The death of a woman during or after pregnancy is a dramatic event. For maternal mortality is an important indicator of the quality of obstetric health care, it is important to know the frequency. To improve quality of care, a thorough analysis of care provided is obligatory.

In the period 1993-2005, 12.1 mothers per 100,000 live born children died due to pregnancy, which was a statistically significant rise compared to the period 1983-1992 (9.7 mothers/100,000 live births). 236 mothers died due to direct causes (eg pre-eclampsia, thrombosis) and 97 died due to indirect causes (eg cardiovascular disorders).

The main cause of maternal death was pre-eclampsia, followed by cardiovascular diseases, thrombosis, obstetric sepsis and haemorrhage. The groups mostly at risk were women older than 35 years, women of high parity, and non-indigenous women. This last group had a two-times higher risk of maternal mortality, most notably for women from sub-Saharan Africa, Asia, Dutch Antilles and Surinam. Women originating from Morocco and Turkey did not have higher risks. This might be caused by factors as social networks and the knowledge of the Dutch language and the Dutch health system.

Pre-eclampsia remains the main cause of maternal death in the Netherlands, which is different from other western countries. The reporting and recommendations of the Dutch Maternal Mortality Committee led to a reduction of maternal mortality due to pre-eclampsia in the period 2003-2005. Another remarkable finding was the significant rise of maternal mortality due to indirect causes, amongst others caused by the higher age of mothers in the Netherlands.