

# Health Workers Perception On The Key Drivers Of Maternal Mortality

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## **Abstract**

Maternal mortality remains a critical public health issue, particularly in low- and middle-income countries. Health workers play a pivotal role in addressing this challenge, offering insights into the key drivers of maternal deaths. This study explores the perceptions of healthcare workers on the systemic, socioeconomic, cultural, and healthcare-related factors contributing to maternal mortality. Health workers identify systemic barriers, including understaffing, lack of resources, inadequate training, and inefficient referral systems, as significant contributors. Cultural and religious influences also impact maternal care, with societal norms often discouraging women from seeking professional healthcare. Additionally, socioeconomic factors like poverty, illiteracy, and unemployment further exacerbate the problem, limiting access to quality maternal care. Health workers' insights are crucial in designing effective interventions, emphasizing the need for improved training, better healthcare infrastructure, and community engagement to address cultural barriers. This study highlights the importance of empowering healthcare professionals to deliver high-quality maternal care, suggesting that systemic reforms, including enhanced emergency obstetric care and better access to medical supplies, are essential for reducing maternal mortality rates. Understanding these perspectives can inform policies and programs aimed at improving maternal health outcomes, particularly in resource-limited settings.

**Keywords:** Health Workers, Healthcare System, Maternal Mortality, Key Drivers, Socioeconomic Factors

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## **I. Introduction**

Maternal mortality continues to be a significant health issue worldwide, especially in low- and middle-income countries. The World Health Organization (WHO) defines maternal mortality as the death of a woman during pregnancy, childbirth, or within 42 days after the end of pregnancy, due to causes related to or worsened by the pregnancy or its management. Despite advancements in healthcare, many areas, particularly sub-Saharan Africa and parts of South Asia, still report high rates of maternal mortality. In many instances, these deaths could be prevented with proper medical care, education, and timely interventions [1]. Health workers, especially those in rural and under-resourced areas, play a vital role in identifying and addressing the factors that contribute to maternal mortality. Their insights and experiences can offer valuable information about the main drivers of this issue, aiding in the development of effective strategies to lower maternal mortality rates. Understanding these perspectives is crucial for improving health policies, strengthening healthcare systems, and ultimately saving lives. Despite various efforts by governments and international organizations to tackle maternal mortality, the rates remain worryingly high in many regions. There is a lack of understanding regarding the root causes of maternal mortality from the viewpoint of healthcare workers who are directly involved in maternal health management. While existing research has examined socioeconomic, cultural, and healthcare system factors, there has been limited focus on the lived experiences and perceptions of health workers [2]. Investigating their views on the factors contributing to maternal mortality can reveal hidden obstacles to progress and guide more targeted interventions. The general objective of this study is to examine health workers' perceptions of the key drivers of maternal mortality in selected healthcare facilities, to explore health workers' understanding of the socioeconomic, cultural, and healthcare-related factors contributing to maternal mortality, to identify the major barriers faced by health workers in providing care to pregnant women and preventing maternal deaths, to assess the role of healthcare systems and policies in mitigating maternal mortality from the perspective of health workers, to propose strategies for improving maternal health outcomes based on health workers' insights and experiences. This study is significant as it provides an in-depth

understanding of the perceptions of health workers, who are critical stakeholders in maternal health. By analyzing their experiences and insights, this research can inform policies and interventions aimed at reducing maternal mortality. It will contribute to the existing body of knowledge on maternal health by highlighting key drivers of maternal mortality from the perspective of those directly involved in care delivery. Policymakers, healthcare administrators, and international organizations can use this information to develop more effective maternal health programs, especially in resource-limited settings. The scope of this study is limited to healthcare workers in selected hospitals and clinics that provide maternal health services. The study will focus on identifying the key factors contributing to maternal mortality based on the perceptions of these workers. Although the study provides valuable insights, it is limited by factors such as sample size, geographic coverage, and the inherent subjectivity of perception-based research. Additionally, cultural and local differences may affect the generalizability of the findings beyond the specific context of this study.

