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Nursing Interventions in Reducing Maternal Mortality Rates: SDG 3 & SDG 11

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ABSTRACT

Maternal mortality remains a critical public health concern, with an estimated 287,000 women dying annually from pregnancy and childbirth-related complications, the majority of which are preventable. This secondary research paper examines the role of nursing interventions in reducing maternal mortality rates by synthesizing evidence from global studies, policy reports, and case evaluations. The findings reveal that nurses and midwives play pivotal roles across the continuum of maternal care, including antenatal monitoring, skilled birth attendance, emergency obstetric management, postpartum follow-up, and community health education. Their interventions have been linked to measurable improvements such as early detection of high-risk pregnancies, reduced complications from hemorrhage and eclampsia, and lower maternal mortality ratios in countries with strong nurse-led programs. Beyond clinical outcomes, nurses also contribute to patient empowerment and community awareness, addressing social and cultural barriers that delay care-seeking. However, systemic challenges—such as workforce shortages, lack of training, inadequate resources, and weak referral systems—limit the full potential of nursing interventions. Strengthening nursing interventions thus emerges as a transformative pathway toward preventing maternal deaths and ensuring safer motherhood worldwide.

KEYWORDS: Nursing Interventions; Maternal Mortality; Midwifery; Skilled Birth Attendance; Antenatal Care; Postpartum Care; Obstetric Emergencies; Community Health Nursing; SDG 3;SDG 11.

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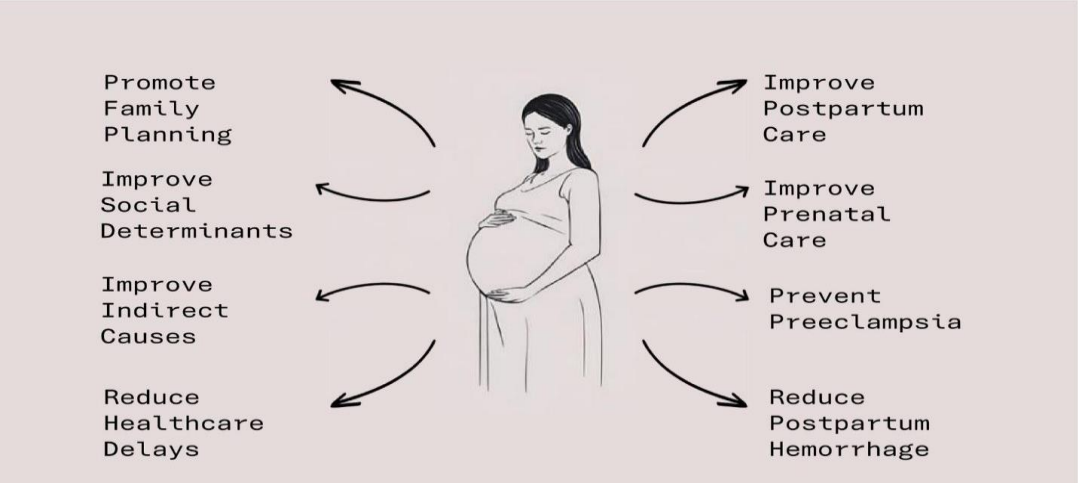
INTRODUCTION

Maternal mortality is among the most serious global health issues, indicating stark differences in access to healthcare and quality of healthcare and outcomes. WHO (2023) also reports that around 287,000 women die annually due to post-partum complications where most deaths are recorded in low and middle-income nations. Although the field of medicine has proved to improve maternal health, global agendas such as the Sustainable Development Goals (SDGs) as well as, the prevention of several causes of maladies among maternal health patients persist to be a problem (Campbell et al. 2021). Such deaths are often not caused by rare or incurable diseases, but by the fact that the care did not take place in a timely manner, there were delays in providing the patient with competent services in the shortage of qualified specialists, and other preventable causes. In this scenario, nurses, especially midwives and community health nurses are at the forefront of maternal care and can make a significant difference in the reduction of maternal mortality rates by performing skilled birth attendants, education and advocacy. The inclusion of the nursing interventions in the maternal health systems has now become a mainstay of global approaches to protect maternal health (Bodenheimer & Berry-Millett, 2021).

