given that 40% of all pregnancies are unintended and 20% end in abortion. Women around the world use family planning to space pregnancies, which reduces family size. In addition, increased awareness of and access to family planning also help women and couples to recognize that limiting family size and spacing births are options.13 These fundamental changes in family structure not only can lead to improvements in maternal and child health but generate a positive feedback loop: Lower fertility and pregnancy spacing improve women’s status by increasing their opportunities for labor force participation, improved status leads to further reductions in desired family size, and smaller family size leads to continued fertility declines and reduced maternal mortality.12

The fifth Millennium Development Goal14 has brought critical attention to the unacceptably high burden of maternal mortality and the need to improve antenatal health care. However, many of the approaches to reducing maternal mortality (e.g., increasing the number of deliveries at health facilities with skilled attendants or improving access to emergency obstetric care) are complex and will take time to implement. In the meantime, maternal mortality can be reduced relatively inexpensively by preventing unwanted pregnancy through family planning.8 The decision to practice family planning is personal and private, and it need not require professionals or health clinics. Although inexpensive at the program level, however, family planning may be difficult for individuals to afford. Thus, women face barriers, including cost, lack of transportation and the fear of side effects (real or rumored).13

In developing countries, making contraceptives available and accessible may be the most important, cost-effective and easily accomplished primary health care goal.8 Reducing barriers to family planning may lessen the burden of maternal death in low-resource settings.

REFERENCES


Acknowledgments

The authors would like to thank Kirk Smith, Martha Campbell and Vanja Torbica for their insight into calculations and concept.

Author contact: ndiamond@jhsph.edu

TABLE 3. Percentage reduction in number of maternal deaths in a hypothetical Swedish population, by total fertility rate and maternal mortality ratio, according to age-group

<table>
<thead>
<tr>
<th>Age-group</th>
<th>1911 TFR/2005 MMR (scenario 1)</th>
<th>2005 TFR/1911 MMR (scenario 2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>15–19</td>
<td>99.2</td>
<td>68.8</td>
</tr>
<tr>
<td>20–29</td>
<td>99.3</td>
<td>45.9</td>
</tr>
<tr>
<td>30–39</td>
<td>99.3</td>
<td>41.0</td>
</tr>
<tr>
<td>40–49</td>
<td>98.9</td>
<td>86.4</td>
</tr>
<tr>
<td>Total</td>
<td>99.2</td>
<td>52.6</td>
</tr>
</tbody>
</table>

Notes: TFR=total fertility rate. MMR=maternal mortality ratio.