

***The Lancet* Maternal Health Series**

Communications Toolkit

#MaternalHealthNow

www.maternalhealthseries.org

www.thelancet.com

Key Information and Resources

The official report launch event will be on 18 September 2016.

Overview

The past quarter century has delivered progress for some women and their newborn babies. Maternal deaths fell by nearly half, and use of maternity services increased markedly. At the same time, the Millennium Development Goal (MDG) for maternal health fell far short of achievement. Some countries and groups of women saw little or no progress, despite significant global political attention to maternal health.

As more women survive childbirth, the global burden of poor maternal health is shifting markedly from preventable deaths to an increasingly diverse array of maternal morbidities and widening disparities within and between groups of women. Across all income-levels, there is maternal health care that is not grounded in evidence—whether care is “too much, too soon” or “too little, too late”. And globally, an estimated quarter of pregnant women continue to lack access to any skilled care at birth.

Opportunities for future progress in improving the quality of maternal health care and reducing inequities lie in more than just the wider promotion of effective maternal health interventions. They depend on key investments and the commitment of political capital by multiple partners across all populations to ensure universal implementation.

Every woman, every newborn, everywhere has the right to good quality care.

Local, national, and global communities must take action today to improve quality of care and reduce disparities in access in order to secure future economic and social development and support the vision of the 2030 Sustainable Development Goals (SDGs) and the *Global Strategy for Women’s, Children’s and Adolescents’ Health*.

Hashtags

Report hashtag: #MaternalHealthNow

Please use additional related hashtags in social media content to spread the word!

| | | | |
|-----------------|-----------------|---------------|--------------|
| #MaternalHealth | #MaternalMonday | #SavingLives | #Post2015 |
| #RMNCAH | #Healthcare | #GlobalDev | #UNGA |
| #MNCH | #ReproHealth | #GlobalHealth | #UNGA71 |
| #MomAndBaby | #EWECisME | #SDGs | #GlobalGoals |

Social Media Cards

Social media cards have been developed for both Facebook and Twitter and are organized by tile [in this folder](#). The content below references the following graphics:

- What Works?
- Too Little, Too Late/Too Much, Too Soon
- Five Point Action Plan

In addition, two photo cards have been developed for use with any of the content below or your own maternal health messaging.

Sample Social Media Content

This content is organized by the EWEC theme of the day for UNGA week, with a separate section for #MaternalMonday on 19 September.

Accountability

Facebook

- To make progress on maternal health we must recognize that the causes of poor maternal health issues are diverse—but the burden often falls upon the most vulnerable women. @The Lancet Medical Journal shows why we must invest in resources and expand access to care: #EWECisME #MaternalHealthNow #MaternalHealthNow <http://bit.ly/2czYq7A>
- The global population is getting younger, with a high unmet need for contraception. Governments, NGOs, donors, and the medical community must come together to address fragile health systems and support maternal health. Learn more via @The Lancet Medical Journal <http://bit.ly/2czYq7A> #EWECisME #MaternalHealthNow
- Preventable maternal deaths are unacceptably high in low- and middle-income countries. And the biggest culprit is the lack of timely, quality, and evidence-based care. We can and must do better. @The Lancet Medical Journal has new data and recommendations. #EWECisME #MaternalHealthNow [WHAT WORKS? GRAPHIC] <http://bit.ly/2czYq7A>

Twitter

- We need national plans to address the causes of #MaternalHealth issues #MaternalHealthNow [WHAT WORKS? GRAPHIC] <http://bit.ly/2czYq7A>
- Vulnerable women everywhere have the greatest burden of health issues. Who is accountable? via @TheLancet <http://bit.ly/2czYq7A>
- Preventable maternal deaths happen b/c women can't access timely, quality care. We can do better #MaternalHealthNow <http://bit.ly/2czYq7A>

Everywhere

Facebook

- @The Lancet Medical Journal has released new data and recommendations on the need for #MaternalHealthNow. Please share if you agree! <http://bit.ly/2czYq7A>
- Globally, nearly 53 million of the world's poorest women did not receive skilled health assistance at birth. We must expand access to quality care around the world. Maternal health is a human right. Learn more via @The Lancet Journal of Medicine <http://bit.ly/2czYq7A>
- Good maternal health is a human right. The global community and countries must take action to reach every woman, every newborn, everywhere with good quality health care. Thank you @The Lancet Medical Journal for this important call to action: <http://bit.ly/2czYq7A>

