

Maternal Mortality Azerbaijan 2000-2020

Internationally comparable MMR estimates by the Maternal Mortality Inter-Agency Group (MMEIG): WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division

Table 1: Estimates

Year	MMR ^{a*†}	PM ^{b*†}	HIV-related indirect deaths [†]	Live births ^c (Thousands)	Maternal deaths [†]
2000	56 [47, 65]	0.02 [0.02, 0.03]	0	141	78
2005	44 [34, 54]	0.02 [0.01, 0.02]	1	150	66
2010	33 [24, 43]	0.02 [0.01, 0.02]	1	184	60
2015	29 [19, 41]	0.02 [0.01, 0.02]	1	184	54
2020	41 [22, 69]	0.01 [0.01, 0.02]	0	132	54

^a Maternal mortality ratio (MMR) defined as maternal deaths per 100,000 live births for women of reproductive age (15-49 years).

^b Proportion maternal (PM) defined as the proportion of all-cause deaths for women of reproductive age (15-49 years) that are due to maternal causes.

^c UN Population Division, Department of Economic and Social Affairs. World Population Prospects. New York; 2022.

* The uncertainty intervals (UI) for all estimates refer to the 80% uncertainty intervals (10th and 90th percentiles of the posterior distributions). This was chosen as opposed to the more standard 95% intervals because of the substantial uncertainty inherent in maternal mortality outcomes.

† Figures presented in the table are estimates based on national data, such as surveys or administrative records, or other sources, produced by the international agency when country data for some year(s) is not available, when multiple sources exist, or when there are data quality issues.

Table 2: Estimates

Period	Annual rate reduction*	Percent change in MMR*
2000, 2020	1.58 [-1.02, 4.24]	27.04 [-22.71, 57.16]
2010, 2020	-2.23 [-5.97, 1.65]	-24.97 [-81.6, 15.23]

* Figures presented in the table are estimates based on national data, such as surveys or administrative records, or other sources, produced by the international agency when country data for some year(s) is not available, when multiple sources exist, or when there are data quality issues.

Data from civil registration vital statistics system (CRVS)

Table 3: Data from civil registration vital statistics system (CRVS)

Study period [*]	Maternal deaths ^a	Female deaths ^b	CRVS adjustment factor ^{c†}	Sensitivity ^{d†}	Specificity ^{e†}	Completeness ^{f†}	Usability ^g	Maternal deaths not included ^h
[1985, 1986)	73	1968	1.496644	0.661238	0.999758	59.61830	0.6135647	NA
[1986, 1987)	56	2093	1.497530	0.661238	0.999758	63.57837	0.6251129	NA
[1987, 1988)	67	1959	1.497429	0.661238	0.999758	63.11211	0.6164646	NA
[1988, 1989)	40	2001	1.497331	0.661238	0.999758	65.99604	0.6149282	NA
[1989, 1990)	51	1865	1.496180	0.661238	0.999758	60.33646	0.6104111	NA
[1990, 1991)	17	1792	1.496363	0.661238	0.999758	59.35740	0.6312388	NA
[1991, 1992)	20	1835	1.496823	0.661238	0.999758	60.36184	0.6380236	NA
[1992, 1993)	32	2349	1.496190	0.661238	0.999758	75.33675	0.6667654	NA
[1993, 1994)	60	2334	1.496820	0.661238	0.999758	72.43948	0.7109079	NA
[1994, 1995)	70	2595	1.496271	0.661238	0.999758	79.18828	0.7495611	NA
[1995, 1996)	53	2594	1.495321	0.661238	0.999758	79.61940	0.7437464	NA
[1996, 1997)	56	2478	1.495610	0.661238	0.999758	73.01120	0.7400061	NA
[1997, 1998)	39	2490	1.493583	0.661238	0.999758	73.08483	0.7268103	NA
[1998, 1999)	51	2508	1.493202	0.661238	0.999758	73.48374	0.7182852	NA
[1999, 2000)	51	2491	1.489967	0.661238	0.999758	73.43750	0.7136602	NA
[2000, 2001)	43	2476	1.489114	0.661238	0.999758	72.58868	0.7043073	NA
[2001, 2002)	27	2433	1.488117	0.661238	0.999758	70.87096	0.7113555	NA
[2002, 2003)	21	2429	1.487134	0.661238	0.999758	69.95968	0.7028219	NA
[2003, 2004)	21	2637	1.485943	0.661238	0.999758	74.70255	0.7004583	NA
[2004, 2005)	34	2461	1.484256	0.661238	0.999758	68.85842	0.6939543	NA
[2007, 2008)	30	2498	1.479100	0.661238	0.999758	70.12914	0.6459854	NA

^a Maternal deaths from CRVS defined as ICD10 codes O00-O95; O98-O99 Pregnancy, childbirth and the puerperium and A34 Obstetrical tetanus. Late maternal deaths (O96) and those deaths due to sequelae of obstetric complications (O97) are excluded for the purposes of international comparison. WHO. International statistical classification of diseases and related health problems. Geneva; 2010.

^b Female deaths 15-49 from the Civil Registration and Vital Statistics System (CRVS).

^c CRVS adjustment factor = adjustment factor to account for the difference between CRVS-reported PM and true PM.

^d Sensitivity = proportion of correctly classified maternal deaths out of all true maternal deaths.

^e Specificity = proportion of correctly classified non-maternal deaths out of all true non-maternal deaths.

^f Completeness = percentage of registered deaths of females of reproductive age.

^g Usability = percentage of deaths that is estimated to be recorded with a well-defined code; completeness proportion*(1-proportion ill-defined)*100.

^h Did not meet inclusion criteria due to: 1) low completeness and usability, or 2) other specialized studies are used. Please see next section of the profile for details.