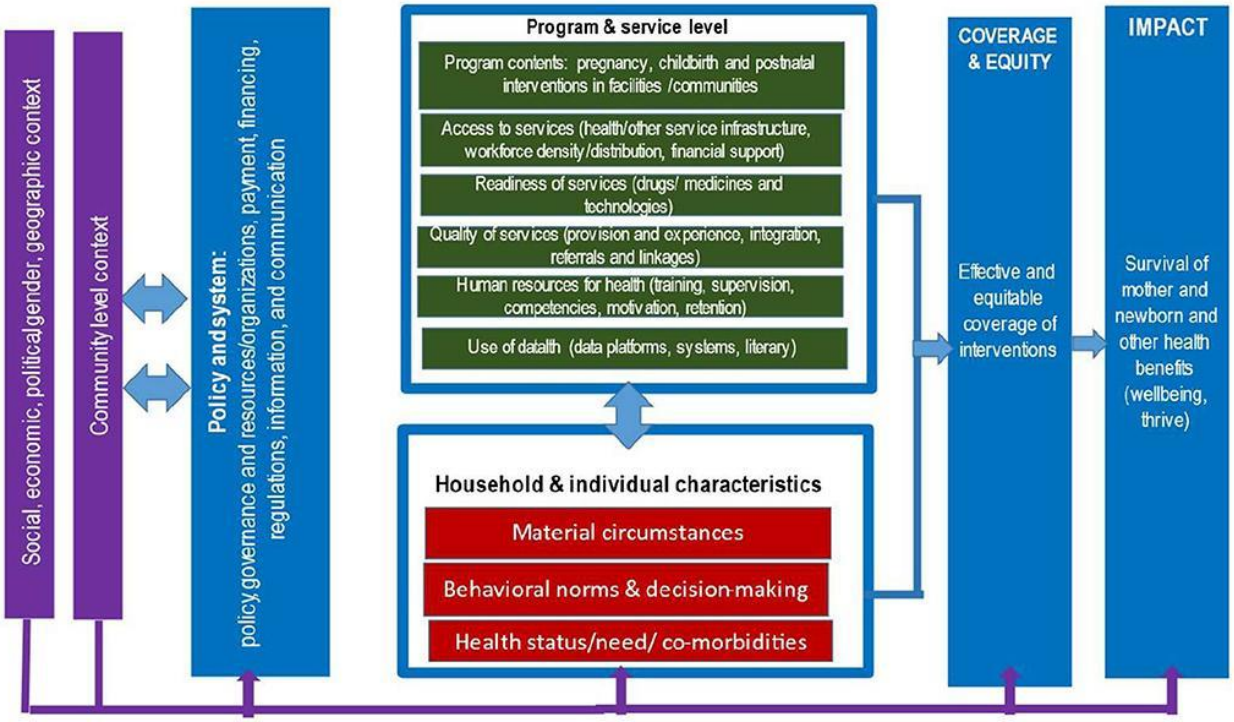


Esoteric components of nursing interventions in maternal health cover a broad range of forms of prevention, promotion, and emergency managements that accommodate not only the clinical distressors of maternal death, but also social. Skilled birth attendance services of nurses and midwives, timely identification of high-risk pregnancies, procuring life-saving interventions (such as magnesium sulfate to treat eclampsia), and controlling postpartum hemorrhage have been named as potential key variables in reducing maternal mortality. Further still, nurses play a critical role in establishing antenatal care, facilitating the practice of safe delivery, and follow-up on a postnatal event to eliminate complications. Besides clinical work, nurses play a crucial role in creating community awareness, women and families with information on reproductive health, safe pregnancy, and family planning (Kassebaum, et al. 2020). Evidence collected throughout Asia, Africa, and the Latin America has shown that the difference in the number of nurses and patients per one and effective nursing-led programs in maternal health records impressive decline in maternal mortality. This demonstrates why it is critical to invest in training, deployment and retention of nurses as one of the crucial measures to ensure maternal health equity.

Simultaneously, maternal mortality reduction challenges in the global discourse acknowledge that nursing intervention would need an effective healthcare system, healthcare policy, and networks. Some of the weaknesses that nurses and midwives encounter include provision of inadequate resources, poor infrastructures and insufficient professional recognition which decrease the probability of providing high quality maternal care. However, international programs, including the WHO Global Strategic Directions of Nursing and Midwifery (20212025) emphasize such actions as improving nursing leadership and its evidence-based practices and increasing access to skilled care as key in eliminating maternal mortalities. This research paper will use secondary review of literature to discuss the nature, efficiency and limitations of nursing interventions in treating maternal deaths. Synthesising evidence on a global scale, it attempts to demonstrate how nurses can revolutionise maternal health outcomes and what overhauls in the system are necessary to make the most of its potential. The study concludes that it is not only an imperative in the sense of a public health approach but in the ethics involved that nurses should be empowered through appropriate training, tools, and institutional support so as to protect the lives of mothers everywhere in the world.

