

The Role of Contraception in Reducing Maternal Morbidity and Mortality

Sormunen Glanz*

Department of Reproductive Immunology, Johns Hopkins University School of Medicine, Baltimore, USA

*Corresponding author: Sormunen Glanz, Department of Reproductive Immunology, Johns Hopkins University School of Medicine, Baltimore, USA; Email: sormunenanz@en.edu

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Introduction

Maternal morbidity and mortality remain pressing global health challenges, disproportionately affecting women in low- and middle-income countries. According to estimates from the World Health Organization (WHO), approximately 287,000 women die annually from preventable pregnancy-related complications, with millions more experiencing severe maternal morbidity that leaves lasting health consequences. Many of these deaths occur due to limited access to timely healthcare, unsafe abortion practices, and preventable complications arising from unintended and closely spaced pregnancies. In this context, contraception emerges as one of the most effective, evidence-based interventions to reduce maternal morbidity and mortality. By enabling women and couples to prevent unintended pregnancies, delay childbearing, and space births appropriately, contraceptive use directly alleviates the risk factors associated with unsafe abortion, obstetric complications, and maternal depletion [1].

Description

Maternal mortality refers to deaths due to complications from pregnancy or childbirth, while maternal morbidity encompasses a wide range of health conditions that negatively affect women during or after pregnancy. Common causes of maternal mortality include postpartum hemorrhage, hypertensive disorders such as preeclampsia and eclampsia, sepsis, obstructed labor, and complications from unsafe abortions. Many of these conditions are exacerbated by limited healthcare access and inadequate emergency obstetric care. Maternal morbidity, though less frequently highlighted, is far more prevalent and can include obstetric fistula, anemia, pelvic infections, infertility, and long-term disability. Together, these conditions perpetuate cycles of ill health, poverty, and gender inequality. Contraception addresses the root of many maternal health risks by preventing high-risk pregnancies altogether. This preventive role is crucial in regions where health systems are weak and emergency obstetric care is limited. [2].

One of the most significant pathways through which contraception reduces maternal mortality is by preventing unsafe abortions. Globally, approximately 45% of all abortions are unsafe, with the highest rates in regions with restrictive laws and limited contraceptive access. Unsafe abortions contribute to about 13% of maternal deaths worldwide. In settings where contraception is widely available, rates of unintended pregnancy and unsafe abortion decline markedly. For example, countries with robust family planning programs, such as Bangladesh and Ethiopia, have seen reductions in maternal deaths associated with unsafe abortion due to expanded contraceptive use [3].

Certain pregnancies are inherently higher risk, such as those in women with pre-existing conditions (e.g., hypertension, diabetes, heart disease), women of advanced maternal age, and adolescents whose bodies are not fully developed for childbirth. Contraception enables these women to avoid or postpone pregnancies that could be dangerous to their health. In cases where pregnancy is contraindicated, such as with severe heart disease, access to effective contraception is not only a matter of reproductive choice but also a lifesaving intervention. Contraception prevents not only mortality but also morbidity. By reducing unintended pregnancies, women avoid exposure to the complications of pregnancy and childbirth that do not result in death but lead to chronic health problems [4].

To fully realize the role of contraception in reducing maternal morbidity and mortality, family planning must be integrated into maternal health policies and programs. This requires a rights-based approach that ensures women and men can access a full range of contraceptive methods without coercion or discrimination. Healthcare systems must prioritize training providers, addressing cultural barriers through community engagement, and ensuring affordability through public funding or insurance coverage. Furthermore, innovations such as mobile health technology, community-based distribution, and male involvement in family planning offer promising avenues for expanding access and acceptability. Contraceptive programs must avoid coercive practices that have historically undermined trust in family planning, such as forced sterilizations or population control agendas [5].

Conclusion

Contraception plays a pivotal role in reducing maternal morbidity and mortality by preventing unintended pregnancies, reducing unsafe abortions, spacing births appropriately, and avoiding high-risk pregnancies. As a primary prevention tool, it addresses the root causes of many maternal health challenges, saving lives before complications occur. Evidence from across the globe demonstrates that increased contraceptive access directly correlates with declines in maternal deaths and improvements in women's health outcomes. However, barriers such as social stigma, limited access, misinformation, and gender inequality continue to hinder universal uptake. To maximize the life-saving potential of contraception, governments, healthcare systems, and international organizations must prioritize investment in family planning services, ensure equitable access, and integrate contraceptive care into broader maternal health strategies.

Acknowledgement

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Conflict of Interest

None.

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