* Kindly note the interpretation of notation: for a period [a,b) the observation starts on date a and ends before date b; thus a period covering 1st January 2000 through 31st December 2000 is denoted [2000,2001).

† Peterson E, Chou D, Moller A-B, Gemmill A, Say L, Alkema L. Estimating maternal mortality using data from national civil registration vital statistics systems: A Bayesian hierarchical bivariate random walk model to estimate sensitivity and specificity of reporting. arXiv:190908578 [stat] [Internet]. 2019 Sep 18 [cited 2021 Aug 11]; Available from: <http://arxiv.org/abs/1909.08578>.

Excluded data from CRVS

No data excluded

Data from other sources

No data available

Data from studies excluded in regression

No data excluded

Predictor variables used in the model

Table 4: Predictor variables used in the model

Year	GDP ^{a*} (Per capita, PPP)	GFR ^b (Per 1000 women ages 15-49)	SBA ^c (%)
2000	4027	60	92
2005	7807	60	96
2010	13652	70	99
2015	14545	70	100
2020	14200	50	100

^a WHO, MMEIG. Gross domestic product (GDP) per capita measured in purchasing power parity (PPP) equivalent dollars using 2017 as the baseline year were taken from World Bank's World Development Indicators (WDI) database, and in instances supplemented by unofficial estimates derived by MMEIG using growth rates in United Nations GDP data and/or previous MMEIG GDP estimates. Geneva; 2021.

^b General fertility rate (GFR) from UN Population Division, Department of Economic and Social Affairs. World Population Prospects. New York; 2022.

^c Skilled Birth Attendant (SBA) from WHO, UNICEF joint SBA database. Geneva; 2022. In some instances, supplemented with unofficial estimates derived by MMEIG. Annual series were estimated by fitting a multilevel time series (AR1) model with region- and country-specific intercepts and slopes.

* A 5-year moving average was calculated.

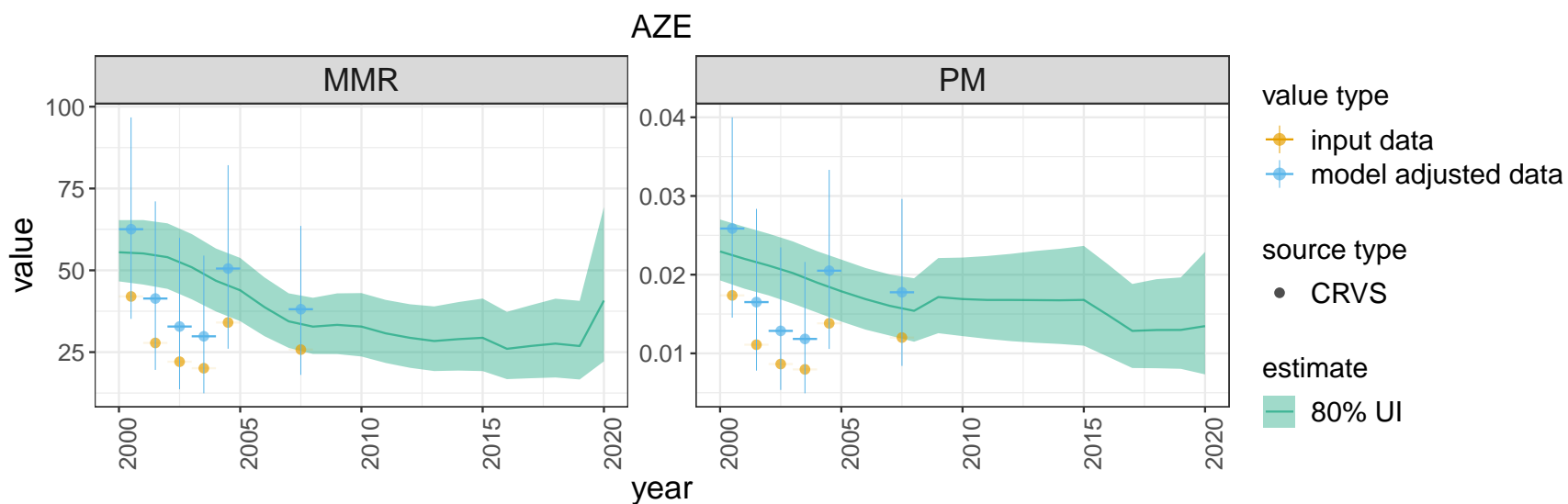
Estimates

(Input data) The following adjustments were applied to maternal deaths depending on the source type:

1. An age-standardization was applied to population based surveys that obtained data from the direct sisterhood method.
2. An upward adjustment of 10% was applied to all input data that were not obtained from CRVS or specialized studies, to account for underreporting.

(Model adjusted data) The following model adjustments were applied to maternal deaths depending on the source type and the definition of reported deaths

1. A model adjustment derived from BMIs was applied to maternal deaths obtained from CRVS.
2. A model adjustment was applied to observations of pregnancy-related deaths to remove accidental/incidental (non-maternal) deaths from the count.



Crisis years

The criteria for crisis-years are described below.

- 1) a year in which (a) there are at least 10 deaths attributable to mortality shocks among women of reproductive age (i.e. 15–49 years) and (b) these deaths constitute at least 10% of the total number of deaths to women aged 15–49 in that respective country-year (12) and in addition (c) in the five-year period surrounding the year, there are at most two additional crisis years; and
- 2) a year identified by the United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME) as a crisis year for the estimation of child mortality (this includes crises in potentially longer periods, i.e. for recent ongoing crises).

Table 5: Crisis years

Year	Crisis deaths ^a women ages 15-49
2020	949

^a UN Population Division, Department of Economic and Social Affairs. World Population Prospects. New York; 2022.