Every day, more than 800 women die from preventable causes related to pregnancy or childbirth, such as postpartum hemorrhage, hypertension, infection and obstructed labor. Ninety-nine percent of these deaths occur in low-resource settings where women and girls are unable to access adequate health services. Getting pregnant too soon is a key risk factor for complications in pregnancy and childbirth.

Promoting family planning is essential to reducing maternal deaths and improving the livelihoods of women and their families by allowing women to space births and girls to avoid pregnancy and stay in school. Overall, an estimated 214 million women and girls in the developing world have an unmet need for family planning, resulting in about 67 million unintended pregnancies every year.

Increasing access to modern methods of contraception and quality maternal care, as well as creating a supportive health care system, enabling policies and community environments for safer pregnancies, could prevent 1 in 3 maternal deaths and 1 in 5 child deaths. Our maternal and reproductive health (MRH) programs aim to reduce maternal deaths and improve the health of women, including adolescents, and contribute to long-term benefits for their families and communities. We partner with ministries of health and other stakeholders to train and support health care providers, community health workers and other actors to deliver quality MRH services to underserved populations.

Access to family planning and healthy timing and spacing of pregnancies

To reduce the risk of adverse maternal and child health outcomes, we help women and their partners delay, space or limit pregnancies by improving the quality and accessibility of family planning services, expanding availability of different contraceptive methods and increasing community awareness of, demand for and use of modern family planning methods. We also strengthen postpartum family planning services and integrate family planning into other health services (such as immunization programs) to increase opportunities for women to access care.

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Quality antenatal and postnatal care

Quality antenatal, or prenatal, care (ANC) and postnatal care (PNC) services provide better health outcomes for both the mother and infant through preventive care and the identification of risk factors. However, data shows that most women in developing countries do not have enough contacts with health providers. ANC services help mothers and their families prepare for birth and learn about pregnancy risk factors, newborn care and breastfeeding. Our comprehensive maternal newborn health (MNH) programs create demand by mobilizing women and families at the community level to seek ANC and PNC services while also strengthening the provision of quality services by trained health providers.

Quality obstetric care

Improving access to safe deliveries helps improve maternal survival rates and reduces the risk of stillbirth and neonatal deaths. Our integrated MNH programs improve the quality of obstetric care to ensure that pregnant women access and receive respectful and quality care and deliver in clean, safe spaces. We build the capacity of health providers and equip and support them to identify and manage complications in mothers and newborns. We also work in communities to build support among families to ensure women seek timely care during pregnancy and labor to avoid preventable deaths.

Prevention of preterm births

Prematurity is the leading cause of newborn deaths, yet many preterm births can be prevented or managed with feasible, cost-effective solutions. Health interventions throughout a woman’s life, from preconception through labor and in the months following childbirth, can help prevent preterm births. This includes interventions to prevent rapid-repeat pregnancies, can help prevent early births, such as improving the nutritional and health status of mothers, promoting healthy timing and spacing of pregnancies, identifying and preventing risk factors before and during pregnancy, and providing quality care during birth. Our integrated programs also work to improve care to preterm babies in order to minimize any long-term developmental disabilities associated with being born too soon.

Reproductive Health in Humanitarian Settings

Reproductive health is a necessary component of humanitarian health responses. Thirty-five million women of reproductive age are in need of humanitarian assistance. Their needs do not disappear in crisis. Women who are pregnant still need access to care, and others may want to postpone pregnancy. We train and mentor frontline health providers, provide commodities and supplies, strengthen supply chains and support communities to work together to increase awareness and use of reproductive health services in humanitarian settings.

Community-based Access to Injectables

Our wide network of community-level platforms provides unique opportunities to reach women and their families and improve access to modern contraception. In Guinea and Uganda, we train community health workers to promote long-acting contraception and effectively provide injectable contraception to women seeking family planning, reducing unmet need in hard-to-reach areas and mobilizing a new cadre of health workers who can safely provide family planning services.

Support to young and first-time parents

Our MRH and adolescent sexual and reproductive health (ASRH) programs focus on supporting married and parenting adolescents to ensure that they and their children receive adequate health and social support to enhance their quality of life. Approximately 21 million adolescent girls (ages 15–19) become pregnant every year, affecting their education and long-term economic opportunities. We work at individual, community and systems levels to address the unique needs of young and first-time parents to prepare for childbirth, childcare and parenthood; support young mothers in their transition back to school; and promote use of contraception to prevent rapid-repeat pregnancies.

