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Maternal and Child
Survival Program



MATERNAL HEALTH

Over the last two decades, the global community has witnessed a remarkable reduction in the annual number of maternal deaths worldwide. Yet, too many women continue to die in pregnancy and childbirth from preventable and treatable causes, and national maternal mortality averages often conceal large inequities within countries.

USAID's flagship Maternal and Child Survival Program (MCSP) has a strategy for maternal health that emphasizes a health systems and quality improvement approach to reduce direct and indirect causes of maternal morbidity and mortality. We address the major direct causes of maternal mortality, including postpartum hemorrhage (PPH), pre-eclampsia and eclampsia, peripartum maternal infection, and prolonged labor. We also address the indirect causes that constitute an increasing burden of maternal mortality including prevention and treatment of anemia, HIV, malaria, tuberculosis, hypertension and other chronic diseases.

We apply a health systems lens to work with national, regional and district managers and frontline health workers to strengthen essential health system functions and to continuously improve utilization and quality of maternal and newborn care across the system (community, primary, referral) and life cycle (antenatal care, birth, postnatal care) continuums of care.

We support work at three primary levels to advance coverage and quality of high-impact integrated maternal and newborn and postpartum family planning services in low-resource settings:

KEY FACTS

- Globally, PPH is the leading direct cause of maternal mortality at 27% (The Lancet)
- In developing countries the risk of dying from PPH is approximately 275 times higher than that for a pregnant woman in a developed country (The Lancet)
- Severe pre-eclampsia/eclampsia is the second leading direct cause of maternal mortality at 14% of global maternal mortality (The Lancet)

- Sub-national health systems and service delivery;
- National policy and strategy; and
- Global policy and initiatives.

At the **sub-national level**, we work closely with regional and district government and partner stakeholders and frontline health care workers to strengthen integrated maternal and newborn routine and complications services with a strong focus on health systems strengthening and quality improvement. At the **national level**, MCSP works with national Ministries of Health and maternal and newborn stakeholders to advance favorable national policy and strategy. We regularly support national Ministries of Health to update national maternal health policy and strategies. At the **global level**, MCSP works closely with the World Health Organization (WHO), UNFPA, the Maternal Health Task Force, the Ending Preventable Maternal Mortality Working Group and other stakeholders to advance favorable maternal and newborn health policy and initiatives.

The Program coordinates efforts with routine monitoring and periodic evaluation to support global, regional, national and local learning and decision-making needs, and to advance reproductive, maternal, newborn and child health priorities. MCSP's maternal health vision links closely with the Program's strategies to engage communities and increase demand for health services, working toward equity in access to and quality of respectful care at both the community and facility levels.



Photo: Rahema, who is six months pregnant, is examined by a nurse while her husband Sadiq looks on, during an antenatal clinic being held at Sinza hospital in Tanzania (Kate Holt/MCHIP and Jhpiego)

ABOUT MCSP

The Maternal and Child Survival Program (MCSP) is a global, USAID Cooperative Agreement to introduce and support high-impact health interventions with a focus on 25 high-priority countries with the ultimate goal of ending preventable child and maternal deaths within a generation. The Program is focused on ensuring that all women, newborns and children most in need have equitable access to quality health care services to save lives.

MCSP supports programming in maternal, newborn and child health, immunization, family planning and reproductive health, nutrition, health systems strengthening, water/sanitation/hygiene, malaria, prevention of mother-to-child transmission of HIV, and pediatric HIV care and treatment.

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