

# Making a difference in countries

Strategic Approach to  
Improving Maternal  
and Newborn Survival  
and Health



Ensuring skilled care for every birth



World Health  
Organization

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No issue is more central to global well-being than maternal and perinatal health. Every individual, every family and every community at some point is intimately involved with pregnancy and the success of childbirth. Yet every day, 1600 women and over 5000 newborns die due to complications that could have been prevented.

This strategic approach paper sets out a way forward for making pregnancy and childbirth safer for women and their newborns, and accelerating the reduction of maternal and perinatal mortality and morbidity - especially in the developing world, where 90% of these deaths occur.

It notes with great concern that at current trends, the international community will fail to meet its Millennium Development Goals of reducing by three-quarters the maternal mortality ratio, and reducing by two-thirds the 'under-five' mortality rate. If these targets are to be met then the international community will need to redouble its efforts. What has been missing until now is a concrete global plan - and focused efforts at the country level - to translate these international commitments into lives saved.

The key message in this paper is continuum of care and universal coverage ensuring *skilled care at every birth* within the context of a *continuum of care*. Integrated Management of Pregnancy and Childbirth (IMPAC) will help shape technical support to countries in strategic and systematic ways to improve maternal, perinatal and newborn health.

The paper sets out four strategic areas with 12 component approaches to reach the target of assuring skilled care at every birth within the continuum of care principle.

### **Strategic direction 1: Building a conducive social, political and economic environment to support timely actions in countries**

- **Objective 1:** Provide evidence-based information to governments, stakeholders and the international community using a combination of approaches for timely actions
- **Objective 2:** Increase community awareness and demand for access to quality maternal and newborn services
- **Objective 3:** Build commitment at national, regional and global levels among nations and development partners to increase and sustain investment in countries





**Strategic direction 2: Responding to country needs to achieve universal coverage of essential interventions that will ensure skilled care for every birth**

- **Objective 1:** Develop, update and provide evidence-based IMPAC programme and implementation tools and guidelines
- **Objective 2:** Build regional and national capacities through technical support, which will result in improved health system response and quality
- **Objective 3:** Increase utilization of services through support of individuals, families and communities
- **Objective 4:** Bridge programmatic gaps, review lessons learned and experiences gained, gather evidence and manage knowledge

**Strategic direction 3: Building effective partnerships across relevant programmes and partners for coordinated actions in countries**

- **Objective 1:** Strengthen collaboration and integration with other primary health care programmes
- **Objective 2:** Build and strengthen an effective partnership at global, regional and country levels

**Strategic direction 4: Strengthening assessment, monitoring and evaluation for better decision-making by policy-makers and planners**

- **Objective 1:** Build and strengthen country-specific surveillance and monitoring of coverage of services using modern and innovative approaches including geographic information systems (GIS)
- **Objective 2:** Strengthen the analysis, interpretation, use and exchange of data for programme planning at all levels
- **Objective 3:** Strengthen global monitoring of maternal, perinatal and newborn health process and outcome indicators and measure progress

This strategic approach is part of WHO's efforts, in collaboration with governments and partners, to improve significantly maternal and newborn health.

The continuing high incidence of maternal and perinatal mortality and morbidity is unacceptable precisely because it is solvable - we know how to make pregnancy and childbirth safe. The task is enormous but not insurmountable. Our efforts of investment need to be equal to the tasks and intensified if maternal and perinatal morbidity and mortality is to be reduced.



## 1.1 Introduction

From the outset of his term in office, the Director-General LEE Jong-wook has pledged that the World Health Organization (WHO) will support countries to achieve the ambitious Millennium Development Goals (MDGs) for alleviation of poverty and, thereby, the improvement of health of all peoples. Dr LEE has expressed his wish to see WHO accelerate its efforts in supporting countries to address the major public health issues that, along with HIV/AIDS and other infectious diseases, include child survival and improving maternal health. As one of the responses to this renewed agenda, the Director-General wishes to see greater attention to and visibility of the WHO efforts for making pregnancy safer, particularly those directed to support countries.

Each year, 99% of the estimated 529 000 maternal deaths and 98% of the estimated 5.7 million perinatal deaths occur in the developing world. In some areas, a woman is more than 140 times at-risk of dying from a pregnancy-related cause compared with a woman in a developed country. Maternal and perinatal mortality, then, are indicators of a disparity and inequity between rich and poor: generally speaking, the poorer the woman, the less access she has to social, health and nutrition services, and to economic opportunities.

