Maternal Mortality in Nepal: Challenges, Efforts, and Recommendations

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ABSTRACT

Maternal mortality remains a pressing public health challenge in Nepal, where many women continue to face fatal risks during pregnancy and childbirth. Despite improvements in recent years, Nepal lags behind many countries and risks missing the targets of Sustainable Development Goal 3. The nation's healthcare system grapples with persistent issues, including political instability, inadequate funding, shortages of medical supplies, and a lack of trained healthcare workers. Additionally, limited education and awareness exacerbate maternal health complications. To overcome these barriers, it is crucial for Nepal's government to collaborate with international organizations like the WHO, USAID, and PMNCH. Strengthening healthcare infrastructure, expanding maternal care services, and enhancing the training of healthcare professionals are vital steps forward. This article explores the current maternal mortality situation in Nepal, examining the underlying challenges, ongoing efforts, and offering recommendations for improvement to reduce maternal deaths and achieve sustainable progress.

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INTRODUCTION:

Maternal mortality remains a pressing public health concern in low and middle-income countries (LMICs), with Nepal continuing to face high pregnancy-related deaths. Nearly 95% of maternal deaths occur in LMICs, reflecting stark global disparities.[1] Despite progress, including Nepal's reduction of maternal mortality from 539 in 1996 to 151 in 2021, challenges remain.[2] Hemorrhage, hypertension, and infections are leading causes, while external factors like the COVID-19 pandemic and political instability further hinder progress. Whereas global goals such as the SDGs aim to reduce maternal mortality, progress has stalled.[3,4] This paper examines these barriers and highlights strategies for Nepal's maternal health.

MATERNAL MORTALITY TREND IN NEPAL:

Nepal has achieved a remarkable decline in its Maternal Mortality ratio (MMR), from 539 deaths per 100,000 live births in 1996 to 259 in 2016.[2] This progress, which contributed to the partial achievement of the Millennium Development Goal (MDG) 5, is largely attributable to a strategic national focus on increasing institutional deliveries a rate that surged from 18% in 2006 to 52% in 2016.[5] Building on this momentum, Nepal has now adopted the more ambitious Sustainable Development Goal (SDG) target 3.1.1, aiming to reduce the global MMR by more than two-thirds and specifically targeting a national MMR below 70 by 2030.[6,7]

Despite this positive trend, significant challenges persist. The underlying determinants of maternal mortality remain deeply entrenched, including poverty, limited healthcare accessibility, the unaffordability of services, gender disparity, and illiteracy. A critical manifestation of these systemic barriers is the lower utilization of Antenatal Care (ANC),[8] which is directly associated with higher rates of maternal mortality, perinatal mortality, and low birth weight.[9] Analyses of maternal deaths reveal that 68% are due to direct obstetric causes, with obstetric hemorrhage (26%) and hypertensive disorders (12%) being leading contributors.[4, 10] However, a substantial 32% of deaths are from indirect causes, including non-obstetric complications and intentional self-harm (6%), highlighting the need for comprehensive care that addresses both clinical and socio-mental health factors.[4, 10]

Despite substantial advancements in maternal healthcare over the past two decades, Nepal continues to face a significant number of maternal fatalities. This ongoing dilemma casts a shadow on Nepal's aspirations to achieve its SDGs. This goal sets the ambitious target of diminishing maternal mortality to achieve a meagre count of just 70 maternal deaths per 100,000 live births by the year 2030.[4] Within Nepal's broader SDGs, this reduction is a pivotal milestone, marching hand-in-hand with the pursuit of universal access to sexual and reproductive health services.[11] These difficulties highlight the need for quick

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and specific actions to solve the problem of women dying during pregnancy or childbirth in Nepal and ensure that the country is moving towards its Sustainable Development Goals.

SYSTEMIC AND CRISIS DRIVEN BARRIERS

The healthcare system in Nepal has worsened because of political unrest and it has been directly affecting the maternal healthcare sector.[12,13] This has prevented the implementation of efficient measures to enhance maternal healthcare availability and use. This has resulted in poor access to quality care during the antenatal, intrapartum, and postnatal periods, especially in disadvantaged and isolated regions.[14] This leads to women in these disadvantaged and isolated regions facing more obstacles such as a lack of vital drugs and materials, problems in moving required equipment to construct delivery centers, and issues in keeping skilled healthcare workers.[15]

Furthermore, Maternal health in Nepal has been severely impacted by the COVID-19 pandemic, raising concerns among antenatal and postnatal women about fetal and neonatal health, healthcare service availability, and mental health challenges.[16,17] The pandemic has disrupted maternal health services, such as travel restrictions, lockdowns, and weakened health facilities, making it harder for pregnant women to go to antenatal care and get the needed healthcare during delivery resulting in more maternal deaths and illnesses.[18] Additionally, the anxiety of getting infected and weakened health facilities has impaired pregnant women's access to adequate care. Mental health has also suffered from the pandemic, with more instances of emotional distress among antenatal and postnatal women and care-givers.[19]

