

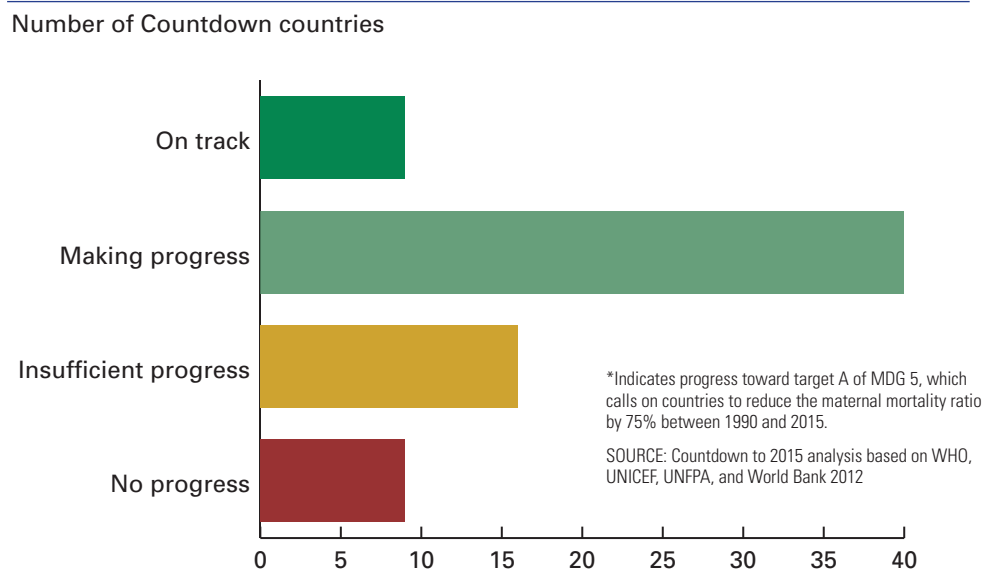
Maternal and Newborn Health: Taking Stock of Progress

Maternal mortality has dropped dramatically, but more needs to be done

Globally, the number of women who die from causes related to pregnancy and childbirth dropped by nearly 50% between 1990 and 2010. This number is still far too high – there were an estimated 287,000 maternal deaths in 2010, one every two minutes. For every maternal death, 20 other women suffer injury, infection, or disability.

- Only 9 Countdown countries are on track for Millennium Development Goal 5; while several others are making progress, 25 countries have made insufficient or no progress. (Figure 1)
- Maternal deaths are increasingly concentrated in South Asia and Sub-Saharan Africa.
- Haemorrhage and hypertension together account for over half of all maternal deaths. Other major causes include unsafe abortion and sepsis. Proven, cost-effective interventions are available to prevent these deaths.
- Equatorial Guinea, Nepal, and Vietnam reduced their maternal mortality ratio by 75% or more from 1990 to 2010, showing that rapid progress is possible.

Figure 1: Progress towards Millennium Development Goal 5*



A focus on coverage: the key to progress

Coverage for proven interventions remains too low across the Countdown countries – representing missed opportunities for reaching women and newborns with essential care. (Figure 2)

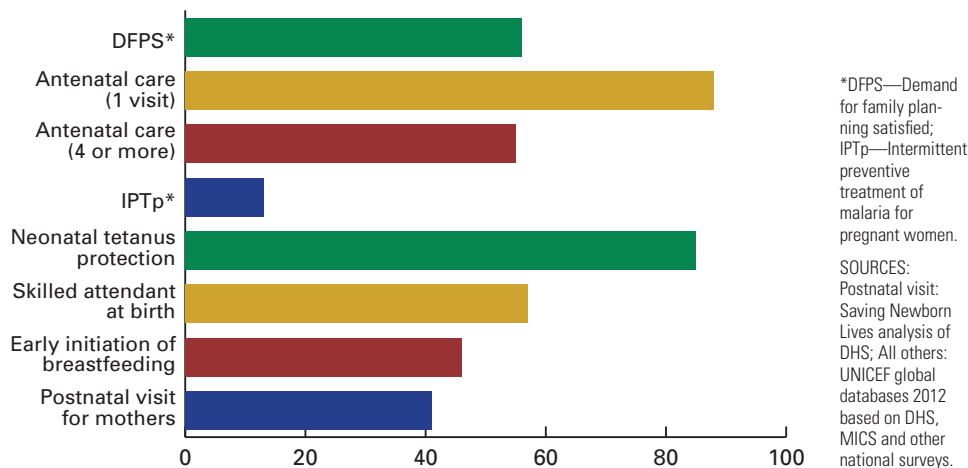
- Median national coverage of at least one antenatal care visit is 88%, yet this figure drops to 55% for four or more antenatal care visits. Very low coverage of intermittent preventive treatment of malaria for pregnant women (IPTp) and of early initiation of breastfeeding indicate slow progress in integrating these services into antenatal care platforms.
- The median coverage levels for skilled attendant at birth and postnatal care for mothers are below 60%, a red flag for action given that most maternal deaths occur during or within 48 hours of childbirth. Task shifting strategies are one approach being used by some Countdown countries to improve coverage.