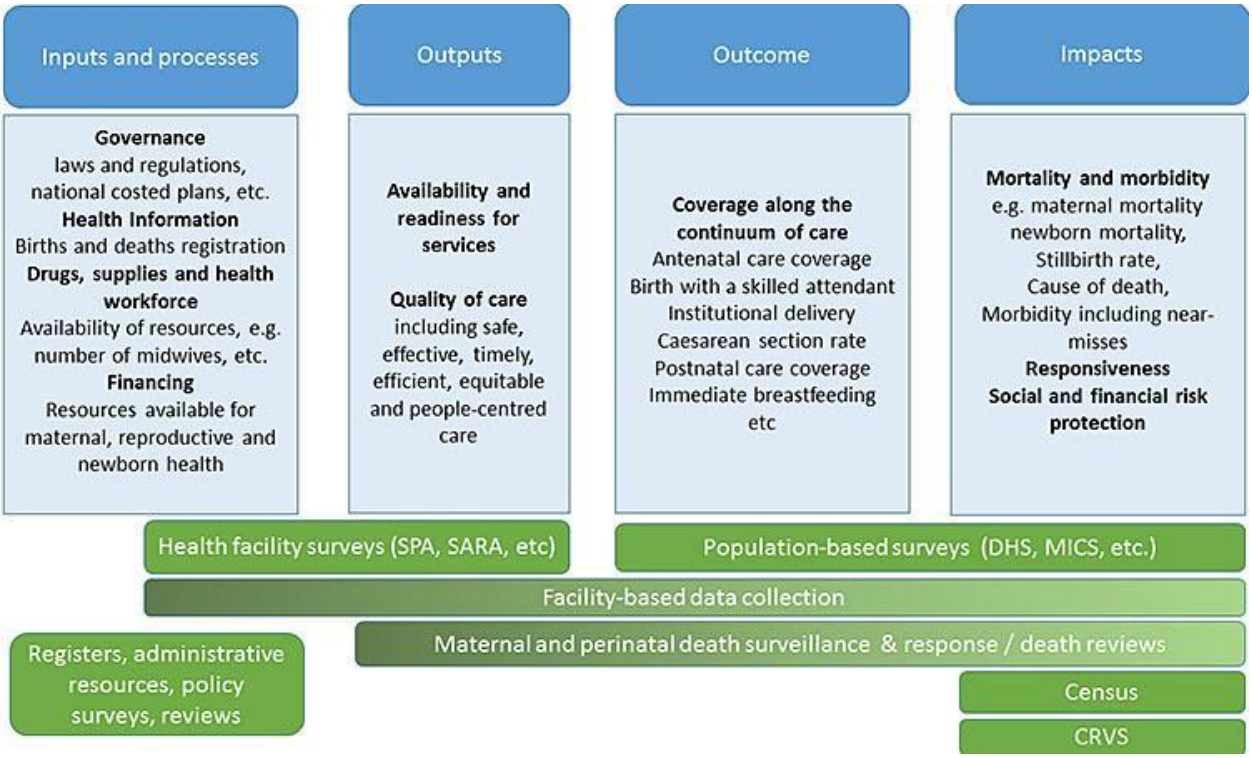
RATIONALE OF THE STUDY

Maternal mortality is widely recognized as a key indicator of a nation's health system performance and equity. Despite global commitments under the Sustainable Development Goals (SDG 3.1) to reduce maternal mortality ratios to less than 70 deaths per 100,000 live births by 2030, progress has been uneven, particularly in Sub-Saharan Africa and South Asia. The majority of maternal deaths are preventable through timely, skilled, and evidence-based care during pregnancy, childbirth, and the postpartum period. Yet, shortages of physicians and specialists, coupled with infrastructural limitations, make it difficult for many countries to achieve these goals. In this context, nurses and midwives, who constitute the largest segment of the global healthcare workforce, become essential actors in addressing the maternal health crisis. Their presence at the community and facility levels ensures early identification of risks, timely intervention in obstetric emergencies, and continuity of care before, during, and after delivery. This study is driven by the urgent need to examine the role of nursing interventions in bridging maternal health gaps and reducing preventable deaths, particularly in resource-constrained settings (Bodenheimer & Berry-Millett, 2021).



The rationale for this study also arises from the evidence that investments in nursing interventions not only save maternal lives but also strengthen entire health systems. Numerous international studies demonstrate that the availability of skilled nursing and midwifery personnel is strongly correlated with lower maternal mortality rates. For example, interventions such as active management of the third stage of labor, administration of essential drugs, promotion of antenatal care attendance, and community

health education have been proven effective when delivered by nurses. However, challenges including limited training opportunities, lack of supplies, weak referral systems, and under-recognition of nurses' contributions persist in many regions. By conducting a secondary review of existing literature, this study seeks to analyze how nursing interventions have been applied across different contexts, identify gaps in implementation, and highlight strategies that have yielded measurable improvements in maternal health outcomes (Kassebaum, et al. 2020). The findings aim to inform policymakers, healthcare administrators, and international agencies about the indispensable role of nurses in maternal care, while advocating for systemic reforms that empower and equip them to save lives. Ultimately, this research positions nursing interventions not just as clinical practices, but as transformative tools in achieving global maternal health equity.



LITERATURE REVIEW

3.1. Global Burden of Maternal Mortality

Maternal mortality has always been a matter of concern in the domain of public health as well as development. The world health Organization (2023) further estimates that approximately 287000 women die every year due to pregnancy and childbirth related complications with Sub Saharan Africa comprising more or less of 70 per cent of those fatalities. The top causes would be post generation haemorrhage, hypertensive diseases, sepsis, and locate agonized labour, which could be prevented by timely and competent care. Scholars such as Aidoo (2024) emphasize that maternal mortality is not merely a biomedical issue but also a reflection of broader inequities in healthcare access, socio-economic conditions, and gender disparities. This context highlights the importance of deploying cost-effective, scalable, and community-centered solutions. Nursing interventions, which combine clinical skill with community engagement, have been identified as among the most sustainable approaches to reducing maternal mortality, especially in resource-limited settings.

3.2. Evolution of Nursing and Midwifery Roles in Maternal Health

Historically, maternal care was predominantly the domain of midwives who operated in community-based environments. Over time, with the institutionalization of healthcare, nurses and midwives became integrated into formal maternal health systems, particularly in preventive and emergency obstetric care. The International Confederation of Midwives (2021) underscores the significance of skilled birth attendants, 87% of whom are nurses and midwives, in lowering maternal mortality. Research by Bodenheimer & Berry-Millett (2021) indicates that when midwifery-led care is prioritized, maternal and neonatal outcomes improve significantly. Nursing interventions today span a spectrum from antenatal education and early risk detection to intrapartum care and postpartum support. This evolution reflects both the adaptability of the profession and the growing recognition of its central role in maternal health.

