Quality, equity, and dignity for women and babies

This Lancet Series on maternal health1–6 comes just 1 year after countries committed to the Sustainable Development Goals (SDGs). The SDGs call on all stakeholders to leave no one behind in addressing the unfinished agenda for maternal and child health. The Global Strategy for Women’s, Children’s and Adolescents’ Health (Global Strategy)7 calls for integrated solutions to prevent maternal, newborn, and child deaths and stillbirths and to realise a world where women and children thrive and transform their communities and nations. To achieve this, we must address social determinants of maternal and newborn health, and improve access to respectful, high-quality, integrated care.

As representatives of civil society organisations working with women and children, we are deeply concerned about the divergence in the burden of poor maternal health “reflecting inequities in wealth, rights, and access to care”,1 and the concomitant effect on newborn and child health, and survival and adverse birth outcomes. The health and survival of women and their babies are inextricably linked; a coordinated, integrated “continuum of care” approach that optimises the health of the mother–baby dyad is required to fully maximise the potential benefits. Linking health care for a mother and her baby promotes greater efficiency, lower costs, reduces duplication of resources, and maximises the effect on their health and survival in the same way investments in family planning and reproductive health improve health and wellbeing of women and their children.1 The investment case is strong, since the return on investment includes not only averted deaths (maternal, newborn, and stillbirth), but also improved child neurodevelopmental outcomes and reduced maternal morbidities.3

There have long been calls to integrate maternal and newborn baby health priorities. A comment by Ann Starrs in The Lancet Every Newborn Series4 challenged the maternal and newborn health communities “to pledge to each other that any policy, programme, or initiative focusing on either maternal or newborn health will incorporate the other as well”2. 2 years later, the global health community seems to have heeded that call. The 2015 Global Maternal Newborn Health Conference gave voice to a shared vision of maternal and newborn health care. How can governments, UN agencies, donors, private sector organisations, civil society, and other stakeholders work with women, communities, and countries to end preventable deaths in the face of the great divergence described in this Series?

One promising development is WHO’s Quality of Care Framework for Maternal and Newborn Health16 with accompanying technical standards and guidelines for Every Newborn Action Plan and Strategies toward Ending Preventable Maternal Mortality—converged with common objectives,11 and were incorporated into the Global Strategy.7 The Global Financing Facility supports countries in identifying national priorities across the spectrum of reproductive, maternal, newborn, child and adolescent health (RMNCAH) and was built upon a full potential investment case.12 The Lancet has also published multiple Series relating to maternal–newborn health in the past 2 years: Midwifery (2014),13 Every Newborn (2014),14 Ending preventable stillbirth (2016),9 and Maternal health (2016).1–6 Even though these Series’ titles appear siloed in approach, each Series calls for integration. Evidence also indicates that women are more satisfied with a more integrated approach.15

With the many global strategies in place and multiple Lancet Series published, one wonders whether countries are effectively supported to act upon these priorities as well as respond to what women want and deserve, in terms of quality, accessible, affordable, respectful maternal and newborn health care. How can governments, UN agencies, donors, private sector organisations, civil society, and other stakeholders work with women, communities, and countries to end preventable deaths in the face of the great divergence described in this Series?
quality of care. We are hopeful that the roll-out of the implementation framework—unlike the development of the framework itself—will provide opportunities to engage women and local stakeholders in the process of defining quality of care.

To this end, a new maternal–newborn health advocacy effort is underway to support implementation of the framework, influence supportive global and national policies and investments, and unify stakeholders in joint action with emphasis on the human rights-based goals of equity, universal coverage, access to quality care services, and dignity and respect for all women and babies. This effort takes up the call by Koblinsky and colleagues6 “to advocate for increased attention to maternal–perinatal health, and ensure women’s rights and agency are acknowledged, which includes involving women in their own health care”. Defining of priorities at national and local levels will require the voices of women, families, and broader civil society to be a starting point and not an afterthought. Efforts to mobilise citizens’ voices, such as the Citizen Hearings, will be fundamental to successful implementation.

This Series highlights two fundamental issues that need to be addressed to improve maternal health: quality of maternal health care for all women and access to care for those left behind. It is a call for quality, equity, and dignity. Although similar, the new WHO initiative and accompanying advocacy movement call for a unified approach—one where maternal and newborn health communities are no longer in siloes or perceived competition but rather working together on an integrated effort to improve quality, equity, and dignity for all women and babies.

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