

BOTSWANA MATERNAL MORTALITY RATIO 2023

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STATISTICS BOTSWANA

BOTSWANA MATERNAL MORTALITY RATIO 2023

PREFACE

This Stats Brief presents the Maternal Mortality Ratio (MMR) for 2014 to 2023. The Ministry of Health provides the data used for this brief through reports from health facilities. The brief assesses the causes of Maternal mortality in order to monitor the effectiveness of Government interventions and thus ensure that no mother dies as a result of childbirth. This commitment is underscored by the government's subscription to the Sustainable Development Goal of 'ensuring healthy lives and promoting wellbeing for all ages. The SDGs commit countries to reducing the global Maternal Mortality Ratio (MMR) to less than 70 deaths per 100,000 live births. The Goals also advocate for a high proportion of births attended to by skilled health personnel.

The brief shows that 88 maternal deaths were reported in 2023 from **49,816 live births**, yielding a Maternal Mortality Ratio (MMR) of 176.7 maternal deaths per 100,000 live births. Over the years, there has been a fluctuating trend in the Maternal Mortality Ratio (MMR), ranging from 127 deaths per 100,000 live births (lowest) in 2015 to 240 deaths per 100,000 live births (highest) in 2021. This indicates that the country is yet to reach the 70 deaths per 100,000 live births SDG target set by the World Health Organization (WHO).

We continue to observe a high number of mothers giving birth in health facilities. The brief shows that 99.8 percent of all births are estimated to have occurred in health facilities supervised by a skilled health professional.

Statistics Botswana welcomes contributions from all stakeholders and collaborating partners to ensure the product is available. We welcome suggestions on how to improve this brief to effectively monitor the SDGs and ensure that no mother dies during childbirth due to preventable causes.

Thank you



Dr Lucky Mokgatlhe
Acting Statistician General
September 2025

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Definition of Maternal Mortality Ratio (MMR)

Maternal Death Definitions for Classification and Calculation of MMR

MMR: key terminologies	
The following World Health Organization (WHO) maternal death definitions were used for the classification and calculation of MMR. The classification of causes of maternal deaths is also completed according to the International Classification of Diseases Volume 10.	
Maternal Death	The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.
Direct Maternal Death	A death resulting from complications of pregnancy, labor, or delivery, or their management.
Indirect Maternal Death	A death resulting from a pre-existing condition or a condition that developed during pregnancy and was exacerbated by the physiologic effects of pregnancy.
Non-Maternal Death	A death that occurred during pregnancy or within 42 days of termination of pregnancy but was considered unrelated to pregnancy (e.g., due to injury, homicide, or suicide).
Maternal Mortality Ratio (MMR)	Number of maternal deaths during a given period per 100,000 live births during the same period.
	The ratio is expressed as follows: $\frac{\text{Maternal deaths} * K}{\text{Live births}}$ Where K = 100,000
Proportion Maternal Mortality (PMM)	Proportion of maternal deaths among all deaths of women of reproductive age (15-49 years).

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1. Introduction

This Statistical Brief provides information on Botswana's Maternal Mortality Ratio for 2014 – 2023. The Maternal Mortality Ratio is defined as the number of maternal deaths per 100,000 live births. The Sustainable Development Goal (SDG) 3.1 aims to lower the global Maternal Mortality Ratio (MMR) to below 70 per 100,000 live births by 2030. To guarantee the availability and quality of maternal mortality information, Statistics Botswana and the Ministry of Health's Department of Public Health - Sexual and Reproductive Health (SRH) collaborate to provide data on live births and maternal deaths. We hope readers and users of this information will find this brief informative, and we welcome input on how we can further improve the content of this publication.

2. Access to Health Services and Birth Attendant Assistance

The 2022 Vital Statistics Report indicates that over 99 percent of deliveries have taken place in health facilities over the years. This shows that a high number of births attended by skilled health personnel. The high levels of birth attendance by skilled health personnel should lead to accurate identification and classification of maternal death cases, as well as certification of the causes of maternal deaths. Hence, there is high coverage and precision on the collection of births and death data on mothers and their newborns.

3. Maternal Deaths

3.1 Maternal Deaths by Health District and Type of Health Facility

Table 1 presents the distribution of maternal deaths that occurred in the Health districts, disaggregated by the facility type, where they were reported in 2023. A total of 88 maternal deaths were reported in 2023. Close to half of maternal deaths (48.9%) occurred in Gaborone and Francistown DHMT, with Gaborone leading with 30.7 percent. The table further shows that 36.3 percent occurred in Referral hospitals, 28.4 percent in District hospitals, and one quarter (25.0%) in Primary hospitals. Clinics accounted for 10.2 percent of reported maternal deaths.

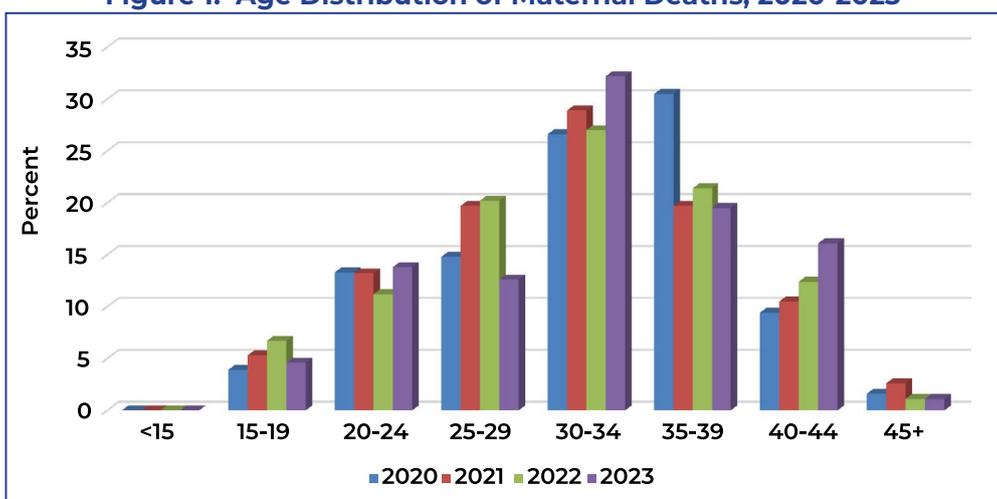
TABLE 1: Distribution of Maternal Deaths per Health District and Type of Facility, 2023

