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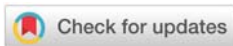
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Mini Review

Maternal mortality in Mexico- A biological event; A social process

The 21st century is the century of knowledge, technology, but especially, the full exercise of Human Rights. In Mexico, the right to health protection is embodied in the Political Constitution and imposes on the state and its institutions the obligation to protect this essential right. Regardless of the social, labor or economic status that people keep. The Mexican State has the obligation to guarantee this right in favor of each person and entails a series of benefits, which satisfy an individual need, but which entails a collective exercise, which aims to keep people healthy, productive and capable of being productive. And generate welfare and better social capital. Health is considered a prerequisite to achieve impacts that generate social development [1].

Countries are evaluated in modern life, by indicators that are accepted in the global sphere and weigh preponderantly, human development. This indicator allows you to evaluate the quality of care of pregnant women in a health system, in a society.

An increase in the ratio of maternal death reflects poor health care conditions, since most maternal deaths can be avoided with the available medical resources and the scientific arsenal to prevent, detect and treat possible risks and complications of a pregnancy. In essence, it is considered a health problem and the basic causes, have to do with inherent complications and proper to the state of pregnancy. Public policies to address them are implemented through transversal processes that contemplate investment with a gender focus [2].

Maternal mortality also generates a social problem, due to the impact it has on the family. The absence of breastfeeding, primary care of the newborn, orphan hood and violence, infant mortality and school dropout, are considered direct or indirect effects, derived from the absence of the mother from birth and in the family itself when there is more children

[3]. The evidence shows that Mexico is far from solving fundamental problems in the social sphere. Discrimination, exclusion, poverty and marginalization, remain unresolved social determinants, which add to a low educational level and difficulties in accessing services, in many areas of the country.

We have experienced the evolution of the last 30 years of obstetrics in all its implications: operational, administrative, directive and decision-making and we can see that the problems are multifactorial but have a common denominator when they are not solved. Information is better in the last three decades. However, this information is not used appropriately to implement public policies. The problem is analyzed, but no substantive solution is given. The solution has to do with women's rights to receive quality services. The health system does not have mechanisms to respond, under current conditions.

Mexico has made adjustments to population figures, estimates were inconsistent with reality. The country registers more than two million births per year and the registry is deficient in marginalized areas. Most maternal deaths occur in public hospitals and have to do with a late detection of largely preventable complications. To this are added secondary diseases such as obesity, gestational diabetes and high blood pressure.

The state, obliged to intervene, to protect rights, in a country of great extension and population, requires a large organization, articulation and local management. When the study of the indicator is deepened; Reveals a weak state, without the capacity to organize an efficient system that has the means to put into operation universal, free and quality public policies that prevent maternal deaths, diluted in more than 2.2 million births per year. And the principles embodied in the constitution become a death letter when a maternal death is analyzed and the critical links that caused it. The most obvious objective data is the country's inequities, the risk of dying for a pregnant woman is 10 times greater in the region of Oaxaca, than in the urban area of Nuevo León [4].

In the international sphere, the indicator has been closely monitored for social repercussions and what it reflects as a

measure of social welfare. Its decrease reflects not only the social commitment of governments, but also accounts for the impact that a social system has on its inhabitants. It goes from being a biological problem only to being seen as a social problem, of gender equity. It involves measuring the degree of discrimination against women and their needs and the commitment of the health system to address morbid processes of people in a state of vulnerability. In essence, it can be said that maternal mortality measures and allows us to feel the health of a society as a whole. Because if pregnancy is not properly treated. Where the entire biological, genetic, social and cultural burden of a society is transferred to the next generation, it is difficult to accept other priorities. Human nature is far from fulfilling the principle of achieving the common good as a basic premise. The current fragmentation of the Health System directly affects citizens [5].

The commitment assumed by all member countries of the World Health Organization (WHO) in 1990, was to achieve that in 2015 the ratio of maternal mortality was reduced 75% in relation to what was reported in 1990, that is, they had a horizon 25 years to reach the goal. In the world it was not achieved and Mexico also did not achieve the objective set out in the MDGs 2015 [6,7]. In Mexico, the low level of education, which includes comprehensive sexuality education, cultural and religious processes, as well as the need for unmet contraceptive methods, have led to high adolescent pregnancy rates [8].

In 2015, Mexico launched a national strategy to reduce teenage pregnancy. The goals of the National Strategy for the year 2030 are; reduce the Fertility Rate of Adolescents aged 15 to 19 years by 50% and eradicate the pregnancies of girls under 15 years old. With the strategy, important institutional and social changes took place, the prevention of teenage pregnancy was accepted by society as a problem of public interest, but the expected impact is still in process [9].

Progress is undeniable and must be taken into account as a basis for analyzing achievements and challenges. The decrease in maternal mortality has been consistent but insufficient for 25 years, with some "outbreaks", particularly in 2009. The A1N1 influenza epidemic generated an increase in deaths [10].

In December 2018, Mexico has entered into a process of deep political and social change, which aims to privilege the delayed social rights for decades and that includes the restructuring of the health system. Maternal death is a very sensitive indicator of social justice and should be a commitment, make this indicator a true national priority. Maternal death has more to do with a process of discrimination against women and their rights, lack of quality care and access to services than with availability of resources. Social determinants are the center of the problem, in a social system that has failed to consolidate fundamental social needs. Privileging macroeconomic factors and deepening inequality has been a nonsense in a country of 127 million inhabitants and 2.2 million births per year.

Achieving the first generation that has access to quality obstetric and perinatal services is a prerequisite to aspire to a different future and consolidate a social capital that can compete in better conditions in the globalized and modern world. It is time to do it.

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