

Global landscape in maternal and newborn health

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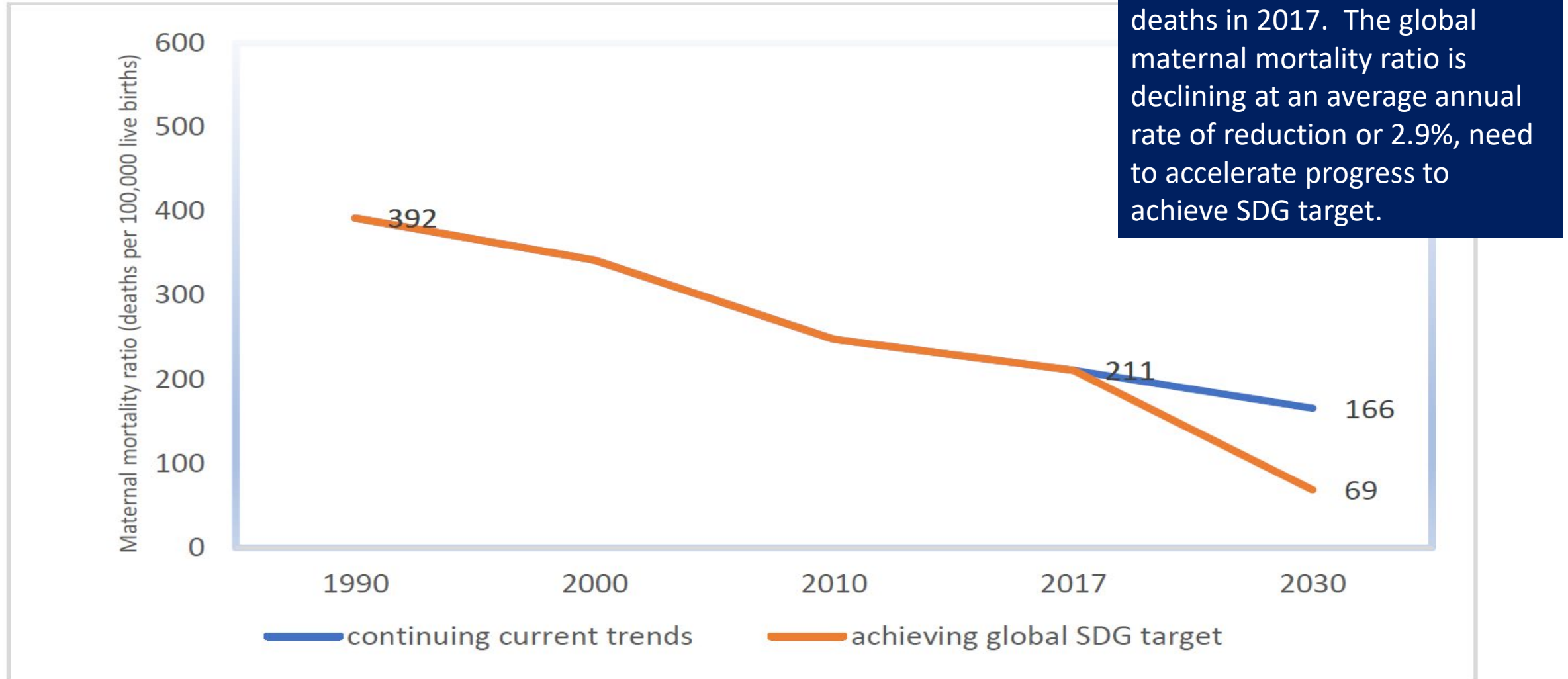
Director, Department of Maternal, Newborn,
Child and Adolescent Health and Ageing