## **II. Overview Of Maternal Mortality**

Maternal mortality is a critical public health issue, reflecting disparities in healthcare access, quality, and socioeconomic conditions globally. The World Health Organization (WHO) estimates that approximately 295,000 women died in 2017 due to complications during pregnancy and childbirth, with the vast majority occurring in low- and middle-income countries [3]. The global maternal mortality ratio (MMR) is often used to measure progress toward improving maternal health, and it remains a key indicator for assessing the effectiveness of healthcare systems. Various causes, including hemorrhage, hypertensive disorders, infections, and obstructed labor, are associated with maternal deaths, but these are often compounded by underlying systemic issues. A comprehensive understanding of these causes and their drivers is essential for creating effective interventions to reduce maternal mortality.

### **Key Drivers of Maternal Mortality**

Research has consistently identified multiple factors contributing to maternal mortality, which can generally be grouped into several key categories: socioeconomic, cultural, health system-related, educational, and accessibility factors. These drivers often interact in complex and multifaceted ways, amplifying the vulnerabilities of women, particularly in underserved and low-resource settings. Understanding these factors holistically is essential for designing effective interventions that address the root causes of maternal mortality.

### **Socioeconomic Factors**

Socioeconomic factors are deeply intertwined with maternal mortality, particularly in low- and middle-income countries where poverty, illiteracy, and unemployment significantly limit access to essential maternal health services. These factors create a vicious cycle that makes it difficult for women from lower socioeconomic backgrounds to access and afford the care they need before, during, and after childbirth. Poverty is one of the most powerful drivers of maternal mortality. Women living in poverty often face significant financial barriers to healthcare. The costs associated with antenatal care, hospital deliveries, and postnatal care may be unaffordable, especially when compounded by the expense of transportation and lost income during pregnancy and after childbirth [4]. This economic strain can discourage women from seeking medical care even when they recognize the need. For example, in emergencies, the inability to afford transportation to a distant healthcare facility can delay treatment and result in fatal outcomes. In many cases, women in poverty must rely on traditional birth attendants or home births because they cannot afford formal medical care, even though the risk of complications is higher without skilled healthcare professionals. Illiteracy and low educational attainment further exacerbate maternal mortality by limiting women's health literacy and their ability to make informed decisions about maternal healthcare. Women with little or no education may not fully understand the importance of regular prenatal visits or recognizing warning signs during pregnancy that require medical intervention [5]. According to [6], low educational attainment is directly correlated with higher maternal mortality rates. Education is a key determinant of health-seeking behavior; educated women are more likely to access antenatal services, deliver in health facilities, and recognize complications early. However, in many low-resource settings, poverty and cultural norms often limit girls' access to education, which has long-term consequences on maternal health outcomes. Unemployment or underemployment is another socioeconomic factor that contributes to maternal mortality. Women who are economically dependent on others often male relatives or spouses may lack the financial autonomy to seek care or make decisions about their health. In such situations, their ability to access maternal healthcare is contingent upon their partner's financial situation, which may further delay or limit the quality of care they receive. Unemployment also exacerbates the economic barriers to healthcare access, making it difficult for families to prioritize maternal care when they are struggling to meet other basic needs like food, housing, or education for their children. In rural areas, where maternal mortality rates tend to be higher, the combination of poverty and poor infrastructure creates additional barriers to maternal care. Many rural regions lack adequate healthcare facilities, trained healthcare providers, and

transportation networks, making it difficult for women to receive timely care during pregnancy and childbirth. The economic burden of healthcare is especially pronounced in these areas, where health services may be far away, and transportation is costly or unreliable. Even when healthcare is available, rural health facilities are often under-resourced, lacking essential equipment, medical supplies, or skilled staff, which further diminishes the quality of care that women receive. Poverty also directly affects maternal health through poor nutrition. Pregnant women living in poverty may not have access to the nutritious food needed to support a healthy pregnancy, leading to complications such as anemia, preterm birth, and low birth weight, all of which increase the risk of maternal and infant mortality [7]. Malnutrition can also weaken the immune system, making pregnant women more susceptible to infections that could have otherwise been prevented or treated with access to better healthcare and nutrition.

Addressing the socioeconomic factors contributing to maternal mortality requires multi-level interventions. Governments and international organizations must work to improve access to affordable healthcare, especially in rural and underserved communities. Expanding health insurance coverage and reducing out-of-pocket costs for maternity care can make it easier for women from lower socioeconomic backgrounds to access the care they need [8]. Additionally, improving education and health literacy for women and girls is crucial, as this empowers them to make informed health decisions and increases their likelihood of seeking care when necessary. Investment in rural infrastructure such as transportation networks, health facilities, and the training of healthcare providers is also vital for reducing maternal mortality in marginalized communities. Ultimately, tackling the root causes of poverty, unemployment, and illiteracy is essential for ensuring that all women, regardless of their socioeconomic status, can access quality maternal healthcare and experience safe pregnancies and childbirth.

