Afghanistan has one of the highest rates of stillbirths and maternal deaths in the world. Here the Government has committed to almost double the number of midwives by 2020.

Mali will strengthen emergency obstetric care, introducing free caesarean services, among other services, by 2015.

Rwanda has pledged to increase by five-fold the number of midwives trained.

Indonesia has committed to ensuring that all deliveries are performed by skilled birth attendants by 2015.

China will continue to increase its domestic investment in women’s and children’s health.

It is estimated that governments need to allocate at least US$54 per person per year to provide the minimum package of essential health services, including the ten key interventions to prevent stillbirths.

The Global Strategy for Women’s and Children’s Health, launched in September 2010 by the United Nations Secretary General, has secured commitments from many governments. Such promises to their own people and to the world provide new hope and energy in tackling stillbirths and saving the lives of women and children. This global change involves all citizens: the Partnership for Maternal, Newborn and Child Health is playing its part.
The Global Burden of Stillbirths

Stillbirths have long been a neglected tragedy in global public health, but each one is a devastating loss for a woman and her family. Each year there are an estimated 2.65 million babies born dead (stillbirths). This is more than 7300 a day, with 98% of these occurring in the developing world – where an estimated 99% of maternal deaths also occur. Almost half (1.2 million) of these stillbirths happen during labour.

Reliable figures are lacking both on stillbirths and maternal deaths and there is an urgent need to improve data for programme decision-making.

The Skills Gap: Lack of Health Workers Costs the Lives of Babies and Mothers

One of the main reasons why stillbirths occur is inadequate or inappropriate care during labour and delivery. It is also the reason for many newborn and maternal deaths. Action to improve access and quality of care at birth can thus have a triple benefit.

Ensuring women have timely access to good quality care from trained health workers at the time of delivery, along with other interventions during the antenatal period, could prevent almost half of stillbirths (about 1.1 million by 2015). These actions and interventions could also save an estimated 1.6 million women and live-born babies, and the additional cost to national health budgets per head of population is only about US$2.32 – less than the cost of a cup of coffee!