



Mothers wait outside the maternity ward at Mukono General Hospital. PHOTO/COURTESY.

# Why Ugandan mothers die from avoidable causes

Fifteen to 17 women die every day in Uganda from pregnancy-related complications, nearly all of them preventable. Weak referrals, unqualified practitioners, and overlooked conditions such as hypertension and depression are costing lives that a functioning system could save.

BY GEOFFREY OYET OKWERA

The recent death of Kalangala Woman MP, Hellen Nakimuli, following a failed uterine fibroid surgery at a private facility in Kampala, has once again cast a harsh spotlight on the state of maternal and reproductive healthcare in Uganda. The April 19 tragedy is not an isolated incident; it is part of a troubling pattern that continues to claim the lives of women across the country.

In 2025, 37-year-old Ritah Nansubuga died at Mulago National Referral Hospital after undergoing a botched Caesarean section. A year earlier, Barbara

Kwarikunda succumbed to complications after medical staff reportedly left surgical materials inside her body during a procedure. Each of these cases sparked public outrage, but they also exposed deeper systemic failures that persist within Uganda's health sector.

Despite progress in reducing maternal mortality, the numbers remain alarming. Government data shows that Uganda's maternal mortality ratio has declined from 336 deaths per 100,000 live births in 2016 to about 189 in 2024–2025. Yet an estimated 15 to 17 women still die every day from pregnancy and childbirth-related complications, many of them preventable.

## A system under strain

Health experts say these deaths are often the result of a fragile system struggling under multiple pressures. One of the most concerning trends is the rise of unqualified practitioners, commonly known as quack doctors, who operate in unregulated clinics.

According to Kampala-based gynaecology specialist Dr Kennedy Olima, these individuals thrive in areas where access to qualified professionals is limited. Drawn by lower costs and shorter waiting times, many patients unknowingly place

themselves in the hands of untrained providers.

"The danger is that these facilities lack proper equipment, sterilisation standards, and emergency preparedness," he explains. "By the time complications arise, and patients are referred to major hospitals, it is often too late."

The shortage of skilled health workers only worsens the situation. Public health facilities, especially in rural areas, remain understaffed and overstretched. Long queues, burnout among medical staff, and limited resources create gaps that unlicensed practitioners exploit.

## The deadly delays

Beyond unsafe practices, systemic delays continue to cost lives. Many women face challenges at three critical stages: deciding to seek care, reaching a health facility, and receiving timely treatment upon arrival.

Dr Rachael Akello, a senior obstetric specialist, points to weak referral systems as a major contributor. "Women with complications are often transferred late, sometimes without proper coordination between facilities," she says. "That delay can be fatal."

Rural-urban disparities further

compound the problem. Women in remote communities often lack access to skilled birth attendants, essential medicines, blood supplies, and emergency obstetric services.

## The hidden health risks

Medical conditions such as high blood pressure in pregnancy, particularly pre-eclampsia, are among the leading causes of maternal deaths, accounting for up to 28 percent of fatalities. Without early detection during antenatal care, these conditions can escalate rapidly into life-threatening complications.

At the same time, non-communicable diseases are becoming a growing concern. Dr Kenny Lagen, a consultant in Jinja, notes that conditions such as obesity, diabetes, and hypertension are increasingly affecting pregnancy outcomes.

"Lifestyle choices before and during pregnancy matter," he says. "Poor diet and lack of physical activity increase the risk of complications that can be deadly for both mother and child."

Mental health is another often-overlooked factor. Psychiatric nurse Charity Namuswe describes it as a silent crisis, particularly in urban informal settlements where poverty and social pressures are high. Depression, anxiety, and substance abuse can reduce adherence to antenatal care and delay seeking help during complications.

## Closing the gaps

Experts agree that many of these deaths are preventable with the right interventions. Strengthening emergency obstetric care, improving referral systems, and ensuring health facilities are equipped with skilled personnel and essential supplies are critical steps.

It is equally important to tighten regulations in the health sector to eliminate unqualified practitioners. Dr Lagen emphasises the need for stronger enforcement and surveillance, as well as better organisation of community transport systems to assist women in accessing timely care.

"Rapid response during complications can mean the difference between life and death," he states.

## Government commitment

The government has pledged to address these challenges under the Uganda Health Compact 2025–2030. Health Minister Dr Jane Ruth Aceng has outlined plans to expand access to healthcare, particularly in underserved areas, and to strengthen the health workforce.

Targets include increasing the number of Health Centre IIIs across sub-counties, boosting the density of doctors, nurses, and midwives, and improving local production of essential medicines. The government also aims to reduce the financial burden on households seeking healthcare.

These commitments align with the global target of reducing maternal mortality to fewer than 70 deaths per 100,000 live births by 2030, a goal Uganda is still far from achieving.

## More than promises

While progress has been made, the persistence of preventable deaths raises a critical question: Is maternal healthcare truly receiving the attention it deserves?

For many women, especially those in rural and low-income communities, the answer remains uncertain. Until gaps in staffing, infrastructure, regulation, and awareness are fully addressed, maternal deaths will continue to cast a long shadow over the country's healthcare system.

Because behind every statistic is a life lost and a reminder that more must be done.

## WHAT CAN SAVE MOTHERS?

1. Attending at least four to eight antenatal visits helps detect risks such as high blood pressure, anaemia, and infections early.

2. Delivering at a health facility with trained midwives or doctors ensures complications such as heavy bleeding are managed quickly and safely.

3. Families should plan by identifying the nearest facility, saving money, and arranging transport. At the same time, health centres need stronger referral systems, equipped ambulances, and better coordination to reduce delays in reaching advanced care.

4. A balanced diet, regular physical activity, and avoiding harmful substances help prevent conditions such as hypertension and diabetes that can complicate pregnancy.