



LSTM

CENTRE FOR MATERNAL
AND NEWBORN HEALTH

Centre for Maternal and Newborn Health Strategy 2018-2023



"Quality of care is defined as the extent to which health services provided to individuals and populations improve desired health outcomes. In order to achieve this, health care needs to be safe, effective, timely, efficient, equitable, and people-centred."
(UN, 2015)¹

"The question should not be why do women not accept the service that we offer, but why do we not offer a service that women will accept?"

Fathalla M. 1998²

The Need

An estimated 303,000 women die each year because of complications during pregnancy and childbirth. In addition, there are an estimated 2.7 million newborn deaths, three quarters of which occur in the first week of life, and, 2.6 million stillbirths.³ Neonatal deaths account for almost half of all deaths in children under five years of age. Most of these deaths occur in low and middle-income countries and could have been prevented if effective care had been available and of good quality.

For every maternal death, an estimated 20 to 30 women experience significant morbidity requiring healthcare. New studies show that during and after pregnancy, 3 out of 4 women have clinical symptoms, abnormalities on clinical examination and/or laboratory investigation, 1 in 2 women have anaemia, 1 in 3 social morbidity and 1 in 4 mental health problems.⁴ The burden of neonatal morbidity is still largely unknown but prematurity, infection and effects of asphyxia at time of birth are likely to be the most important health problems in this group.

Achieving the 'unfinished agenda' of the Millennium Development Goals (MDGs) to reduce maternal and child mortality and combat HIV/AIDs, TB, malaria and other diseases will require coordinated action to strengthen health systems and to reduce inequalities in access to, and use of, effective interventions for maternal and newborn health.



Image credit: Sven Torfinn

¹ Ref - United Nations. Transforming our world: the 2030 Agenda for Sustainable Development. New York: United Nations, 2015.

² Ref - Preface Paediatric and Perinatology Epidemiology 1998;12(S2)vii-viii).

³ UN estimates – World Health Statistics Report 2016

⁴ McCauley M, Madaj B, White SA, Dickinson F, Bar-Zeev S, Aminu M, Godia P, Mittal P, Zafar S, van den Broek N. Burden of physical, psychological and social ill-health during and after pregnancy among women in India, Pakistan, Kenya and Malawi. *BMJ Global Health* 2018;3(3):e000625. doi: 10.1136/bmjgh-2017-000625 Available at: <http://gh.bmj.com/content/3/3/e000625>

Our vision

The United Nations Global Sustainable Development Goal, (SDG 3), for health is to 'Ensure healthy lives and promote well-being for all at all ages'. In line with this, our vision is to:

End preventable maternal deaths, still births and neonatal deaths and improve the health of mothers and babies in low- and middle- income countries

Our Strategic Objectives

- Grow as a global leader in **implementation research** for maternal and newborn health
- Discover and develop evidence-based, scale-able methodologies and approaches to **improve the availability and quality of healthcare for mothers and babies during and after pregnancy** such that this **meets the identified health needs** of mothers and babies, and, results in a **positive experience** of that care.
- Ensure that **new knowledge and evidence generated is shared**, used to inform policy and practice, and, informs the global agenda for maternal and newborn health
- **Expand and develop our partnerships** with governments, research institutions and global agencies to implement effective sustainable health care interventions and programs.
- Ensure CMNH has a **'first class' operating environment**, and, is the **'go to' partner** for implementation research in maternal and newborn health



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What we do

During the past five years (2012-2017) CMNH has focused on the healthcare interventions required at the time of birth when most maternal deaths, stillbirths and early neonatal deaths occur (the 'triple return'). Whilst continuing to maintain a core focus on **skilled and professional attendance at birth, emergency obstetric care and early newborn care**, during this new strategic period (2018-2023) we will **broaden the scope of the CMNH portfolio** such that this is inclusive of the continuum of care for mother and baby throughout pregnancy, childbirth and in the postnatal period with a **renewed focus on antenatal and postnatal care**. Maintaining a strong focus on **reducing preventable deaths**, CMNH will expand its portfolio, to include research and programs that will **improve the health of mothers and babies**, in line with the new international strategy that seeks to ensure mothers and babies **'survive and thrive'**.

