

Editorial

Postpartum Hemorrhage and Preeclampsia in the Asia-Pacific Region: why are Mothers Still Dying?

Deviana Soraya Riu

Maternal mortality remains a key indicator of both health-system capacity and underlying social inequities. Although global maternal mortality declined by approximately 40% between 2000 and 2023, progress has slowed, and an estimated 260,000 women still died from pregnancy-related causes in 2023. Sub-Saharan Africa and Southern Asia accounted for approximately 87% of these deaths.^{1,2} For countries in the Asia-Pacific region, maternal mortality remains a major systems challenge because most maternal deaths are preventable with timely, evidence-based care.

Postpartum Hemorrhage (PPH) and hypertensive disorders of pregnancy, particularly preeclampsia and eclampsia, continue to account for a substantial proportion of preventable maternal deaths. A recent WHO systematic analysis attributed 27% of global maternal deaths to haemorrhage and 16% to hypertensive disorders.³ The persistence of these deaths reflects gaps in the consistent delivery of proven interventions across the continuum of maternity care.

For PPH, the required response is well established: prophylactic uterotonics, accurate assessment of blood loss, rapid escalation of care, access to blood products, and early administration of tranexamic acid as part of standard management.⁴ For preeclampsia, survival depends on high-quality antenatal surveillance, repeated blood pressure assessment, magnesium sulfate availability, timely referral, and definitive obstetric management.⁵ When women die from these complications, the failure usually lies in implementation, referral pathways, or emergency preparedness rather than in a lack of medical knowledge.

Women living in remote, poor, and fragile settings continue to face delays in seeking, reaching, and receiving appropriate care. Facility-based delivery alone is insufficient if healthcare facilities are unable to provide safe intrapartum care, blood transfusion services, emergency surgery, and adequate postpartum monitoring.^{2,5} If Asia-Pacific countries are serious about ending preventable maternal deaths, PPH and preeclampsia should be treated as tracer conditions of health-system readiness, with accountability for staffing, referral systems, blood services, medicine availability, and healthcare financing.

A central problem is not only whether women can reach healthcare facilities, but also whether those facilities are capable of delivering timely, high-quality maternal care. Rising institutional delivery rates will have limited impact when emergency obstetric services remain inconsistent, understaffed, or under-resourced. Skilled birth attendance alone is insufficient without access to blood products, close maternal monitoring, caesarean capability, evidence-based treatment protocols, and effective referral systems. Consequently, persistent maternal deaths from PPH and preeclampsia increasingly reflect failures in health-system readiness, equity, policy implementation, and accountability rather than limitations in medical knowledge. Strengthening emergency obstetric care, expanding antenatal screening, ensuring the availability of essential medicines and blood transfusion services, and addressing social barriers that contribute to delays in care must therefore become urgent regional priorities.^{2,3,5-7} The central issue is no longer whether these deaths are preventable, but whether health systems can organise care so that proven interventions reliably reach every woman, every time.^{1,2}

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