Moreover, Maternal health in Nepal is significantly affected by earthquakes because of the country's high risk of seismic events. Earthquakes in Nepal have caused difficulty in accessing safe abortion care and vital maternal health services.[20] Earthquakes damage healthcare facilities and cause mass displacements of people including pregnant women. Occasionally, the collapse of health systems leads to limited access to antenatal and prenatal care, skilled birth attendants, and emergency obstetric services.[21] The country's maternal healthcare system has been severely challenged and damaged by these challenges. Many actions are necessary to avoid a complete breakdown to ensure that maternal mortality targets are achieved.

Beyond these acute crises, Nepal's maternal health landscape is also being reshaped by significant demographic shifts and evolving clinical practices, presenting new, long-term challenges.

EMERGING DEMOGRAPHIC AND CLINICAL CHALLENGES

Despite the free delivery policies and reproductive health measures enacted by the Nepalese government to tackle maternal health problems, Nepal still has high maternal mortality.[22] This is plausible because of the low and unfair use of maternal health services in the country. This causes delays in getting, accessing, and obtaining suitable maternal care, leading to avoidable maternal deaths.[23] Another factor is the absence of consistent data on stillbirths in Nepal, which hinders the design and execution of preventive programs.[24] Moreover, unsafe abortions have greatly contributed to maternal death and illness in Nepal.[25] A previous study from Nepal found that only 44% of women knew about the legal status of abortion in Nepal and another study revealed that most women were ignorant of the different abortion services in Nepal.[26] These unsafe abortions often stem from poor access to safe services.

The economic and social conditions of women in Nepal affect their chances of surviving pregnancies and deliveries. A study by the government's health and statistics agencies showed that women's access to and use of maternal healthcare services vary depending on their income, education, and location.[4,27]. Poor women are more likely to experience problems during pregnancy and childbirth, mainly because they lack quality healthcare, adequate food, and sanitation facilities. The National Policy on Skilled Birth Attendants in Nepal states that health workers are present for only 13% of the women during delivery. However, not all of these health workers meet the criteria of skilled birth attendants, which is significant to consider.[28] Pre- and postnatal care requires the services of skilled healthcare providers such as midwives and obstetricians. However, most women in Nepal lack consistent, skilled care across the maternity continuum.[29] Data reveal significant gaps in service utilization: while 84% of women attend at least one antenatal care (ANC) visit with a skilled provider, only 69% complete the recommended minimum of four ANC visits.[30] Postnatal care (PNC) coverage is markedly lower, with only 57% of women receiving a check-up within two days of birth,[30] a critical window for preventing complications. A plausible reason for this fragmented care pathway is that while most women receive initial care from primary-level midwives, they are often transferred to obstetrician-led hospital teams if complications arise or are anticipated, disrupting continuity.[31] This systemic reliance on a tiered referral model, compounded by geographic and financial barriers, contributes to the inconsistent care many women experience.

Concurrently, Nepal faces emerging public health challenges that complicate the maternal mortality landscape. First, the national rate of cesarean sections has risen sharply, from 4.6% in 2006 to 17% in 2022.[30] While a vital tool for preventing maternal and neonatal death, this rapid increase raises concerns about the overuse of the procedure, potential surgical complications, and the strain on a health system that must ensure safe surgery and post-operative care. Second, adolescent pregnancy remains a persistent issue, with 8% of women aged 15-19 having begun childbearing.[30] Adolescent mothers are at a higher biological risk for complications like pre-eclampsia and are more vulnerable to the socioeconomic barriers that limit healthcare access, including stigma, poverty, and interrupted education. These trends demand targeted policy responses: ensuring cesarean deliveries are performed based on clear medical need within a framework of surgical safety and strengthening comprehensive sexual education and youth-friendly reproductive health services to empower adolescents.

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EFFORTS AND RECOMMENDATIONS

Maternal mortality in Nepal has been a significant public health concern for several years. Efforts and recommendations have been made to address these issues and improve maternal health outcomes in the country. Some of the latest health policies in Nepal that focus on enhancing the quality of care for better health results are the Nepal Health Sector Strategy, the Strategy for Skilled Health Personnel and Skilled Birth Attendants 2020-2025, the Nepal Safe Motherhood and Newborn Health Road Map 2030, and the Nepal Newborn Action Plan.[32] These policies aimed to improve the availability of antenatal care services, encourage institutional delivery and strengthen postnatal care. Moreover, the Nepalese government launched a maternity incentive scheme in 2005 to offer women free antenatal care check-ups, institutional delivery, maternity care, and travel expenses.[33]