HEALTH DISTRICT	CLINIC	DISTRICT HOSPITAL	PRIMARY HOSPITAL	REFERRAL HOSPITAL	TOTAL	PERCENT
Gaborone	5	2	0	20	27	30.7
Francistown	0	1	3	12	16	18.2
Boteti	0	0	9	0	9	10.2
Ngamiland	0	7	0	0	7	8.0
Kweneng East	1	5	0	0	6	6.8
Mahalapye	1	3	1	0	5	5.7
Serowe	0	4	0	0	4	4.5
Kgatleng	0	3	0	0	3	3.4
Palapye	0	0	3	0	3	3.4
Goodhope	1	0	1	0	2	2.3
Gumare	0	0	2	0	2	2.3
Ghanzi	0	0	1	0	1	1.1
Kasane	0	0	1	0	1	1.1
Kgalagadi South	0	0	1	0	1	1.1
Tutume	1	0	0	0	1	1.1
Total	9	25	22	32	88	100.0

3.2 Age Distribution of Maternal Deaths

Figure 1 shows the proportion of maternal deaths reported among age groups for 2020 - 2023. The highest proportion of maternal deaths that occurred in 2023 was reported among the age groups 30-34 years (32.2%), followed by ages 35-39 years (19.5%) and 40-44 years (16.1%). There was one case of maternal death recorded for those aged 45 years and above. However, no cases were reported in less than 15 years.. A similar trend is evident over the previous three years, with maternal deaths consistently lower among women at the younger and older ends of the reproductive age spectrum They increase as reproductive ages increase and peak at 30 -39 years, decreasing again with age. The age group 40-44 years reflects a notable increase in the proportion of maternal deaths over the years.

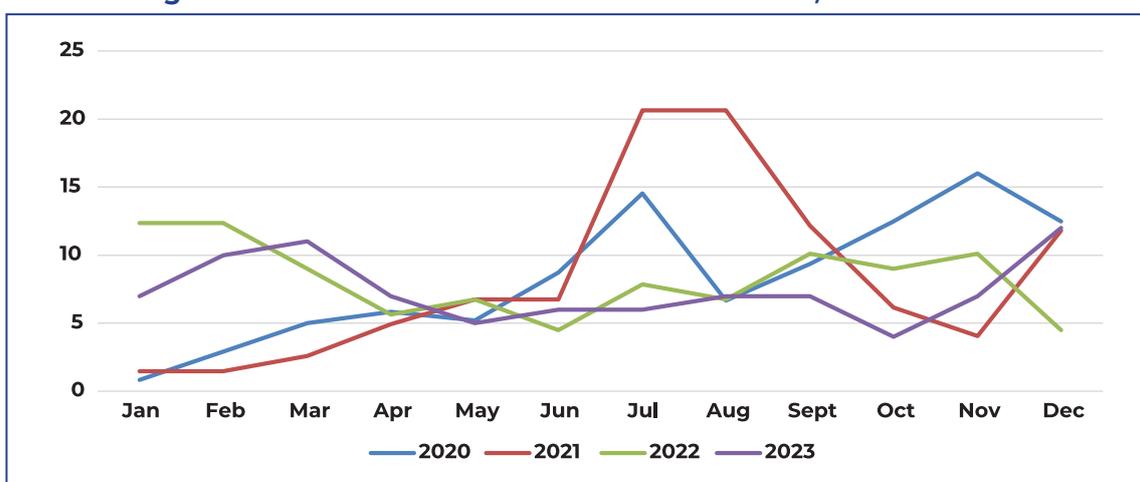
Figure 1: Age Distribution of Maternal Deaths, 2020-2023



3.3 Seasonal Variations in Maternal Deaths

Figure 2 presents the occurrence of Maternal mortality monthly for the years 2020 to 2023. Similarly, 2020, 2021, and 2022 maternal deaths presented a bimodal distribution. In 2023, maternal deaths were highest in January–March, reaching a peak in March and steadily decreasing thereafter. The second peak for maternal deaths was in December 2023.

Figure 2: Seasonal Variations in Maternal Deaths, 2020 to 2023



3.4 Maternal Mortality Ratio

Botswana's Maternal Mortality Ratio for 2014 - 2023 is shown in Table 2. The MMR slightly increased from 175.5 to 176.7 maternal deaths per 100,000 live births between 2022 and 2023. Over the years, there has been a fluctuating trend in the Maternal Mortality Ratio (MMR), ranging from 127 deaths per 100,000 live births (lowest) in 2015 to 240 deaths per 100,000 live births (highest) in 2021.