Countdown to 2015 tracks coverage levels for health interventions proven to reduce maternal, newborn and child mortality, together with data on maternal and child survival, equity of coverage, health financing, policy and health system factors, and other determinants of coverage. It calls on governments and development partners to be accountable, identifies knowledge gaps, and proposes new actions to reach Millennium Development Goals (MDGs) 4 and 5, to reduce child mortality and improve maternal health. Countdown's data and analysis cover the 75 countries that account for over 95% of global maternal and child deaths.

Countdown to 2015 country profiles enable countries to track progress, identify key areas where more progress is needed, and compare data between countries and over time. They are an essential accountability tool for countries' efforts to achieve MDGs 4 and 5 by the 2015 deadline.

Figure 2: Coverage of reproductive, maternal, newborn interventions

Median national coverage, Countdown countries with data, 2006-2010 (%)



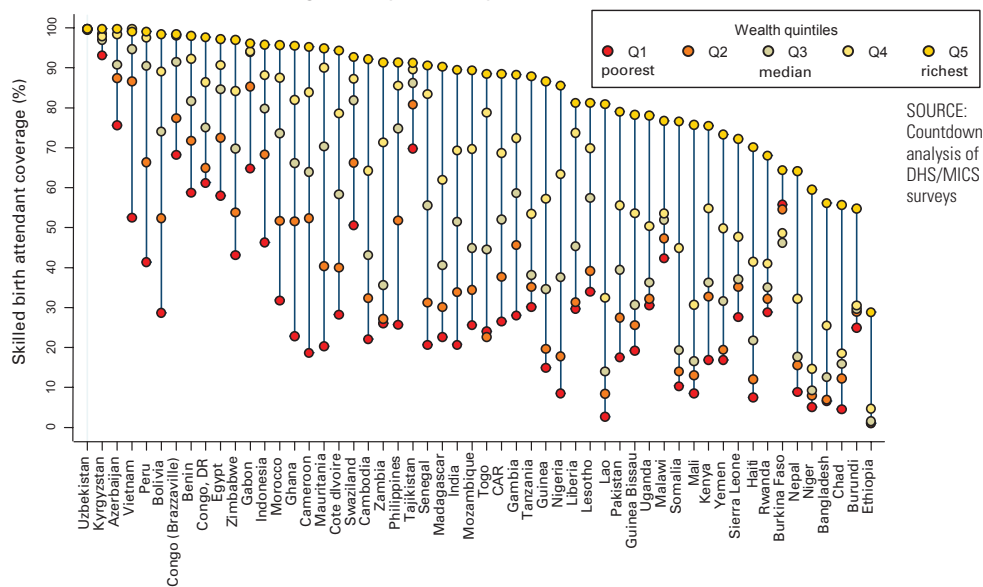
An urgent need to target hard-to-reach communities

Achieving MDGs 4 and 5 depends upon reaching the most vulnerable, including women and children living in remote areas. Yet, coverage of essential interventions within Countdown countries varies widely across different geographical regions and population groups.

- Coverage of proven interventions tends to be substantially higher among women and newborns from wealthier households.
- Skilled birth attendance, which requires access to a functioning health system, tends to show the widest gaps between rich and poor (Figure 3).
- 23 Countdown countries have caesarean section rates below 5% in rural areas, reflecting women’s lack of access to emergency obstetric care. Only 5 countries have such low rates in urban areas.

Figure 3: Inequities in access to skilled birth attendance

Skilled birth attendant coverage (%) by wealth quintile, 54 Countdown countries with data



Neonatal mortality: a critical gap in the continuum of care

Although child mortality has declined sharply in many countries, newborn mortality is lagging behind. More than 40% of all child deaths occur during the first month of life. The leading killers of newborn babies are complications of preterm birth, intrapartum-related events, and sepsis and meningitis. Saving newborn lives means improving the quality of family planning, antenatal, intrapartum, and immediate postnatal care services.

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For more information and detailed references, and for more Countdown reports and articles, please visit www.countdown2015mnch.org

Preterm birth and stillbirth: Linking maternal and newborn health

Complications of preterm birth are the leading cause of newborn deaths and the second-leading cause of deaths in children under age 5. More than 1.1 million babies die each year because they were born too soon. Approximately 15 million preterm births occur every year, about 84% of them in Countdown countries. There is a stark survival and care gap between low- and high-income countries. Yet, preterm babies can be saved through low-cost interventions such as breastfeeding support, thermal care, and basic care for infections and breathing difficulties. Effective care before, during, and between pregnancies is also important for preventing preterm births and improving childbirth outcomes for both mother and baby.

An estimated 2.7 million third-trimester stillbirths occur every year, over 90% in Countdown countries. Approximately 1.2 million of these stillbirths occur during labour and can be prevented through improved care at birth. Quality labour and delivery care can also save maternal and newborn lives — a triple return on investments in training skilled birth attendants and equipping facilities with needed supplies. Other interventions proven to reduce stillbirths are family planning, supportive policies protecting women from harmful conditions during pregnancy, comprehensive antenatal care services, and inducing post-term pregnancies at 41 weeks and later.