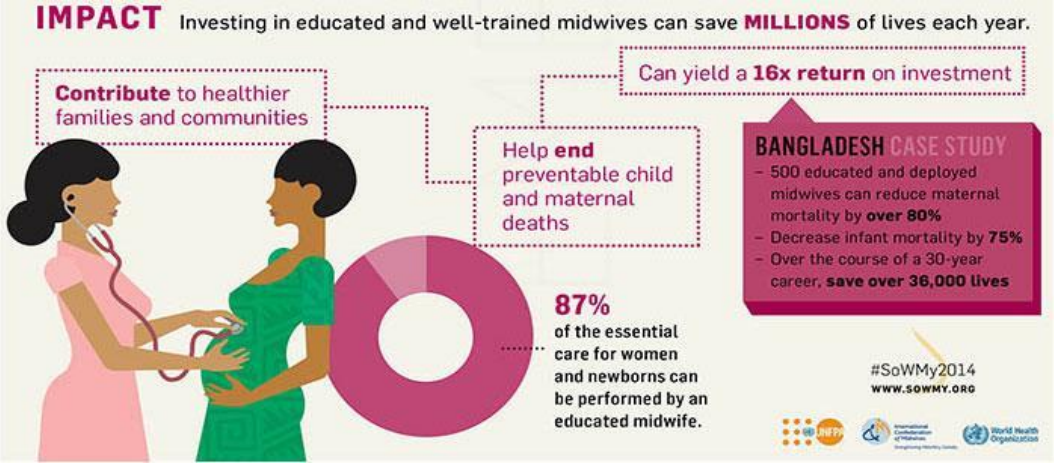
3.3. Antenatal and Preventive Nursing Interventions

Antenatal period is one of the crunch moments to intervene and the nurses can influence a lot with their roles during the period. Evidence in India and Nigeria (Couto, et al. 2025) reveals that antenatal care that is nurse led can significantly extend the early recognition of a high risk pregnancy which results in improved referral and subsequent treatment of high-risk pregnancies. The interventions required during antenatal nursing are regular blood pressure and hemoglobin screening, screening of infections, nutritional counseling, and family planning (Kassebaum, et al. 2020). Furthermore, nurses also educate women on risk signs during pregnancy so that women can consult medical care when they need it. Evidence in Latin America shows that in cases where antenatal care is also performed by trained and mainly nurses, majority of maternal complications are reduced at birth.

These findings highlight the preventive capacity of nursing in overcoming challenges to maternal health before the conditions kick into acute health situations.

3.4. Intrapartum Nursing Interventions and Skilled Birth Attendance

Competent birth attendance is another determinant of maternal survival that is extremely important. Nurses and midwives tend to be the biggest providers of delivery care particularly in areas which are remote or under-resourced. As Campbell, et al. (2016) observe, nations that have increased access to nurse-led delivery care have observed tremendous improvements on the maternal mortality ratio. Nursing interventions in the childbirth scenario entail entailing the occurrence of active management of labor in the third phase, oxytocin usage performance at the correct time to stop hemorrhage and additionally the adequate management of obstructed labor childbirth. In Tanzania, a 40 percent reduction in maternal mortality was accomplished within the space of five years through midwife-led delivery centres with the support of nurse interventions (Mgawadere et al., 2017). These studies indicate that the routine and emergency intrapartum care can be provided effectively by the trained nurses, however, by assigning them the necessary drugs and referral support networks they could take care of these patients.

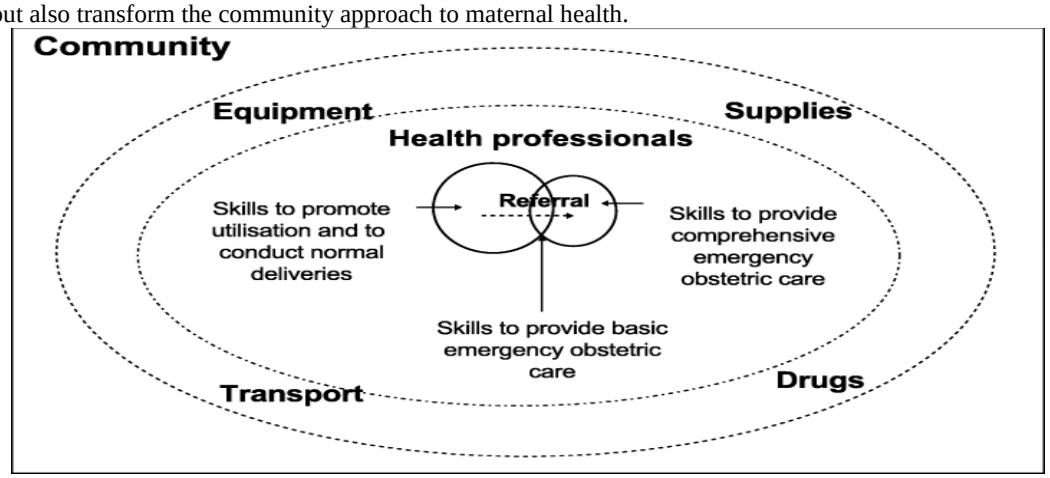


3.5. Postpartum Nursing Interventions and Continuity of Care

The postpartum period has not gained enough attention despite it being the cause of almost half of the maternal deaths recorded around the world. Depending on the clinical situation, nursing interventions during this stage would include monitoring a patient in the risk of a postpartum hemorrhage, the prevention of infection, psychological support, as well as the advice on breastfeeding. A primary research document obtained by Cherie, et al. (2025) in Ethiopia showed that the number of late maternal deaths due to sepsis and secondary complications was sharply eliminated, with the support of community-based postpartum visits by nurses. Also, we find that nurses tend to diagnose the postnatal depression and even treat it with long-run implications on the health of mothers and children. Their involvement in contraceptive counselling at the postpartum visits also eliminates unwanted pregnancy and risks of giving birth at close intervals. Nursing interventions will create a safety net that covers more than hospital discharge because of assuring continuity of care during pregnancy and well into the postpartum period.