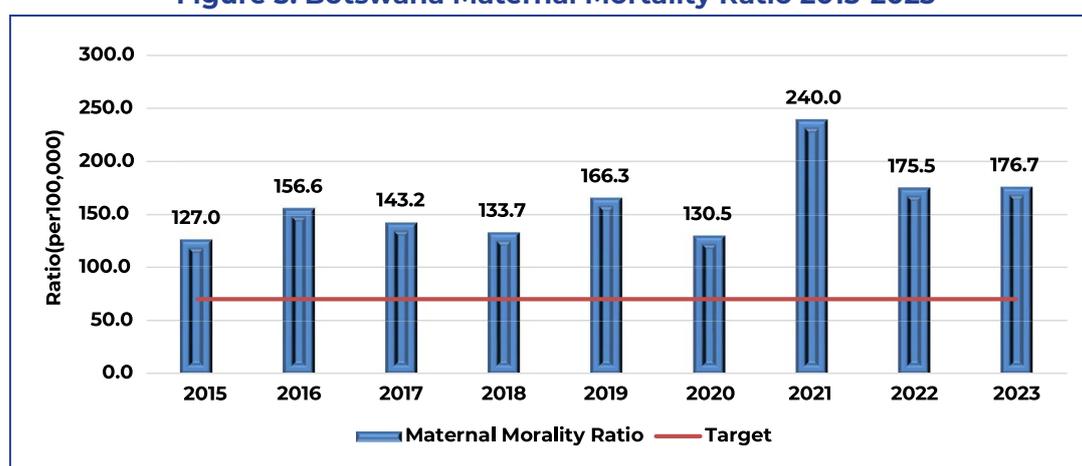
Table 2: Botswana Maternal Mortality Ratio 2014–2023

Variable	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Institutional live births	47,273	57,290	54,159	52,242	52,999	52,206	58,146	53,227	50,605	49,678
Non-Institutional live-births	205	190	108	116	117	98	98	99	99	138
Total live-births	47,478	57,480	54,267	52,358	53,115	52,304	58,244	53,326	50,704	49,816
Maternal Deaths	72	73	85	75	71	87	76	128	89	88
Maternal Morality Ratio (per 100,000 live births)	151.6	127	156.6	143.2	133.7	166.3	130.5	240	175.5	176.7

3.5 Progress towards Achieving Sustainable Development Goal (SDG) 3.1

Figure 3 highlights trends in the Maternal Mortality Ratio in comparison to the 70 deaths per 100,000 live births target. The figure shows that the country is still far from attaining the SDG target of 70 per 100,000 live births. In 2021, Botswana faced a significant setback in its efforts to achieve SDG 3.1c, as the highest number of maternal deaths was recorded, primarily due to the impact of COVID-19. By 2023, the Maternal Mortality Ratio stood at 176.7 deaths per 100,000 live births, highlighting the persistent challenges the country faces in meeting the SDG target.

Figure 3: Botswana Maternal Mortality Ratio 2015-2023



3.6 Underlying Causes of Maternal Deaths

3.6.1 Top Ten Causes of Maternal Deaths

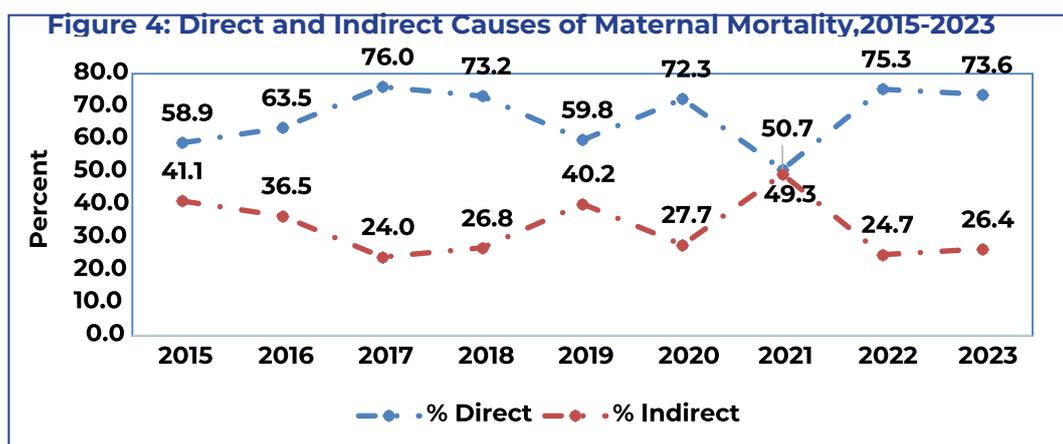
Table 3 shows the top ten underlying causes of maternal deaths in 2023. A total of 88 deaths were recorded in 2023. The highest reported leading cause was Other maternal diseases classified elsewhere but complicating pregnancy, childbirth, and the puerperium (22.7%). The second leading cause was Gestational (pregnancy-induced) hypertension with significant proteinuria (20.5%). Unspecified abortion was the third leading cause of maternal death, with 13.6 percent. The top ten contributed 86.4 percent of all maternal deaths.

Table 3: The Top Ten Leading Causes of Maternal Death, 2021-2023

Rank	ICD10 Code	Diagnosis	Number	Percent
1	O99	Other maternal diseases classified elsewhere but complicating pregnancy, childbirth, and the puerperium	20	22.7
2	O14	Gestational (pregnancy-induced) hypertension with significant proteinuria	18	20.5
3	O06	Unspecified abortion	12	13.6
4	O88	Obstetric embolism	6	6.8
5	O03	Spontaneous abortion	5	5.7
6	O71	Other obstetric trauma	5	5.7
7	O15	Eclampsia	3	3.4
8	O00	Ectopic pregnancy	3	3.4
9	O62	Abnormalities of the forces of labour	2	2.3
10	O21	Excessive vomiting in pregnancy	2	2.3
Total Above			76	86.4
Other			12	13.6
Grand Total			88	100.0

3.6.2 Direct and Indirect Causes of Maternal Deaths

Figure 4 shows the percentage distribution of direct and indirect maternal deaths from 2015 to 2023. Between 2015 and 2023 direct causes have been higher than indirect causes. In 2021, direct causes contributed to 50.7 percent of total maternal deaths, which was relatively closer to indirect causes (49.3%). This increase in indirect cases was predominantly due to COVID-19. In 2023, direct causes contributed to 73.6 percent of deaths.

