

SECTION 02



Improving Maternal and Newborn Health

IMPROVING MATERNAL AND NEWBORN HEALTH

The proposed goal is to increase by 25 percent the proportion of adolescent girls (10–19) accessing high-quality care (antenatal, intrapartum, and postpartum) to address the health and social risks associated with adolescent pregnancy and childbirth and improve newborn outcomes.²¹

Achieving this goal will require several different adolescent-focused interventions in order to reach both married and unmarried girls with information and services delivered through health facilities (public and private), schools, and communities. Programs to empower adolescent girls to delay marriage and first pregnancy, to determine the timing and spacing of future pregnancies, and to stay in school will be vital.²²

Providing quality care would significantly reduce adolescent pregnancies, as well as maternal and child deaths associated with adolescent pregnancy. Reaching this goal would result in an estimated 26,300 maternal and 493,000 newborn deaths averted. We estimate that the costs associated with achieving this goal in the 13 target countries would be approximately \$176 million per year.

RATIONALE

Adolescent girls, who have aged beyond the critical focus years of child survival programs but are not yet prepared to become mothers, are frequently left behind in the context of maternal and newborn health activities. Yet some 16 million adolescents ages 15–19 give birth every year, and 95 percent are in low- or lower-middle-income countries. Of these, 10 percent are age 16 or younger, particularly in sub-Saharan Africa and South and Southeast Asia. Adolescent girls account for more than 50 percent of births in sub-Saharan Africa.²³ Girls who are poor, uneducated, rural, and lack autonomy and access to

family planning and reproductive health services are more likely to become pregnant.²⁴ According to the World Bank, child marriage is the main factor leading to early child-birth, with one assessment of 25 countries showing that an estimated 84 percent of mothers under the age of 18 had been married as children.²⁵

The risks of adolescent pregnancy for both mother and child have been well documented. Pregnancy in adolescence is associated with a range of negative health issues, including anemia, HIV and other sexually transmitted infections, postpartum hemorrhage, and mental health issues, and is also closely linked to obstetric fistula.²⁶ Adolescent mothers are 50 percent more likely to have their pregnancies end in stillbirths and see their newborns die within the first week after birth than 20- to 29-year-olds. Pregnancy in adolescence is also linked to higher rates of preterm birth and asphyxia.²⁷

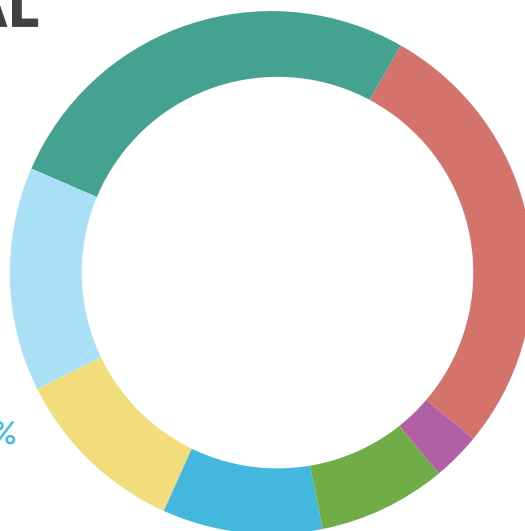
Younger mothers are more likely to go into early labor and to deliver babies with low birth weight, in part because of their own physical immaturity, the greater likelihood that they will develop eclampsia, and their vulnerability to infections.²⁸ For young, unmarried mothers, the absence of a strong family or community support systems further endangers the health of their newborns.²⁹

Although the data are not available on what proportion of unattended births are among adolescents, experts believe that it is significant.³⁰ Adolescent girls are often made to

MOST MATERNAL DEATHS ARE PREVENTABLE

Direct Causes

- Hemorrhage 27%
- Hypertension 14%
- Sepsis 11%
- Obstetric complications 10%
- Abortion 8%
- Embolism 3%



Indirect Causes 28%

This includes diseases during pregnancy.