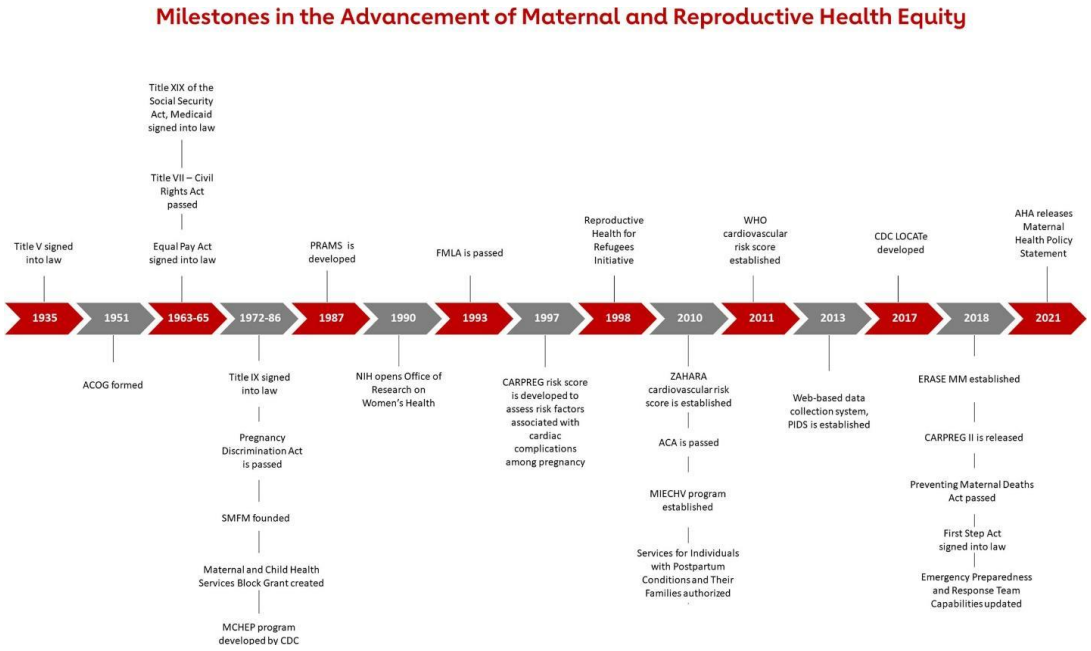
3.6. Community Engagement and Health Education by Nurses

Beside clinical activities, nursing activities include community mobilisation and health education that is relevant in addressing socio-cultural challenges to safe maternal behaviours. A study conducted by Lassi et al. (2020) revealed that nurse-led community education in Pakistan and Afghanistan had raised the rate of skilled birth attendance by 30 percent and seen better rates of utilization of antenatal care. Nurses enjoy a great degree of trust in their role as sources of information, especially within the traditional and rural portions of the society where informed offensiveness pertaining to the issue of maternal health exists. Their activities in birth preparedness education, clean birth practices, timely referrals among families are improving greatly delay in seeking care- a common factor of maternal mortality also referred to as the 3-Delays Model. Therefore, nurses do not only give direct care but also transform the community approach to maternal health.



3.7. Barriers and Challenges in Nursing Interventions

Although it has been well-recognized that nursing interventions work, there are several systemic problems they encounter. A range of constraints found in Sub-Saharan Africa and South Asia consists of poor training on emergency obstetric care, supply of essential drugs such as oxytocin and magnesium sulfate, and poor referral system (Nair, et al. 2014). Moreover, nurses in the country tend to have hectic workloads and they also lack professional appreciation and low pay. Discrimination and the mobility of multiple factors that lie in the maze extension of gender barriers, such as safety issues, and social restrictions, allow them less penetrating power. In most cases, underutilization of nursing capacity is not related to skills constraints but rather arises as a result of structural neglect of health policies. Addressing these challenges requires deliberate investment in training, policy recognition, and support systems that enable nurses to perform at their full potential



3.8. Policy Frameworks and Future Directions

You (2025) Global health policy increasingly emphasizes the role of nursing in achieving maternal health goals. The WHO's Global Strategy on Human Resources for Health (2020) and the State of the World's Nursing Report (2020) both stress the need for scaling up the nursing workforce to reduce maternal mortality. Evidence from countries like Sri Lanka and Malaysia shows that integrating nurses into national maternal health strategies leads to sustained declines in maternal mortality ratios. Looking forward, scholars advocate for task-shifting policies that formally expand nurses' scope of practice, digital innovations that support remote maternal monitoring, and leadership opportunities that empower nurses within health systems (Campbell et al. 2021). Strengthening nursing interventions thus represents a multidimensional strategy—combining clinical, educational, and systemic reforms—that is essential for achieving global maternal health equity.