Twitter

- But the data shows we're not there yet. RT if you agree <http://bit.ly/2czYq7A>
- Nearly 53 million of poorest women globally had no skilled assistance at birth. #MaternalHealthNow – everywhere. <http://bit.ly/2czYq7A>
- There are significant access-to-care issues for women around the world. We need #MaternalHealthNow. #EWECisME <http://bit.ly/2czYq7A>

Survive

Facebook

- Despite global reductions in maternal mortality, significant challenges remain. Every woman, every newborn, everywhere has the right to good quality health care. More information on what we can do via @The Lancet Medical Journal [TOO LITTLE, TOO LATE/TOO MUCH, TOO SOON GRAPHIC] <http://bit.ly/2czYq7A>
- In Sub-Saharan Africa, a woman's lifetime risk of dying in pregnancy or childbirth is 1 in 36 compared with 1 in 4,900 in high-income countries. We must focus on improving health and survival for all. #EWECisME #MaternalHealthNow <http://bit.ly/2czYq7A>
- We know what happens when maternal health is not a priority: sustainable health and development suffers. Maternal and newborn survival must be improved for all to achieve broader goals. #MaternalHealthNow via @The Lancet Medical Journal <http://bit.ly/2czYq7A>

Twitter

- The two extremes of #MaternalHealth issues, via @TheLancet [TOO LITTLE, TOO LATE/TOO MUCH, TOO SOON GRAPHIC] <http://bit.ly/2czYq7A>
- Every woman, every newborn, everywhere has the right to quality health care! Via @TheLancet #MaternalHealthNow <http://bit.ly/2czYq7A>
- Want to achieve broader #SDGs & #GlobalDev goals? #MaternalHealthNow is the answer. Via @TheLancet <http://bit.ly/2czYq7A>

Thrive

Facebook

- What are some causes of increased maternal mortality and morbidity? The same issues that are reducing quality of life globally: increasing incidence of non-communicable diseases, poor mental health, lack of health investment, and barriers to evidence-based care. Learn more about why we need #MaternalHealthNow via @The Lancet Medical Journal <http://bit.ly/2czYq7A>
- We want to help women and newborns survive AND thrive around the world. This is how we can do it. #MaternalHealthNow [FIVE POINT ACTION PLAN GRAPHIC] <http://bit.ly/2czYq7A>
- Every woman, every newborn, everywhere has the right to good quality health care. Increased quality of care, timely interventions, & more services are key aspects of getting #MaternalHealthNow. <http://bit.ly/2czYq7A>

Twitter

- How do we help women survive AND thrive globally? [FIVE POINT ACTION PLAN GRAPHIC] Via @TheLancet <http://bit.ly/2czYq7A>
- RT if you agree: #MaternalHealthNow helps women thrive in their communities. #EWECisME <http://bit.ly/2czYq7A>
- #MaternalHealthNow because we all reap the benefits of a stronger maternal health care system. Via @TheLancet <http://bit.ly/2czYq7A>

Cross-sector

Facebook

- Local, national, and global communities must take action today to improve quality of maternal health care and reduce disparities in access to support the vision of the 2030 SDGs. New data and recommendations from @The Lancet Medical Journal <http://bit.ly/2czYq7A>
- Climate change, environmental degradation, and natural disasters often affect women most. Cross-sector planning and investment can be part of the #MaternalHealthNow planning in countries, via @The Lancet Medical Journal <http://bit.ly/2czYq7A>
- Economic changes, urban growth, and health system shocks from disease outbreaks, extreme weather, and conflict -- these all have significant effects on maternal health. Learn more via @The Lancet Medical Journal <http://bit.ly/2czYq7A>

Twitter

- Working together across sectors, we can help achieve #RMNCH goals, via @TheLancet #MaternalHealthNow <http://bit.ly/2czYq7A>
- Did you know climate change & natural disasters are #maternalhealth risk factors? Learn more: <http://bit.ly/2czYq7A> #MaternalHealthNow
- Cross-sector planning & investment is necessary to achieve #MaternalHealthNow. See how we can do it: <http://bit.ly/2czYq7A> via @TheLancet

Specific Content for use on 19 September (#MaternalMonday)

Facebook

- Development assistance is stagnating for #MaternalHealth worldwide. We need domestic investment strategies to ensure that we achieve our #MaternalHealthNow goals. Learn more via @The Lancet Medical Journal #MaternalMonday <http://bit.ly/2czYq7A>
- Vulnerable women exist in every country and are often ignored by health care systems. This #MaternalMonday we emphasize that every woman, every newborn, everywhere has the right to good quality health care! Learn more about how we can achieve #MaternalHealthNow. <http://bit.ly/2czYq7A>