Source: UNICEF, "Maternal mortality fell by almost half between 1990 and 2015," updated April 2016, <http://data.unicef.org/topic/maternal-health/maternal-mortality/#>.

feel unwelcome in the health system, and those who seek antenatal services may be shamed by health care providers and may not receive respectful care if they come forward with their pregnancies, which further undermines their access to quality maternal health services.

Improving the access of pregnant adolescents and young women to high-quality antenatal care, encouraging them to deliver their babies at health care facilities attended by a skilled provid-

er, and ensuring they receive appropriate postpartum support, including postpartum family planning and advice regarding newborn care, will help protect their health, as well as the health of their children. High-quality antenatal care visits can enable a pregnant adolescent or young woman to learn about the symptoms of early labor and to be assessed for symptoms associated with eclampsia.³¹



CHRISTY TURLINGTON BURNS

"If you wish to address the health and well-being of humankind, the best place to start is with mothers. There is no greater opportunity to save the lives of newborns and children than to ensure that women are healthy before they become mothers and have access to quality and consistent health care before, during, and postpartum. The health of every nation depends on the care and respect of the world's mothers."



REP. MIKE QUIGLEY (D-IL-5)

“When the United States invests in women and girls, the return on that investment is unparalleled. These are among the smartest and most impactful investments we can make. Adolescent girls around the world possess an untapped potential that deserves to be nurtured—and once unleashed, it will change the world.”

During the postpartum period, adolescent-friendly community programs focused on supporting young mothers with information and advice for caring for newborns can also improve health outcomes for this vulnerable population. Postpartum care also provides an important opportunity to discuss postpartum family planning, in order to space births or avoid subsequent unintended pregnancies.

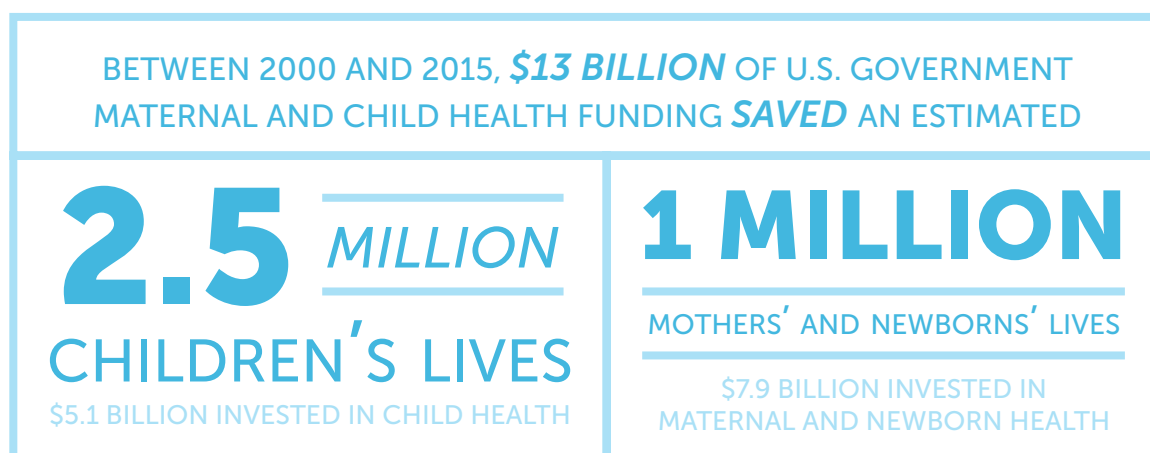
The social risks that adolescent girls face contribute directly to adverse outcomes, such as early marriage and early age of first birth, pregnancy compelling girls to drop out of school, and closely spaced pregnancies. In each of these areas, interventions that specifically target these risks are essential.

