

Aligning HTSP with Maternal Health

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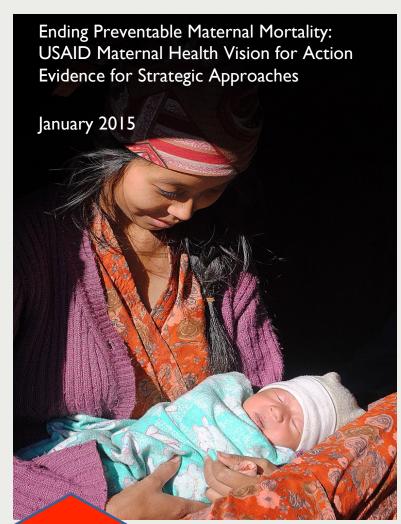
Ending Preventable Maternal Mortality USAID Vision for Action



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Short version

Includes the evidence Click here for USAID
MH Vision for Action
Evidence Report



Strategic Drivers for Ending Preventable Maternal Mortality

Individual, community, and societal enablers

- 1. Improve individual, household, and community behaviors and norms
- 2. Improve equity of access and use of services by the most vulnerable

Quality, respectful care

- Strengthen family planning services as prevention
 - 4. Scale up quality maternal and fetal health care
 - 5. Prevent, diagnose, and treat infectious disease and poor nutrition in pregnant women
 - 6. Increase focus on averting and addressing maternal morbidity and disability
 - 7. Advance respectful maternity care and improve working conditions for providers

Strengthened health systems and continuous learning

- 8. Strengthen and support health systems
- 9. Promote data for decision-making and accountability
- 10. Promote innovation and research for policy and programs

Meeting FP Needs among Advanced Maternal Age (AMA) and High Parity (HP) women is an important direction in MH programming

With recent emphasis on adolescents and first time mothers we should not forget older, high parity women.

- Women of advanced maternal age and high parity are at substantially higher risk of maternal death than childbearing women under age 35 or less than 5 pregnancies
- Women of advanced maternal age and high parity risk maternal morbidity including
 - High blood pressure & High blood sugar
 - Caesarean section
 - High/low birth weights
 - Preterm birth
- Women of advanced maternal age also risk
 - Birth/chromosomal abnormalities
 - Fetal distress/stillbirth

To reduce maternal mortality and morbidity, women of advanced maternal age and/or high parity women need:

- special attention for family planning and,
- once/if pregnant, special attention in pregnancy and birth