

Maternal and newborn health key advocacy messages



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The purpose of these messages

These high-level messages are intended to be **used by advocates** in the lead up, during, and immediately following the International Maternal and Newborn Health Conference (IMNHC) to **increase attention to maternal and newborn health (MNH), including stillbirths**. The messages draw upon findings and recommendations contained within reports that are being launched at the conference, including *Improving maternal and newborn health and survival and reducing stillbirths: Progress report 2023* (WHO and UNICEF) and *Born Too Soon: Decade of action on preterm birth* (PMNCH, WHO, UNICEF and UNFPA). They were developed by the ENAP-EPMM Advocacy and Accountability Working Group with PMNCH.

Top 3 messages

1. We have a silent emergency at hand.

Every 7 seconds a woman or baby dies due to complications in pregnancy, childbirth or just after (maternal or newborn death or stillbirth). Mortality declines have stalled and funding diverted to other things. Our complacency as a society to not take action is, in fact, the biggest killer.

2. We are ready for action.

A new UN report informs of progress for bold, but achievable targets to jointly protect the health of women and their babies. We know the solutions and now need to invest and implement where it matters most.

3. Together, we can change the future

and unlock human capital for economic growth by transforming the trajectory of preventable maternal and newborn death and disability, and stillbirths. We are poised for progress but it will require investment in every country, more ambitious partnerships and leadership, and social mobilization for accountability and advocacy at the grassroots level.

These generalized messages are intended to be **direct, easily digestible, and energizing for lay audiences, such as the media, non-technical decision-makers, and the affected public**. They are meant to help build interest in and demand for MNH investment and activity. They can be incorporated into social media outreach and traditional media pieces such as op-eds or used as talking points within discussions, interviews, and presentations. Messages should be used in the way that works best for individual organizations and contextualized for different audiences and geographies.

Following the conference, stakeholders will come together to build a comprehensive, long-term messaging framework with specific themes and key points, including technical messages, designed for various audiences, including, but not limited to, national and sub-national health planners, health providers, parliamentarians, finance ministers, media, social justice advocates, and parents.

References

1. *Improving maternal and newborn health and survival and reducing stillbirths: Progress report 2023* (WHO and UNICEF)
2. *Born Too Soon: Decade of action on preterm birth* (PMNCH, WHO, UNICEF and UNFPA).



More about these messages

1. SILENT EMERGENCY: Progress has flatlined for ending preventable maternal and newborn deaths and stillbirths. Pregnancy and childbirth remain a state of emergency for far too many women and babies globally. The rightful attention paid to stopping COVID should also be paid to saving mothers' and babies' lives.

- We are at the half-way point to the Sustainable Development Goals and efforts to combat maternal and newborn deaths and stillbirths have stalled, with a combined 4.5 million maternal and newborn deaths and stillbirths occurring *each year*. That is one death *every 7 seconds*.
- To give this context, maternal and newborn deaths and stillbirths have contributed to nearly two times the loss of life as COVID-19 since the start of the pandemic. If we do not change course, we stand to lose more than 30 million more women and babies by 2030, more than half of them in Sub-Saharan Africa.
- Progress has stalled. Since 2016, the annual rate of maternal mortality reduction has fallen below 1% per year – a far cry from the heartening 2.7% per year between 2000-2015. The burden of preterm births—the leading cause of newborn death—has hardly changed in two decades. The number of stillbirths too is unbending, with two million families suffering losses each year.
- Disparities between countries and across borders persist and pose a threat to achieving our targets. Stillbirths are 34 times higher in the lowest income countries compared to the highest income countries. Maternal deaths are 130 times higher in some lower income countries compared to higher income countries. Africa and Asia have the largest numbers of deaths. Even in countries with low overall rates of death and disability, there are still massive disparities in mortality and morbidity risk between races, classes of wealth, and location.

2. READY FOR ACTION: A new UN progress report—outlines progress on bold, but achievable targets to jointly protect the health of women and their babies. We have the solutions and need to implement them in forgotten locations and populations. Funding for maternal and newborn health diverted at the height of the pandemic must be restored and increased.

- *Improving maternal and newborn health and survival and reducing stillbirths: Progress report 2023*—a new UN report— aligns existing coverage targets for maternal and newborn health and reports on national progress for each.
 - The targets are now being framed together as “90-90-80-80.” In every country: **90%** of pregnant women have four or more antenatal care (ANC) visits; **90%** of women give birth with a skilled health worker at their side; **80%** of new mothers

and their babies receive postnatal care within two days of birth; and **80%** of districts achieve these targets and other essential services, including emergency care for women and newborns and access to care and information for broader determinants of maternal health.

- We have the solutions and need to invest in what we know works, such as infection prevention, primary health care and Kangaroo Mother Care.
- Focusing on the sub-national efforts and disparities within will be needed to reach the targets and save lives. We have an opportunity to integrate maternal and newborn health interventions with other health packages, like immunization, and sectors since it is often the same places that require attention.
- Yet, funding to support health system to deliver maternal and newborn health services are in jeopardy. During the COVID-19 pandemic, 77% of all sub-Saharan countries reported decreased allocations for maternal and newborn health. Currently only 12 of the 106 countries reported that their plans are fully financed.

3. TOGETHER WE CAN: Together, we can change the future and unlock lost human capital. Together, we can transform the trajectory of preventable maternal and newborn death and disability, and stillbirths. Together, we can reimagine the world, by focusing on where it all begins, with mothers and babies.

- The first International Maternal and Newborn Health Conference in May 2023 will bring together key actors to accelerate progress and will take place every two years until 2030.
- We have an opportunity to break down silos, extend hands to new partners, and rectify missed opportunities for impact.
- We are poised for progress with stronger partnerships, leadership and visibility for maternal and newborn health, commitments at the highest levels, and social mobilization to advocate for change at the grassroots levels.
- Investing in maternal and newborn health is not just about saving millions of families from heartbreak but can lead to major economic shifts, resulting in stronger and healthier societies. Our next generation depends on us acting now.

A note on language

These messages aim to center a community that is predominantly made up of women. At the same time, gender exists on a spectrum and not all people with the capacity for pregnancy identify as women. These messages were developed with the recognition that women and birthing persons – including trans, genderqueer, intersex, and otherwise marginalized communities – should have equal rights and inclusion in the MNH conversation. We welcome and encourage users of these messages to adapt or adjust the term “woman,” based on local context and needs.