WHO headquarters

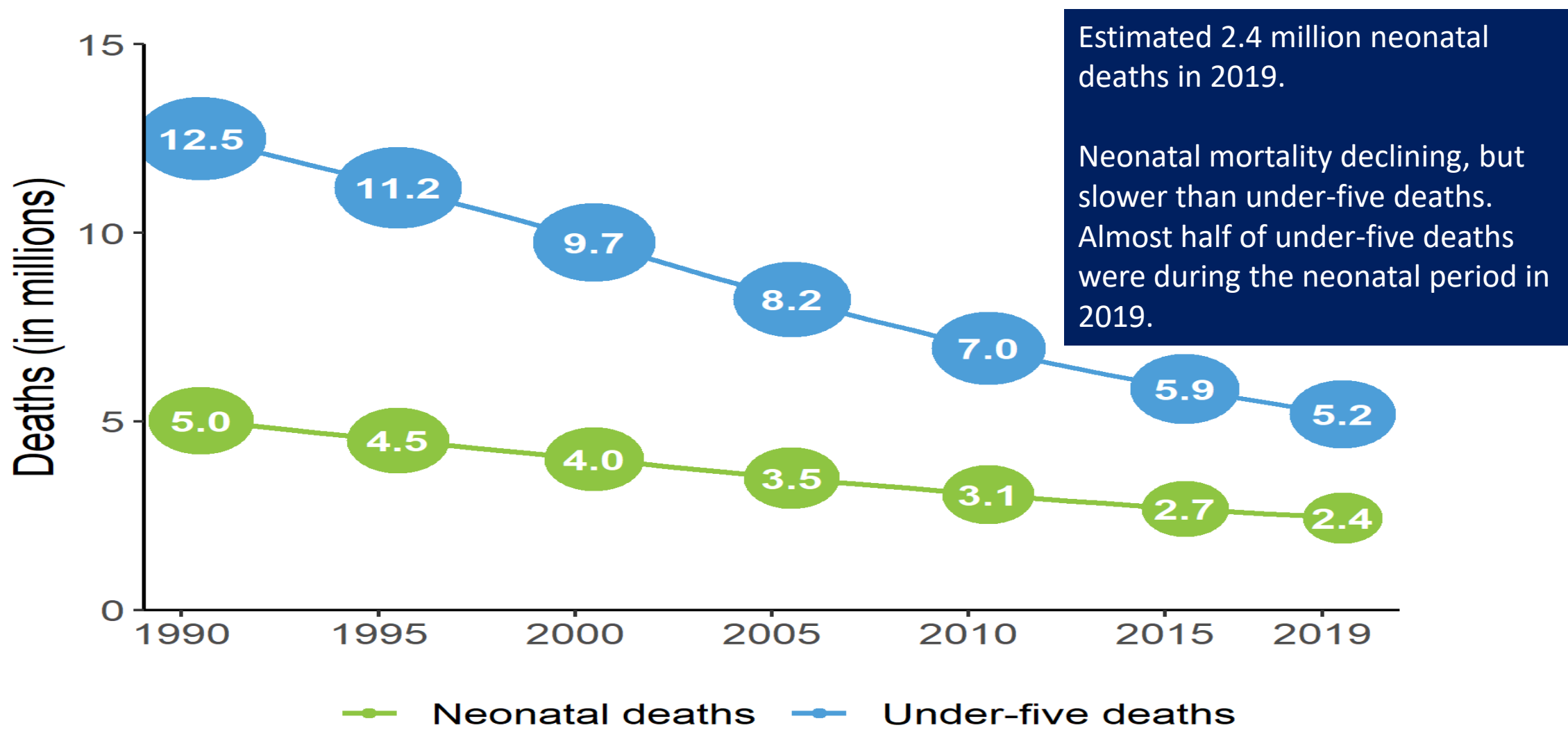
17 September 2021



Maternal Mortality Ratio, 2000-2017 with projections to 2030



Numbers of Newborn Deaths, 1990-2019