Most adolescent pregnancies take place in the context of early marriage. *The Lancet* series on adolescent health and well-being noted that “girls who marry young face diminished opportunities for education, greater sexual exploitation, and violence that can sometimes extend to enslavement. Child brides are also exposed to health risks from early pregnancy, have greater maternal and infant mortality, and heightened vulnerability to HIV/AIDS and other sexually transmitted diseases.”³²

For unmarried girls, the chances are much higher that their pregnancy is unintended and will be

terminated by unsafe abortion,³³ with the potential for complications resulting in illness, disability, or even death. Unintended pregnancy can also be the result of sexual violence against adolescent girls, and national-level data show that about one out of every three girls experiences violence as a child.³⁴ Unintended pregnancies are more common for those adolescent girls whose first sexual experience was forced or coerced, and data from the Violence Against Children Surveys showed that this ranged from 20 to over 50 percent in the countries where surveys were conducted.³⁵

Adolescent mothers are forced to drop out of school and often prohibited from returning to school, which increases their social isolation, decreases their educational and economic prospects, and perpetuates cycles of poverty. *The Lancet* series on adolescent health and well-being highlighted the strong negative correlation between pregnancy-related maternal mortality and education: “For young women 15–24 years, pregnancy-related maternal mortality was strongly associated with education. Each additional year of education for young women was associated with 0.4 fewer maternal deaths per 100,000 girls per year in 15–24 year olds after accounting for national wealth.”³⁶ A World Bank study estimates that the economic opportunity costs associated with adolescent pregnancy and dropping out of school, in terms of lost income, is as high as 30



percent of gross national product (GNP) in countries such as Uganda, Malawi, and Nigeria.³⁷

U.S. AND GLOBAL INITIATIVES

A number of important global initiatives have focused attention on maternal and newborn health, including the issue of adolescent pregnancy. These include former UN secretary general Ban Ki-Moon's Every Woman Every Child Initiative (2010), and the associated Global Strategy for Women's, Children's, and Adolescents' Health, as well as the Every Newborn Action Plan (2014). In 2015 the World Bank and others launched the Global Financing Facility (GFF), which is working in 63 high-burden countries to coordinate and mobilize domestic and donor resources, as well as funding from the private sector, to advance the health of women and children.

The United States has been a proud leader in supporting international maternal and child health programs since the 1960s. No government in the world commits a greater amount of funding to support global maternal and child health programs than the United States.³⁸ With the launch of the 2012 Child Survival Call to Action, USAID established ending preventable child and maternal deaths by 2035 as a key global health goal, with a focus on 25 priority countries in sub-Saharan Africa, Asia, and Latin America. The strategy calls on USAID to adopt a "holistic approach" to ad-

olescents aimed at delaying early marriage and pregnancy, while also addressing gender, education, and other barriers,³⁹ as well as advancing quality, respectful care for adolescents.

There is no specific U.S. funding targeting adolescent pregnancy and childbirth. Total funding for U.S.-supported maternal and child initiatives in fiscal year 2016 was \$1.37 billion, including nutrition, Gavi, and global polio eradication efforts. In 2015, the United States supported the first-ever Global Maternal Newborn Health Conference, but adolescents were not a specific focus. The United States has committed to supporting the GFF by providing \$50 million of redirected bilateral program funds, and the GFF is intended to address the continuum of reproductive, maternal, newborn, child, and adolescent health, based on each country's investment plan. The 2016 U.S. Global Strategy to Empower Adolescent Girls acknowledges the importance of addressing child and early forced marriage, improving the access of adolescent girls to HIV prevention and treatment activities, and ensuring girls are able to access sexual and reproductive health information and services. However, no new funding was attached to that strategy.

KEY CONSIDERATIONS

Increasing the quality of maternal and newborn health care for adolescent girls will be challenging. There is a critical need to identify interventions tai-

lored to adolescents, both to meet their health care needs before and after childbirth, to expand their access to basic and comprehensive emergency obstetric and newborn care, and to provide access to emergency transportation when necessary. Special attention must be given to ensuring care is equitable, accessible, and affordable, and takes account of the particular needs of adolescents. This includes enhancing provider attitude and competence and ensuring that facilities are welcoming and respect the rights of young people.

