

DETERMINING MATERNAL MORTALITY RATE FOR HUNGARY USING THE DOUBLE EXPONENTIAL SMOOTHING METHOD

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Abstract

This study uses annual time series data on MMR for Hungary from 1985 to 2023 to predict future trends of MMR over the period 2024 to 2035. The study utilizes Holt's double exponential smoothing model. The optimal values of smoothing constants α and β are 0.5 and 0.1 respectively based on minimum MSE. The results of the study indicate that MMR will hover around 16 deaths per 100 000 live births throughout the out of sample period. Therefore, we encourage authorities to address local causes of maternal mortality.

Keywords: Exponential smoothing, Forecasting, Maternal Mortality Ratio.

INTRODUCTION

Maternal mortality is a global public health problem. Close to 800 women die every day from preventable causes related to pregnancy or childbirth (WHO, 2023). Excessive bleeding, eclampsia, and sepsis are responsible for over 50% of maternal deaths worldwide (Khan et al. 2006). In Sub-Saharan Africa, 65% of maternal deaths from hemorrhage occur following delivery (Campbell et al. 2006; Li et al, 1996). Maternal mortality affects low-middle countries more than the developed countries. According to the WHO, at the global level, the maternal mortality ratio in 2020 was estimated at 233 per 100,000 live births (WHO, 2020). However, during the recent years, a significant decline of maternal mortality ratio at the global level was noted, with a reduction of 34.3% between 2000 and 2020, an average rate of reduction of 2.9% per year (WHO, 2023; WBG, 2023; WHO, 2020). The objective of this paper is to model and forecast MMR for Hungary using double exponential smoothing technique. The study results will guide policy, planning and allocation of resources to the maternal and child health program.

LITERATURE REVIEW

Author(s)	Objective(s)	Methodology	Main finding(s)
Tsushima et al. (2026)	To determine the long-term incidence of dysglycemia and dyslipidemia after GDM and evaluated whether postpartum changes in body mass index (BMI) independently predicted these outcomes.	Prospective cohort study	Postpartum BMI increase was independently associated with new-onset dysglycemia. No independent predictor of T2DM progression was identified. Dyslipidemia was independently associated with higher pre-pregnancy BMI and multiparity, whereas postpartum BMI change was not independently

			associated after multivariable adjustment
Yue et al. (2026)	to perform an umbrella review to summarize the current evidence to provide a reference for clinicians and future research	Systematic review	Positive aPLs significantly increased the risk of miscarriage rate in assisted reproductive technology (ART) and were also associated with total fetal loss, PE, intrauterine growth retardation and placental abruption
Nunn et al. (2025)	To explore whether changes in key characteristics among Victorian Aboriginal and/or Torres Strait Islander women contributed to reduced perinatal death rates	Retrospective population-based cohort study of all births in Victoria from 2000–2019	Changes in key maternal characteristics may have contributed to improved perinatal death rates among babies of Victorian Aboriginal and/or Torres Strait Islander women
Haninger-Vacariu et al. (2024)	To describe pregnancy and delivery outcomes in women with Fabry disease	Retrospective cohort-study of women with Fabry disease in Austria using a specific questionnaire and the Austrian Mother–Child Health Passport	The cohort-study in women with Fabry disease showed an increase of pain burden during pregnancies and clearly points to an increased risk for preeclampsia, prematurity, and neonates small for gestational age. With a substantial number of high-risk pregnancies, neonatal outcomes are somewhat worse in Fabry disease than in the general public
Kornyicki & Fedor (2024)	to publish findings on the lifestyle factors of pregnant women in Hungary and their impact on early childhood health status by examining changes over time and regional/geographical disparities	Secondary analysis of raw indicators reported by health visitors as per mandatory annual report data for the period of 1997–2019 in Hungary	Interventions to improve early childhood health in some counties of Hungary are urgently needed to reduce regional disparities
Diguisto et al. (2022)	To compare maternal mortality in eight countries with enhanced surveillance systems	Descriptive multi-country population-based study	Variations in maternal mortality ratios exist between high income European countries with enhanced surveillance systems
Wami et al. (2022)	To explore both real maternal and fetoneonatal characteristics associated with Hungarian homebirths	Retrospective cohort study	Aggregated maternal complications (primary uterine inertia, prolonged second stage labor, and third stage hemorrhage) were prevalent among homebirth cases (1.29% vs. 0.72%, $p < 0.05$) and were associated with an average