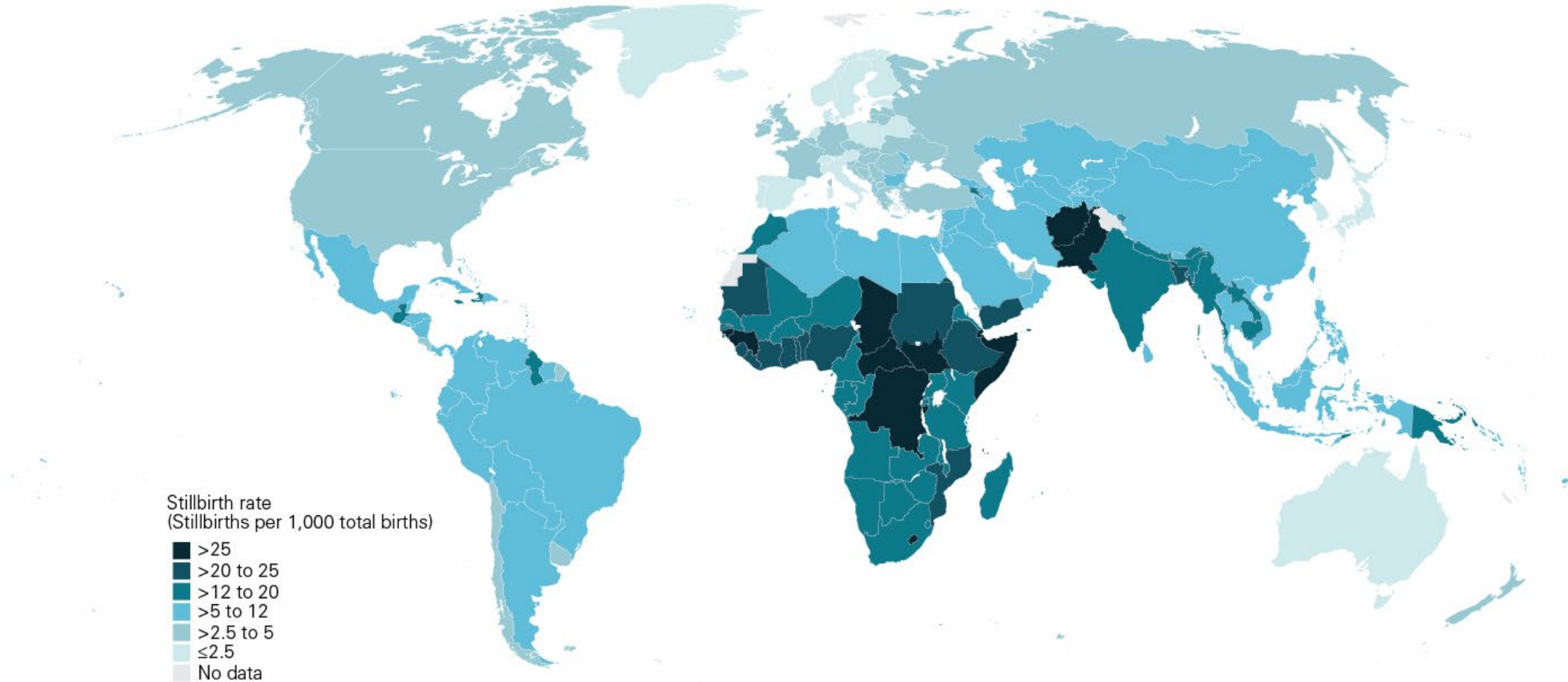


Preventing Stillbirths, 2000-2019

Stillbirths are an increasingly important global health problem, with an estimated 2 million stillbirths in 2019

Many stillbirths are invisible.