### **Health System Challenges**

Health system challenges are a critical factor in maternal mortality, particularly in low- and middle-income countries where healthcare infrastructure is often weak. These challenges range from inadequate staffing and insufficient training of healthcare professionals to a chronic lack of essential medical supplies [9]. When healthcare systems are overstretched, the ability to provide timely and effective maternal care is compromised, and this directly impacts maternal survival rates. One of the most significant health system challenges is the shortage of skilled healthcare professionals, particularly in rural or underserved areas. In many low-resource settings, the number of obstetricians, midwives, and nurses is far below what is necessary to handle the volume of deliveries, let alone manage complications. Additionally, when healthcare workers are overburdened, the quality of care often declines. Overworked staff are more prone to errors, which can lead to delays in identifying or managing life-threatening conditions like preeclampsia or postpartum hemorrhage. Furthermore, poorly trained health workers may lack the technical expertise to handle complex deliveries, making routine childbirth potentially fatal in such environments. Another key issue is the lack of essential medical supplies. Without adequate equipment such as sterile instruments, medications like oxytocin to manage hemorrhages, or facilities for blood transfusions healthcare providers are unable to deliver even the most basic care needed during childbirth. This shortage is compounded by poorly managed supply chains, which may delay the availability of critical resources in emergencies. Many hospitals and clinics in low-income settings may not have reliable access to electricity, clean water, or transportation services, which exacerbates the difficulty of managing complicated deliveries. An inefficient referral system is another barrier to effective maternal care [10]. In rural or remote areas, pregnant women may need to travel long distances to reach a hospital equipped to handle obstetric emergencies. If an emergency occurs and a woman needs to be transferred to a higher-level facility, delays caused by inadequate transportation, communication, or referral protocols can prove fatal. As [11] observed, health system failures such as these contributed to over 50% of maternal deaths in low-income settings. Emergency obstetric care (EmOC) is essential for preventing maternal mortality, particularly when complications arise, such as obstructed labor or severe infections. However, many health systems in developing regions fail to provide comprehensive EmOC services. This failure often results from a combination of poor infrastructure, lack of skilled personnel, and limited access to advanced medical interventions like Cesarean sections or neonatal care. For instance, facilities in rural areas may lack the capacity to perform Cesarean deliveries or to manage complications such as uterine rupture or severe postpartum bleeding. In these cases, delays in accessing care are often fatal. The systemic nature of these challenges highlights the need for comprehensive health system reform. Improving maternal health outcomes requires a multi-faceted approach that addresses workforce shortages, enhances training, ensures the availability of essential medical supplies, and improves referral systems. Investment in healthcare infrastructure, particularly in rural and underserved areas, is critical to reducing maternal mortality rates. Additionally, health systems need to prioritize emergency obstetric care and develop stronger protocols for managing high-risk pregnancies and childbirth complications [12].

### **Cultural and Religious Influences**

Cultural and religious influences are deeply intertwined with maternal health, often determining whether a woman receives timely, adequate medical care during pregnancy and childbirth. These factors can shape a woman's health choices, including where and how she delivers her baby. For instance, in some societies, cultural expectations around gender roles may place the responsibility of childbirth and child-rearing squarely on women without sufficient support from healthcare systems. Women may feel pressured to follow traditional methods, such as giving birth at home, due to societal norms or expectations from elders or family members. In such environments, the preference for traditional birth attendants (TBAs) over trained medical professionals can be strong [13]. Despite their community standing and experience, TBAs may lack the formal medical training required to manage complications, increasing the risk of maternal mortality. In addition to cultural norms, religious beliefs may influence maternal healthcare decisions. For example, certain religious doctrines that prohibit medical interventions like blood transfusions can place women at greater risk when facing complications such as hemorrhaging during childbirth. The refusal of life-saving interventions due to religious beliefs underscores the complex dynamics healthcare providers often navigate when delivering maternal care in diverse cultural and religious settings. Cultural competency in healthcare is thus essential for developing strategies that account for these sensitivities. Healthcare systems must not only respect cultural and religious beliefs but also find ways to integrate these values with medical practices that can reduce maternal mortality. For instance, initiatives could involve educating TBAs on identifying high-risk pregnancies and working collaboratively with healthcare providers, thus bridging the gap between traditional and modern healthcare [14]. Furthermore, community engagement through outreach programs designed to involve religious and cultural leaders in advocating for maternal health services could enhance trust and encourage women to seek professional care. These strategies must consider the power dynamics in different societies, where women's decision-making regarding healthcare might be influenced or controlled by male relatives or religious leaders. Understanding and addressing these layers of influence are critical to ensuring that cultural and religious beliefs do not become barriers to essential maternal healthcare but are aligned with efforts to improve maternal survival outcomes.