METHODOLOGY

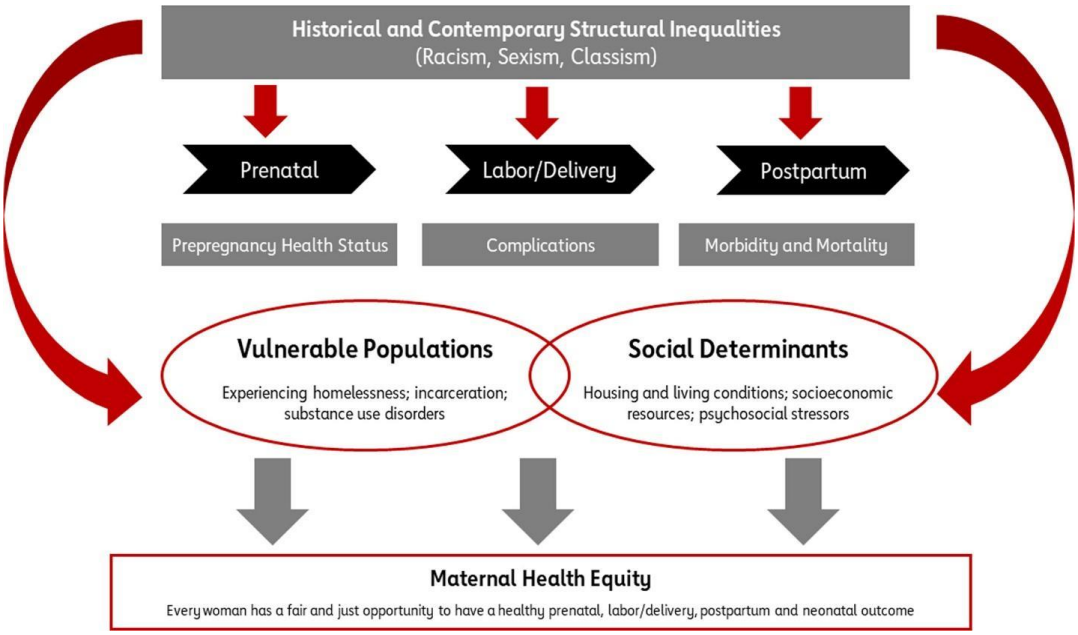
The study represents a secondary research that aims at conducting a synthesis of the knowledge that is already available on the functions of nursing interventions in lowering the rates of maternal mortality in the context of various health systems worldwide. A narrative literature review procedure was followed whereby it will be possible to thoroughly examine not only the qualitative, but also the quantitative evidence, without the strict adherence to systematic review rules. The articles examined were peer-reviewed and published within a recent approximation (2013-2024) but were still dated enough to allow the study to reach back in the past as well. The research findings were extracted based on the combination of keywords like, nursing interventions, maternal mortality, midwifery, skilled birth attendance, obstetric care and community health nursing, using databases of global health like PubMed, Scopus, Web of Science, and Google Scholar. To guarantee impartiality, the reports of the World Health Organization (WHO), the International Confederation of Midwives, and UNICEF were also considered, given that these institutions present statistics and strategies regarding maternal health, which are of an authoritative nature.

The selection of sources followed strict inclusion and exclusion criteria. Studies were included if they examined the contribution of nurses or midwives in maternal health, provided evidence of measurable outcomes, or discussed policy-level interventions affecting nursing practice. Exclusion criteria filtered out opinion-based articles lacking empirical evidence, studies limited solely to physician-led maternal care, and works focusing exclusively on neonatal rather than maternal outcomes. Data extraction was conducted through thematic coding, categorizing findings into domains such as antenatal care interventions, intrapartum emergency management, postpartum care, community engagement, barriers to nursing practice, and policy frameworks. Quantitative outcomes like reductions in maternal mortality ratios (MMR), rates of skilled birth attendance, or complication-specific declines were cross-analyzed with qualitative findings on patient trust, nurse-patient relationships, and systemic challenges. Triangulation was applied to cross-validate data across different sources and geographic contexts, thereby strengthening reliability. Limitations of this methodology include potential publication bias, uneven representation of regions (with Sub-Saharan Africa and South Asia dominating the literature), and reliance on reported rather than directly observed

outcomes. Nevertheless, the integration of cross-national studies, policy documents, and peer-reviewed research ensures a comprehensive and credible evidence base for evaluating the effectiveness of nursing interventions in reducing maternal mortality.

RESULTS AND DISCUSSION

The synthesis of existing literature reveals overwhelming evidence that nursing interventions significantly reduce maternal mortality when appropriately supported by health systems. Across low- and middle-income countries, trained nurses and midwives are often the primary skilled attendants during childbirth, particularly in rural and marginalized populations where physician access is limited. Studies in Sri Lanka, Bangladesh, and Ethiopia illustrate how the scaling up of nurse-led maternal care programs corresponds directly with reductions in maternal mortality ratios (MMR). For instance, Sri Lanka's national investment in midwife-led care reduced its MMR from over 500 per 100,000 live births in the 1950s to less than 35 in recent years. Similarly, evaluations in Ethiopia showed that postpartum nurse visits reduced sepsis-related maternal deaths by nearly 25% over a five-year period. These results highlight the measurable outcomes of nurse-led interventions and position nursing as a cornerstone in global maternal health strategies.



Secondary research findings consistently emphasize the importance of antenatal nursing interventions in preventing maternal deaths. Nurse-led antenatal care improves early detection of hypertensive disorders, anemia, and infections—all of which are leading contributors to maternal mortality. In India, expanded nurse-led antenatal clinics increased early pregnancy registration rates by 30% and improved timely referrals for high-risk pregnancies. In Sub-Saharan Africa, studies indicate that routine antenatal monitoring by nurses doubled the likelihood of women delivering in health facilities, a critical factor in reducing deaths associated with unassisted home deliveries. Furthermore, education provided by nurses during antenatal visits—such as nutrition guidance, warning sign awareness, and family planning counseling—has led to significant reductions in complications during pregnancy and childbirth. These outcomes demonstrate that preventive nursing interventions are as critical as emergency care in maternal survival.