			of 11.77% rate of transfer to a health care institution. On the other hand, the rate of operative (vaginal or caesarean) delivery was 26.31% among institutionalized births
Nahidi & Hajifoghaha (2017)	To provide the current situation and trend of MMR in the Eastern Mediterranean region between 1990 and 2015	Systematic review	Based on the collected data, 36 out of 66 studies met the required criteria and were chosen for analysis. All countries of this region showed a downward trend between 1990 and 2015, and this change varied from 16.30% in Yemen to 76.56% in Lebanon. The maternal mortality reduction was 69.88% in Iran in the same time
Schildberger et al. (2017)	-To investigate the personal meanings and experiences of women with disabilities in regard to pregnancy, childbirth and the puerperium	Conducted semi-structured interviews	Participants reported limited acceptance of their life decisions and experienced an environment of discriminatory attitudes. They experienced a lack of support and lack of confidence in their parenting abilities, which negatively influenced their self-efficacy and self-awareness. Violations of personal borders and a feeling of being watched and controlled were reported

METHODOLOGY

This study utilizes an exponential smoothing technique to model and forecast future trends of MMR for Hungary. In exponential smoothing forecasts are generated from the smoothed original series with the most recent historical values having more influence than those in the more distant past as more recent values are allocated more weights than those in the distant past. This study uses the Holt's linear method (Double exponential smoothing) because it is an appropriate technique for modeling linear data.

Holt's linear method is specified as follows:

Model equation

$$A_t = \mu_t + \rho_t t + \varepsilon_t$$

Smoothing equation

$$S_t = \alpha A_t + (1 - \alpha) (S_{t-1} + b_{t-1})$$

$$0 < \alpha < 1$$

Trend estimation equation

$$b_t = \beta (S_t - S_{t-1}) + (1 - \beta) b_{t-1}$$

$$0 < \beta < 1$$

Forecasting equation

$$f_{t+h} = S_t + hb_t$$

A_t is the actual value of MMR at time t

ε_t is the time varying **error term**

μ_t is the time varying mean (**level**) term

ρ_t is the time varying **slope term**

t is the trend component of the time series

S_t is the exponentially smoothed value of MMR at time t

α is the exponential smoothing constant for the data

β is the smoothing constant for trend

f_{t+h} is the h step ahead forecast

b_t is the trend estimate (slope of the trend) at time t

b_{t-1} is the trend estimate at time $t-1$

Data Issues

This study is based on annual MMR in Hungary for the period 1985– 2023. The out-of-sample forecast covers the period 2024 – 2035. All the data employed in this research paper was gathered from the World Bank online database.

Findings of the study

Exponential smoothing Model Summary

Table 1: ES model summary

Variable	A
Included Observations	39
Smoothing constants	
Alpha (α) for data	0.500
Beta (β) for trend	0.100
Forecast performance measures	
Mean Absolute Error (MAE)	1.895921
Sum Square Error (SSE)	443.182127
Mean Square Error (MSE)	11.363644
Mean Percentage Error (MPE)	-0.393874
Mean Absolute Percentage Error (MAPE)	11.031291