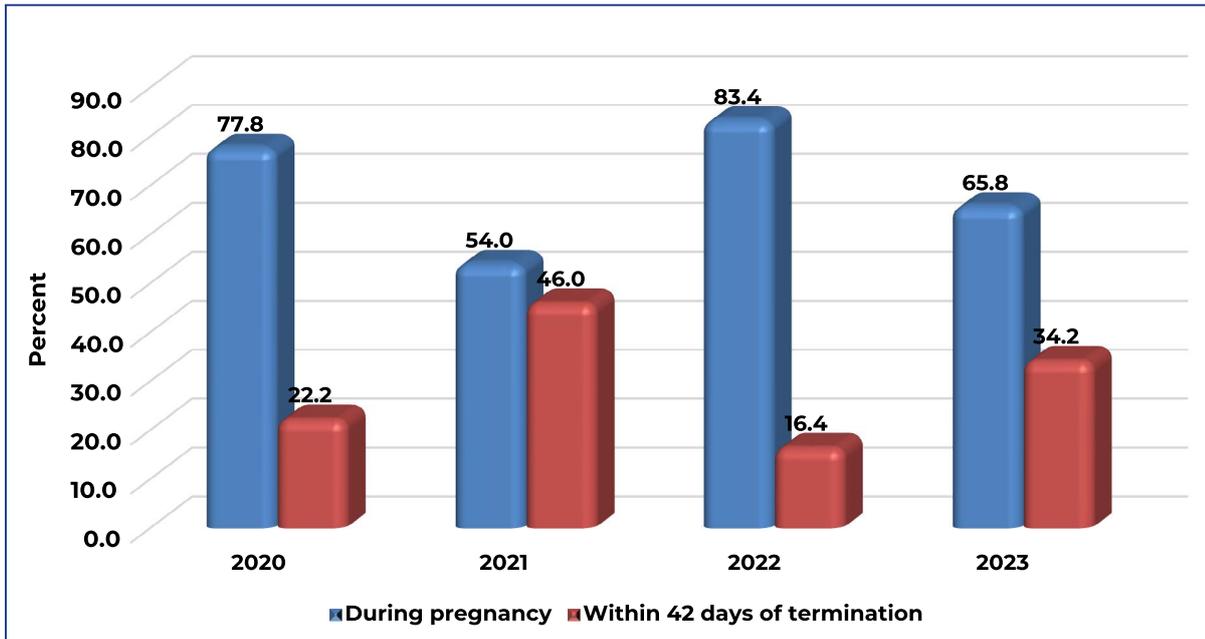


The most common causes of death among direct and indirect causes are indicated in Appendix 1. The leading cause of maternal deaths among the direct causes was Pre-eclampsia (15 Cases), followed by Unspecified abortion: Complete or unspecified, complicated by genital tract and pelvic infection (6 cases). Among the indirect causes, the most common were diseases of the circulatory system, which complicated pregnancy and childbirth, with 7 cases.

3.7 Gestation at the time of Maternal deaths

Gestation at the time of maternal death is the stage of pregnancy at which a woman dies due to pregnancy-related complications (during pregnancy, childbirth, or within 42 days after the termination of pregnancy). Figure 5 shows the proportion of maternal deaths for 2020 - 2023 as per gestation at the time of death. Generally, more maternal deaths occurred during pregnancy compared to those that occurred post-delivery over the years. The figure further shows that in 2023, close to two-thirds (65.8%) of deaths occurred during pregnancy.

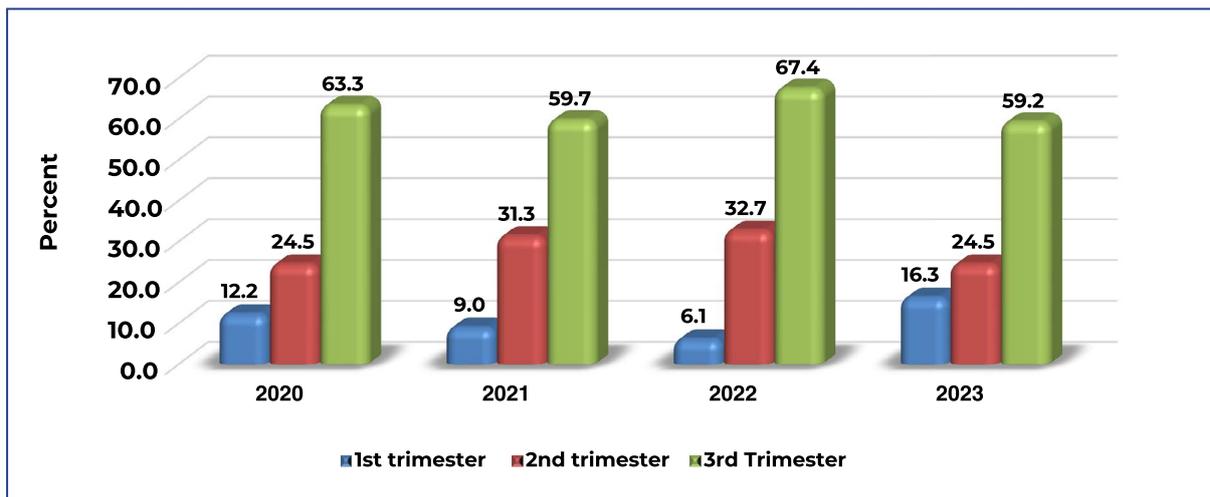
Figure 5: Gestation at time of Death per Year, 2020-2023



3.7.1 Maternal Deaths during Pregnancy

Figure 6 shows the proportion of maternal deaths that occurred during pregnancy in 2020 - 2023. Pregnancy is divided into trimesters: the first trimester is from week 1 to the end of week 12, the second trimester from week 13 to the end of week 26, and the third trimester from week 27 to the end of the pregnancy. The figure illustrates that the risk of maternal death consistently rises as pregnancy advances across all years. Maternal mortality is low in the first trimester, increases in the second trimester, and is highest in the third trimester. In 2023, maternal deaths in the first trimester contributed 16.3 percent, in the second trimester (24.5%), and in the third trimester (59.2%).

