternal and newborn health. The campaign will call for a major intensification of efforts to ensure access to high quality, proven care for women and babies, especially in the poorest countries and crisis settings where the vast majority of deaths occur. Beyond survival, the campaign will also showcase the need for broader attention to women's health, including postnatal care and support.

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