



GLOBAL HEALTH Maternal & Reproductive Health

Every day, almost 800 women die from preventable causes related to pregnancy or childbirth. Ninety-four percent of these deaths occur in low- and middle-income countries where women and girls are unable to access adequate health services. Improved care around time of birth and after birth can significantly save the lives of women and newborns. Getting pregnant too young or too soon is a key risk factor for complications in pregnancy and childbirth.

Promoting the use of contraception is essential to reducing maternal and newborn 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 **218 million women and girls** in low- and middle-income countries (LMICs) have an unmet need for family planning, resulting in about 111 million unintended pregnancies every year.

Increasing access to modern contraception and quality maternal care, creating supportive health care systems and policies, and building supportive 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 these deaths and improve the health of women, adolescents, and newborns to contribute to long-term benefits for their families and communities. Our work improves the sexual and reproductive health outcomes of adolescents and mothers by increasing access to, improving the quality of, and generating demand for family planning and maternal health services. Save the Children MRH programs also work to build global leadership and support countries to develop and implement innovative and evidence-based approaches in communities and facilities to reduce the major causes of maternal and newborn deaths.

Save the Children believes every child deserves a future. In the United States and around the world, we do whatever it takes – every day and in times of crisis – so children can fulfill their rights to a healthy start in life, the opportunity to learn and protection from harm.

With over 100 years of expertise, we are the world's first and leading independent children's organization – transforming lives and the future we share.

KEY FACTS

- 17% of births between 2015 and 2020 were without the assistance of a skilled health professional (UNICEF).
- Almost 800 women die each day due to preventable complications from pregnancy and childbirth (WHO 2023).
- Motherless children are up to 15 times more likely to die (WHO).
- In 2020, there were 223 maternal deaths per 100,000 live births ([WHO](#)).
- Average annual rate of reduction had to increase by more than five-fold from current 2.1% to 11.6% to achieve the SDG MMR of 70 per 100,000 live births by 2030 (WHO 2023)

OUR IMPACT

- Our MRH programs span 19 countries in four regions: Asia, Latin America and the Caribbean, the Middle East and North Africa, and Sub-Saharan Africa.
- Our MRH programs reached 4.7 million children and 12.6 million adults in 2022.
- We provided 369,961 women of reproductive age with contraceptive services in two years (2021 – 2022).

Access to Family Planning and Healthy Timing and Spacing of Pregnancies

To reduce the risk of adverse maternal and newborn health outcomes, we support adolescents, women, and their partners to delay, space, or limit pregnancies by shifting norms that influence access to contraception and improving availability, accessibility, and quality. We also expand the availability of different contraceptive methods to improve choice. We increase community awareness of, demand for, and use of modern FP methods. Core to our work is the strong collaboration with governments and local partners to strengthen and sustain service delivery platforms at both facility and community levels to help women and their partners.

Respectful and Quality Pregnancy Care

Quality antenatal care (ANC) and postnatal care (PNC) services provide better health outcomes for both the mother and newborns through preventive care and the identification and treatment of complications. Our integrated programs strive to improve the quality of maternal care to ensure pregnant and post-partum women, and their babies have access to and receive respectful and quality care prior to, during, and between pregnancy, childbirth, and post-partum. We work with community partners and health providers to ensure the community engages and holds health facilities and community health workers accountable for the quality of services provided. We work with policy makers and program managers to ensure maternal health policies and guidelines are evidence-based and meet global standards. We also strengthen the capacity of health providers and work in communities to build support among families to ensure women seek timely care during pregnancy, labor, and after childbirth 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 between pregnancies, can help prevent preterm births. Timely administration of antenatal corticosteroids to pregnant women in imminent preterm labor significantly reduces death among premature babies. Our integrated programs also work to ensure women in preterm labor receive this lifesaving medication, along with other interventions, to improve survival for their preterm babies.

Support to Young and First-time Parents

Approximately 21 million adolescent girls (ages 15–19) become pregnant every year, while 12 million give birth, affecting their education and long-term economic opportunities. Adolescents have unique vulnerabilities that influence how they seek, use, and experience maternal and newborn health (MNH) services and which, in turn, should influence how care is provided. Our MRH programs focus on supporting married and parenting adolescents to ensure that they and their newborns receive adequate health and social support during their pregnancy, childbirth, and after delivery to enhance their quality of life.



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Respectful and Quality Care

Claudine – an expectant mother living in Mahama Refugee Camp in Rwanda – is attended by midwife Jeanne. When she went into premature labour, Save the Children referred Claudine to a clinic outside the camp, and provided an ambulance to transport her there. Jeanne works in the maternity ward built, equipped, and staffed by Save the Children at Mahama. Over 50,000 Burundian refugees have fled across the border to escape escalating conflict and instability back home.

MRH 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. Pregnant women still need access to care, and others may want to postpone pregnancy. We train and mentor frontline health workers, provide commodities and supplies, strengthen supply chains, and support communities to work together to increase awareness and use of reproductive health services in humanitarian and fragile settings.

Maternal and Reproductive Health

Program Highlights

USAID Kulawa

USAID Kulawa (2020-2025) is a [multi-sectoral project in Niger](#) that aims to strengthen ownership and management of health services by communities, in partnership with citizens, local government, and service providers to increase access to and use of high-quality maternal, newborn, and child health, family planning/reproductive health, and nutrition services. The project also aims to increase awareness of and access to quality fistula care services. USAID Kulawa is implemented across 17 districts, reaching 1.4 million women of reproductive age, 1.1 million children under five, and 2.6 million youth.

Saving Mothers and Preterm Babies (SWAP)

The **Saving Mothers and Preterm Babies (SWAP) Project (2022-2025)** in [Uganda](#) and [Bangladesh](#) integrates evidence-based, lifesaving maternal and newborn health interventions to improve quality of care and health outcomes for preterm and small and sick newborns, as well as pregnant women with complications that can potentially lead to preterm birth. SWAP collaborates with Vayu Global Health Foundation, the PRISMS clinical decision-making tool team (Uganda), respective Ministries of Health (MoHs), and local partners to test, introduce, and scale innovations that improve clinical outcomes for pregnant women and their newborns.

USAID MaMoni Maternal and Newborn Care Strengthening Project (MNCSP)

The USAID-funded **MaMoni MNCSP Project (2018-2023)** [worked to substantially improve health outcomes for mothers and newborns in Bangladesh](#). The project was implemented by a consortium led by Save the Children in 17 districts covering a population of ~34.8 million people. MaMoni supported the Bangladesh government's vision of "a Bangladesh where there is no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential." MaMoni supported the government to strengthen its health systems in order to increase equitable access to and use of quality, integrated maternal and newborn care (MNC) and postpartum family planning (PPFP) services, especially for communities most impacted by inequality.

Family Planning Services for Underserved Communities

Save Children strives to ensure families and women of reproductive age are reached with family planning services. In Kenya, with funding from the Bill & Melinda Gates Foundation, we implemented the **Nomadic Health Project (2018-2022)**, which sought to develop an approach to increase the use of quality family planning and other health services [among nomadic and semi-nomadic populations in Kenya](#). In Yemen, we implemented the USAID-funded **Strengthening Family Planning Services (SFPS) project (2018-2022)**, which aimed to increase the provision and availability of family planning services in hospitals and health centers in 220 health facilities in Aden, Lahj, and Ta'izz governorates in the south.