Twitter

- It's #MaternalMonday! Here's what's on our agenda via @TheLancet [WHAT WORKS GRAPHIC] <http://bit.ly/2czYq7A>
- Every woman, every newborn, everywhere has the right to good quality health care! #MaternalMonday <http://bit.ly/2czYq7A> #MaternalHealthNow

Author, Event Speakers, and Partner Handles

| Name | Role | Twitter Handle | Notes |
|-----------------------------------|---------------|----------------------------------|---|
| Professor Oona Campbell | Author | | Affiliated with London School of Hygiene & Tropical Medicine (@LSHTMpress) and (@MARCH_LSHTM) |
| Professor Wendy Graham | Author | | Affiliated with London School of Hygiene & Tropical Medicine (@MARCH_LSHTM), the University of Aberdeen (@aberdeenuni), and Soapbox Collaborative (@Soapbox_Collab) |
| Professor Suellen Miller | Author | @UCSF | Affiliated with UC San Francisco (@UCSF) and (@GHSatUCSF) |
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| Dr. Marge Koblinsky | Author | | Affiliated with USAID (@USAID) |
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| Dr. John Lawrence | Event Speaker | | Affiliated with Doctors Without Borders/Médecins Sans Frontières (@MSF) |
| George Nkhoma | Event Speaker | | Affiliated with White Ribbon Alliance (@WRAGlobal) |

Author, Event Speakers, and Partner Handles continued

| | | | |
|---|----------------------|---|--|
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| Professor Peter Piot | Event Speaker | | Affiliated with London School of Hygiene & Tropical Medicine (@LSHTMpress) |
| Dr. Lale Say | Event Speaker | @lalesay | Affiliated with the World Health Organization (@WHO) |
| <i>The Lancet</i> | Partner Organization | @TheLancet | |
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| Institute for Clinical Effectiveness and Health Policy | Partner Organization | @iecsarg | |
| BC Women's Hospital & Health Centre | Partner Organization | @BCWomensHosp | |
| Harvard T.H. Chan School of Public Health | Partner Organization | @HarvardChanSPH | |
| USAID | Partner Organization | @USAID and @USAIDGH | |
| MacArthur Foundation | Partner Organization | @macfound | |
| The Averting Maternal Death and Disability Program at Columbia University | Partner Organization | @AMDD Program | |
| The Partnership for Maternal, Newborn, and Child Health (PMNCH) | Partner Organization | @PMNCH | |
| Tulane School of Public Health and Tropical Medicine | Partner Organization | @TulaneSPHTM | |
| Save the Children | Partner Organization | @save_children | |
| The Society of Obstetricians and Gynaecologists of Canada | Partner Organization | @SOGCorg | |

Key messages and findings

Despite global reductions in maternal mortality over the past quarter century, significant challenges remain for many women in terms of their health status and their access to quality health care.

- Since 1990, progress has been achieved in reducing maternal deaths and advancing maternal health care:
 - In 2015, 216 women died of maternal causes for every 100,000 live births—down 44 percent from 385 per 100,000 in 1990—but still far short of MDG 5a target of 75 percent reduction.
 - Three-quarters of women now deliver with assistance from a skilled birth attendant and two-thirds receive at least four antenatal care visits.
- The burden of maternal morbidity has become more apparent, with an estimated 27 million episodes from the five main obstetric causes in 2015.
- In Sub-Saharan Africa, a woman’s lifetime risk of dying in pregnancy or childbirth is 1 in 36 compared with 1 in 4,900 in high-income countries.

The causes of maternal mortality and morbidity are increasingly diverse, and the overall burden falls disproportionately on the most vulnerable groups of women in all countries.

- Demographic, epidemiological, socioeconomic, and environmental transitions have contributed to an increasingly diverse array of poor maternal health outcomes and widening disparities.
 - The gap in maternal mortality ratio (MMR) between the 10 countries with the highest levels was 100 times greater than the pooled MMR for the 10 countries with the lowest levels. By 2013, the gap had doubled to 200 times.
 - The young age structure of the global population and the high unmet need for contraception has driven population growth and placed stress on fragile health systems.
 - Low- and middle-income countries have increasing incidence of non-communicable diseases. As direct causes of maternal mortality decline, indirect causes of maternal mortality and morbidity are becoming more prominent, including those related to poor mental health.
 - The increase in prosperity, and related lifestyle and behavioural changes, is associated with older ages of women at first birth, increased obesity and non-communicable diseases, greater aspiration to use formal-sector health services and technologies, and to receive woman-centred care.
 - Climate change, environmental degradation, and natural disasters often affect women most.
- Preventable maternal deaths remain unacceptably high in low- and middle-income countries and among certain population groups mainly due to a lack of timely, quality, and evidence-based care.