Stillbirth rate by country, 2019

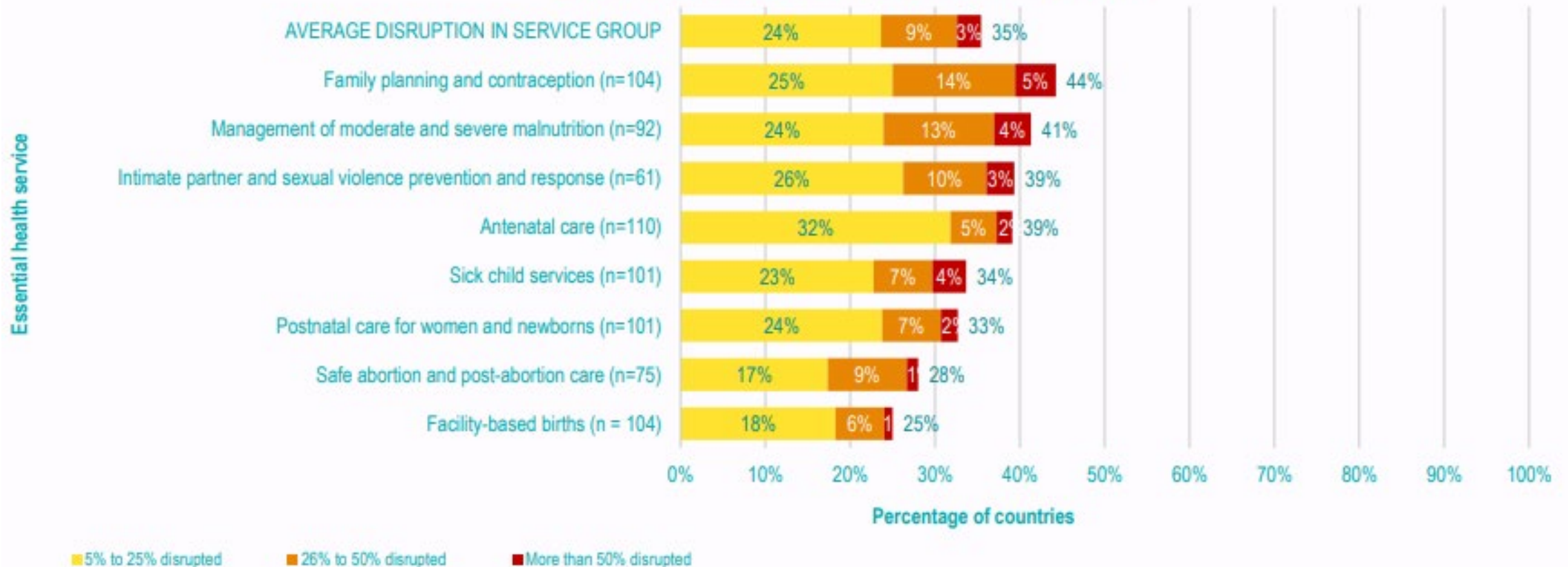


Note: Map does not reflect a position by UN IGME agencies on the legal status of any country or territory or the delimitation of any frontiers.

Source: UNIGME. A neglected tragedy: the global burden of stillbirths, 2020.

Disruptions to health services due to COVID-19 pandemic threaten global progress in preventing illness and deaths

Percentage of countries reporting disruptions in reproductive, maternal, newborn, child and adolescent health and nutrition services



Source: Second round of national pulse survey on continuity of essential health services during the COVID-19 pandemic, January-March 2021

Maternal and newborn mortality are the «tip of the iceberg»



For every woman or baby who dies of childbirth-related causes, many more will suffer from **morbidity, disabilities and long-term ill-health.**

Sources:

WHO, Newborns: improving survival and well-being, September 2020. <https://www.who.int/news-room/fact-sheets/detail/newborns-reducing-mortality>
Gon G, Leite A, Calvert C et al. The frequency of maternal morbidity: a systematic review of systematic reviews. *Int J Gynaecol* 2018; 141 (Suppl Suppl 1): 20-38.
Filippi V, Chou D, Barreix M et al. A new conceptual framework for maternal morbidity. *Int J Gynaecol* 2018; 141 (Suppl Suppl1): 4-9.