Ultimately, adolescent girls and young women will only be able to stay in school and contribute more to their families, communities, and economies if appropriate investments are made to empower them to delay marriage and childbearing beyond the age of 18 and to reduce closely spaced pregnancies through postpartum family planning and social support.

Critical constraints will have to be addressed systematically. This requires a specific focus on the health and social needs of pregnant adolescents, and steps that will keep girls in secondary school, address gender-based violence, promote economic empowerment, and provide mental health services. The broader problem of national and community attitudes toward adolescent girls, which often involve negative attitudes about girls' autonomy, cultural practices, and government policies that discriminate against them, will also need to be addressed.

Unfortunately, there is a lack of data in general—and age-disaggregated data in particular—related to adolescent childbearing. Official estimates of adolescent fertility, and maternal mortality and morbidity, are often inadequate.⁴⁰ These data challenges highlight the need to establish clear standards and metrics, including a composite indicator for maternal and child health, that can be measured and standardized across countries.

Of note, the Reach Every Mother and Child Act of 2015 (S. 1911 and H.R. 3706) proposed a series of reforms to enhance U.S. efforts to end preventable maternal and child deaths. These included steps to articulate measurable goals, scale up evidence-based interventions, and increase transparency and accountability at all levels. This bill had over 200 bipartisan cosponsors in the last Congress.

METHODS

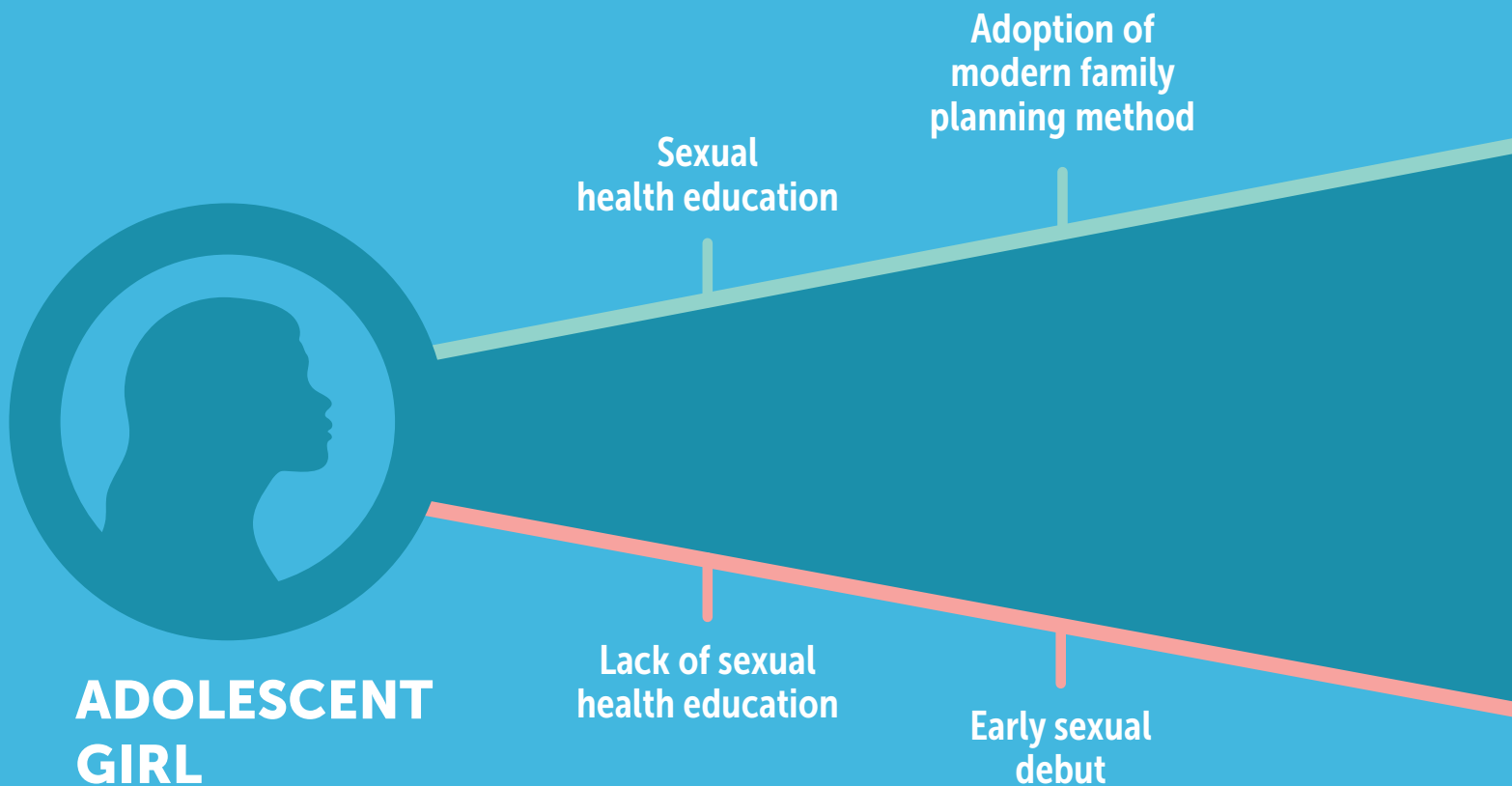
We developed the goal and estimated costs with the assistance of Avenir Health, an organization that develops economic models and tools for long-range global health planning. We also conducted extensive interviews with experts in maternal and newborn health, adolescent health, and global health. However, the costs are difficult to assess with certainty given the serious lack of data available, in terms of both estimates of adolescent pregnancy and availability and use of quality care.



