Maternal Health in Nigeria: Facts and Figures

Introduction

Pregnancy and the period surrounding it is a dangerous time for too many of the 9.2 million women and girls who become pregnant in Nigeria each year. They face a lifetime risk of maternal death of 1 in 13 compared to 1 in 31 for sub-Saharan Africa as a whole. Nigeria’s estimated annual 40,000 maternal deaths account for about 14% of the global total. The country is also the second largest contributor to maternal mortality worldwide, after India.

One Nigerian woman dies every 13 minutes – that is 109 women dying each day - from preventable causes related to pregnancy and childbirth. For each death, there are an estimated 30 to 50 women who will experience life-long conditions and disabilities such as obstetric fistula. In total, that’s more than 500 women each day who will die or face serious and lasting health consequences.

Most of these deaths and health consequences are, however, preventable.

Although maternal deaths have declined globally since the 1990s, the pace of reduction has been much slower in Nigeria compared to the rest of Africa. See Figure 1 below.

Causes of maternal deaths

The most common cause of maternal death in Nigeria is heavy bleeding following delivery (hemorrhage) which accounts for 23% of all maternal deaths, followed by infections following childbirth (sepsis) at 17%.

Figure 1: Trends in Maternal Mortality (per 100,000 live births): 1990 to 2015

Unsafe abortion is another leading cause of maternal death in Nigeria. Recent findings indicate that one in every four of the 9.2 million annual pregnancies are unintended, and 56 percent of the unintended pregnancies are aborted (Figure 3). The majority of abortions performed in Nigeria are clandestine and unsafe, terminated either by persons lacking the necessary skills or in an environment lacking the minimum medical standards, or both. The abortion rate in Nigeria, at 33 per 1,000 women aged between 15 and 49 years, is higher than sub-Saharan Africa’s average of 31 per 1,000 women.

Figure 3: Pregnancy outcomes by region, Nigeria, 2012

Adapted from the Guttmacher Institute’s Fact Sheet on Abortions in Nigeria, October 2015. Percentages may not total to 100 due to rounding
Regional variations in maternal death

Women in rural areas and/or from the northern part of Nigeria are at higher risk of maternal death compared to those in urban areas and/or from the south of the country. These at risk women are less likely to use skilled providers and formal health facilities at delivery, or tend to deliver at home without a skilled attendant, and are more likely to turn to unsafe termination of pregnancies.

Table 1: Current estimates for regional, urban and rural differences in the maternal mortality ratio, Nigeria.

<table>
<thead>
<tr>
<th>Region</th>
<th>Maternal deaths per 100,000 live births</th>
</tr>
</thead>
<tbody>
<tr>
<td>North-east</td>
<td>1,549</td>
</tr>
<tr>
<td>South-west</td>
<td>165</td>
</tr>
<tr>
<td>Urban</td>
<td>828</td>
</tr>
<tr>
<td>Rural</td>
<td>351</td>
</tr>
<tr>
<td>Nigeria</td>
<td>560</td>
</tr>
</tbody>
</table>


Adolescent girls in Nigeria at heightened risk

Pregnancy-related complications are the leading cause of death among young women aged 15-19 years. Adolescent mothers are at particular risk for maternal conditions such as anemia, obstructed labor and fistula. They are also less likely to use skilled maternal health services than mothers over age 20. A third of 15-19 year-olds in northern Nigeria have delivered a child without the help of a health professional, a traditional birth attendant, or even a friend or relative.

Utilization of maternal health services in Nigeria

While there is evidence that use of skilled maternity care is growing, unattended home deliveries are widespread, consistently averaging 60% of all deliveries in Nigeria since the 1990s. Less than half of women attend the recommended four or more prenatal care visits when pregnant. Only a third of women seek the recommended care during the postnatal period, a proportion that has remained low over the past decade. Barriers to seeking optimal maternity care include cost of services, distance to health facilities, and long waiting times for those seeking care at public health facilities. Abuse and mistreatment of care-seekers by health care providers at public health facilities is also widespread.
Other barriers to seeking and receiving appropriate care by women include insensitive providers, a lack of information on the importance of care and illiteracy, inadequate and perceived poor quality services, and negative sociocultural practices. For rural women, challenges are heightened by the urban bias in the location and availability of health services.

**A call to action**

Sustained political commitment by Nigerian leaders at all levels of government and long-term investment from government, development partners, and other stakeholders are needed to:

- address the current shortage of high-quality human resources for maternal health at all skill levels;
- strengthen programs and policies that improve women’s and girls’ access to safe sexual and reproductive health services;
- address the infrastructural deficiencies that characterize the Nigerian maternal health system.

These actions will be key to achieving the SDG 2030 target of fewer than 70 maternal deaths per 100,000 live births. Nigerian women – and indeed women everywhere – deserve no less.