

Maternal health: time for a radical reappraisal



It is tempting to see progress towards better maternal health in linear terms. If only, the argument goes, one could scale up evidence-based interventions and policies in all countries for all women, maternal mortality would fall and maternal health would advance. The past year has shown the desperate fallacy in this argument. The mortal dangers and uncertainties faced by millions of women and young mothers who find themselves in the midst of conflict-induced displacement across large parts of the Middle East, Africa, and Europe prove that such idealised notions of progress are little more than a comforting myth. Added to this unprecedented predicament is the epidemic of Zika virus infection across Latin America, and now the southern parts of the USA, which has spread understandable fear among millions of women of childbearing age. The result—the appearance of a new teratogenic condition, congenital Zika syndrome—has introduced a tragic and severe burden on the lives of countless new mothers and families. The lesson from these crises is that progress in maternal health is fragile and non-linear. The gains that have been made—and genuine gains have been made during the era of the Millennium Development Goals—must never be taken for granted. Constant vigilance is essential.

Now is therefore the moment for a radical reappraisal of practices, programmes, and policies to achieve sustainable maternal health and wellbeing worldwide. In an attempt to understand and take stock of efforts to improve maternal health, and add momentum for maternal health in the era of the Sustainable Development Goals (SDGs), *The Lancet* now publishes a Series of six papers¹⁻⁶ that dissect the epidemiology of maternal health, the landscape of maternal health care and services, and the future challenges and strategies to improve maternal wellbeing. We also publish Comments from Mary Kinney and colleagues⁷ and Lynn Freedman,⁸ who examine how maternal health fits into the broader picture for the future of women and children.

This Series must be seen in the context of a much larger health agenda for women and prospective mothers. Access to modern contraception is a critical foundation for maternal and child health. The London Summit on Family Planning, held in 2012, committed countries to provide access to contraception for an

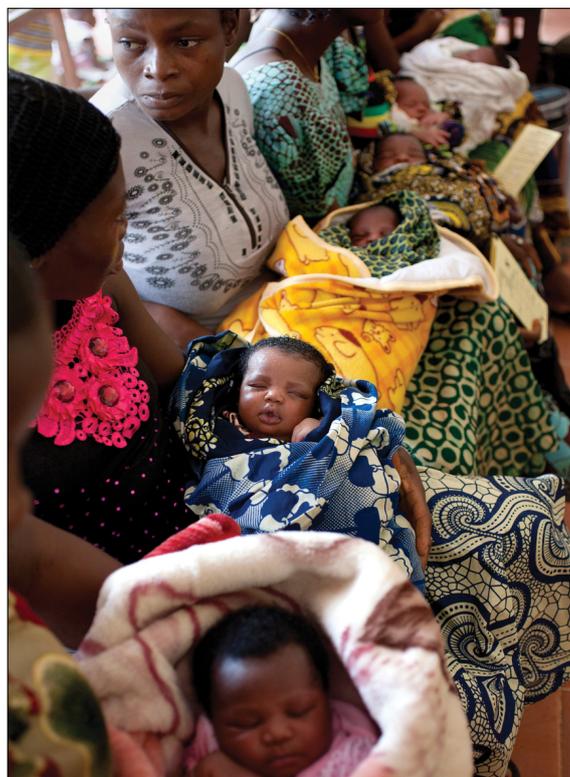
additional 120 million women by 2020. That goal required 15 million women each year to gain such access. According to data from FP2020, a global initiative to deliver the promises of the London Summit, only 8 million additional women each year are accessing modern contraceptive methods. This failure must be owned by the international health community. The same story of failure is also true for maternal and child nutrition. Undernutrition during pregnancy is a major determinant of both stunting of linear growth and subsequent obesity and non-communicable disease in adulthood. Despite the committed efforts of initiatives such as Scaling Up Nutrition, adequate maternal nutrition remains a marginal concern for most countries. As one maternal and child nutrition scientist wrote to us recently, “health and nutrition programs are no closer now than 20 years ago”. The unfinished agenda for maternal health is a huge obstacle to further progress.

Meanwhile, a new agenda beckons. The SDGs offer a once-in-a-generation political moment to add energy to maternal health advocacy and action. At the centre

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For FP2020 see <http://www.familyplanning2020.org/>

For Scaling Up Nutrition see <http://scalingupnutrition.org/>



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of the SDGs for the health of women and children is the goal of universal health coverage. But while strengthening health systems is central for progress in maternal health, sustainable results will only be delivered by paying attention to the linkages between the SDGs—for example, the connection between maternal health and education, maternal health and gender equity, and maternal health and poverty reduction.

Key elements that are essential to advance maternal health are missing from the SDGs. Unless adolescent girls and young women are given a higher priority in society, many of the theoretical gains that can be achieved in maternal health will be missed. The adolescent health perspective adds entirely new dimensions to the meaning of maternal health. For example, in women aged 15–24 years the most important cause of death is self-harm.⁹ Among this age group, the largest contributor to disability is depression.⁹ The mental health and wellbeing of women must be a new and urgent concern for maternal health advocates and decision makers (which currently it is not). And while saving the lives of mothers is important, much greater attention needs to be paid to what women need after the safe delivery of a healthy newborn baby. Maternal and newborn health programmes need to be considered as an integrated whole, and these programmes also need to be linked to practices that ensure good early child development—eg, effective parenting programmes.

With the appointment of a new Secretary-General of the UN (Ban Ki-moon has been an unrelenting force for good, with his signature Every Woman, Every Child initiative) and the election of a new Director-General of WHO (Margaret Chan has done more for women and children than any recent leader of WHO) during the next

12 months, these leadership transitions represent the right time to strengthen science-based advocacy for women, children, and adolescents. And it is also time to reframe a call to action to countries and international partners, not only to embrace the scaling up of safe, effective, and respectful quality of care, but also to broaden the meaning of health to include the wider social, economic, and political determinants that are shaping their still too vulnerable lives.

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