Residual Analysis for the Applied Model

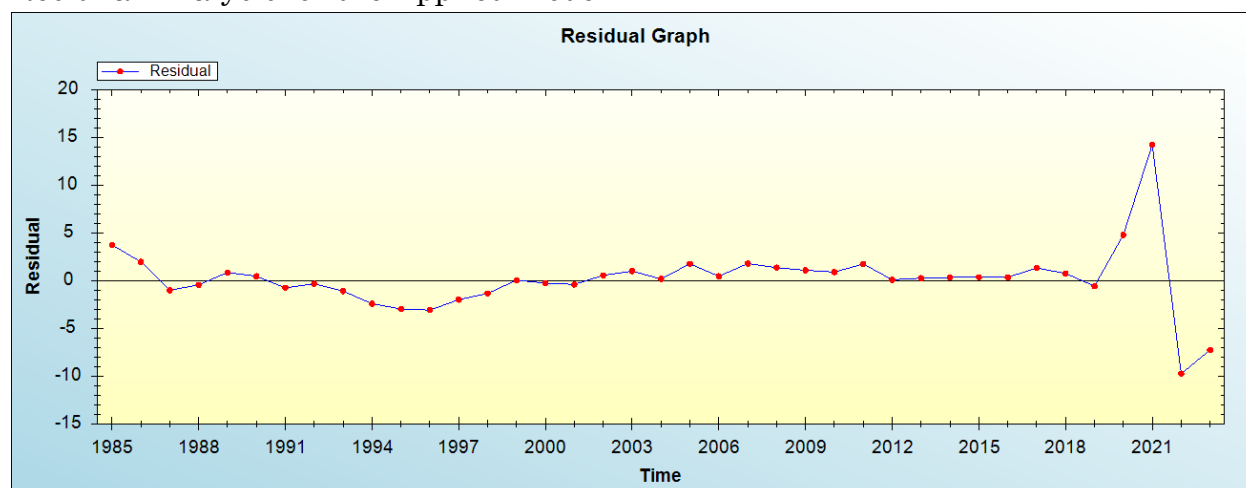


Figure 1: Residual analysis

In-sample Forecast for A

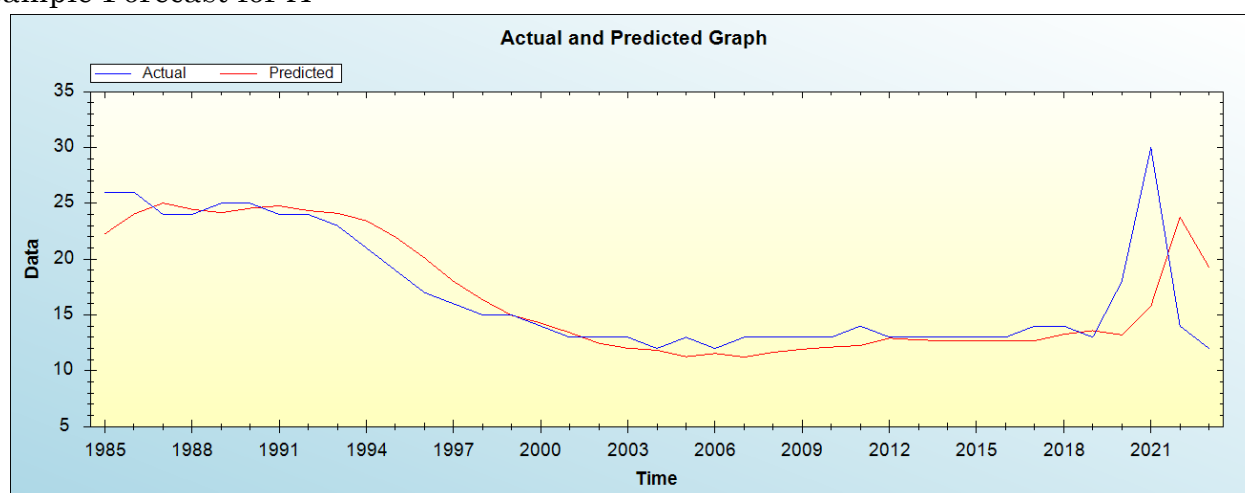


Figure 2: In-sample forecast for the A series

Actual and Smoothed graph for A series

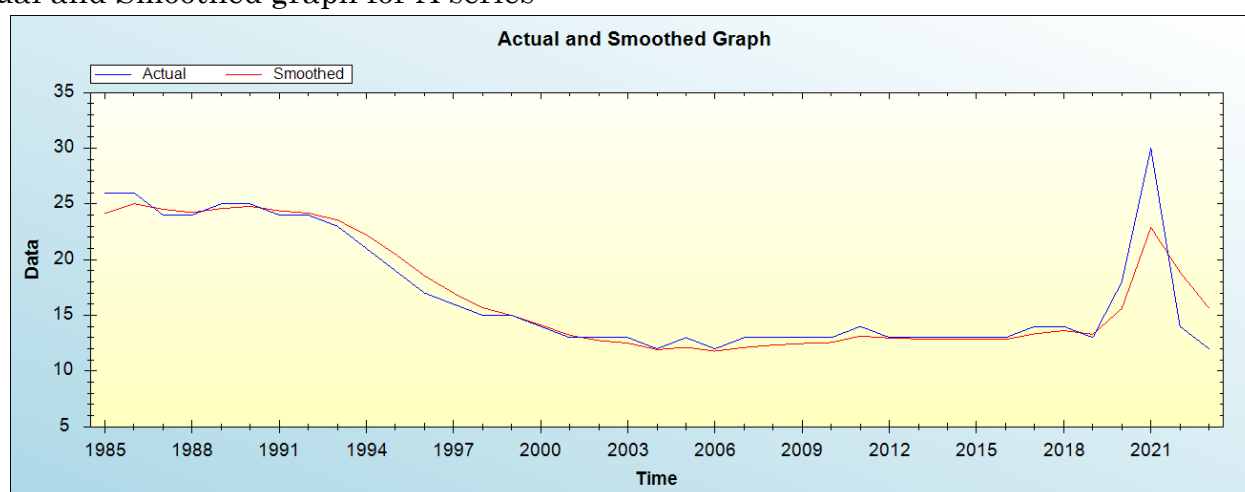


Figure 3: Actual and smoothed graph for A series

Out-of-Sample Forecast for A: Actual and Forecasted Graph

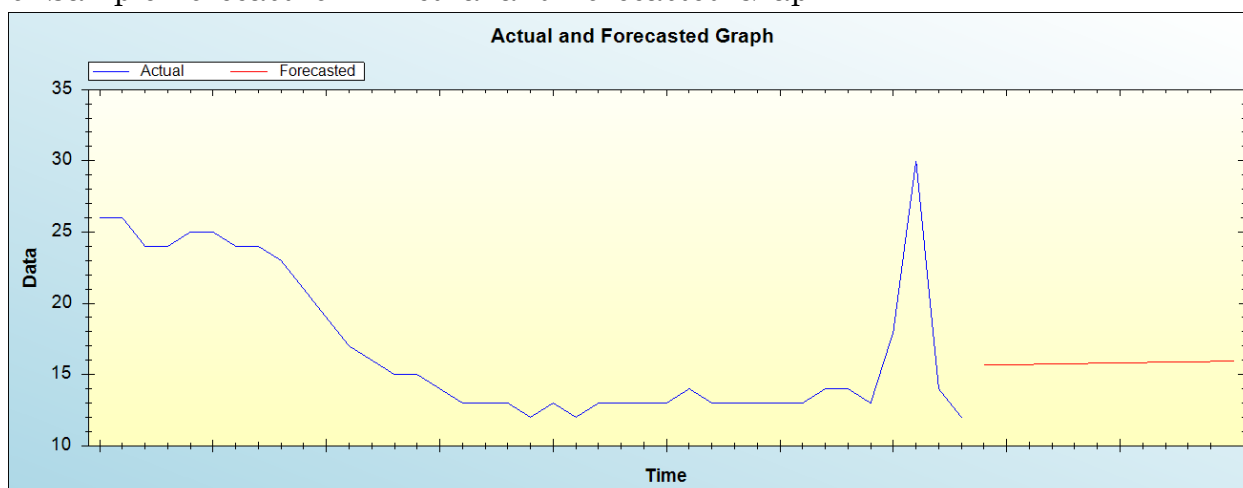


Figure 4: Out-of-sample forecast for A: actual and forecasted graph

Out-of-Sample Forecast for A: Forecasts only

Table 2: Tabulated out-of-sample forecasts

Year	Forecasted MMR
2024	15.6618
2025	15.6874
2026	15.7130
2027	15.7386
2028	15.7641
2029	15.7897
2030	15.8153
2031	15.8409
2032	15.8665
2033	15.8921
2034	15.9177
2035	15.9433

The main results of the study are shown in table 1. It is clear that the model is stable as confirmed by evaluation criterion as well as the residual plot of the model shown in figure 1. It is projected that annual MMR will hover around 16 deaths per 100 000 live births throughout the out of sample period.

RECOMMENDATIONS & CONCLUSION

In this paper, we applied the double exponential smoothing model to project MMR for Hungary and findings indicate that MMR will hover around 16 deaths per 100 000 live births throughout the out of sample period. Hence, we implore health authorities to continuously address local causes of maternal mortality.

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