Figure 6: Proportion of Maternal Deaths that Occurred During Pregnancy, 2020-2023



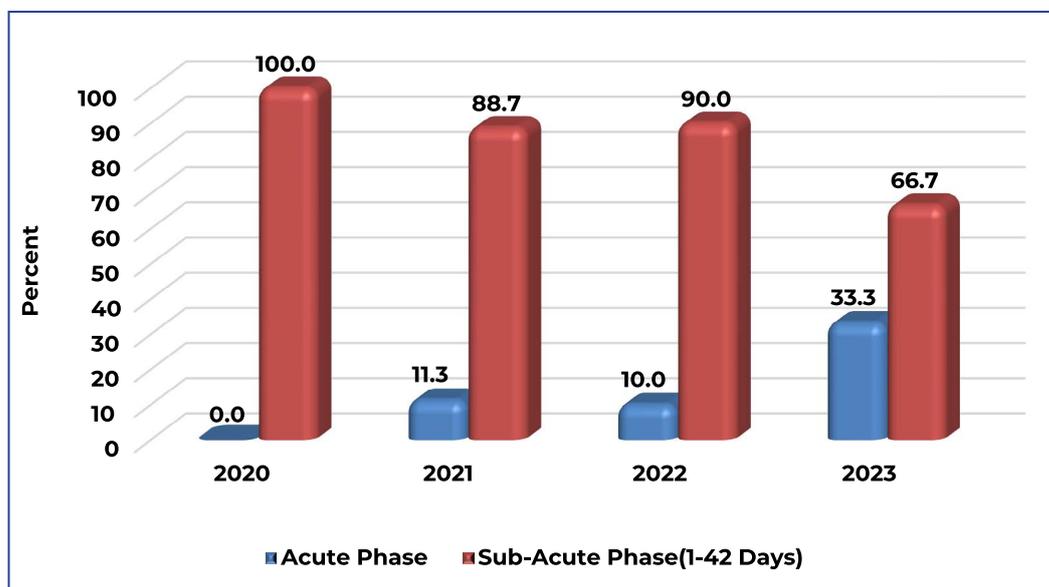
3.7.2 Postnatal Maternal Deaths

Figure 7 shows the proportion of maternal deaths that occurred within 42 days after the termination of pregnancy in 2020 - 2023. The postnatal period is generally distributed into three distinct but continuous phases.

- i. **The Acute Phase, which occurs 24 hours following delivery.**
- ii. **Sub-Acute Phase, which can last 2-6 weeks following delivery.**
- iii. **Late Phase, which can last from 6 weeks to 6 months following delivery, which is not part of this report.**

From 2020 - 2023, the majority of deaths occurred during the Sub-Acute phase (1-42 days). Over the years, the proportion of deaths in the Acute phase has been increasing. In 2023, one-third (33%) of deaths occurred in the Sub-Acute phase.

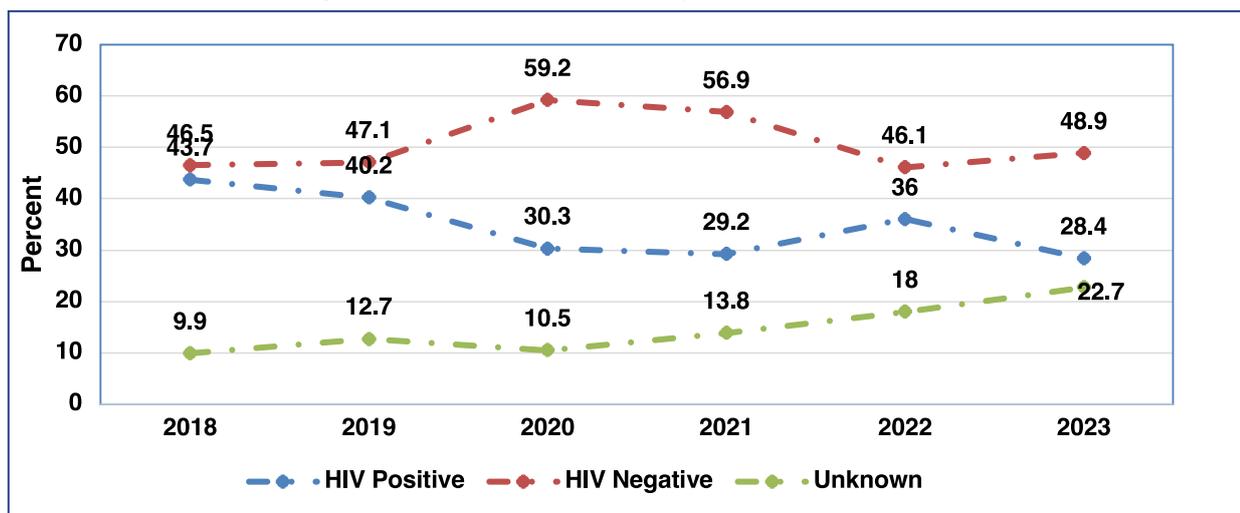
Figure 7: Maternal Deaths that Occurred Within 42 Days of Termination of Pregnancy, 2020-2022



3.8 Proportion of HIV positivity among maternal deaths over the years

It has been observed that among mothers who died from specified maternal causes, some were living with HIV/AIDS. From the 88 maternal deaths reported, 28.4 percent were HIV infected women, 48.9 percent were HIV negative, and 22.7 percent had unknown status (Figure 8 refers). The figure also shows that from 2020 to 2023, there has been an increase in the proportion of deaths with unknown HIV status.

