Maternal death is one of the most dramatic situations and often means the failure of preventive and therapeutic strategies.

Nowadays, the problem of high maternal mortality is considered a pressing human rights issue, as well as being a public health problem. In this regard, it is accepted that preserving the lives of mothers is an imperative objective for social and economic development of a country. In recent years, this issue has received increased attention and has been assigned maximum priority. The inclusion of this intention to reduce maternal mortality in the fifth Millennium Development Goals (MDG) also shows the global commitment on this issue, pushing for significant changes from the point of view of health, ethics and gender equality as women still die unnecessarily. These deaths, avoidable and therefore unjust, reflect the unequal access of women to basic health services. Moreover, women in many developing counties lack education and do not participate in decision making in the household, let alone in politics.

However, safe motherhood cannot be achieved only by improving services for maternal health care. Women themselves, their families and the community have to be active participants in the search for solutions and the proper monitoring of progress. In the aforementioned Millennium Declaration signed by 189 countries in 2000, clear goals were set to reduce poverty and other causes of human deprivation and to promote sustainable development. But how close are we to achieving these goals? What resources are needed to help countries that are prevented from reaching the targets? Sadly, it is a fact that in societies where maternal mortality is high, concomitant problems also exist, which in themselves increase mortality: poverty, illiteracy, gender inequality, poor hygiene and nutrition, deficient transportation and inadequate medical services. It is very possible that if we resolve all these problems, maternal mortality may be reduced substantially.

Unfortunately, the results confirm that the MDGs have not yielded the expected results and maternal mortality has remained an unsolved problem in many developing countries, especially in sub-Saharan Africa and south Asia. It is essential that MDGs are incorporated into national strategies, and this involves close involvement of the different sectors: government, civil society, the private sector and international organizations. Unfortunately, sometimes the MDGs do not necessarily match the priorities of countries and regions that are at different stages of development. It is necessary to adapt the MDGs to regional, national and local realities. The Millennium Declaration and the MDGs have failed to motivate and gather the necessary efforts to stop being a mere statement and become the backbone of concrete policies and actions in developing countries.

Current progress in reducing maternal mortality is less than a fifth of what it needed to achieve it. Only one in three women in rural areas in developing regions receives the recommended care during pregnancy. Progress in reducing the number of teenage pregnancies has stalled, leaving more young mothers at risk.

Maternal death is more than a health problem. It implies non-observance of fundamental human rights of women and shows how disadvantaged and vulnerable they are. As acknowledged by the UN, maternal health is a concept that involves much more than the reduction of mortality. After more than 14 years since the establishment of the MDGs, in its aspects related to maternal health, it has to be accepted that the objectives have not been met and the big promises that were made were never fulfilled. There has been some progress, but unfortunately it is far from its objectives. In our opinion, the reasons for this must be seen in several ways. First is the failure of developed countries to invest at least 0.7% of their budgets on
development cooperation. At this point, with the exception of four or five Nordic countries, all are turning a blind eye, hiding behind the economic crisis, when it was not even their intent to provide that percentage but rather cut it as it already has happened in the years preceding the crisis. It is a shame that most developed countries have not fulfilled their commitments. Second, no monitoring of the implemented policies have been set – to verify that public policy actions in these countries were actually developed or these countries just continued focusing on their deficits in governance and democracy or in corruption and bad practices. Here the heads of state will blame rich countries for not fulfilling their commitment, also looking the other way without a sense of auto-criticism. It is a fact that in some developing countries the available resources have been invested in the military capacity, national security, and, in some cases, the pockets of some rulers or health ministers, when these resources should have been invested in the infrastructure that is so much needed to improve the health conditions of the population. And finally, the UN itself has proven ineffective in addressing similar objectives. It needs reform loudly requested by international public opinion for it to be an operational organization and guarantor of global progress. The UN structure has expired. Astronomical salaries of its experts and an inflated international workforce, without promoting nationals in each country, make the budget for cooperation look absolutely inadequate, spending too much money to cover the cost of personnel and logistics.