Design

We develop clearly **defined single or complex interventions** which, if implemented, will improve healthcare and health outcomes for mothers and babies. We develop and apply **indicators and frameworks** which can be used to assess the availability and quality of healthcare, health outcomes and health system functioning. We design **research programs which evaluate the implementation of single or complex interventions** regarding their feasibility, scalability, effectiveness and impact.

Implement:

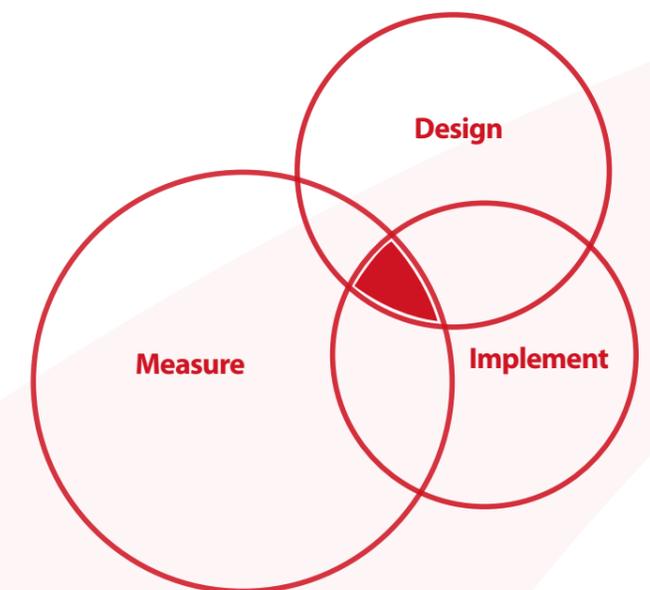
Working with governments and partners, we support the implementation of health care programs to ensure these deliver maximum benefit and save the lives of mothers and babies in the areas of greatest global need.

Measure:

Central to our work is our approach to research. We conduct **implementation research, to discover** and share **what works how and why**, to reduce maternal and perinatal mortality, to improve health and healthcare delivery. We work to strengthen existing data collection methods, the use of data, and, develop new indicators and frameworks to evaluate effectiveness of single or complex interventions.



Image Credit: © 2015 John Gray



Our Partners

CMNH works in partnership with a wide range of stakeholders. We view the extension and further development of these partnerships as pivotal to the delivery of our strategic objectives. We will work with and for:

- Our primary stakeholders, **women and children**, for whom we seek to improve the availability and quality of health care such that this meets their identified health needs in a comprehensive and respectful manner and is of the highest quality.
- Our immediate colleagues, **healthcare providers**, to build capacity, support and facilitate a functioning and enabling **health system**.
- **Governments, policy makers, and, programme managers**, rapidly and widely sharing the results of our research, to inform policy and practice facilitating the implementation of evidence-based healthcare interventions and programs.
- **International research partners** exploring and developing, wherever possible, improved 'in-country' partner opportunities as the primary means of delivering our programs; both as a mechanism for effective and sustainable delivery, and, to build local capacity and capability.
- Our **development partners** and **donors**, continuing to develop long-term strategic relationships as a 'trusted partner', delivering high quality work on time and on budget. We will seek to pro-actively discuss the results of our work with donors, to assist the targeting of funding and interventions, to maximize positive outcomes; positioning our work within the context of the global Sustainable Development Goals for healthcare.

Dissemination and Impact

CMNH aims to generate the **evidence for replicable and scale-able intervention packages** and solutions to increasing availability and improving quality of care for mothers and babies globally. Sharing lessons learnt across and between settings with stakeholders at national and international levels, we will pro-actively inform policy and practice.

CMNH publishes research findings in open-access, peer-reviewed journals with high impact factors. Findings are also disseminated through presentations at scientific meetings and via research networks.

Measuring our Performance

To deliver these ambitious objectives, following the increasing scale of the Centre's work which is now several times the size it was at the beginning of the preceding strategic period (2012-2017), CMNH will continue to develop a **first-class operating environment**.

As an evidence-based, research organisation we are committed to measuring the progress we make in achieving the 2018-2023 strategy. We will therefore set and report on the following Key Performance Indicators (KPI):

- The number of women and babies who benefit from improved health care
- The number of health care providers supported
- The number of health care facilities supported
- The number of countries in which we work
- A varied and growing donor base



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