Quality care improves birth outcomes

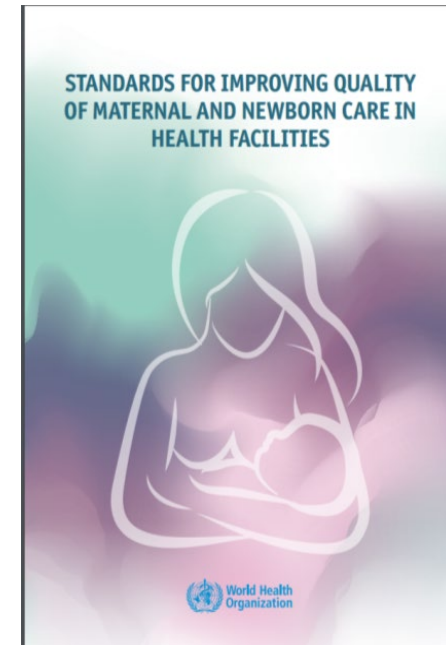
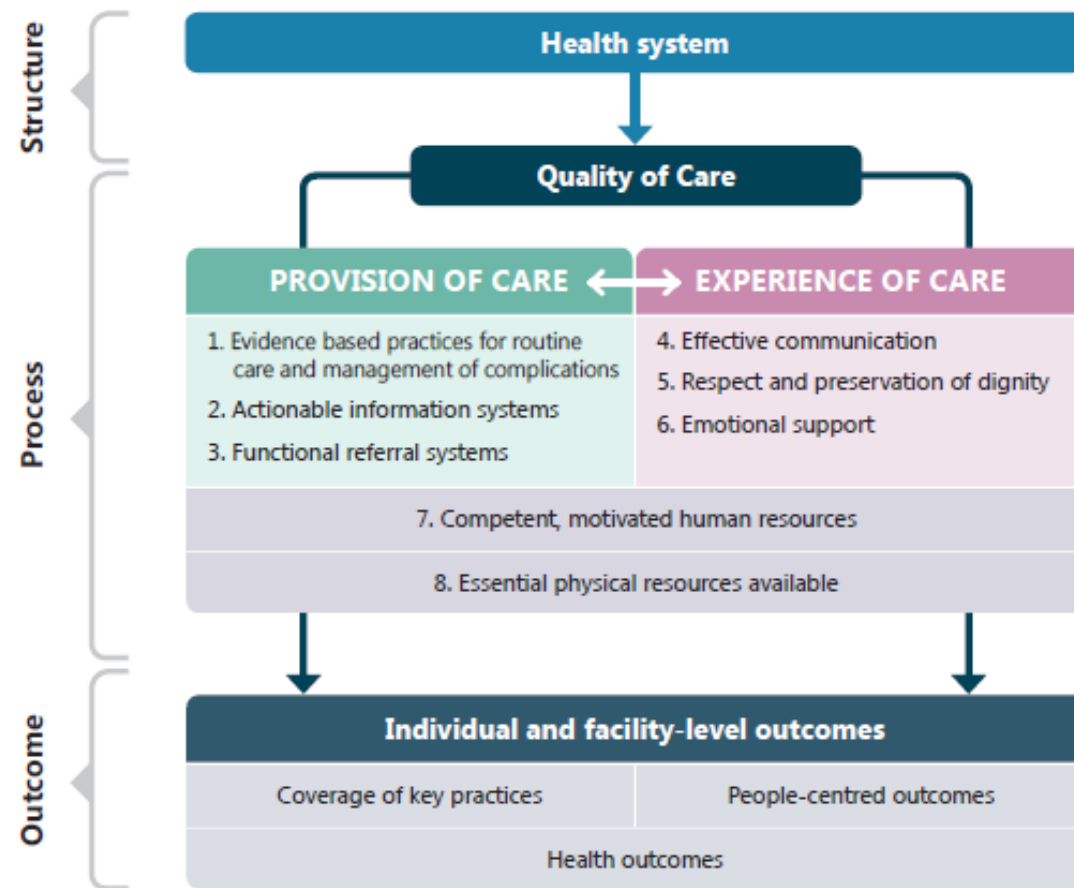
Over 50% less deaths

It is estimated that about half of the maternal deaths and 58% of the newborn deaths could be averted with quality health care

Source:

Kruk ME, Gage A, Arsenault C, Jordan K, Leslie H, Roder-DeWan S, et al. High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health*, 2018;6(11):e1196-e1252.

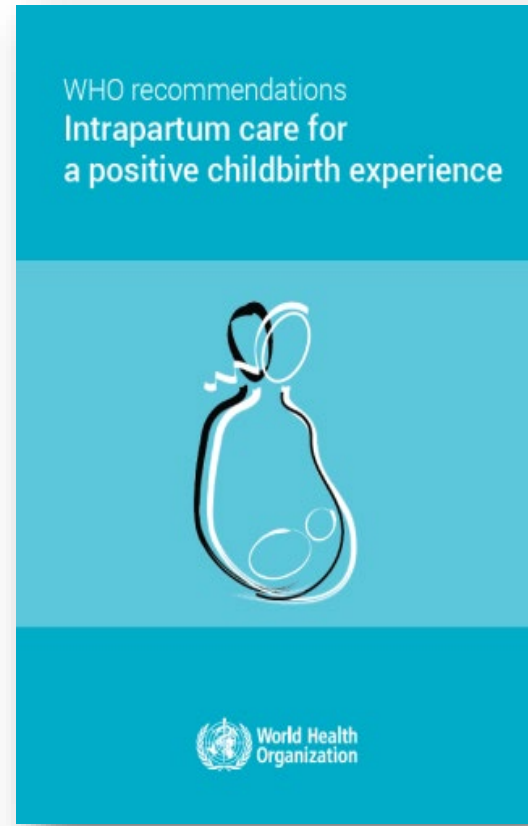
Fig. 1. WHO framework for the quality of maternal and newborn health care



