

Quality Maternal and Newborn Health Services and Skilled Care Saves Lives

Jhpiego Works to Ensure Healthier Futures for Women and Their Families

Each year, nearly 290,000 women die of complications of pregnancy and childbirth, and an estimated 2.3 million newborns die within their first month of life.^{1,2} Most of these deaths occur in low- and middle-income countries. Women in these countries may be challenged by poor nutrition, infectious diseases (e.g., HIV, other sexually transmitted infections, malaria, tuberculosis), and underlying health conditions such as anemia, hypertension, and diabetes. They also face socio-economic disparities, including gender inequality, gender-based violence, and poverty, which negatively impact their health and ability to seek care. Women in low-resource settings often do not have adequate access to high-quality and respectful health services while they are pregnant, give birth, or care for their newborns. The situation is especially dire in areas impacted by conflict, climate events, and other humanitarian crises.



Healthy women are the foundation of a strong community, and healthy newborns are the future. Photo by Karel Prinsloo, Jhpiego

Jhpiego, an international health organization and Johns Hopkins University affiliate, has been working to improve the health of women, mothers, and newborns around the world since 1974. Jhpiego partners with ministries of health and hundreds of local and international organizations to strengthen maternal and newborn health (MNH) services across the household-to-hospital continuum in MNH-focused initiatives in nearly two dozen countries. We are supported by the U.S. Agency for International Development (USAID), Bill & Melinda Gates Foundation, United Kingdom Department for International Development, UNICEF, World Health Organization, MacArthur Foundation, and other foundations and corporations.

How Jhpiego Is Leading in MNH

Since 1998, Jhpiego has led five consecutive USAID global flagship programs to increase maternal and newborn survival, including the Maternal and Child Survival Program (MCSP; 2014–2019) and the recent five-year award

¹ World Health Organization (WHO). 2024. [Fact Sheet: Maternal mortality](#).

² WHO. 2024. Fact Sheet. [Newborn mortality](#).

known as [MOMENTUM Country and Global Leadership](#), a 12-member partnership to advance the survival and the health of women, mothers, newborns, and children worldwide. Jhpiego currently implements multiple other innovative global programs, including [AlignMNH](#), which organizes the [International Maternal and Newborn Health Conferences](#), Bill & Melinda Gates Foundation-funded ANC/PNC Research Collective, and Unitaid-funded [Accelerating Measurable Progress and Leveraging Investments for Postpartum Hemorrhage Impact](#) (AMPLI-PPHI).

What Jhpiego Is Doing in MNH

To improve maternal and newborn outcomes and reduce related mortality and morbidity, Jhpiego partners with ministries of health (including national-level strategies, subnational decentralized health teams, and individual health workers) to increase the coverage and quality of MNH care so *the right intervention is provided by capable providers, at the right time, in the right place, for every person, every time*. We do this by:

- **Improving availability and accessibility of quality services across the continuum of care from pregnancy, labor and childbirth, and in the postnatal period**
 - Supporting respectful maternity care, gender-sensitive care, and the experience of care for women and providers
 - Integrating services across different clinical areas (e.g., HIV prevention during pregnancy and breastfeeding, case management of malaria in pregnancy, maternal immunization, and postpartum family planning services)
 - Focusing on the day of birth and quality intrapartum care
 - Prioritizing the prevention and management of major causes of death, (e.g., postpartum hemorrhage, pre-eclampsia/eclampsia, maternal and newborn sepsis)
 - Standardizing care based on evidence (through mentoring/training, job aids, quality improvement, safe surgery checklist)
 - Engaging men as supportive partners and caregivers
 - Improving care coordination within primary health care to address the impact of concurrent disease in pregnancy, including hypertension and diabetes, and indirect causes of maternal and perinatal death
 - Strengthening use of kangaroo care and other interventions to help preterm and small babies survive and thrive
 - Promoting prevention of gender-based violence and ensuring referrals and access to post-violence care services and multisectoral support for survivors
- **Introducing, studying, and scaling innovations to improve the quality of MNH care**
 - Strengthening service delivery interventions and platforms, such as group antenatal care and postnatal care and innovative family-led approaches to postnatal care
 - Introducing and testing interventions—such as Networks of Care, point-of-care ultrasound, strategies to support birth companionship, and multiple micronutrient supplements—and generating evidence about feasibility and acceptability, increasing adoption of interventions in other countries, and advancing new interventions along the pathway to scale
 - Developing virtual and facility-based strategies to help make pregnancy safer for women with chronic conditions

