Ensuring Skilled Care for Every Birth

No issue is more central to global well-being than maternal and perinatal health. Every individual, every family and every community is at some point intimately involved in pregnancy and the success of childbirth. Yet every day, 1 600 women and over 10 000 newborns die due to complications that could have been prevented.

Since its inception in January 2005, the Department of Making Pregnancy Safer (MPS) at the World Health Organization, sets out a way forward for making pregnancy and childbirth safer for women and their newborns, and thus accelerating the reduction of maternal and perinatal mortality and morbidity—especially in the developing world, where 98% of these deaths occur.

MPS notes with great concern that at current trends, the international community will fail to meet its Millennium Development Goals #4 and #5 targets in reducing by three-quarters the maternal mortality ratio, and reducing by two-thirds the ‘under-five’ mortality rate. The HIV and Malaria related MDG #6 will also not be achieved by 2015 without focusing on HIV and Malaria related illnesses before, during and after pregnancy. 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 goal of the Department is to provide technical support and through building national capacity for managed care and universal coverage, to ensure skilled care for 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 Outputs

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. 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 strengthened 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 strategies 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 Population 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.

### Integrated Management of Pregnancy and Childbirth (IMPAC)

- Policy, strategy, skilled human resource planning
- Distressed level management of health services; logistics and supplies, infrastructure, costing and financing
- Assessment, monitoring and surveillance
- Programme and management guidelines for pregnancy, childbirth, postpartum, newborn care and other relevant interventions, e.g. malaria, HIV/AIDS at different levels
- Health education and promotion, and community mobilization and support activity
- Improved health system response, access to and quality of essential and emergency care
- Training and follow-up
- Improved skills and competence
- Improved community practices and increased utilization
- Health system

**IMPAC** coordinates it all

### The Strategic Approach

The MPS global strategic approach comprises four strategic areas:

- **Strategic direction 1**: Building a conducive social, political and economic environment to support timely actions in countries
- **Strategic direction 2**: Responding to country needs to achieve universal coverage of essential interventions that will ensure skilled care at every birth within the context of a continuum of care
- **Strategic direction 3**: Building effective partnerships across relevant programmes and partners for coordinated actions in countries
- **Strategic direction 4**: Strengthening assessment, monitoring and evaluation for better decision-making by policy-makers and planners