The Safe Motherhood Initiative launched in 1987 has focused strong international efforts to address maternal mortality. Since the start of the initiative, some countries have made great progress in reducing mortality for mothers and their newborns, and important lessons have been learned from their achievements. In many other countries, however, the situation has remained unchanged; yet, here too lessons have been learned from the ineffective strategic approaches of the past.

Recognizing the need for further progress, and building on the experience of more than a decade of the Safe Motherhood movement, in 2000 WHO launched the Making Pregnancy Safer (MPS) Initiative. This initiative focuses on the health sector and seeks to contribute to the improvement of maternal and perinatal health. More specifically the initiative supports efforts in all parts of the world to accelerate the reduction of maternal, perinatal and newborn mortality. Actions taken on the part of MPS will contribute to the achievement of international development goals, including the MDGs and the goals and targets articulated at the International Conference on Populations and Development (Cairo, 1994) and the Fourth World Conference on Women (Beijing, 1995). It is now widely recognized that existing efforts will be insufficient to reduce maternal and newborn deaths at a rate that will achieve these goals and that an accelerated programme is needed. This sense of urgency lies at the heart of the strategic approach of MPS. The guiding principle of this strategic approach is the creation of an equitable global society which promotes the rights of women and newborns to life and the highest attainable standards of health.

### Our vision: a world in 2015 in which

- pregnancy, childbirth, postpartum and newborn care are highly valued;
- universal coverage ensuring skilled care for every birth<sup>1</sup> is a priority;
- interventions for universal coverage are sustained with quality in conditions of diverse social values, and changing social, economic and political conditions;
- the MPS initiative is seen as crucial for wider strengthening of health systems and a key element of efforts to attain the MDGs; and
- development partners and civil societies collaborate in achieving universal coverage of skilled care for all women and newborns.

Ultimately a world in which women go through pregnancy and childbirth safely and newborn babies are assured health.

<sup>1</sup> Skilled care for every birth is defined as the presence of a skilled attendant and other key professionals supported by an appropriate environment including policy support, access to basic supplies, drugs, transport and relevant emergency obstetric and newborn services for timely management of complications. It assumes skilled care is available throughout pregnancy, childbirth and the postpartum and newborn period.

**Our mission:** is accelerated country support to scale up access to essential interventions to reduce maternal and newborn morbidity and mortality and improve their health.

## 1.2 The need for accelerated action

Accelerated efforts and renewed commitment to the Safe Motherhood movement is needed. High levels of mortality and morbidity persist, despite the fact the causes and determinants, and the solutions are well known. The World Health Report 2005, “Make every mother and child count” provides an excellent basis for situation analysis and actions, globally and in countries.

### 1.2.1 Situation analysis

It is estimated that in 2000 some 529 000 women died from complications during pregnancy and childbirth, and many millions more suffered disabilities. The maternal mortality ratio, which is a measure of the risk of death associated with each pregnancy, was estimated to be 400 per 100 000 live births globally in 2000. In certain settings, women face this risk several times during their lives and the cumulative lifetime risk of maternal death can be as high as one in 16, compared with one in 2800 in developed countries. By region, maternal mortality ratio and risk are highest in sub-Saharan Africa, followed by Asia, Latin America and the Caribbean and Oceania (Table 1). While maternal deaths have decreased significantly in some countries, there is little or no change in many others, especially in sub-Saharan Africa.

More than 70% of maternal deaths are due to haemorrhage (25%), obstructed labour (8%), eclampsia (12%), sepsis (15%) or unsafe abortion (13%). Where conditions such as HIV/AIDS, malaria and tuberculosis are prevalent, they are aggravating pregnancy and childbirth complications. Maternal deaths from these causes are increasing, reversing gains made in the past few decades.

Perinatal mortality tends to follow the same geographical pattern as for maternal deaths. Approximately 98% of the 5.7 million perinatal deaths suffered globally occur in developing countries. According to WHO data, 2.7 million babies are born dead each year and another 3 million do not survive beyond the first week of life. About one-third of perinatal deaths in developing countries are related to intrapartum complications leading to birth asphyxia. Preterm birth, malformations, and infections related to pregnancy and birth contribute to the remainder of the early neonatal deaths. Representing a substantial portion of overall child deaths, early neonatal

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