### **Educational Factors**

Education plays a critical role in reducing maternal mortality by empowering women with the knowledge and resources needed to make informed decisions about their health. Educated women are more likely to seek antenatal care, opt for hospital deliveries, and recognize early warning signs of complications during pregnancy, which are key factors in preventing maternal deaths [15]. Women with higher levels of education tend to be more aware of healthcare services and the importance of regular check-ups during pregnancy. Educated women are also better equipped to understand health information, including recognizing the signs of complications such as excessive bleeding, severe headaches, or prolonged labor, which require immediate medical attention. Studies have shown that maternal education significantly reduces delays in seeking care, as educated women are more likely to prioritize hospital deliveries and skilled birth attendance, leading to improved maternal outcomes [16]. Conversely, low levels of maternal education are closely associated with higher maternal mortality rates. Women who lack education may not fully understand the importance of antenatal care, fail to recognize danger signs during pregnancy, or may rely on traditional practices instead of seeking medical help. This increases the likelihood of delays in care, which can result in preventable maternal deaths. Targeted educational interventions, particularly those aimed at women and their families, can significantly reduce maternal mortality by promoting healthier behaviors and increasing awareness of pregnancy-related risks [17]. Health education programs that focus on improving maternal health literacy can encourage women to attend antenatal appointments, adopt healthy pregnancy practices, and seek timely medical care during complications. These programs should also engage families, particularly male partners, who often influence healthcare decisions in many cultural contexts. In addition, educating women about family planning, nutrition, and the benefits of skilled birth attendance can reduce the risks associated with maternal mortality. Family planning education helps women space pregnancies, which reduces the health risks of closely spaced births, while nutritional education promotes healthier pregnancies and reduces complications related to malnutrition [18]. Expanding access to formal education for girls is a long-term strategy to reduce maternal mortality. Girls who receive education are more likely to marry later, have fewer children, and access healthcare services for themselves and their families. This contributes to better health outcomes, not only during pregnancy but throughout their lives. Furthermore, educated women are more likely to advocate for better healthcare services within their communities, helping to create a culture of health-seeking behavior that benefits future generations.

### **Accessibility to Healthcare Services**

Access to healthcare services, particularly in rural and underserved areas, is one of the most significant barriers to reducing maternal mortality. In many low-resource settings, a combination of geographical, financial, and infrastructural challenges severely limits women's ability to receive timely and adequate care during pregnancy and childbirth. In rural areas, the distance to the nearest healthcare facility can be vast, with many women living hours away from the nearest hospital or clinic. The absence of nearby health centers means that women often have to travel long distances to access skilled birth attendants or emergency obstetric care, especially during labor, which increases the risk of complications. Poor road infrastructure, combined with the lack of reliable transportation options, further exacerbates the delay in reaching healthcare facilities. Health workers often report cases where women arrive at the hospital too late for effective interventions, contributing to avoidable maternal deaths. High healthcare costs are another critical barrier. Although many countries aim to provide free or low-cost maternal healthcare, hidden costs such as transportation, medications, and informal fees can still be prohibitive for low-income families [4]. For women in poverty, even these nominal costs can deter them from seeking care until complications become life-threatening. Financial constraints also limit access to antenatal care and postnatal services, both of which are essential for monitoring and preventing maternal complications. The delays in accessing maternal healthcare are often described using the "three delays" model [19]; Delay in deciding to seek care, this often results from lack of awareness about the signs of complications, cultural or social factors discouraging the use of healthcare services, and the inability to afford care. Delay in reaching a healthcare facility, geographical distance, poor roads, and lack of transportation are key contributors to this delay. Women in labor, or those experiencing complications, are particularly vulnerable to adverse outcomes if they cannot reach a health facility in time. Delay in receiving appropriate care upon arrival, once at the facility, women often experience delays in receiving care due to understaffed hospitals, lack of medical supplies, or inadequate referral systems. Overburdened healthcare workers, insufficient training, and limited emergency obstetric services can also lead to delayed treatment, increasing the risk of maternal mortality. Improving access to healthcare, particularly emergency obstetric care (EmOC), is essential for reducing maternal mortality. Health workers emphasize the importance of ensuring that healthcare facilities are equipped with the necessary resources to handle complications such as hemorrhage, eclampsia, and obstructed labor. This includes the availability of trained personnel, medical supplies, blood transfusions, and reliable transportation systems for referrals. In rural and underserved areas, investments in mobile clinics, outreach programs, and community-based health workers are critical for bringing maternal healthcare closer to the women who need it most.

