



**USAID**  
FROM THE AMERICAN PEOPLE

*In the Balance:*  
Saving the Lives of  
**MOTHERS,**  
**NEWBORNS &**  
**CHILDREN**



The death rates in the developing world of newborns, children and mothers during childbirth are staggering, but what is more shocking is that most of these deaths are preventable. The U.S. Agency for International Development (USAID) has pledged to do everything possible to provide mothers and children the very basic health packages that mean the difference between life and death, and to call attention to the critical needs of expectant mothers, newborns and children in the developing world.

To succeed we must integrate maternal and newborn programs, strengthen health systems and community-based approaches, improve quality of care in health facilities, and link communities to facilities.

For more than 40 years USAID has been dedicated to saving and improving lives around the world. With missions or offices in 80 countries around the world from Afghanistan to Zambia, USAID is at the forefront of the U.S. Government's contributions to health and international development.

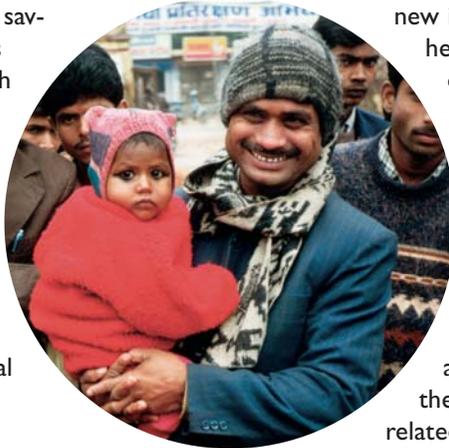
By making targeted investments in research, USAID has helped create many of today's life saving interventions and technologies used to prevent and treat childhood diseases including oral rehydration for diarrhea and vitamin A to battle birth defects, blindness, anemia and death. The Agency also helped develop vaccines such as *H. Influenza* (Hib) to ward off meningitis, and insecticide treated bednets to protect families from malaria, saving millions of lives each year.

The international community has set goals to reduce child, maternal and neonatal mortality and to ensure financing for these as well as other development needs, and has agreed to a global plan of action for sustainable development.

Yet, despite important successes, great gaps remain in the care and treatment of

mothers, babies and children. We have a major opportunity to improve their health. It is within our reach, and the most vulnerable deserve our undivided attention.

The emergence of the private for-profit sector and the non-governmental sector as significant participants in the development process makes our goals attainable. To be successful we must partner with international organizations, governments at all levels, non-governmental organizations (NGOs) including faith-based, the private sector, and communities. Such partnerships complement existing programs and, by leveraging new resources, expertise, and technologies, offer greater opportunities to achieve development objectives.



USAID is increasing and making new investments in neonatal health; in the repair of obstetric fistula, a pregnancy-related disability caused by prolonged obstructed labor; and in prevention of hemorrhage - or excessive bleeding - in mothers after delivery, which causes at least one-quarter of the 500,000 childbirth-related deaths among women worldwide each year.

Most women in developing countries lack access to lifesaving care. We must promote skilled attendance at birth and lifesaving basic essential obstetric care to save both babies and mothers.

*Andrew S. Natsios*

Andrew Natsios, Administrator  
U.S. Agency for International Development

## Improving Maternal & Neonatal Health

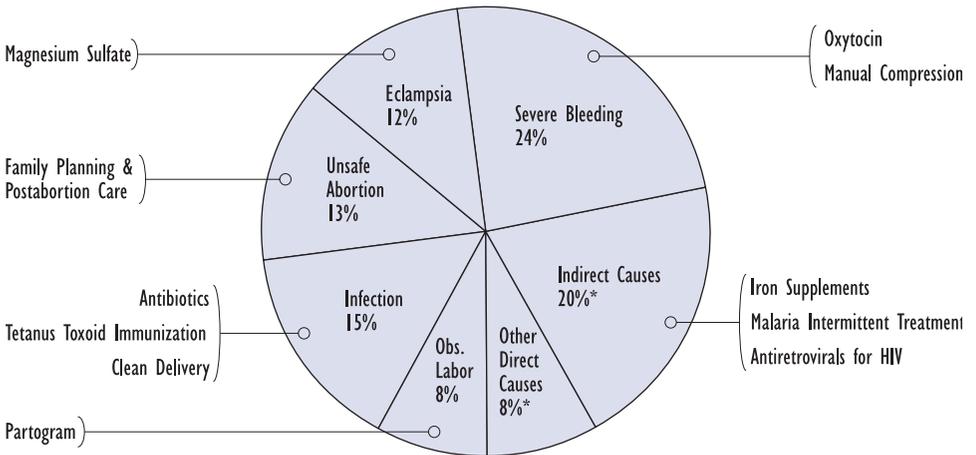
Each year more than 500,000 women, 99 percent of them in developing countries, lose their lives to preventable complications of pregnancy and childbirth. High fertility, poor nutritional status, and lack of basic health services compound the problem, so that in some countries and

