

The Facts

- Every other minute of every day a woman somewhere dies from pregnancy-related causes. In death, she leaves behind children who are 10 times more likely to die within two years than those whose mother remains in the home.¹
- For every maternal death, 20 other women suffer injury, disease or infection during or after their pregnancy.² In all, this tragedy touches nearly 6 million women directly each year, 99% of them in the developing world.³⁻⁴
- About 3 million babies die in their first 28 days of life. Three-quarters of them do not survive their first week.⁵ About 1 million of the estimated 15 million pre-term babies born annually die as a result of their prematurity.⁶
- Family planning contributes significantly to reducing both neonatal and maternal mortality, yet 120 million women in developing countries who say they do not want to become pregnant use no contraception due to a lack of access, awareness, or support.⁷
- While there has been progress in reducing maternal and newborn mortality, far more deaths could be prevented by ensuring delivery by skilled birth attendants and access to quality emergency obstetric and newborn care.⁸
- The absence of skilled health care during pregnancy, childbirth and the first month after delivery continues to exact a social and economic toll on the world's poorest nations estimated at \$15 billion annually—roughly three times the cost of expanding maternal care to reduce the toll of death and disability.⁹



¹ <http://www.who.int/features/qa/12/en/>

² Ibid.

³ <http://www.who.int/mediacentre/factsheets/fs348/en/>

⁴ <http://www.who.int/features/qa/12/en/>; <http://www.gutmacher.org/pubs/FB-maternal-newborn-care.html>

⁵ <http://www.healthynewbornnetwork.org/page/newborn-numbers>

⁶ WHO, PMN CH, Save the Children, March of Dimes, "Born Too Soon: The Global Action Report on Preterm Birth, 2012

⁷ Reproductive Health: Ensuring that Every Pregnancy is Wanted, UNFPA, <http://www.unfpa.org/rh/planning.htm>

⁸ IMC Reproductive Health Strategy, 2010; <http://www.unfpa.org/public/home/news/pid/10730>

⁹ Ibid; www.wilsoncenter.org/sites/default/files/Mary%20Ellen%20Stanton%20Presentation.pdf, p. 6.; http://www.wilsoncenter.org/event/the-impact-maternal-mortality-and-morbidity-economic-development#field_files

¹⁰ http://gamapserv.who.int/gho/interactive_charts/mdg5_mm/atlas.html

The Challenge

Reduce the human, social and economic costs that accompany the death of women and newborns during pregnancy and delivery by broadening access to family planning services and increasing the availability of skilled birth attendants and quality emergency obstetric and newborn care in developing countries.

Our Work

- We work in seven of the ten countries with the highest maternal mortality rates globally, including Chad, Somalia, and Sierra Leone. ¹⁰
- When responding to a crisis, we work to provide the minimum initial service package for reproductive health that includes clean delivery kits for safe deliveries, referral to functioning emergency obstetric and newborn care services and voluntary family planning services.
- As communities begin to recover, we transition to comprehensive reproductive health programs as part of primary health care services.
- We train skilled health care providers—including midwives—and work with national ministries of health to standardize training and create strong health care systems. For example, in a remote county of South Sudan, we are expanding family planning coverage and increasing the number of women having both regular obstetric care and deliveries with skilled birth attendants. We support two midwifery schools and contribute to the government’s work to standardize midwifery training throughout the country.

What the U.S. Government Should Do

Fund a package of proven and innovative measures to reduce maternal and newborn death and disability. Such a step would both broaden access to life-saving care and provide the American leadership needed to meet this challenge. Such a package should include measures that:

- strengthen our global commitment to immediate provision of quality voluntary family planning services, including information, counseling and a range of temporary, long-acting, and permanent methods;
- provide the minimum initial service package (MISP) for reproductive health as part of all humanitarian healthcare responses in crisis situations;
- work with women, men, adolescents and community leaders to address social and gender norms affecting access to reproductive health services and support social behavior change strategies needed to improve equitable access to, and use of, these services;
- increase both basic and mid-career training opportunities for skilled positions such as midwives and emergency obstetric care specialists in countries where such skills are in short supply;
- Expand the capacity of civil society organizations --including faith-based groups and professional associations--to support high-quality reproductive health services at the community and national levels.



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