

Table 17 - Demographic Yearbook 2023

Table 17 presents maternal deaths and maternal mortality ratios for as many years available between 2013 and 2022.

Description of variables: Maternal deaths are defined for the purposes of the *Demographic Yearbook* as those caused by deliveries and complications of pregnancy, childbirth and the puerperium, within 42 days of termination of pregnancy. They are usually defined as deaths coded "38-41" for ICD-9 Basic Tabulation List or as deaths coded "A34", "O00-O95", "O98-O99" for ICD-10, respectively. However, data for ICD-10 shown in this table include deaths due to "O96" and "O97" which refer to deaths from any obstetric cause occurring more than 42 days but less than one year after delivery and death from sequelae of direct obstetric causes occurring one year or more after delivery.

For further information on the definition of maternal mortality from the tenth revisions of the *International Statistical Classification of Diseases and Related Health Problems*¹, see also section 4.3 of the Technical Notes.

Statistics on maternal death presented in this table are provided by the World Health Organisation. They are limited to countries or areas that meet the criterion that cause-of-death statistics are either classified by or convertible to the ninth or tenth revisions mentioned above. Data that are classified by the tenth revision are set in bold in the table.

Ratios computation: Maternal mortality ratios are the annual number of maternal deaths per 100 000 live births (table 9) in the same year. These ratios have been calculated by the Statistics Division of the United Nations Department of Economic and Social Affairs. If maternal mortality data are considered incomplete, or if live birth data for the year are not available, no ratio has been calculated. Ratios based on 30 or fewer maternal deaths are identified by the symbol "♦".

Reliability of data: Countries and areas that have incomplete (less than 90 per cent completeness) or of unknown completeness of cause of deaths data coverage are considered to provide unreliable data, which are set in *italics* rather than in roman type. Ratios on these data are not computed. Information on completeness is normally provided by the World Health Organisation. When this is not the case, information on completeness is set to coincide with that of table 18. The reliability of data for the completeness of cause of death provided by the World Health Organisation² may differ from the reliability of data for the total number of reported deaths. Therefore, there are cases when the quality code in table 18 does not correspond with the typeface used in this table.

Territorial composition, as set in Section 2.2 of "Technical Notes on the Statistical Tables", including or excluding certain population of a country, refers only to the denominator.

Limitations: Statistics on maternal deaths are subject to the same qualifications that have been set forth for vital statistics in general and death statistics in particular as discussed in section 4 of the Technical Notes. The reliability of the data, an indication of which is described above, is an important factor in considering the limitations. In addition, maternal-death statistics are subject to all the qualifications relating to cause-of-death statistics. These have been set forth in section 4 of the Technical Notes.

Maternal mortality ratios are subject to the limitations of the data on live births with which they have been calculated. These have been set forth in the technical notes for table 9. Specific information pertaining to individual countries or areas is given in the footnotes to table 9.

The calculation of the maternal mortality ratios based on the total number of live births approximates the risk of dying from complications of pregnancy, childbirth or puerperium. Ideally this rate should be based on the number of women exposed to the risk of pregnancy, in other words, the number of women conceiving. Since it is impossible to know how many women have conceived, the total number of live births is used in calculating this rate.

Earlier data: Maternal deaths and maternal mortality ratios have been shown in previous issues of the *Demographic Yearbook*. For information on specific years covered, the reader should consult the Index.

It should however be noted that in issues prior to 1975, maternal mortality rates were calculated using the female population rather than live births for the denominators. Therefore, maternal mortality ratios published since 1975 are not comparable to the earlier maternal death rates.

¹ *International Statistical Classification of Diseases and Related Health Problems*, Tenth Revision, Volume 2, World Health Organization, Geneva, 1992. The publication is available online at: <http://www.who.int/classifications/icd/en/>

² For more information on specific method used for countries, see "Mathers CD, Bernard C, Iburg KM, Inoue M, Ma Fat D, Shibuya K et al. *Global burden of disease in 2002: data sources, methods and results*. Geneva, World Health Organization, 2003 (GPE Discussion Paper No. 54).