**“USAID improves the health and quality of life of millions of women and children worldwide through its investments in maternal and neonatal health programs.”**

regions of the world, a woman’s lifetime risk of dying of pregnancy-related causes is astounding. Furthermore, an estimated 15 to 20 million women suffer direct and long-term complications from pregnancy and childbirth, including severe anemia, incontinence, damage to reproductive organs or nervous system, chronic pain, and infertility. Perhaps the greatest

high-quality services. Key interventions such as iron supplementation for mothers, malaria treatment, safe and clean delivery, and treatment of obstetric and newborn complications, including the prevention and repair of obstetric fistula and the prevention of postpartum hemorrhage, are improving the survival and

**Evidence-based Interventions for Major Causes of Maternal Mortality**



\*Other direct causes include: ectopic pregnancy, embolism, anesthesia-related  
 \*Indirect causes include: anemia, malaria, heart disease  
**Source:** Adapted from “Maternal Health Around the World” World Health Organization, Geneva, 1997

tragedy, however, is that the majority of these deaths and disabilities are preventable with currently available technologies.

USAID improves the health and quality of life of millions of women and children worldwide through its investments in maternal and neonatal health programs. USAID’s maternal health strategy emphasizes maternal mortality reduction and supports the improvement of maternal health through the increased use of key maternal health and nutrition interventions. Our approach includes community involvement, the promotion of evidence-based interventions, and compassionate

health of mothers and infants around the world.

USAID programs also support global leadership to strengthen maternal and nutrition policies, and work to that empower families and communities to prepare for childbirth by promoting the use of skilled birth attendants for safe delivery, improving self-care and nutrition during pregnancy and after delivery, recognizing complications, and finding means to overcome barriers to care.

The Agency’s approach to maternal and neonatal health follows a continuum of

care from pre-pregnancy through the postpartum period. For example, both mother and baby benefit from interventions to address infections and nutritional deficiencies during pregnancy, hygienic practices during delivery, and birth spacing counseling during postpartum care visits. Programs also work to address health system challenges, improve access to and quality of health services, and equip birth attendants with the knowledge, skills, drugs, and supplies to deliver lifesaving care and reduce the toll of preventable maternal and neonatal mortality.

## Increasing Child Survival

Ten and a half million children will die this year from easily preventable causes such as diarrhea, pneumonia, and malaria. These children do not survive because affordable, effective, lifesaving interventions like oral rehydration therapy for diarrhea (which costs 6 cents per treatment), antibiotics to treat respiratory infections (25 cents), and anti-malarial tablets (12 cents) do not reach them. To create a safer future for the world, we must work to combat illness and improve the health of children throughout the world.

Increasing global child survival has long been a top priority of U.S. foreign assistance. In the 1970s and 80s, USAID supported research that helped develop interventions and technologies that today save millions of lives each year. Since 1990, USAID has provided over \$2.5 billion in assistance to survival programs that save children's lives by working to increase immunization, eradicate polio, improve nutrition, reduce and prevent childhood illnesses, improve maternal and neonatal health, and treat infectious diseases.

- **Immunizations:** Over the last 30 years, USAID assistance has helped increase the percentage of children in developing countries immunized against measles, diphtheria, pertussis, polio, and tuberculosis from 5 to 70

percent. USAID is currently taking a leadership role in the Global Alliance for Vaccines and Immunization (GAVI), which supports enhanced immunization programs in over 60 countries.

- **Polio Eradication:** The United States plays a leading role in the global campaign to eradicate polio, and has allocated more than \$200 million since 1986 to strengthen routine immunization and disease control systems essential for child health care in developing countries.

- **Nutrition:** To address malnutrition, USAID promotes breastfeeding, improved feeding practices for children and women, micronutrient supplementation, and food fortification. In 2002, USAID helped 19 countries carry out semiannual vitamin A supplementation campaigns. Increased vitamin A intake has been shown to reduce deaths in children by up to 30 percent.



- **Childhood Illnesses:** For nearly a decade, USAID has supported and promoted the Integrated Management of Childhood Illness (IMCI) strategy, which brings together interventions to prevent and treat diarrheal diseases, acute respiratory infections, malaria, malnutrition, and measles - the most common causes of child illness and death. Oral rehydration therapy, one of USAID's leading child survival interventions, plays an important role in the management of childhood diarrhea.

