

Table 17 – Demographic Yearbook 2004

Table 17 presents maternal deaths and maternal mortality rates for as many years as possible between 1995 and 2004.

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 details on causes and corresponding ICD codes, see technical notes for Table 21.

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.

Rate computation: Maternal mortality rates are the annual number of maternal deaths per 100 000 live births (table 9) in the same year. These rates have been calculated by the Statistics Division of the United Nations. Rates based on 30 or fewer maternal deaths are identified by the symbol (♦).

Reliability of data: In general the quality code for deaths shown in table 18 is used to determine whether data on deaths in other tables appear in roman or *italic* type. However, the reliability of data for the completeness of cause of death data is provided by the World Health Organisation; it may differ from the reliability of data for the total number of deaths. Therefore, there are cases when the quality code in table 18 does not correspond with the typeface used in this table.

Countries and areas that have incomplete (less than 90 per cent completeness) or of unknown completeness of cause of deaths data coverage are considered unreliable and are set in italics rather than in roman type. Rates on these data are not computed.

In addition, when it is known that registration of cause of death does not cover certain areas of a country, rates are not computed. Those countries are Republic of Moldova and Russian Federation, as indicated in footnotes 6 and 7, respectively. All other footnotes pertaining to the inclusion or exclusion of certain population of a country refer only to the live births in 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 rates 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 rates 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.

NOTES

¹ *International Statistical Classification of Diseases and Related Health Problems*, Tenth Revision, Volume 2, World Health Organization, Geneva, 1992.

Earlier data: Maternal deaths and maternal mortality rates 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. Therefore, maternal mortality rates published since 1975 are not comparable to the earlier maternal death rates.