### **Perceptions of Health Workers on Maternal Mortality**

Health workers' perceptions of maternal mortality are essential for understanding the challenges that exist within healthcare systems and identifying solutions to improve maternal health outcomes. As frontline providers, they have direct experience with the barriers women face in accessing care, as well as the limitations of the healthcare system itself. These insights can shed light on the systemic issues that contribute to maternal mortality and inform the design of more effective interventions.

### **Systemic Barriers Identified by Health Workers**

Health workers frequently point to systemic challenges such as understaffing, lack of resources, and inadequate infrastructure as key contributors to maternal mortality. In many low-resource settings, the healthcare workforce is overstretched, with too few midwives, nurses, and doctors available to manage the volume of pregnancies and deliveries, particularly in rural areas. According to Filippi et al. (2006), health workers often express frustration over being unable to provide the necessary care due to these constraints, which not only affects maternal outcomes but also contributes to burnout and low morale among staff [20].

Lack of essential drugs, medical supplies, and functional equipment is another issue cited by health workers. When facilities are unable to provide life-saving interventions like blood transfusions, antibiotics, or surgical tools for Cesarean sections, the risk of maternal death increases significantly. Health workers frequently encounter situations where they cannot intervene effectively in cases of hemorrhage, infections, or complications such as obstructed labor because they lack the resources to do so.

### **Training and Skill Gaps**

Inadequate training is another factor that health workers identify as a contributor to maternal mortality. In many cases, healthcare providers in low-income regions may not have received sufficient training in emergency obstetric care, neonatal resuscitation, or the management of high-risk pregnancies. Even when health workers are committed to delivering quality care, their limited training means that they may not always recognize the early warning signs of complications or may struggle to manage emergencies effectively.

Continuous professional development and better access to training are necessary to improve the quality of maternal care in these settings [21].

### **Referral Systems and Emergency Care**

Health workers also highlight the weaknesses in referral systems as a significant challenge. When women need to be referred from lower-level facilities to hospitals that can provide advanced obstetric care, delays are common. These delays are often due to poor communication between facilities, lack of transportation, or bureaucratic obstacles. Health workers frequently express frustration with these inefficiencies, which can turn manageable complications into fatal outcomes. This is particularly critical in rural or remote areas where transportation infrastructure is lacking, and health workers have no means to transfer patients quickly in emergencies [22].

### **Cultural and Social Barriers**

Cultural and social factors are also prominent in health workers' perceptions of maternal mortality. Many health workers note that women, particularly in rural areas, often delay seeking care due to cultural beliefs, societal norms, or misinformation. For example, some communities may prioritize home births with traditional birth attendants, even when health workers advise hospital deliveries, especially for high-risk pregnancies. Additionally, cultural stigmas around pregnancy complications may prevent women from seeking help early, and fear of judgment or shame can delay treatment [23]. Health workers often find themselves at the intersection of cultural beliefs and medical practice, and many express the need for greater community engagement and education to help shift these perceptions. This requires culturally sensitive approaches to maternal health education that respect local traditions while emphasizing the importance of professional medical care for safe childbirth.

### **Empowering Health Workers to Reduce Maternal Mortality**

Understanding health workers' perceptions of maternal mortality is critical for developing interventions that directly address the challenges they face. Empowering healthcare professionals through better training, improved working conditions, and access to essential medical supplies is a vital step toward reducing maternal mortality [2]. Interventions must also focus on strengthening the referral system, ensuring that health workers can quickly and efficiently transfer patients to facilities equipped to handle emergencies.