Figure 8: Maternal Deaths by HIV Status, 2018-2023



4. Institutional Births VS Non-Institutional Births

There were 49,816 live births reported in 2023. **Table 4** shows that most births (61.8%) occurred in General Hospitals, compared to 22.3 percent in primary hospitals and 15.6 percent in clinics. This pattern has been consistent from 2017 to 2021. It is quite evident that most mothers (99.7%) deliver in health facilities rather than at home.

Table 4: Live Births by Place of Delivery 2017 – 2023

Place of Birth	2017		2018		2019		2020		2021		2022		2023	
	No.	%												
General Hospital	33,442	63.9	34,071	64.1	33,013	63.1	35,656	61.2	32,649	61.0	30,019	59.2	30,809	61.8
Primary Hospital	11,285	21.5	11,689	22.0	11,321	21.6	11,720	20.1	10,873	20.4	11,248	22.2	11,086	22.3
Clinics	7,515	14.4	7,239	13.6	7,872	15.1	10,770	18.5	9,705	18.3	9,338	18.4	7,783	15.6
Non - Institutional	116	0.2	116*	0.2	98	0.2	98	0.2	99	0.2	99	0.2	138	0.3
Total Live Births	52 358	100.0	53,115	100.0	52,304	100.0	58,244	100.0	53,326	100.0	50,704	100.0	49,816	100.0

4.1 Born Before Arrival (BBA)

The born before arrival (BBA) refers to births that occur outside the health facility and babies brought to the health facility within 24 hours after delivery. The BBA accounted for 4.5 percent (2,215) of 49,678 live births in 2023 (**Appendix 2**).

4.2 Non-Institutional Births

The 2023 non-institutional Live births constituted 0.3 percent of the total births (Annex 4). It has been realized that non-institutional births reported by Health Facilities to the Ministry of Health were low ever since the Ministry of Labour and Home Affairs inaugurated the collection of birth and death certificates. Furthermore, it is worth noting that the Gaborone district reported the highest non-institutional births, accounting for 33.3 percent, followed by Selibe Phikwe with 15.2 percent and Francistown with 9 births (8.2%).

5. Technical Note

The availability of data on the number of live births and maternal mortality is a collaborative effort between the Ministry of Health - Sexual Reproductive Health Unit and Statistics Botswana - Health Statistics Unit ensures the production of quality national maternal mortality information.

A photograph of a woman with dark curly hair, smiling and holding a baby. The image is overlaid with a semi-transparent blue filter. The woman is wearing a blue patterned top, and the baby is wearing a light-colored patterned top. The background is slightly blurred, showing what appears to be an outdoor setting with a building.

APPENDICES

APPENDIX 1: Causes of Maternal Mortality by Age Group of Mother – 2022

ICD 10 CODE	DIAGNOSIS	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	NS	TOTAL
DIRECT									
O14.1	Severe pre-eclampsia	1	0	3	2	2	1	0	9
O14.9	Pre-Eclampsia, unspecified	0	1	0	1	2	2	0	6
O06.5	Unspecified abortion: Complete or unspecified, complicated by genital tract and pelvic infection	1	0	2	2	0	0	1	6
O71.1	Rupture of uterus during labour	0	0	0	1	3	0	0	4
O99.4	Diseases of the circulatory system	1	0	0	0	2	0	0	3
O88.1	Amniotic fluid embolism	0	1	0	1	0	1	0	3
O14.2	HELLP syndrome	1	0	0	1	1	0	0	3
O03.5	Spontaneous abortion: Complete or unspecified, complicated by genital tract and pelvic infection	0	0	1	1	1	0	0	3
O00.1	Tubal pregnancy	0	1	1	0	1	0	0	3
O73.1	Retained portions of placenta and membranes, without haemorrhage	0	0	0	1	1	0	0	2
O72.0	Third-stage haemorrhage	0	1	0	0	1	0	0	2
O62.2	Other uterine inertia	0	0	0	1	1	0	0	2
O15.9	Eclampsia, unspecified as to time period	0	0	1	1	0	0	0	2
O06.6	Unspecified abortion: Complete or unspecified, complicated by delayed or excessive haemorrhage	1	0	0	1	0	0	0	2
O06.4	Unspecified abortion: Complete or unspecified, complicated by delayed or excessive haemorrhage	0	0	0	0	2	0	0	2
O99.5	Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium	0	0	1	0	0	0	0	1
O88.2	Obstetric blood-clot embolism	0	0	0	0	1	0	0	1
O71.4	Obstetric high vaginal laceration	0	0	0	0	0	1	0	1
O66.9	Obstructed labour, unspecified	1	0	0	0	0	0	0	1
O45.9	Severe pre-eclampsia	1	0	0	0	0	0	0	1
O45.0	Premature separation of placenta with coagulation defect	0	1	0	0	0	0	0	1
O21.2	Late vomiting of pregnancy	0	1	0	0	0	0	0	1
O21.0	Mild hyperemesis gravidarum	0	0	0	1	0	0	0	1
O15.0	Eclampsia in pregnancy	0	0	0	0	0	1	0	1
O06.3	Unspecified abortion: Incomplete, with other and unspecified complications	0	0	1	0	0	0	0	1
O06.0	Unspecified abortion: Incomplete, complicated by genital tract and pelvic infection	0	1	0	0	0	0	0	1
O03.6	Spontaneous abortion: Complete or unspecified, complicated by delayed or excessive haemorrhage	0	0	1	0	0	0	0	1
	TOTAL	7	7	11	14	18	6	1	64

