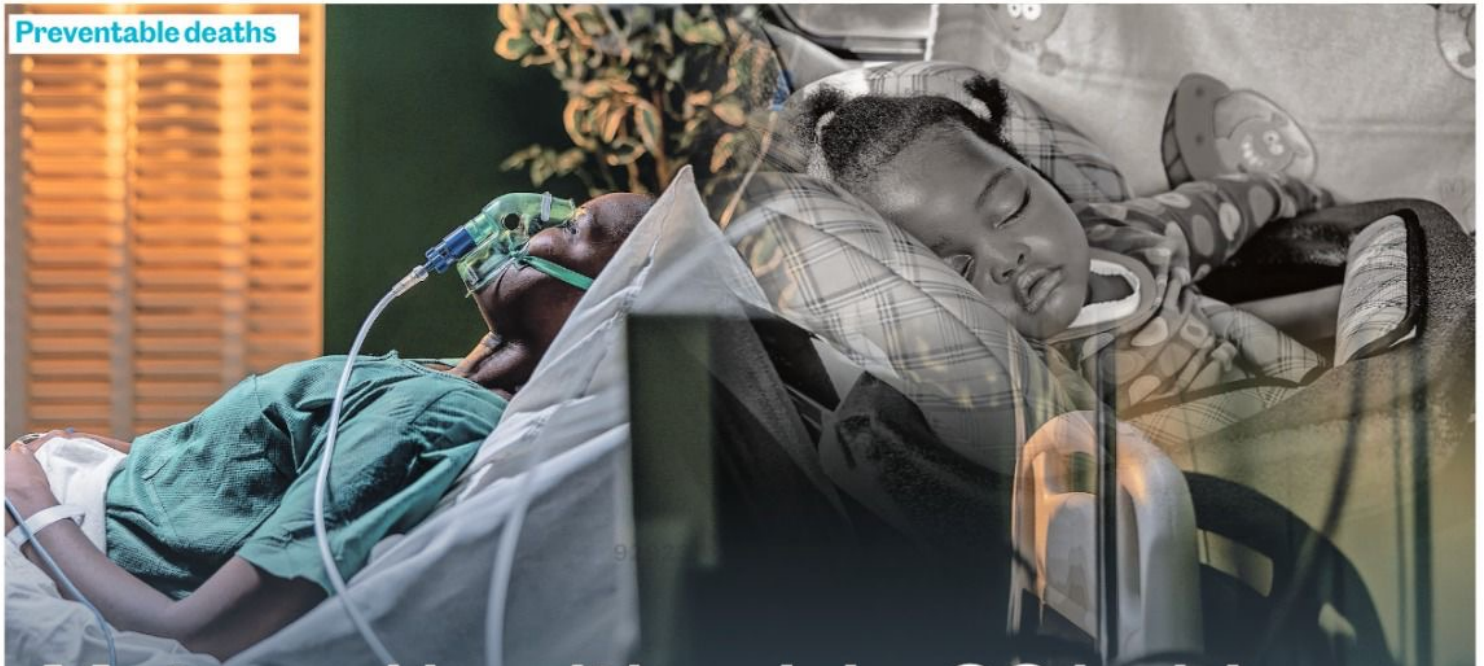


## Preventable deaths



# Maternal health crisis: 92 babies, 15 mothers die daily in Kenya

nmg-epape

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Every day in Kenya, 92 newborns die from causes that could have been prevented, leaving parents with empty arms and shattered dreams. Simultaneously, 15 mothers lose their lives to pregnancy and childbirth-related complications, leaving behind infants who will never know their touch and families torn apart by grief. This translates into about 33,580 newborns and 5,475 mothers per year.

These sobering statistics were released by the Ministry of Health during the recently concluded International Maternal Newborn Health Conference (2026) held in Nairobi. The data paints a grim picture of a nation where, despite significant strides in healthcare access, the quality of that care remains a matter of life and death. Mothers' lives are claimed by complications such as ectopic pregnancy, obstructed labour, ruptured uterus, abortion, unanticipated complications of pregnancy, sepsis, eclampsia and postpartum haemorrhage. Indirect causes included anaemia, HIV/Aids, heart disease and malaria.

For newborns, their deaths were caused by asphyxia (insufficient oxygen before, during, or immediately after birth), low birth weight, congenital anomalies, sepsis, post-maturity, birth trauma and prematurity. Other indirect factors included whether the mother attended antenatal clinics in the first trimester, whether the mother attended four or more antenatal clinics during the entire pregnancy period, the pres-

ence or absence of skilled birth attendants during childbirth, birth in a health facility, whether the mother and newborn received postnatal care within two days, and whether the mother uses family planning.