- **Infectious Diseases:** USAID's Infectious Disease Initiative focuses especially on tuberculosis (TB) and malaria and also works to contain resistance to drugs used to fight infectious diseases and to improve disease surveillance and response. In response to the growing problem of TB/HIV co-infection, USAID supports the "ProTEST" Initiative of the World Health Organization (WHO), which delivers coordinated interventions for

TB and HIV prevention and care. In the area of malaria prevention, USAID recently launched NetMark, which seeks to expand the availability of affordable insecticide-treated bednets in Africa.

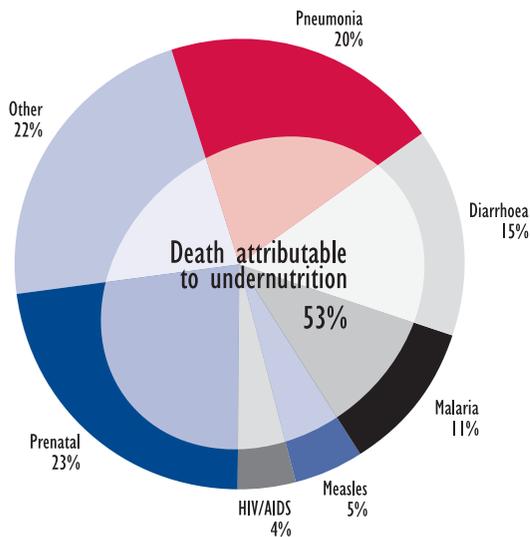
## Improving Neonatal Health & Survival

Each year, about four million newborns die and four million more are stillborn. Ninety eight percent of these deaths occur in developing countries. Half of all infant deaths occur in the first 28 days after birth - the neonatal period - and of

delivery. This leaves both mother and child susceptible to infections, poor nutritional behaviors, and without important child health and parenting information.

USAID's neonatal health program treats the mother and baby as an interconnected pair, or dyad, by integrating maternal and newborn programs. Postpartum care includes warmth and cleanliness of the newborn, treatment for complications such as birth asphyxia, hygienic cord care, antibiotics for infection, and the promotion of exclusive breastfeeding. In health care settings that provide services to prevent mother-to-child transmission of

## Leading Causes of Death in Under Fives in Developing Countries and the Contribution of Undernutrition



### Sources:

For cause-specific mortality: World Health Report 2003.

For deaths attributable to undernutrition: Caulfield et al. Undernutrition as an underlying cause of child deaths associated with diarrhea, pneumonia, malaria, and measles.

American J. Clinical Nutrition 2004;80:193-8

those, 75 percent die in the first week after birth, underscoring the critical importance of maternal health and care during pregnancy and delivery to neonatal/child survival.

Since many maternal and neonatal deaths occur in the 48 hours after labor and birth, early postpartum and newborn care is promoted to assess and manage life-threatening complications and assist mother and newborn. However, many women and their newborns do not seek routine postpartum care directly after

HIV/AIDS (PMTCT), postpartum services are especially important for the administration of drugs and advice on infant feeding.

Other important services and information provided during postpartum care include birth spacing information and services, maternal nutrition (including micronutrient supplementation), hygiene and sanitation, infection prevention for mother and baby, optimal infant feeding, immunization, prevention information and services for HIV/AIDS and sexually trans-

mitted diseases, and continued PMTCT services, if necessary.

The objective of USAID's neonatal program is to reduce neonatal mortality by building on and strengthening neonatal interventions within existing maternal and child health programs, and by linking with PMTCT efforts in high HIV/AIDS prevalence countries. Key program strategies include integrating maternal and newborn programs to support the full continuum of care during pregnancy, labor and birth, and after the birth of the baby with evidence-based perinatal and newborn interventions.

USAID's programs strengthen community-based approaches and empower families and communities to care for the newborn with simple preventive interventions such as warmth, hygienic cord care, and early and exclusive breastfeeding, and to recognize and refer for complications such as infection. The Agency's programs link communities to facilities, strengthen health systems, train health providers, and improve quality of care in health facilities. By putting a spotlight on postpartum care, USAID has

renewed its program efforts to strengthen the weakest link in the continuum of care, reaching new mothers and their newborns with health services and information at the time when most maternal and neonatal deaths occur.

In a relatively new and evolving field, USAID's newborn care program supports operations research to guide the identification, bundling, and scaling up of interventions, and emphasizes the support of global and regional leadership and advocacy. Ensuring that new mothers and their babies receive postpartum care services requires commitment to well functioning health care systems, community-level programs and planning, and well trained health care professionals. Families and communities need to be educated in birth preparedness, and deliveries by a trained attendant are encouraged.

Attendants must be trained in essential obstetric and postpartum care and have facilities, equipment and functioning referral networks. Policymakers must also be educated on the benefits of investing in health systems strengthening to improve the quality of maternal and newborn care.



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**U.S. Agency for International Development**  
1300 Pennsylvania Avenue, NW  
Washington, DC 20523  
[www.usaid.gov](http://www.usaid.gov)