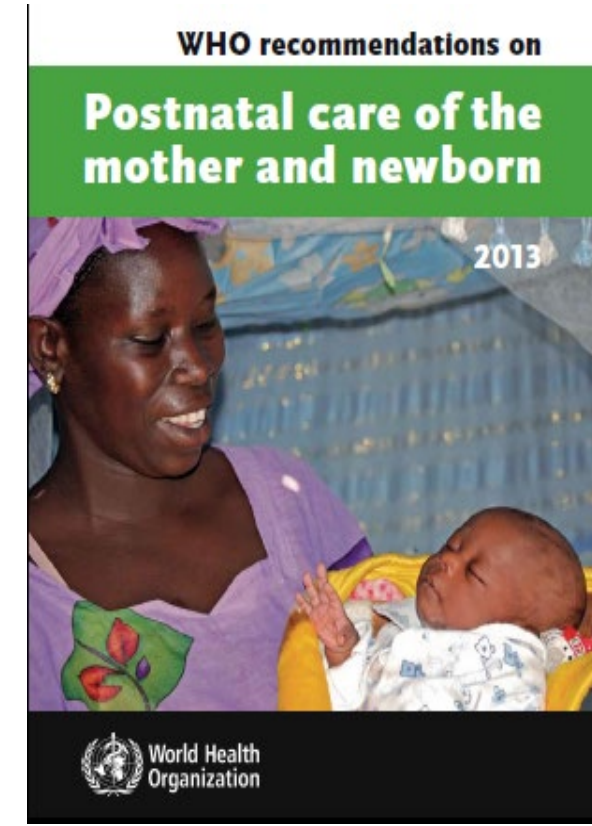
WHO recommendations on antenatal, intrapartum, and postnatal care



https://www.who.int/reproductivehealth/publications/maternal_perinatal_health/anc-positive-pregnancy-experience/en/

