ARTICLE IN PRESS

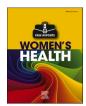
Case Reports in Women's Health xxx (xxxx) xxx

ELSEVIER

Contents lists available at ScienceDirect

Case Reports in Women's Health

journal homepage: www.elsevier.com/locate/crwh



Obstetric and neonatal emergencies are still global health issues

ARTICLE INFO

Keywords:
Pregnancy
Obstetrics
Postpartum
Emergencies
Neonatal health

The first and most important right of every human being is to be born healthy and for the mother not to suffer from complications or sequelae due to childbearing. Pregnancy-related maternal mortality persists as a global public health concern, especially in locations where obstetric facilities and resources are poor and access to technology is difficult or nonexistent.

In 2020, about 287,000 women died during and following pregnancy and childbirth. Almost 95 % of all maternal deaths occurred in low-income and lower middle-income countries, and most could have been prevented [1]. Complications during pregnancy, childbirth and post-partum are the main causes of maternal mortality. They are mostly related to hemorrhage, preeclampsia, and infection. Preventing these tragedies requires a comprehensive approach that includes improving quality of antenatal care, access to emergency obstetric services and education in reproductive health. Addressing socioeconomic disparities and improving access to healthcare is critical to reduce maternal mortality and ensure the well-being of mothers and their families.

Delivery and postpartum emergencies are still a major worldwide concern that impact women's health and that of their children. Maternal morbidity and mortality and pregnancy loss may be due to unexpected, difficult-to-manage obstetric problems. But women may not receive adequate healthcare, especially in low-resource settings. Factors that prevent women from receiving or seeking care include healthcare system failures, social determinants (income, access to education), low prioritization of the rights of women, family size, climate and humanitarian crises.

In 2019, there were approximately 42.39 million cases of pregnancy loss worldwide [2]. Data from the Global Burden of Disease 2019 identified that factors such as poor health, smoking, sedentary behavior, lower levels of education and lower maternal birthweight may significantly increase the risk of pregnancy loss. However, there are different factors related to the uncertainty of clinical prediction models that may bias the final risk estimates [3].

Obstetric care in rural areas is an additional maternal-fetal risk

during delivery, and this problem is present not only in low-income countries, but also in those in higher-income groups. Therefore, bridging the gap between urban and rural areas in maternal healthcare services is essential [4]. Advances in global communication provide new avenues to educate and support healthcare providers in remote locations dealing with obstetric emergencies [5–7].

Now is the time to transform reproductive health and improve maternal and neonatal health worldwide.

Contributors

Peter Chedraui and Faustino R. Pérez-López are the sole authors of this editorial. Both authors approved the final submitted manuscript.

Provenance and peer review

This editorial was commissioned and not externally peer reviewed. Peter Chedraui, an editor of *Case Reports in Women's Health*, was not involved in editorial consideration of the manuscript and was blinded to the process.

Funding

No funding from an external source supported the publication of this editorial.

Conflict of interest statement

The authors declare that they have no conflict of interest regarding the publication of this editorial.

References

[1] World Health Organization, Maternal Mortality. https://www.who.int/news-room/fact-sheets/detail/maternal-mortality, 26 April 2024 (Accessed 19 March 2025).

https://doi.org/10.1016/j.crwh.2025.e00705

Received 19 March 2025; Accepted 21 March 2025

Available online 22 March 2025

2214-9112/© 2025 The Authors. Published by Elsevier B.V. This is an open access article under the CC BY-NC license (http://creativecommons.org/licenses/by-nc/4.0/).

Please cite this article as: Peter Chedraui, Faustino R. Pérez-López, Case Reports in Women's Health, https://doi.org/10.1016/j.crwh.2025.e00705

ARTICLE IN PRESS

P. Chedraui and F.R. Pérez-López

Case Reports in Women's Health xxx (xxxx) xxx

- [2] F. Tong, Y. Wang, Q. Gao, et al., The epidemiology of pregnancy loss: global burden, variable risk factors, and predictions, Hum. Reprod. 39 (3) (2024) 834–848, https://doi.org/10.1093/humren/deae008
- [3] R.D. Riley, G.S. Collins, L. Kirton, et al., Uncertainty of risk estimates from clinical prediction models: rationale, challenges, and approaches, BMJ 388 (2025) e080749, https://doi.org/10.1136/bmj-2024-080749.
- [4] O. Samuel, T. Zewotir, D. North, Decomposing the urban-rural inequalities in the utilisation of maternal health care services: evidence from 27 selected countries in sub-Saharan Africa, Reprod. Health 18 (1) (2021) 216, https://doi.org/10.1186/ s12978-021-01268-8.
- [5] S.M. Haddad, R.T. Souza, J.G. Cecatti, Mobile technology in health (mHealth) and antenatal care-searching for apps and available solutions: a systematic review, Int. J. Med. Inform. 127 (2019) 1–8, https://doi.org/10.1016/j.ijmedinf.2019.04.008.
- [6] K. Evans, J. Donelan, S. Rennick-Egglestone, S. Cox, Y. Kuipers, Review of mobile apps for women with anxiety in pregnancy: maternity care professionals' guide to locating and assessing anxiety apps, J. Med. Internet Res. 24 (3) (2022) e31831, https://doi.org/10.2196/31831.

[7] M. Venkateswaran, B. Ghanem, E. Abbas, et al., A digital health registry with clinical decision support for improving quality of antenatal care in Palestine (eRegQual): a pragmatic, cluster-randomised, controlled, superiority trial, Lancet Digit. Health 4 (2) (2022) e126–e136, https://doi.org/10.1016/S2589-7500(21)00269-7.

Peter Chedraui^{a,*}, Faustino R. Pérez-López^b
^a Escuela de Postgrado en Salud, Universidad Espíritu Santo, Samborondón,
Ecuador

^b Aragón Health Research Institute, University of Zaragoza Faculty of Medicine, Zaragoza, Spain

> * Corresponding author. E-mail address: pchedraui@uees.edu.ec (P. Chedraui).