Moreover, health systems should prioritize the voices of healthcare providers in policy discussions, as their insights into everyday challenges can guide effective reforms. By addressing the systemic and cultural barriers identified by health workers, governments and international organizations can design programs that not only improve maternal care but also support the well-being and professional development of the healthcare workforce itself. Community-based approaches that involve training traditional birth attendants to collaborate with skilled health workers, as well as culturally sensitive health education campaigns, can also help bridge the gap between community norms and medical best practices. By involving health workers in these initiatives, they can become advocates for change and help build trust between healthcare systems and the communities they serve. Ultimately, addressing the concerns and challenges faced by health workers is key to ensuring that maternal mortality rates decline and that all women have access to the care they need during pregnancy and childbirth [24].

### **Interventions to Reduce Maternal Mortality**

Efforts to reduce maternal mortality have focused on improving access to healthcare, enhancing the quality of care provided during pregnancy and childbirth, and addressing the socioeconomic and cultural factors that contribute to maternal deaths. Key interventions include; Skilled Birth Attendance, ensuring that all deliveries are attended by trained health professionals has been shown to significantly reduce maternal deaths. Emergency Obstetric Care, timely access to emergency care, including cesarean sections and blood transfusions, is critical in managing life-threatening complications such as postpartum hemorrhage and eclampsia [25]. Family Planning, expanding access to contraceptives and family planning services helps reduce maternal mortality by preventing unintended pregnancies and allowing women to space their births, thus reducing the risks associated with multiple closely spaced pregnancies [26]. Community Education and Engagement, raising awareness about the importance of maternal healthcare, particularly in rural communities, is vital for encouraging women to seek care. Training traditional birth attendants and integrating them into the formal healthcare system can also improve maternal outcomes [27]. These interventions have been shown to reduce maternal mortality in several countries, but they must be adapted to the local context, considering the socioeconomic, cultural, and health system challenges that contribute to maternal deaths. Ensuring that health workers are adequately trained, supported, and equipped to provide high-quality care is essential for the success of these interventions.

### **Demographic Profile of Respondents**

The demographic profile of the respondents provides context for understanding the perceptions of health workers regarding the key drivers of maternal mortality. This section outlines the characteristics of the healthcare workers who participated in the study, including their age, gender, level of education, years of experience, and professional roles. These factors can influence their perspectives on maternal health and their ability to address maternal mortality issues. Age Distribution, the majority of respondents fall within the age range of 25 to 45 years, representing mid-career professionals who have significant hands-on experience with maternal care. Gender, a large proportion of respondents are female, reflecting the predominance of women in maternal and child health roles, including nurses, midwives, and community health workers [28]. Male healthcare workers, typically doctors and general practitioners, also form a significant portion of the respondent pool. Level of Education, respondents possess varying educational qualifications, ranging from diplomas in nursing or midwifery to bachelor's and postgraduate degrees in medicine or public health. The education level plays a role in shaping their knowledge and understanding of the systemic issues related to maternal mortality. Years of Experience, health workers with more than 10 years of experience constitute the majority, followed by those with 5-10 years and under 5 years. This distribution helps capture insights from both seasoned and relatively newer professionals in the field. Professional Roles, the study includes a variety of health workers, such as doctors, nurses, midwives, and community health workers, which provides a diverse range of perspectives on the key drivers of maternal mortality.

### **III. Conclusion**

Maternal mortality is a pressing public health issue, particularly in low-resource settings. Health workers identify key barriers, including understaffing, inadequate resources, poor training, and ineffective referral systems, which hinder the provision of quality maternal care. Socioeconomic factors like poverty and illiteracy, combined with cultural and religious norms, also contribute to delays in seeking care, exacerbating maternal deaths. Addressing these challenges requires strengthening healthcare systems, improving emergency obstetric care, and providing better training for health workers. Culturally sensitive interventions and community engagement are essential to encourage women to seek timely medical help. By incorporating the insights of healthcare workers, policymakers can design more effective strategies to reduce maternal mortality. Ultimately, addressing these systemic, cultural, and socioeconomic factors is key to improving maternal health outcomes, especially in underserved areas

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