

**U**ganda has the policies, medical knowledge and proven interventions needed to prevent most maternal and newborn deaths. Yet, thousands of families still lose mothers and babies each day, revealing a troubling gap between what we know and what actually happens in our health system.

Every day in Uganda, nearly 4,700 babies are born, a powerful reminder of the country's youthful promise and growing population. Yet, for thousands of families each year, childbirth ends in tragedy. The painful truth is that many mothers and newborns in Uganda are still dying not because we lack solutions, but because life-saving care does not reach them when it matters most.

Uganda has made commendable progress in maternal and newborn health over the past two decades. More women are delivering in health facilities, national programmes for reproductive and maternal health have expanded, and policies have been aligned with global standards. Yet, the burden remains unacceptably high. Uganda's maternal mortality ratio is estimated

# Why are there still many maternal, newborn deaths?

at 189 deaths per 100,000 live births, while the neonatal mortality rate stands at 22 deaths per 1,000 live births, according to the 2022 Uganda Demographic and Health Survey (UDHS).

These figures remain far above the Sustainable Development Goals target, which aim at reducing neonatal mortality to fewer than 12 deaths per 1,000 live births by 2030. To meet these targets, Uganda must double its current rate of progress, achieving an annual reduction of about 4.7% in neonatal mortality.

The scale of the challenge becomes clearer when looking at Uganda's fertility patterns. According to the data by Countdown to 2030, about 1.7 million babies are born in the country each year, translating to roughly 4,695 births every day. Among these births, an estimated 32,000 newborns die annually, 26,000 pregnancies end in stillbirth, and nearly 250,000 newborns require specialised care due to complications



such as prematurity or illness. Yet, the persistence of these deaths is not due to a lack of medical knowledge. The leading causes of

maternal and newborn mortality have been well documented for decades. Maternal deaths are commonly linked to post-partum haemorrhage, hypertensive disorders such as pre-eclampsia, infections and complications during childbirth. For newborns, the main causes include birth asphyxia, prematurity and its issues and neonatal infections.

Evidence from Maternal and Perinatal Death Surveillance and Response reports shows that birth asphyxia accounts for about 60% of newborn deaths in Uganda, followed by prematurity (23%) and neonatal sepsis (7%). The fact that birth asphyxia – a condition that can often be prevented or treated through timely and skilled resuscitation – remains the leading cause of death highlights serious gaps in the quality of care provided during labour and immediately after birth.

Uganda has not been idle in addressing these challenges. Over the past decade, the Government and its

partners have strengthened national policies and guidelines for maternal and newborn care. These include the Reproductive, Maternal, Newborn, Child, Adolescent, and Healthy Aging Sharpened Plan II (2020/21-2025/26), Essential Maternal and Newborn Clinical Care Guidelines (2022), and Clinical Protocols for Managing Small and Sick Newborns (2023).

However, the challenge lies not in policy formulation but in consistent implementation. In many parts of the country, health facilities still struggle with shortages of trained health workers, key medicines, blood supplies and equipment needed to handle emergencies.

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**The writer is a health communication specialist at Makerere University Centre of Excellence for Maternal, Newborn and Child Health**