



Attached is a statement supported by the undersigned members of the maternal health community. We look forward to working with you on global maternal health programs and hope you will be in support of the issues raised in this statement.

The following organizations stand in support of this statement:

American College of Nurse-Midwives

CARE

Centre for Development and Population Activities

Family Care International

Global Action for Children

Global Health Council

International Center for Research on Women

International Women's Health Coalition

PATH

Population Services International

Results

White Ribbon Alliance

Women Deliver

We thank you for your consideration of this important matter.



Mother's Day, Every Day Take Action to Improve the Health of Women and Newborns

MOTHER'S DAY, EVERY DAY

Pregnancy and the birth of a baby are usually causes for celebration and joy. In the United States, where good quality health care is available to most women, healthy moms and babies are the norm for the vast majority of American families. Unfortunately, not all women can benefit from such care. In the developing world, pregnancy and childbirth are life-threatening events for women and their newborns. Each year more than 500,000 women die needlessly of pregnancy-related causes.

Improving poor women's chances of survival before, during and after pregnancy is, fundamentally, an issue of rights and social justice. It is also a sound economic and social investment, given the importance of women to the well-being of their children, families and societies. Maternal health and survival is particularly crucial to infants; when a woman dies after giving birth, the mortality rate for motherless newborns can be as high as 90 percent in poor countries. USAID has estimated the economic impact of maternal and newborn mortality to be a global loss of over U.S. \$15 billion annually due to diminished productivity of which half is associated with women and half with newborns.

THE OBJECTIVE

Immediate US leadership and action is required to stem the tide of maternal and newborn deaths and debilitating lifelong injuries to women from complications of pregnancy and childbirth.

INVESTING IN WOMEN PAYS

The vast majority of maternal and newborn deaths and injuries are preventable with targeted, cost-effective interventions and access to vital maternal health care. A broad consensus has emerged within the global maternal health community around the essential technical strategies for improving maternal and newborn health outcomes – access to family planning services; skilled care during pregnancy and childbirth by a qualified midwife, nurse or doctor; emergency care for life-threatening complications; and immediate postpartum care for the mother and newborn – all of which need to be grounded in a strong and equitable health system.

Why are we not investing in our global future? Maternal health impacts not only the nuclear family but our global economy. Women account for a great percentage of the unpaid work throughout the world. One report estimates that valuing women's unpaid work in the household would add up to one third of the World's Gross National Product.

MANY CHALLENGES REMAIN

- Every minute somewhere in the world a woman dies needlessly in pregnancy or childbirth. In the poorest regions, one out of 22 women will die from these causes, compared with one in 4,800 in the United States and one in 47,600 in Ireland.
- When a mother dies, the children she leaves behind are up to ten times more likely to die. Children that outlive their mothers, particularly female children, face



an uphill battle in terms of accessing the food, education and health care they need to become productive members of society.

- A newborn's risk of death in the first four weeks of life is nearly 15 times greater than any other time before his or her first birthday.
- Approximately 200 million women in developing countries desire to either delay or limit their births but do not have access to modern contraceptives. This leads to millions of unplanned pregnancies, which in turn contribute to high-risk births, unsafe abortions, and maternal and infant deaths.

We have the knowledge to meet these challenges.

Now we need the resources and political will to turn this knowledge into action.

Experts agree that investing in the survival of women and newborns allows families, communities and nations to thrive.

THE ACTION

We call on the President and Members of the U.S. Congress to provide U.S. leadership in addressing this preventable tragedy by:

1. **Developing a comprehensive, evidence-based Maternal and Newborn Health Emergency Action Plan** designed to provide universal access to life-saving health care for mothers and newborns in the developing world. The Action Plan should outline how the U.S. will contribute to a global effort to:
 - a. *Provide access to four essential life-saving strategies – family planning, skilled care during pregnancy and childbirth, emergency care for complications, and postpartum care.*
 - b. *Address the severe shortage of trained health care workers and strengthen health systems more broadly, recognizing that maternal mortality is a good marker of how well a health system is functioning.**
 - c. *Address the unique social and economic barriers that limit women's access to and usage of health services. Improve quality of care and equity of services.*
2. **We encourage allocating \$1.3 billion in FY 2010 for maternal and newborn health** and supporting \$1 billion for family planning programs** with clear budgetary tracking. We need adequate financial investment for women and newborn survival so that their families, communities and nations can thrive.

* Estimates are that an additional **4 million trained health workers are needed** so there are 2.3 health workers per thousand people. A quarter of these health workers should be skilled birth attendants who work close to women's homes. WHO (2006). Fact sheet N° 302 <http://www.who.int/mediacentre/factsheets/fs302/en/index.html>

** **The \$1.3 billion funding request is based on need identified in the WHO report 2005. The \$1.3 billion ask includes costs for care during pregnancy, childbirth, the neonatal period and the postpartum period, as well as the costs for postpartum family planning and counseling; program-level costs are also included.**

Program interventions and activities costed include: program planning and management; supervision of staff; health education; advocacy; and monitoring and evaluation. Health systems interventions costed include: infrastructure/maintenance; acquisition of transportation/commodities; and human resource development.