APPENDIX 1 CONT'D: Causes of Maternal Mortality by Age Group of Mother – 2022

ICD 10 CODE	DIAGNOSIS	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - 44	NS	TOTAL
INDIRECT									
O99 4	Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium	2	0	4	1	0	0	0	7
O88 2	Obstetric blood-clot embolism	0	1	1	0	0	0	0	2
O99 1	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, childbirth and the puerperium	1	0	0	1	0	0	0	2
O99 3	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	1	1	0	0	0	0	2
O99 5	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0	0	0	0	2	0	0	2
O29 0	Pulmonary complications of anaesthesia during pregnancy	0	0	1	0	0	0	0	1
O89 0	Pulmonary complications of anaesthesia during the puerperium	0	1	0	0	0	0	0	1
O98 7	Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium	0	0	1	0	0	0	0	1
O98 8	Other maternal infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium	1	0	0	0	0	0	0	1
O99 0	Anaemia complicating pregnancy, childbirth and the puerperium	0	1	0	0	0	0	0	1
O99 6	Diseases of the digestive system complicating pregnancy, childbirth and the puerperium	0	0	0	1	0	0	0	1
O99 8	Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium	0	0	0	0	1	0	0	1
W84 9	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium	1	0	0	0	0	0	0	1
	TOTAL	5	4	8	3	3	0	0	23
UNKNOWN									
O03.3	Spontaneous abortion: Incomplete, with other and unspecified complications	0	1	0	0	0	0	0	1
GRANDTOTAL		12	12	19	17	21	6	1	88

APPENDIX 2: Live births by Health Facilities – 2023

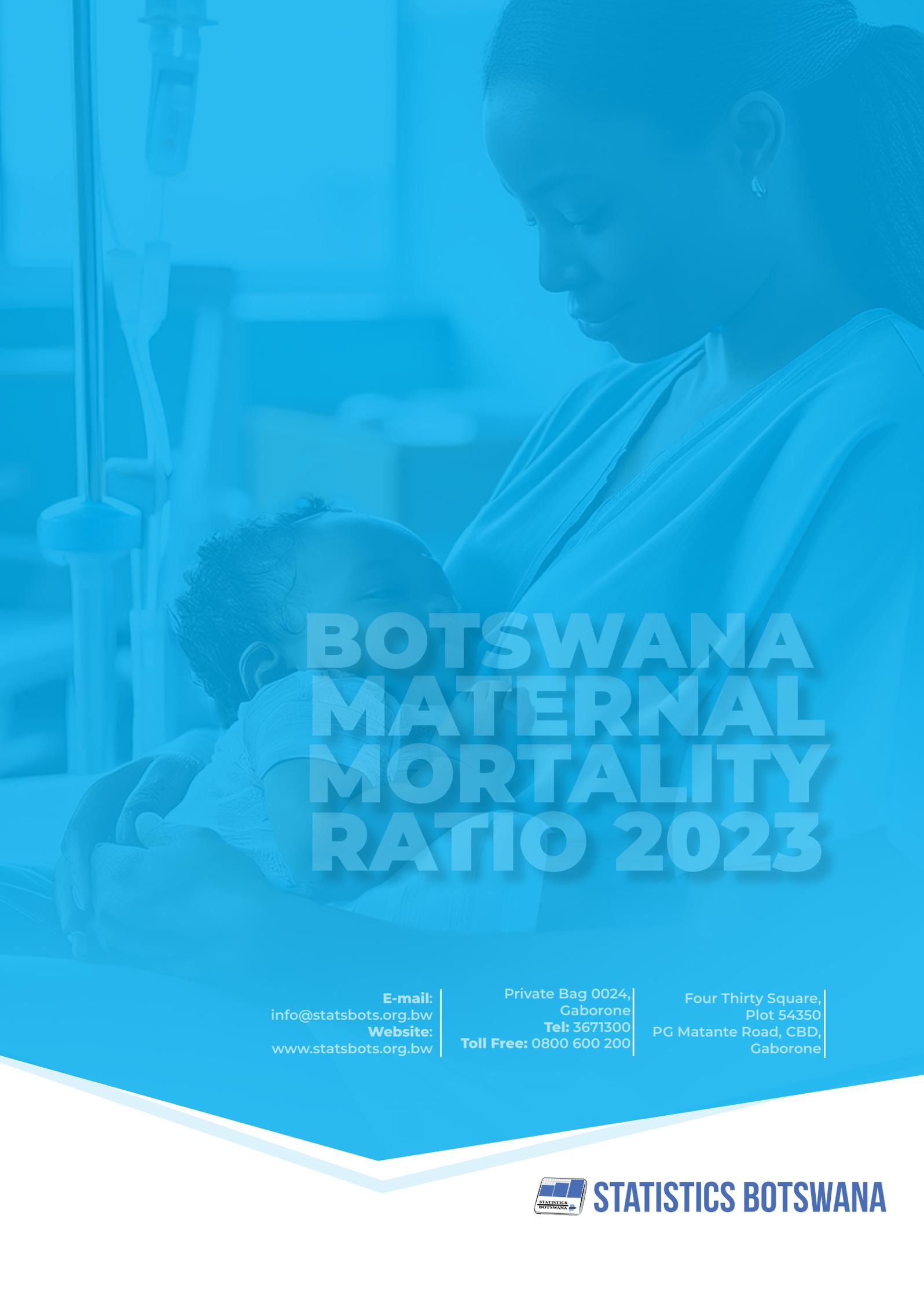
HEALTH FACILITY	NEWBORNS	NEW BBA	DISCHARGED (ALIVE)	DISCHARGED (DEAD)	TOTAL LIVE BIRTHS
GENERAL HOSPITALS					
Letsholathebe li Memorial Hospital	2,849	54	2,876	34	2,903
Scottish Livingstone Hospital	2,836	122	2,946	12	2,958
Bokamoso Private Hospital	409	0	409	1	409
S.D.A Kanye Hospital	1,467	41	1,482	23	1,508
Mahalapye Hospital	2,048	57	2,084	21	2,105
Deborah Reteif Memorial Hospital	1,671	67	1,729	16	1,738
Orapa Hospital	540	8	541	5	548
Princess Referral Hospital	5,468	32	5,333	161	5,500
Gaborone Private Hospital	686	8	650	9	694
Nyangwabwe Referral Hospital	4,312	66	4,319	89	4,378
Riverside Private Hospital	326	0	348	0	326
Bamalete Lutheran Hospital	1,452	24	1,468	7	1,476
Athlone Hospital	990	37	1,021	6	1,027
Sbrana Referral Hospital	0	0	0	0	0
BCL Mine Hospital	0	0	0	0	0
Selibe Phikwe Government Hospital	1,145	14	1,153	6	1,159
Jwaneng Mine Hospital	989	54	1,041	15	1,043
Sekgoma Memorial Hospital	2,200	90	2,275	13	2,290
Sidilega Private Hospital	747	0	747	0	747
TOTAL	30,135	674	30,422	418	30,809
PRIMARY HOSPITALS					
Masunga Primary Hospital	434	14	446	2	448
Palapye Primary Hospital	1,468	34	1,479	30	1,502
Bobonong Primary Hospital	730	27	754	2	757
Mmadinare Primary Hospital	295	11	306	0	306
Thamaga Primary Hospital	629	27	651	5	656
Gantsi Primary Hospital	1,086	119	1,196	9	1,205
Sefhare Primary Hospital	431	29	459	1	460
Kasane Primary Hospital	483	20	500	3	503
Tsabong Primary Hospital	558	16	570	4	574
Tutume Primary Hospital	870	54	919	5	924
Gweta Primary Hospital	222	20	241	1	242
Rakops Primary Hospital	218	24	239	3	242
Letlhakane Primary Hospital	823	127	942	7	950
Gumare Primary Hospital	790	24	807	6	814
Joseph Kavindama Primary Hospital	516	68	542	9	584
Thebephatshwa Primary Hospital	3	3	5	0	6
Good Hope Primary Hospital	568	28	589	7	596
Hukuntsi Primary Hospital	304	13	313	4	317
TOTAL	10,428	658	10,958	98	11,086
CLINICS	6,900	883	7,734	42	7,783
GRAND TOTAL	47,463	2,215	49,114	558	49,678