The MDG is a commitment to results, but the process that allows these goals to be reached is not detailed. In other words, the MDGs specify a destination but do not outline the journey. The MDGs are established without any reference to the initial conditions, but whether a country reaches any given time horizon depends, at least in part, on where it begins. We have to recognize that there may be significant differences in national priorities. With all these, it must be mentioned that the current objectives of the MDGs to address gender inequality is much too limited, and critical issues such as women’s access to land and violence against women and girls must be overcome. It is no coincidence that reduction of maternal mortality, the most basic goal in the MDGs, is also the most heavily dependent on improving the status of women. The failure of the international community to give priority to the rights of women is markedly demonstrated by the lack of progress in this area. The rights of women should be placed at the center of efforts to strengthen health systems and to facilitate universal access to sexual and reproductive services if you want to combat the scandalous maternal mortality. Promoting the rights of women and girls is not only the most effective way to achieve the 2015 targets but also a moral necessity.

Therefore, we ask those responsible for the programs to be diligent in finding reliable donors. We ask for strong governmental structures and strong public health systems with adequate infrastructure. All these should be supported with a fierce fight against corruption, corruption at all levels, from the political to the professional. This is a point of particular importance. Corruption has derailed a lot of good will. Concerns about corruption and fraud continue to rise among citizens of the world. We need to strengthen structures and mechanisms to stop people from political parties, institutions or professions abusing the power granted by their people. This requires checking the status of the existing measures intended to hinder the abuse of power, the traffic of influence and illegal deviation of public funds. Restoring morale and austere civic administration of public funds are baseline requirements. Anyone who does not want to be involved in politics and serve the public under those conditions must be strongly encouraged to depart from it.

We must make an honest analysis of the determinants and deaths, together with the affected countries. The honest and strong commitment of donor countries should be to help where it is really needed. All these will not be effective without a review of the methodology and of the evaluation indicators, to really know what is happening and allocate the necessary resources. In short, so far there has been too much talking and too few facts, which have caused international organizations to fail the expectations, especially for the reasons cited above. In addition, many NGOs have made great efforts with very mediocre results, and this is in part because of the lack of professionalism or lack of coordination with other NGOs, without well-defined sustainability programs and with only short-term goals.

Health professionals have not always done what they could. In many places, cultural issues are a barrier and even social infrastructure does not help; however, little has been done in this regard. Most involved parties struggle more to maintain their status than to develop change in policies. National governments and the international community have responded slowly and inadequately to a crisis that began many years ago and has its roots in poverty and the appalling state of health systems in developing countries. Despite the advances of recent years in certain fields of health, the place where one is born still determines the probability that a mother dies or that a child can reach 5 years or live a healthy life. It is important to remember that the crisis of maternal mortality is not a
crisis in isolation. By its very nature it jeopardizes the life and health of fetal and neonatal patients. As perinatologists, we must be especially committed to alleviating this challenge to the world.

We, as world leaders in perinatology, have the obligation to advocate for women and children in our respective spheres of influence and not let the global tragedy of maternal death in the developing world remain silent. The International Academy of Perinatal Medicine notes that if we want to reduce maternal mortality, we must take into account all the facts mentioned above; otherwise we will only show our good will, which would serve only to artificially ease our consciences. If the right to life (a decent, healthy and full life) remains a fundamental human right; if we still believe in the value of solidarity, of humanity and of respect for other living beings on the planet; if we trust in the power of curiosity and rational effort; if we keep expanding the limits of our abilities; if we keep our collective will to enhance our transient and precarious existences, we have to talk so that decisions can be collectively agreed on as an expression of our cultural revolution. We are convinced that this is the way to defeat an entire cohort of incomprehension, misunderstanding, false taboos and foolish dogmatism and to protect and safeguard the freedom and dignity of men and women – unique subjects of culture and science.

Such a future does not just happen – it needs constant attention and effort. Our International Academy of Perinatal Medicine is committed not just in words but in actions to face this challenge.

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