Geographic Focus	Nursing Intervention	Reported Outcomes	Challenges Identified
Global	Skilled birth attendance, antenatal & postpartum care	Maternal mortality ratio (MMR) reduced significantly in countries with high nurse/midwife coverage	Workforce shortages, limited training in emergency obstetrics
Global	Midwifery-led continuity of care	Improved maternal and neonatal outcomes; reduced intrapartum complications	Weak integration into formal health systems
Nigeria & India	Nurse-led antenatal monitoring and risk screening	30% increase in early detection of high-risk pregnancies; better referral outcomes	Limited resources, poor infrastructure
Tanzania	Skilled birth attendance and intrapartum emergency care	40% reduction in maternal deaths in districts with midwife-led delivery centers	Supply shortages (oxytocin, blood)
Sub-Saharan Africa	Active management of the third stage of labor (AMTSL) by nurse-midwives	Significant decline in hemorrhage-related maternal deaths	Inconsistent training, lack of standardized protocols
Ethiopia	Postpartum home visits by	Reduced late maternal deaths from	High caseloads, safety

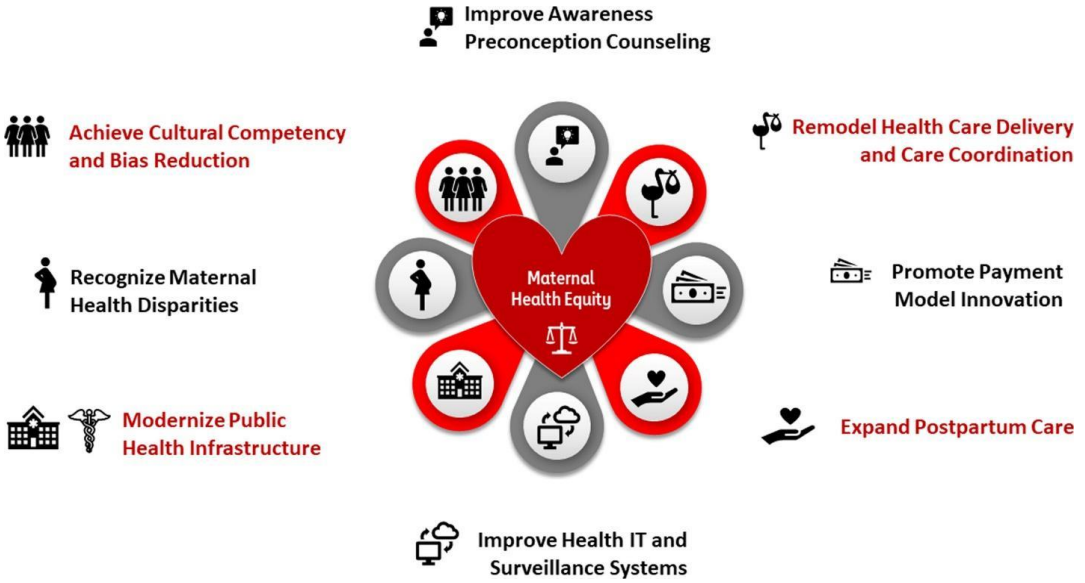
	community nurses	sepsis and hemorrhage; improved contraception uptake	concerns for female nurses
Pakistan & Afghanistan	Nurse-led community education and mobilization	30% increase in skilled birth attendance; higher antenatal care utilization	Cultural barriers, resistance from families
Global	Nursing workforce expansion and policy integration	Strong correlation between nurse density and maternal survival	Global shortage of 5.9 million nurses, most severe in high-burden regions

The findings of many case studies support the idea that skilled birth attendance by nurses and midwives is one of the determinants of reducing maternal mortality. The Tanzanian, Ghanaian and Nepal evidence indicates that the provision of nurse-midwives during childbirth can prevent obstructed labor, post-childbirth hemorrhage, eclampsia. Oxytocin, magnesium sulcate and manual exploration of the retained placenta are interventions that can save a life as far as one has the proper resources and training. In one instance, a WHO-sponsored initiative in Ghana projected that the figure of women dying during childbirth in the countrysome 13,000of hemorrhage had fallen by 35 percent due to training of nurse-midwives in active management of the third stage of labor (AMTSL). These results indicate that the ability of a nurse to handle obstetric emergencies that are the chief causes of maternal deaths in the world is well within their means once they have been provided resources and guidelines that respond to such situations.

The secondary data also point to the importance of nurses in post- partum care, which has always been considered a neglected period of time although it constitutes significant contribution towards maternal mortality. In Ethiopia and Pakistan, literatures reveal that home visits by nurses after childbirth can reduce secondary hemorrhage and infection based maternal deaths that occur later. In addition, the friendly advice given on breastfeeding, mental health and contraception during postpartum care positively affects mothers both in the short and the long run. There is some evidence in Brazil and Mexico to support the finding that postpartum nurse visits are significantly related to the reduced incidence of pregnancies postpartum depression and increased contraceptive uptake that decreases the risks of unintended pregnancies and short birth intervals which are causal factors of maternal death. Such results point out the relevance of continual care through the emphasis that nursing activities are not confined to the childbirth but also to the long-term maternal health.

