

Editorial

Advancing Maternal Survival: Integrating Care, Contraception, and Broader Determinants

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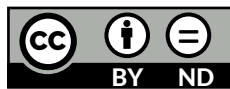
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Over the past two decades, global efforts to reduce maternal mortality have yielded measurable progress, yet the pace remains insufficient to meet international targets. Recent estimates indicate that maternal deaths declined by approximately 41% between 2000 and 2023, dropping from 443,000 to 260,000 annually.⁽¹⁾ This encouraging trend reflects the combined effects of improved maternity care and reduced fertility, underscoring that maternal survival is shaped both by health system performance and by the broader reproductive landscape. Decomposition analyses suggest that nearly two-thirds of the observed reduction in maternal mortality can be attributed to improvements in maternity care, including better access to skilled birth attendance, emergency obstetric services, and quality antenatal care. The remaining decline is largely linked to fertility reduction, with increased contraceptive use playing a pivotal role. Notably, expanded contraceptive prevalence alone is estimated to have prevented tens of thousands of maternal deaths in 2023, accounting for roughly one-quarter of potential fatalities.⁽¹⁾ These findings reinforce longstanding evidence that reducing unintended pregnancies and optimizing birth spacing are essential strategies for lowering maternal risk.

However, focusing solely on these proximate drivers risks oversimplifying a far more complex reality. Maternal mortality is influenced by a web of interrelated determinants that operate across individual, community, and systemic levels. As highlighted by Nassar and Usta (2026),⁽²⁾ reductions in maternal mortality require not only fewer pregnancies and safer obstetric care, but also improvements in women's overall health, socioeconomic conditions, and empowerment. Education, for instance, plays a critical role: even modest increases in maternal schooling are associated with substantial declines in mortality, likely through enhanced health literacy and decision-making capacity. Similarly, national income levels, health expenditure, and infrastructure strongly correlate with maternal outcomes, reflecting the importance of sustained investment in health systems. Demographic and epidemiological factors further complicate this landscape. Maternal age remains a significant risk factor, with both adolescent and advanced-age pregnancies carrying heightened mortality risks. Infectious diseases, as demonstrated during the COVID-19 pandemic, can dramatically exacerbate maternal vulnerability. Geographic barriers also persist; increased distance to health facilities significantly raises the likelihood of adverse outcomes, highlighting inequities in service accessibility. Cultural and structural issues, including gender inequality, early marriage, and social marginalization, continue to shape reproductive behaviors and access to care, often limiting the effectiveness of clinical interventions alone.

Experiences from various settings illustrate that progress is most successful when interventions are integrated and supported by strong political commitment. Improvements in maternal outcomes have been associated with expanded health facility networks, increased availability of trained midwives, reduced financial barriers, and deliberate efforts to enhance quality of care. At the same time, broader societal changes such as increased female education, autonomy, and shifts in reproductive patterns have amplified these gains.⁽³⁾ These examples emphasize that technical solutions must be embedded within supportive policy environments and aligned with social development. Family planning emerges as a particularly powerful yet underutilized component of maternal health strategies. Evidence consistently demonstrates that contraception reduces maternal mortality independently of other health services by preventing unintended and high-risk pregnancies.^(4,5) Despite this, family planning and maternal health programs are often implemented in parallel rather than as integrated services, limiting their collective impact. Bridging this divide is essential for accelerating progress. Achieving global maternal mortality targets will require a more comprehensive and integrated approach. Investments must extend beyond clinical care to include education, economic development, gender equity, and health system strengthening. Future research should also aim to incorporate a wider range of determinants into analytical models, providing a more nuanced understanding of trends and enabling context-sensitive interventions. Ultimately, sustained progress will depend on aligning

evidence-based strategies with political will, ensuring that all women have access to the resources needed for safe pregnancy and childbirth.

Competing Interests

The authors declare no conflict of interest.

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