- Increasing awareness and addressing common perinatal mental disorders within MNH services in low- and middle-income countries, with special attention to fragile and crisis-affected settings
- **Improving data and data use to measure progress and re-direct efforts and priorities (facility, subnational/district, and national)**
 - Supporting country efforts to meet global targets such as the Every Newborn Action Plan/Ending Preventable Maternal Mortality Joint Coverage Targets
 - Advancing country quality improvement efforts, grounded in measurement
 - Leading global, regional, and national capacity-building on maternal and perinatal death surveillance and response systems that are linked to quality improvement
 - Assisting with health management information system analysis
 - Exploring the potential role of predictive analytics to design safer and more efficient care
- **Partnering with countries to operationalize global technical guidance to their unique contexts, conducting research to generate evidence that informs global and national recommendations, and bringing country experience/evidence into global guidance**
 - Operationalizing global guidelines in countries
 - Generating local evidence to inform strategies to implement global evidence
 - Engaging in policy and advocacy work around key issues affecting MNH
 - Participating in global MNH committees and working groups that review evidence and shape global MNH guidelines, strategies, and targets (Every Woman, Every Newborn, Everywhere; World Health Organization guideline development groups; and other global expert committees)
- **Strengthening the health workforce**
 - Supporting mentorship and decentralized teams to strengthen health systems and improve health worker performance
 - Building health workforce capacity through Helping Mothers Survive modules, which use proven techniques such as onsite training and mentorship using targeted, simulation-based team learning to support providers to give lifesaving care that honors women’s choices
 - Developing and introducing digital health solutions for health workers
 - Strengthening pre-service education, including curriculum development, faculty development, institutional accreditation, licensure systems, and deployment and retention strategies
 - Collaborating with professional associations (e.g., the Manyata program in India, led by FOGSI, to improve the quality of MNH services in the private sector)
 - Improving health workers' well-being, addressing gender barriers within the health workforce, and advancing women's leadership within the health system
 - Promoting task-shifting—community health workers deliver information and care as close to women and families as possible (addressing access barriers, e.g., advance misoprostol distribution to pregnant women for managing postpartum hemorrhage, community-based distribution of sulfadoxine-pyrimethamine to prevent adverse consequences of malaria in pregnancy)

- **Bringing global MNH stakeholders and experts together**

- Building platforms such as [AlignMNH.Org](https://www.alignmnh.org) and creating spaces to more rapidly share country-driven science, evidence, and program experience across MNH communities
- Convening global/regional/country gatherings to build collaborative partnerships, such as the Postpartum Hemorrhage Community of Practice and the Global Group Antenatal Care Collaborative
- Learning, problem-solving, and facilitating alignment around priority issues to improve MNH and prevent stillbirths

How Jhpiego Works to Accelerate Progress in MNH and Sustain Results

Evidence to practice. Jhpiego is committed to the integration of global best practices and clinical standards/guidelines within all of our programs and framing each of its technical interventions accordingly. This includes a commitment to engage with key global technical leadership groups to assess the ever-evolving evidence and amend its guidance in ways that are most appropriate for low-resource settings in the countries where Jhpiego works.

Technical expertise. Jhpiego designs and implements strategies drawing on our deep clinical expertise in obstetrics/gynecology, safe surgery, nursing, midwifery, and family planning, as well as cross-cutting areas, such as learning and performance, digital health, health systems development, and gender and equity.

Local ownership and sustainability.

Jhpiego works with communities, private and public facilities, health workers, and governments at all levels to address specific local challenges that hinder access or quality. Through our work in MNH, Jhpiego's ultimate goals are local ownership and sustainability—leaving behind a well-prepared health system that meets the needs of all women, newborns, and families.

Better Together: Group Antenatal Care

Since 2016, Jhpiego has worked with ministries of health to test and scale an alternative way to provide antenatal care (ANC) in low-resource settings—using the power of groups to provide care, engage women in learning, and empower women.

After the first ANC visit, women join Group ANC to receive subsequent care with a group of 10–15 women of similar gestational age. Meetings are held at the health facility and include self-assessments, facilitated group discussions, and brief individual assessments by a health worker. Group ANC promotes a sense of community among women.

Jhpiego's cluster randomized controlled trial in Kenya and Nigeria found Group ANC was associated with increased retention in ANC, and improved quality of care, both provision and experience of care. Providers also reported more satisfaction when providing Group ANC over conventional individual care.

Jhpiego has implemented Group ANC in Afghanistan, Benin, Ethiopia, Guatemala, Indonesia, Kenya, and Nigeria—providing nearly 50,000 pregnant women with better care in groups.



A facilitator at General Hospital Akwanaga, Nigeria, teaches expectant mothers to take each other's blood pressure as part of group antenatal care. Photo by Paul Joseph Brown, Jhpiego