"The birth of a child, which should symbolise hope, still too often marks the beginning of tragedy. Across our countries, women continue to die giving life, and newborns fail to survive their first days, not because solutions are unknown, but because systems have not delivered equitably. The statistics represent real lives, families, dreams, and futures interrupted," said Dr Patrick Amoth, the Director-General for Health.

In Kenya, he notes, there has been measurable progress. Uptake of family planning has increased, more women are attending antenatal care, and a growing number are delivering under the supervision of skilled birth attendants. While these gains reflect deliberate policy decisions and sustained investment, Dr Amoth notes that progress has been uneven due to bottlenecks.

The bottlenecks include inconsistent adherence to life-saving clinical protocols. Numerous facilities lack the signal functions for basic emergency obstetric and newborn care and comprehensive emergency obstetric and newborn care. Critical gaps in infection prevention and evidence-based neonatal care, geographic barriers and lack of functional, coordinated ambulance services; limited availability of comprehensive emergency obstetric care at level 4 and 5 hospitals.

Others include acute shortages of skilled healthcare workers, including midwives and neonatologists;

high staff turnover and inequitable distribution across counties affecting service continuity and quality; persistent inequalities in access, quality of care, and system readiness that continue to put lives at risk, including unreliable utilities (power/water) and diagnostic limitations; and frequent stock-outs of essential maternal health commodities and low scale-up of high-impact innovations.

He added that the country still grapples with delays in seeking care, reaching health facilities, and receiving timely quality treatment. These are not theoretical barriers, he emphasises, but everyday realities for many families.

## Distribution

According to the ministry, maternal deaths in Kenya are unevenly distributed, concentrated in 26 high-burden counties that account for over 60 per cent of deaths. These counties include Tana River, Garissa, West Pokot, Elgeyo Marakwet, Machakos, Homa Bay, Siaya, Wajir, Kilifi, Murang'a, Makueni, Migori and Turkana.

Routine meta-information system data shows that in 2025, 1,104 maternal deaths were reported, while 1,203,956 births occurred in health facilities. The data also shows that 18,853 stillbirths were recorded in 2025. This means that nine out of every 1000 newborns die. The State of Africa's Stillbirths report by the Africa CDC reveals that a baby is stillborn every 30 seconds across the larger African continent, with nearly one million stillbirths recorded in 2023 alone.

According to the UN Inter-Agency

Group for Child Mortality Estimation, Kenya recorded about 58,200 under-five deaths in 2024. On current trends, Kenya is projected to miss the Sustainable Development Goal of an under-five mortality rate of 25 or fewer deaths per 1,000 live births by 2030 and only achieve the target in 2049. On current trends, the under-five mortality rate will be 34.6 deaths per 1,000 live births in 2030.

The Kenya Demographic and Health Survey 2022 report noted that the country records 15 stillbirths per 1,000 pregnancies of 28 or more weeks' duration. However, the stillbirth rate was the highest among pregnancies of women aged between 40 and 49, up to 55 deaths per 1,000 pregnancies, compared to 38 deaths or fewer per 1,000 pregnancies among other age groups.

The highest perinatal mortality rates were recorded in Wajir (76 deaths per 1,000 pregnancies), Mombasa (57 deaths per 1,000 pregnancies), Siaya (54 deaths per 1,000 pregnancies), Murang'a (51 deaths per 1,000 pregnancies), and Kisumu (47 deaths per 1,000 pregnancies) counties. In response to these findings, the government has shifted from a monthly, paper-based reporting system to a digital Maternal Perinatal Death Surveillance and Response platform. Under the new approach, every maternal or newborn death must be reported within 24 hours, followed by a compulsory audit within seven days to pinpoint exactly where the system failed, whether due to shortages of essential supplies, referral delays, or gaps in specialised care.

According to Dr Amoth, commu-

nity health remains central to this transformation. Community Health Promoters serve as the first point of contact for millions of households and are empowered with skills and tools to ensure that every pregnancy is tracked and every risk is identified early.

## eHealth

Digital innovation is also accelerating improvements in care. Systems such as the electronic Community Health Information System now allow real-time tracking of pregnancies and newborn outcomes. High-risk cases can be flagged early and monitored through antenatal care, delivery and the critical first 48 hours after birth. By putting data at the centre of decision-making, the system is helping to reduce delays, limit errors, and strengthen accountability.

At the same time, the government is scaling up proven, high-impact interventions to tackle postpartum hemorrhage, improve early detection of complications, ensure that every death is recorded, every cause analysed, and every lesson translated into action.

Technology is also playing a supportive role, with the introduction of affordable solutions such as continuous positive airway pressure machines and non-invasive monitoring systems to care for preterm and vulnerable infants. He cautions that technology must be paired with skilled healthcare, breastfeeding support, and family education to ensure every child has a chance to survive and thrive.

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