Healthcare providers in Nepal play a crucial role in resolving maternal mortality in Nepal. Some studies revealed that the most significant policies for reducing maternal mortality in Nepal are the Safe Motherhood Policy, Skilled Birth Attendant Policy, and Safe Abortion Policy.[23] Their viewpoint was that the policies were sufficient; however, the execution lacked strength and effectiveness, and the tactics needed to be customized to fit specific local circumstances.[23] Some of the health system variables like inadequate quality of care considered as the leading cause of the lack of progress in reducing maternal mortality rates in Nepal.[34] This emphasizes the significance of healthcare providers in reducing maternal mortality in Nepal.[35, 36]

The objectives and goals of the 2005 government maternity incentive scheme in Nepal were to enhance hospital delivery, decrease maternal mortality rates, enhance access to maternal healthcare services, and encourage the use of antenatal and postnatal care by pregnant women in various regions. While certain areas saw a significant increase in hospital deliveries and antenatal care visits, others encountered difficulties due to insufficient healthcare facilities, lack of skilled personnel, and inadequate understanding of the incentives available among pregnant women. Implementing the incentive scheme resulted in a noteworthy increase in the utilization of maternal healthcare services. This includes increased hospital deliveries, antenatal care visits, postnatal care visits, and skilled birth attendance, as observed in the data collected before and after the implementation of the scheme. This suggests a favorable effect of the policy in promoting access to suitable healthcare services during pregnancy and childbirth. Our evaluation involved analyzing maternal health outcomes, including maternal mortality, maternal morbidity, and newborn mortality rates. Although the legislation was designed to tackle these inequalities, obstacles such as geographical constraints, cultural views, and gender discrepancies persist and affect the availability of healthcare.[37] A cost-effectiveness study performed to assess whether the incentive program's advantages surpassed government expenses indicated that this strategy resulted in favorable health outcomes.[38] However, continuous monitoring and evaluation are crucial for determining long-term cost-effectiveness and sustainability.[39]

Despite these efforts, more action is required to lower the number of women who die during pregnancy or childbirth in Nepal. Maternal mortality is a complex issue that depends on various social, economic, and cultural factors.[40] Addressing these factors necessitates a comprehensive approach to improving the quality of healthcare, education, and economic opportunities available to women. It is imperative to address the several key contributors to maternal mortality in Nepal. These factors enhance the quality of healthcare, especially during the antenatal and postnatal periods. Additionally, the Nepalese government should provide more emergency obstetric care, particularly in rural areas where healthcare services are scarce. Furthermore, comprehensive sexual and reproductive health education programs and family planning services should be established by the Nepalese healthcare authorities, where these programs can lower unintended pregnancies and unsafe abortions, which also decreases the chance of maternal mortality. A pivotal strategy to translate national policies into local reality is the formal recognition and systematic strengthening of community Health Nursing (CHN). As the frontline extension of the health system, Community Health Nurses and Female Community Health Volunteers (FCHVs) are uniquely positioned to bridge the gap between health facilities and hard-to-reach households. A targeted recommendation is to institutionalize a proactive, door-to-door surveillance and linkage system led by CHNs. Achieving this goal involves good political will by the Nepalese government as well as collaborating with international organizations such as the WHO, the UNICEF, UNESCO, and the UNFPA, to educate local community leaders in Nepal about these benefits, as these leaders have a significant influence, and the local population widely follows their guidance. Furthermore, midwives are essential for providing prenatal and postnatal care in Nepal, which should be acknowledged.

CONCLUSIONS

Nepal has made remarkable progress in reducing its maternal mortality rates in the last few decades; however, it still has one of the highest rates among South Asian countries. This ongoing issue impedes the country's progress towards fulfilling Sustainable Goal 3.1.1. Achieving lasting advancements in maternal health requires a united effort from both domestic and global partners, the enhancement and enforcement of robust policies, ongoing assessment of health initiatives, and a focus on the requirements of underserved communities. Through a concerted approach to tackle the fundamental factors contributing to maternal deaths and enhancing the maternal health systems, Nepal can advance towards realizing its objectives for maternal health and safeguarding the health of mothers and their infants. Additionally, more action and research funding are required for different interventions to lower maternal mortality in Nepal.

Ultimately, achieving lasting reductions in maternal mortality will depend on sustained political will, intersectoral collaboration,

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and tailored local implementation of national policies such as the Safe Motherhood Road Map 2030. It requires concurrent investment in emergency obstetric infrastructure, sexual and reproductive health education, mental health support, and the respectful, skilled maternity workforce including midwives and community health workers. By addressing both the foundational and the emerging barriers through integrated, equity-focused strategies, Nepal can transform its remarkable past gains into a future where no woman dies from preventable causes related to pregnancy and childbirth.

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