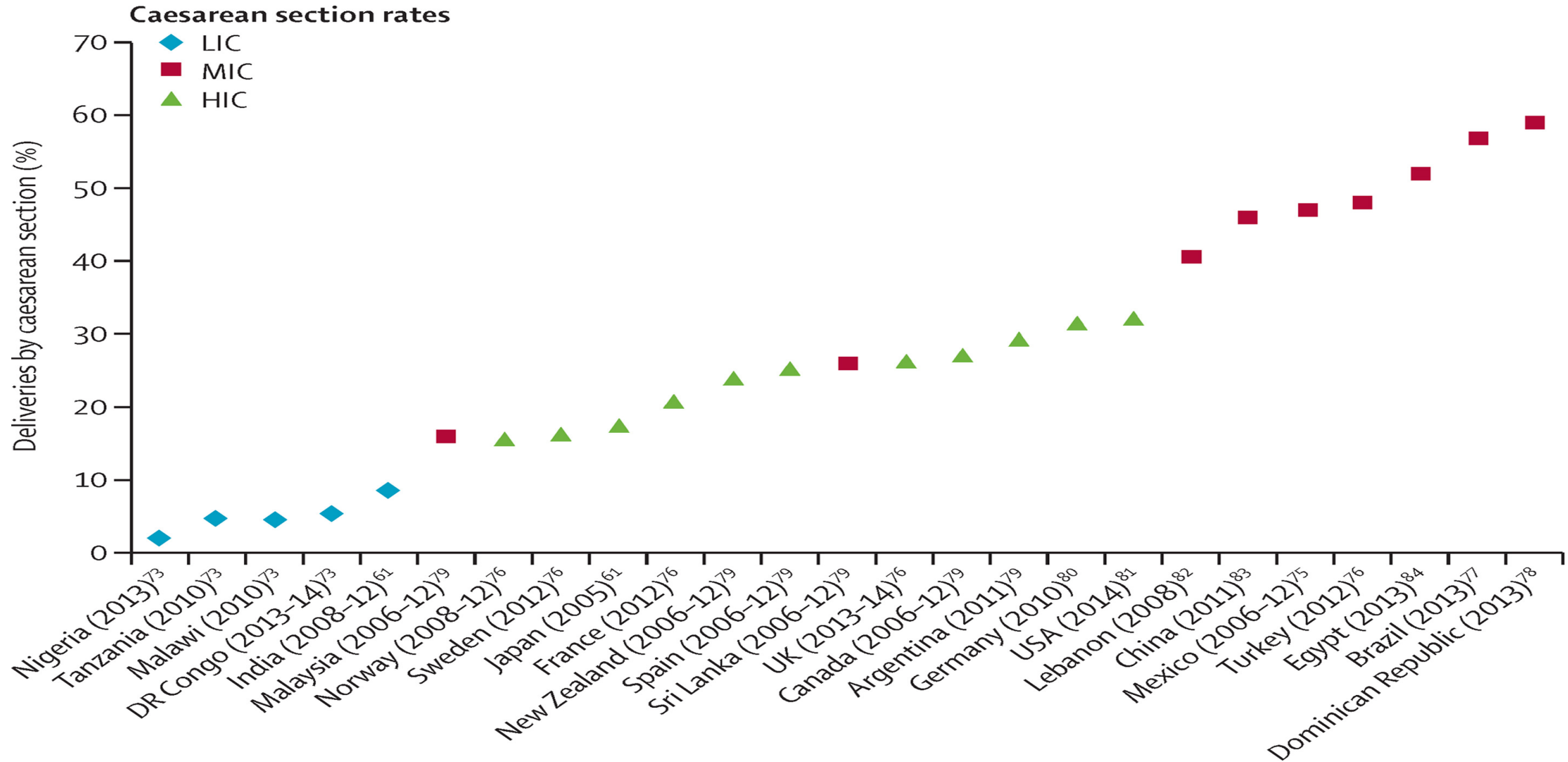


<http://www.who.int/reproductivehealth/publications/intrapartum-care-guidelines/en/>



https://apps.who.int/iris/bitstream/handle/10665/97603/9789241506649_eng.pdf;jsessionid=A6725B4BA7064B22ED0FB783917F6876?sequence=1

Dual burden of under- and over-use of medical interventions



Source: Beyond too little, too late and too much, too soon: a pathway towards evidence based respectful maternity care worldwide.

Miller et al. The Lancet , Volume 388, Issue 10056, Pages 2176-2192 (October 2016)

Water, sanitation and hygiene (WASH) and Infection Prevention and Control (IPC) are key components of quality care

WASH in health facilities report

The report identifies major global gaps in WASH services



1/3

One third of health care facilities do not have what is needed to clean hands where care is provided.



1/4

One in four health care facilities have no water services.



10%

10% of health care facilities have no sanitation services.

1.8 billion people use facilities that lack basic water services and 800 million use facilities with no toilets.

Across the world's 47 least-developed countries, the problem is even greater: half of health care facilities lack basic water services. Furthermore, the extent of the problem remains hidden because major gaps in data persist, especially on environmental cleaning.



Quality, Equity, Dignity
A Network for Improving Quality of Care
for Maternal, Newborn and Child Health



Standard 8, Quality statement 8.1: Water, energy, sanitation, hand washing and waste disposal facilities are functional, reliable, safe and sufficient to meet the needs of staff, women and their families (1).

Global situation of WASH in health-care facilities

In 2015, for the first time, the World Health Organization (WHO) and the United Nations Children's Fund (UNICEF) assessed the status of water, sanitation and hygiene (WASH) in health-care facilities in low- and middle-income countries (2). With nearly 40% of facilities lacking improved water, and nearly 20% without sanitation, WHO, UNICEF and partners committed to address the situation at a global meeting, with the aim of achieving universal access in all facilities, in all settings by 2030 (3).

Action plan activities are centred around four main areas: advocacy/leadership, monitoring, evidence, and facility-based improvements, which have a strong focus on nationally and locally driven solutions (4).