Appendix 3: Maternal Mortality in HIV Infected Women by Age Group of Mother – 2022

ICD10 CODE	DIAGNOSIS	25 - 29	30 - 34	35 - 39	40 - 44	NS	TOTAL
O03.5	Spontaneous abortion: Complete or unspecified, complicated by genital tract and pelvic infection	1	1	1	0	0	3
O06.4	Unspecified abortion: Complete or unspecified, complicated by delayed or excessive haemorrhage	0	0	1	0	0	1
O06.5	Unspecified abortion: Complete or unspecified, complicated by genital tract and pelvic infection	1	1	0	0	1	3
O14.1	Severe pre-eclampsia	0	0	2	0	0	2
O14.9	Pre-Eclampsia, unspecified	0	0	1	1	0	2
O15.0	Eclampsia in pregnancy	0	0	0	1	0	1
O71.1	Rupture of uterus during labour	0	1	1	0	0	2
O71.4	Obstetric high vaginal laceration	0	0	0	1	0	1
O73.1	Retained portions of placenta and membranes, without haemorrhage	0	0	1	0	0	1
O88.1	Amniotic fluid embolism	0	0	0	1	0	1
O88.2	Obstetric blood clot embolism	0	0	1	0	0	1
O98.7	Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium	0	1	0	0	0	1
O99.1	Other diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism complicating pregnancy, childbirth and the puerperium	0	0	1	0	0	1
O99.4	Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium	0	2	1	0	0	3
O99.5	Other maternal diseases classifiable elsewhere but complicating pregnancy, childbirth and the puerperium	0	0	0	1	0	1
O99.8	Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium	0	0	0	1	0	1
TOTAL		2	6	10	6	1	25

Appendix 4: Non-Institutional Live births by District – 2023

DISTRICT OF BIRTH	NUMBER	PERCENT
Gaborone	46	33.3
Selibe Phikwe	21	15.2
Francistown	13	9.4
Kweneng east	8	5.8
South East	8	5.8
Boteti	5	3.6
Goodhope	5	3.6
Ngamiland	5	3.6
Southern	5	3.6
Palapye	4	2.9
Serowe	4	2.9
Jwaneng	3	2.2
Kgatleng	3	2.2
Ghanzi	2	1.4
Okavango	2	1.4
Bobirwa	1	0.7
Kweneng west	1	0.7
Mahalapye	1	0.7
Tutume	1	0.7
charleshill	0	0.0
Chobe	0	0.0
Kgalagadi North	0	0.0
Lobatse	0	0.0
Mabutsane	0	0.0
Moshupa	0	0.0
North east	0	0.0
GRAND TOTAL	138	100.0



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