For women using services, some receive excellent care but too many experience one of two extremes: *Too Little, Too Late* or *Too Much, Too Soon*. Both extremes represent maternal health care that is not grounded in evidence. And other women receive no care at all.

- Nearly 53 million women, concentrated in the poorest countries, or the poorest women within countries, received no skilled assistance at birth.
- Practices that are considered *Too Little, Too Late* are marked by, or include, the following:
 - Lack of evidence-based guidelines
 - Lack of equipment, supplies, medicines, and basic infrastructure
 - Inadequate numbers of skilled providers
 - Women delivering alone
 - Lack of emergency medical services and delayed inter-facility referrals
- In many high-income countries, and among certain population groups in low- and middle-income countries, practices that can be considered *Too Much, Too Soon* are marked by over-medicalisation and excessive and unnecessary obstetric interventions, such as:
 - Unnecessary caesarean section
 - Routine induced or augmented labour
 - Unnecessary continuous electronic fetal monitoring
 - Routine episiotomy
 - Routine antibiotics postpartum
- A growing number of low- and middle-income countries now straddle the two extremes of maternal health care, with *Too Little, Too Late* care among the most vulnerable, and *Too Much, Too Soon* care among the wealthy and those in private care. Access to evidence-based care remains inadequate across all settings; evidence-based guidelines should be adhered to
- It is no longer acceptable to merely encourage women to give birth in health facilities, many of which continue to lack emergency obstetric care, reliable water supply, and even the most basic capability to manage uncomplicated deliveries and to provide respectful evidence-based care.

Reaching every woman with the quality care she deserves depends on the resources and conditions of her community and country, and thus context-appropriate strategies and national plans are needed.

- Improved health outcomes for some women and their newborn babies have been realised through midwifery-led care, ensuring health facilities are capable of providing evidenced-based routine childbirth care and basic emergency obstetric care, innovations in emergency medical services, greater use of maternity waiting homes, and adoption of alongside midwifery-led birthing units, co-located with hospitals.
- More innovative maternal health metrics are needed to accurately reflect the burden of maternal health, the states of services and infrastructure, and the quality of care provided.

- Vulnerable women exist in every country and are often left out of good quality care. They include women who are adolescents or unmarried, immigrants, refugees and internally displaced, indigenous and ethnic or religious minorities, living in poverty, residing in informal urban settlements, living in fragile states, and those affected by humanitarian crises.
- Health systems in high-income countries also face challenges in supporting good quality care, such as high medical liability costs, fear of litigation, weak data and surveillance systems, and human resource shortages.
- Economic growth, urbanisation, and health system shocks due to disease outbreaks, extreme weather, and conflict, all have significant effects – both positive and negative - on maternal health.
- Policy and technological innovations—such as Universal Health Coverage, mHealth, and behavioural economic interventions—and the data revolution are generating new approaches to improve the health of women and newborns in all income settings.
- Given stagnating levels of development assistance for health overall, increasing domestic investment in health makes sense not only for social development, but also economic growth.
- As access to services expands with urbanisation and better availability of health information, emphasis must not just focus on getting women to facilities, but must shift to improving quality and timeliness of care in facilities.

Good maternal health is a human right. The global community and countries must take action to reach every woman, every newborn, everywhere with good quality care.

- Good maternal health is a pre-condition and determinant of newborn, child and adolescent health, and of sustainable development more generally. The investment case has been made.
- The new political and social landscape in the post-MDG era risks a loss of focus on maternal health and requires a fundamental shift in strategy to improve maternal health for all.
- In order to achieve the SDG vision of reducing maternal deaths to less than 70 per 100,000 live births, local, national, and global communities must take on the following five-point action plan:
 - **Quality:** Prioritise good quality, evidence-based maternal health services that respond to local needs and are capable of meeting emerging challenges.
 - **Equity:** Promote equity through investments in Universal Health Coverage.

- **Health Systems:** Invest in strengthening entire health systems - including data and surveillance systems, skilled health workforce and facility capability - to increase their resilience and responsiveness.
- **Financing:** Sustainable financing for maternal health as a catalyst for social development and economic growth.
- **Better Evidence:** Better local evidence from routine audits and strengthened health management information systems and smarter metrics are needed to ultimately improve the quality of care.