Links between WASH and the Quality of Care agenda

Achieving and maintaining adequate WASH services in health-care facilities is critical for meeting several targets under Sustainable Development Goal (SDG) 3 (good health), especially 3.1 and 3.2 on reducing maternal and neonatal mortality and 3.8



Guidelines on Core Components
of Infection Prevention and Control
Programmes at the National and Acute
Health Care Facility Level

World Health
Organization

Source:

WASH: <https://washinhcf.org/>

<https://www.who.int/publications/m/item/quality-of-care---wash-in-health-care-facilities-links-with-the-network-for-improving-quality-of-care-for-maternal-newborn-and-child-health>

Guidelines on IPC <https://www.who.int/publications/i/item/9789241549929>

Launching today Module 1!



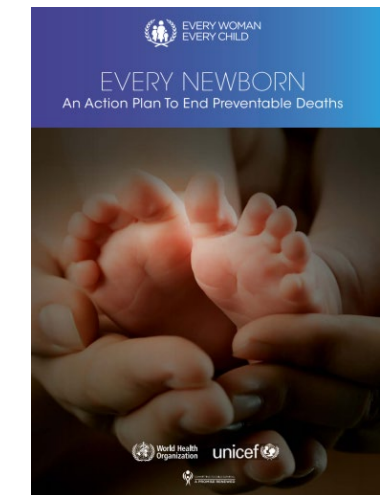
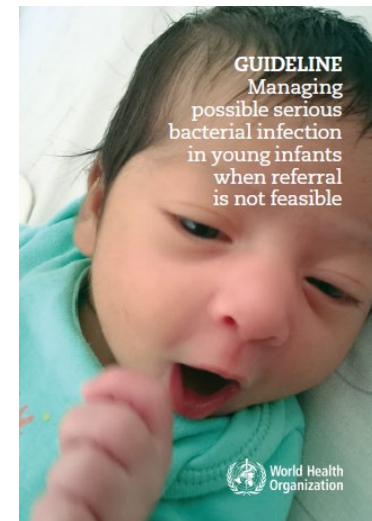
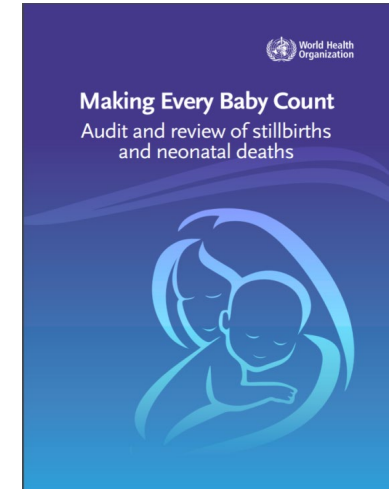
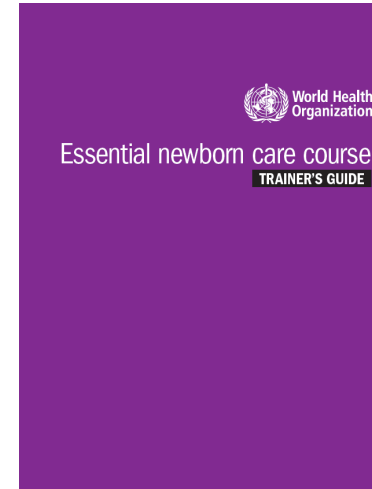
<https://www.who.int/teams/integrated-health-services/infection-prevention-control>



Training package on
IPC standards & practices
**integrated within the key
steps of the care pathway
for women and newborns**
from the pre-natal to the
post-natal period

High impact neonatal interventions

- No separation from the mother
- Promotion and protection of breastfeeding
- Basic resuscitation
- Prevention and management of infection
- KMC for preterm and LBW babies
- Optimal nutrition
- Comfort and nurturing care
- Safe management of illness





Scaling up Kangaroo Mother Care

- “Kangaroo mother care,” a type of newborn care involving skin-to-skin contact with the mother or other caregiver, reduces mortality in infants with low birth weight
- A recent research shows that **starting Kangaroo Mother Care soon after birth** improves survival of babies with birth weight less than 1800 grams by 25%, when compared to the current recommendation of starting KMC after stabilization

Source:WHO Immediate KMC Study Group, Immediate “Kangaroo Mother Care” and Survival of Infants with Low Birth Weight, *New England Journal of Medicine*, 2021

Thank you!



Safe maternal and newborn care

Act now
for safe & respectful
childbirth!