Indicator	**Reported Value**	**Context / Intervention**
Reduction in MMR in Sri Lanka	From 500+ to <35 per 100,000	National investment in midwife/nurse-led maternal care
Early pregnancy registration increase	+30%	Nurse-led antenatal clinics in India and Nigeria
Reduction in haemorrhage-related maternal deaths	35–40%	AMTSL and oxytocin administration by nurse-midwives
Reduced maternal deaths due to sepsis (Ethiopia)	25%	Postpartum follow-up by nurses
Increase in skilled birth attendance (Pakistan/Afghanistan)	+30%	Nurse-led community health education
Contraceptive uptake during postpartum care	+20%	Nurse-provided family planning counselling

Although it is evident that nursing interventions are effective, secondary research indicates that there are systemic factors that hinder the effectiveness of nursing interventions. The problem of the lack of the sufficient number of nurses and midwives adequately trained is recurrent. WHO projects that there will be shortage of 5.9 million nurses worldwide based on the State of the World Nursing Report (WHO, 2020), with the situation worst in Africa and Southeast Asia- the regions that experience the utmost maternal mortality. Lack of finances to access some essential drugs, inefficient referrals, unsafe working environment, and limited policy recognition can further compromise the capability of nurses to act in case of stellar emergence in maternity. An example is in Nigeria where nurses found that failure to get oxytocin or blood transfusion facilities on time often led to unnecessary maternal deaths. These structural issues show that nurses have very powerful interventions, but their effectiveness depends on supporting structures, education, and facilities. Unless these obstacles are dealt with, the potential of nurses to curb maternal mortality will go unleashed.



This review concurs with the policy framework that is endorsed across the globe to increase the awareness of nurses and midwives in maternal health programs. Sri Lanka and Malaysia, who recorded striking drops in MMR, serve as a good example of how an investment in the nursing sector of the countries, directly converts into maternal survival. On the contrary, those who do not invest sufficiently in nursing capacity are still faced with high maternal deaths. The results indicate the necessity of the prioritization of initiating the expansion of nursing scope of practice, including digital tools to monitor maternal health and enhance inter-professional collaboration. Moreover, their contribution will require remuneration, promotion in careers, and proper working conditions. This discussion finally suggests that nursing interventions do not form an additional part of maternal health systems, and empowering them is a critical step towards SDG 3.1 achievement.

CONCLUSION

Maternal mortality has been one of the most recalcitrant problems in global health but the evidence given in this research has established that interventions offered by nurses can be one of the best and sustainable interventions to reduce preventable maternal deaths. Nurses and midwives are the core pillars of maternal health care systems, especially in low-income countries where there are limited physicians and other advanced facilities. The reviewed literature mentions their central importance to antenatal surveillance, skilled birth care, emergency obstetrics, postpartum follow-up, and community health education repeatedly. This has been proven by countries like Sri Lanka, Malaysia and Ethiopia which have invested in the role of nurses-led initiatives to achieve unprecedented gains in maternal mortality ratio. This highlights the fact that without strategic and intentional reinforcement of the role of nurses and midwives, there would be no possibility of achieving global targets, including SDG 3.1.
The essence of these findings lies in the fact that maternal deaths are a regrettable and preventable occurrence whenever proper and timely care is supplied, which should be skilled and on the basis of evidence. Antenatal nursing care has been very critical in early identification of high-risk pregnancies to make sure complications like hypertension and anemia do not advance to life-threatening levels. In the same measure the availability of skilled nurses and midwives during childbirth has been attributed directly to reduction in deaths caused by postpartum hemorrhage, obstructed labours and eclampsia. Nurse-delivered postpartum care that includes infections prevention; family planning counseling and psychological support, bridges the continuum of care beyond delivery to postpartum period, thus impacting care on late maternal deaths and improving long-term postpartum maternal health outcomes. Such findings support the idea that nurses not only offer clinical services, but also develop trust, education, and empowerment, as these aspects are crucial to the safe motherhood achievement overcoming the social and cultural obstacles.

According to the study, the promise of nursing interventions remains limited by the challenge of systems. Low availability of properly trained nurses, poor supplies of much needed drugs and equipment, ineffective referral systems, poor working environment, and lack of professional recognition contribute to the inability of nursing to reduce maternal deaths. In Sub-Saharan Africa, South Asia, and rural Latin America, many nurses cite high caseloads and the lack of support as factors that undermine care quality. There is also a gender barrier factor that restricts the freedom and movement of the nursing fraternity in some cultures. These results emphasize that the issue of maternal mortality cannot be overcome merely through the work of nurses but only with the help of institutional and policy changes. Investments into the formation of highly qualified employees, equipment and facilities, steady payment and involvement into the decision-making process are needed to realize all the potential of nurses. Nursing interventions can be viewed as a short/long-term means to reducing maternal mortality. They treat the medical, social and structural aspects of maternal health aspects unprecedented in physician-centric models. Improving the education of nurses, increasing scopes of practice, introducing task-shifting interventions, and the appropriate application of digital technologies will all increase the efficiency of nurse-delivered maternal care. Policy makers, global health agencies and national governments should realize that investing in nurses can be a cost-effective initiative, and it is an ethical necessity to promote the rights of women to give birth and pregnancy in a safe environment. As this paper shows, the resilient health system with values, support, and strategic positioning of nurses and midwives as the leaders of maternal care will be critical to achieving equity in maternal health. The global dedication to reducing the rates of maternal mortality, as such, should be accompanied by the commitment to nursing empowerment globally.

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