Engaging men and communities

Partners and families play an important role in MRH as they can provide a supportive environment for women and girls seeking care. We use a gender transformative approach to change attitudes and gender norms among men and communities to empower women to use MRH services. This encourages the adoption of healthy behaviors and norms and generates demand for family planning and maternal health services, particularly in underserved populations and among adolescents.
MATERNAL AND REPRODUCTIVE HEALTH PROGRAM HIGHLIGHTS

My First Baby

Save the Children’s My First Baby (MFB) approach addresses the reproductive health needs of adolescent first-time mothers and mothers-to-be. It was first implemented in Bolivia and later adapted in Nepal in 2012. In Nepal, where early child marriage is a common practice, most first-time mothers are adolescent girls who are forced to leave their schooling and families and have limited access to information on reproductive healthcare, healthy child care practices and health facilities for antenatal, delivery and postpartum care. To reach this often-neglected population, Save the Children implemented MFB in Kapvilbastu and Pyuthan districts to improve married adolescent girls’ reproductive health knowledge, skills and behaviors. Married adolescent girls groups received counseling through peer-facilitated sessions that cover topics related to nutrition, hygiene, sanitation, fertility, pregnancy, birth preparedness, contraception, breastfeeding and infant care.

Household-to-Hospital Continuum of Care (HHCC)

The Household-to-Hospital Continuum of Care (HHCC) project in Vietnam (2005-2011), funded by Atlantic Philanthropies, sought to encourage preventive household and community practices and improve the quality, accessibility and utilization of facility-based maternal and newborn health services in eight provinces. The HHCC approach is a comprehensive model to improve maternal and newborn health by linking households, communities, community health centers and district and provincial hospitals together. In its third phase of implementation, the project scaled-up the model’s best practices and effective interventions to pre-service training countrywide. The HHCC model has been adopted by other countries (Bangladesh, Ethiopia, Malawi, Mali, and Uganda) to improve access to quality maternal and newborn healthcare.

Strengthening Midwifery-led Care in Bangladesh

Midwives play an important role in preventing maternal and newborn mortality and morbidity. We collaborate with UNFPA and the Government of Bangladesh on the Strengthening National Midwifery Programme (SNMP) (2017-2018) to improve the quality of evidenced-based instruction and care in 38 primary clinical sites. The program supports midwife-led care, including routine obstetric and newborn care and initial stabilization of emergencies at targeted Upazila Health Complexes prior to referral. In addition, SNMP strengthens evidence-based routine obstetric and newborn care practices at medical colleges and district hospitals that function as primary clinical education sites for midwives.

Fertility Awareness for Community Transformation (FACT) Project

The USAID-funded Fertility Awareness for Community Transformation (FACT) Project (2013-2018) is a research, intervention and technical assistance project led by Georgetown University’s Institute for Reproductive Health, in partnership with Save the Children and the International Center for Research on Women. The FACT Project aims to reduce the high, unmet need of youth, postpartum women and couples for family planning in Nepal and Uganda through developing and testing innovative interventions to determine whether increased fertility awareness improves family planning use and expanded access to fertility awareness-based methods increases uptake of family planning and reduces unintended pregnancies.
Services de Santé à Grand Impact

The USAID Services de Santé à Grand Impact (SSGI) project works in partnership with the Government of Mali, local and international non-governmental organizations and communities in five target regions in Mali to implement large-scale activities to reduce maternal, newborn and child mortality from preventable causes. With funding from USAID/Mali, Save the Children leads this five-year (2014-2019) project implemented by a consortium of organizations, including Jhpiego, Management Systems International, Groupe Pivot Santé/Population and the Fédération Nationale des Associations de Santé Communautaire. SSGI aims to improve health-related behaviors and systems as well as increase the use of quality, high-impact health services from the community to the district health facility levels. The intervention areas of the project include maternal, newborn, and child health; malaria; reproductive health and family planning; HIV and AIDS; nutrition; water, sanitation, and hygiene; and health systems strengthening.

MaMoni Health Systems Strengthening (MaMoni HSS) Project

The MaMoni Health Systems Strengthening (HSS) project (MaMoni HSS) is a five-year (2013-2018) USAID-funded award aimed at improving utilization of integrated maternal, newborn and child health, family planning and nutrition services through a health systems strengthening approach in Bangladesh. MaMoni HSS key activities include improving service readiness through critical gap management; strengthening health systems at the district level and below; and identifying and reducing barriers to health service accessibility and use. Selected key interventions supported by the project include: antenatal care services; safe childbirth; nationwide scale-up of chlorhexidine (antiseptic) for cord care; essential newborn care including resuscitation; basic and comprehensive obstetric and newborn care; postnatal care for mother and baby; management of sick newborns through “Special Newborn Care Units” and outpatient treatment; Kangaroo Mother Care; family planning including postpartum family planning; maternal, infant and young child nutrition; and strengthened referral linkages between communities and health facilities in six project districts. MaMoni HSS also supports the Ministry of Health and Family Welfare in collaboration with the World Health Organization Quality, Equity and Dignity initiative to operationalize and rollout quality improvement processes at clinics and hospitals.

Family Planning and Immunization Integration Project

The Family Planning and Immunization Integration Project, funded by the Pfizer Foundation since 2016, integrates family planning into monthly immunization outreach clinics in three districts of Malawi (Blantyre, Mwanza and Thyolo). A promising high-impact practice in family planning, this integration provides an opportunity to reach women in the postpartum period with family planning counseling and services. Working closely with District Health Management Teams, the project is testing an approach that uses peer learning to improve the frequency and quality of supervision of community health workers, known locally as health surveillance assistants (HSAs).