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Editorial

Maternal Mortality in Indonesia, When will it end?

Sutrisno, MD PhD OG(REI)*

Department of Obstetrics and Gynecology/ Master Program of Midwifery, Universitas Brawijaya, Faculty of Medicine/ Saiful Anwar Hospital, Malang, East Java, Indonesia

***CORRESPONDING AUTHOR**
Sutrisno, MD PhD OG(REI)
snospog.fk@ub.ac.id
Department of Obstetrics and Gynecology/ Master Program of Midwifery, Universitas Brawijaya, Faculty of Medicine/ Saiful Anwar Hospital, Malang, East Java, Indonesia

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Sad news colored the arrival of this morning. Although the sky is clear, the breeze is gentle, and the sun is shining brightly, our feelings are truly troubled. This morning, the Obstetrics and Gynecology resident, with a sad face, reported a young mother passed away in the Maternal ICU, leaving behind deep sorrow. A young mother, 28 years old, post-cesarean section at another district hospital, 35 kilometers away from our city, was sent due to decreased consciousness, blood pressure 180/120, shortness of breath, oedema, and diffuse lung rales. X-ray showed severe pulmonary oedema, and the oximeter indicated an O2 level of only 85 percent despite using high doses of oxygen. 10 days of treatment in the ICU with a ventilator did not help, and this morning she was called back to God Almighty.

Late and truly late. Delayed management of preeclampsia always ends in regret. If this mother had been diagnosed at 34 weeks and immediately sent to a referral hospital where the baby was promptly delivered, perhaps her life could have been saved. Ultrasound has been available in all community health centers (Puskesmas) in Indonesia, and the health center doctors have been trained to operate it. Medically, it is not difficult to diagnose preeclampsia. Guidelines for managing preeclampsia in primary health facilities are also available. MgSO4 is sufficiently available in health centers. There are ambulances on standby 24 hours a day, every village has an ambulance, large mosques and party offices also have ambulances, and even successful shops provide ambulances. However, why are there always delays, always someone left behind, and this tragic story repeats itself?

Indonesia is indeed a large country, with a total population of 272 million people spread across 17,380 islands, divided into 38 provinces, distributed over 416 regencies and 98 municipalities, totaling 75,753 villages and community health centers, with 10,217 community health centers serving public health. Don't forget, there are 3,155 hospitals in Indonesia, with a total of over 250,000 general practitioners and specialists, and more than 5,600 specialists in Obstetrics and Gynecology. The healthcare resources in Indonesia are quite adequate. However, we always fall short. Maternal death is something we hear about every day. It's no wonder that every year there are 4,500 maternal deaths in Indonesia, and in the province of East Java, there are always 550 husbands who lose their wives and children who lose their mothers yearly [1–4].

We are always late, from the past until now, who knows until when. The Indonesian government has done and planned many things, yet it still hasn't been encouraging. We always compare ourselves with other countries, hoping it might be a source of comfort, but it only makes us sadder because the data shows that Indonesia always ranks first in maternal deaths each year, and only Myanmar can surpass Indonesia in terms of total absolute maternal deaths. However, Myanmar is in a situation of war and sharp social conflict, while Indonesia is peaceful, yet it still has a high number of absolute maternal deaths.

The trio of causes of maternal death has not changed over time. Bleeding accounts for 30% of maternal death causes, followed by preeclampsia and eclampsia (25%), then infection, heart disorders, autoimmune conditions, and abortion. We often ponder why 60% of maternal deaths occur on the island of Java, where there are the most hospitals, the best facilities, and the highest number of doctors. Access and the geographical conditions of Java Island are not as challenging as those of the islands outside Java, and the number of ambulances and supporting personnel is also the highest [1–4]. Facts speak otherwise, the data is undeniable, and the number of pregnant women who lose their lives is highest on the island of Java. What an irony.

Pregnancy does indeed open the door to death. Those who are not fit to be pregnant due to severe heart disease, kidney disease, cancer, autoimmune diseases, and the like, should be directed and prevented from becoming pregnant. Normal pregnant women should 100 percent undergo ANC at community health centers so that any abnormalities can be detected early and treated promptly. Those who are pregnant and ill should receive appropriate treatment and referrals, and hospitals must have adequate ICU units. Verbally, they state that everything is okay, but in reality, many hospitals prefer to refer when they receive a mother on the brink of death due to pregnancy.

I have always been sad because I have been grappling with maternal death for 20 years, yet this sadness continues to pile up every day, even though technology has developed rapidly today. And maybe next month, next year, my sadness will still persist. Until when?

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