FORMER SEN. MARK KIRK (R-IL)

“As U.S. intelligence reports have highlighted, very high fertility and lack of access to health care among young women in developing countries can contribute to political instability that affects U.S. national security interests. America’s interests are served when we focus on these health and development needs.”

UNLOCKING HER POTENTIAL



ADOLESCENT GIRL

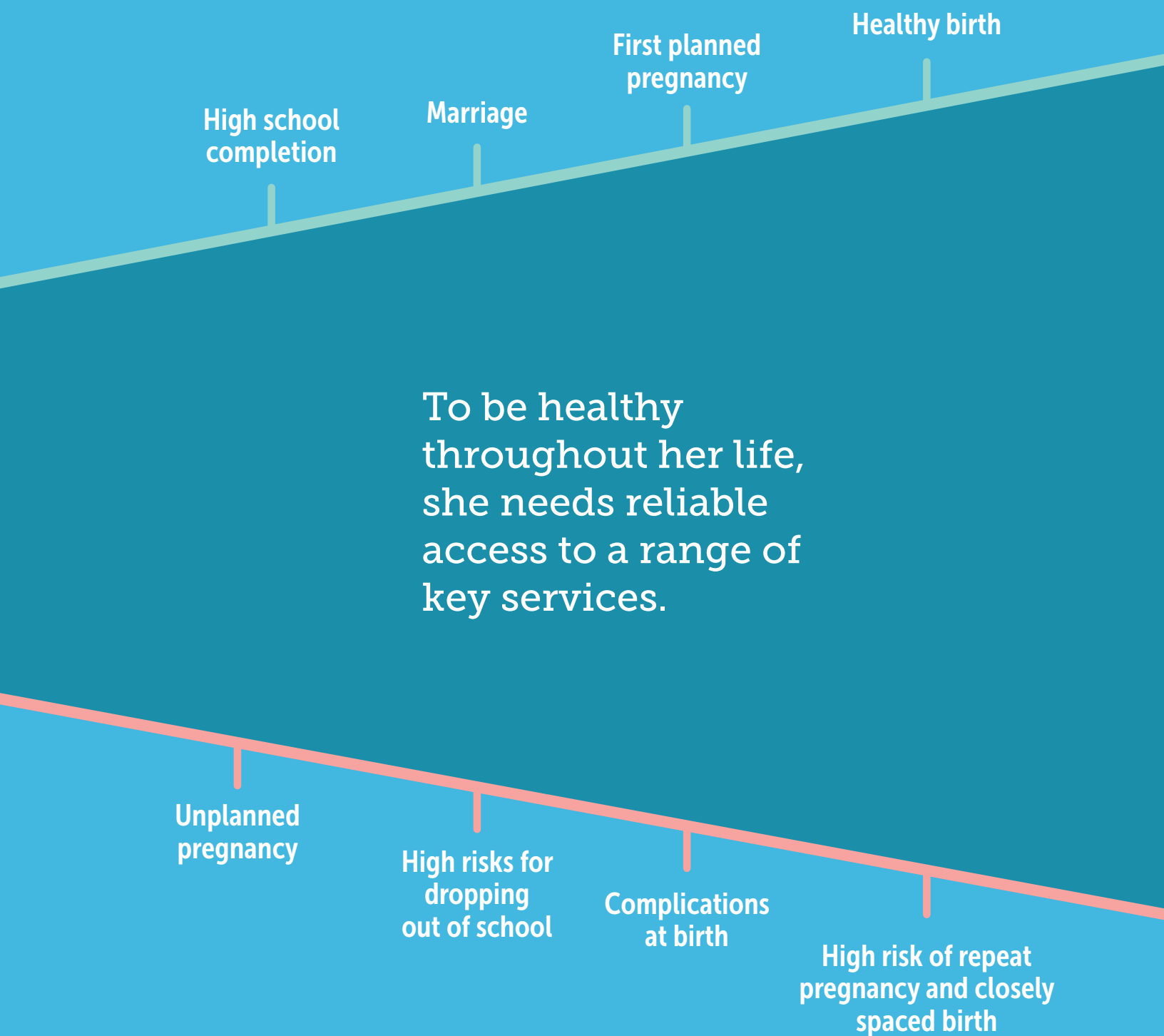
This underscores the importance for the United States and its partners to undertake a multiyear effort to upgrade data and operational research about adolescent pregnancy and how best to address the associated health and social risks.

High-quality care would be measured by the percentage of pregnant adolescents who receive confidential, routine maternal health services at primary health facilities that meet the WHO's standards for good medical practices.

Measurements of care would include the proportion of adolescent girls receiving the recommended four antenatal visits as well as postnatal visits with skilled providers, the proportion of births attended by skilled personnel, and the

proportion of adolescent girls who received quality antenatal counseling according to WHO standards for adolescents.⁴¹ For 10- to 14-year-olds, measurements would include reduction in adolescent birth rate, increase in age of marriage, and increase in age of first birth to over 18, measured through the Demographic and Health Surveys (DHS), Multiple Indicator Cluster Surveys (MICS), and Performance, Monitoring and Accountability 2020 (PMA2020).

This goal focuses on women ages 10–19, since the relative risks in pregnancy and childbirth for this younger age cohort are higher than for women over 20. This is due to a combination of physiological risk, as well as their lack of social



and economic empowerment, which increases their risks during pregnancy and childbirth.

The increase of 25 percent in access to quality maternal health services is based on evidence that a very low proportion of adolescent girls access the full range of quality maternal and newborn health services. On average, only 50 percent of adolescent girls receive standard maternal and newborn health care, based on indicators such as four antenatal visits, delivery in a facility, and

a postnatal checkup within two days. While this shows the high levels of unmet need for the recommended maternal and newborn health services, low-income countries have shown the capacity to absorb investments in maternal and newborn health and improve the quality of care. Despite considerable differences among countries, recent data from the target countries show a rate of increase (around 25 percent on average) in certain maternal health indicators.