

Interagency Strategic Consensus for the Reduction of Maternal Morbidity and Mortality: Strategic Guidance for the 2020-2030 Decade





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This document was developed by Alma Virginia Camacho-Hübner (UNFPA/LACRO), Ariadna Capasso (UNFPA/LACRO), Bremen de Mucio (Latin American Center of Perinatology, Women and Reproductive Health of the Pan American Health Organization/World Health Organization, CLAP/WRH-PAHO/WHO), Sandra Oyarzo (International Confederation of Midwives, ICM) and Verónica Reis (MOMENTUM Country and Global Leadership/Jhpiego). In addition, it was reviewed by all GTR agencies, represented by Deborah Horowitz (United States Agency for International Development, USAID), Emma Iriarte (Salud Mesoamérica Initiative, Inter-American Development Bank), Amparo Gordillo-Tobar (World Bank), Pio Iván Gómez (International Planned Parenthood Federation/Western Hemisphere Region, IPPFWHR), Luisa Kislinger (IPPFWHR), Martha Murdock (Management Sciences for Health) and Ralph Midy (United Nations Children’s Fund, UNICEF). This document was formally approved by all GTR members.

About GTR: GTR is an interagency mechanism comprising United Nations technical agencies, bilateral and multilateral agencies, nongovernmental organizations, and professional networks in the region. Its members include UNFPA/LACRO, CLAP/WRH-PAHO/WHO, Management Sciences for Health, MOMENTUM Country and Global Leadership/Jhpiego, UNICEF, USAID, the Inter-American Development Bank, the World Bank, ICM, the Latin American Federation of Obstetrics and Gynecology Societies, IPPFWHR, and the Implementing Best Practices (IBP) Initiative.

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Preface

During the past decade, the region of Latin America and the Caribbean made progress in reducing maternal morbidity and mortality. However, the COVID-19 pandemic has jeopardized this progress with an increased number in excess maternal deaths associated with COVID-19. Thousands of women in the region continue to die from preventable causes, and many others experience complications that affect their long-term health. These women have faces: indigenous and Afro-descendant women, women with low income and educational attainment, young women, and adolescents. Together with these women, whose right to health and life is being compromised, thousands of families and communities incur emotional, social, and economic losses.

Changing this reality requires political will, coordinated actions across different levels, linking new voices and actors in the fight for universal access and coverage in relation to maternal health, sexual and reproductive health, and prioritizing investments. The role of GTR in this transformation has been, is, and will continue to be essential. Already in 2003, with the “Interagency Strategic Consensus for the Reduction of Maternal Morbidity and Mortality in Latin America and the Caribbean,” endorsed by the region’s governments, GTR consolidated agreements on a series of priority recommendations, based on the best available evidence, aimed at guiding actions during the 2004-2014 period. More recently, in 2018, GTR consolidated information on trends in the region with the publication of the “Overview of the Situation of Maternal Morbidity and Mortality: Latin America and the Caribbean.” Three years later, as a response to new discouraging estimates and challenges posed by the COVID-19 pandemic, GTR renews its commitment, launching the “Interagency Strategic Consensus for the Reduction of Maternal Morbidity and Mortality: Strategic Guidance for the 2020-2030 Decade.”

GTR is certain that this consensus will facilitate the work of policymakers, national and local governments, civil society organizations, and other agencies and institutions when determining priority investments to accelerate progress in maternal health and sexual and reproductive health, and, in particular, by ensuring that this progress reaches all women, especially those left behind, whose rights are undermined because of the deep equity gap and inequalities still affecting the region.

Acronyms

CLAP/SMR	Centro Latinoamericano de Perinatología, Salud de la Mujer y Reproductiva (Latin American Center of Perinatology, Women and Reproductive Health)
COVID-19	Respiratory disease caused by the novel coronavirus SARS-CoV-2
GDP	Gross Domestic Product
GTR	Grupo de Trabajo Regional para la Reducción de la Mortalidad Materna (Regional Task Force for the Reduction of Maternal Mortality)
IBP	Implementing Best Practices Initiative
ICM	International Confederation of Midwives
ICPD25	International Conference on Population and Development (25th Anniversary)
IPPFWHR	International Planned Parenthood Federation/Western Hemisphere Region
PAHO	Pan American Health Organization
PPH	Postpartum hemorrhage
SDGs	Sustainable Development Goals
UNFPA	United Nations Population Fund
UNFPA/LACRO	Regional Office for Latin America and the Caribbean of the United Nations Population Fund
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

Introduction

There has been a stagnation in the reduction of maternal mortality in Latin America and the Caribbean, as shown in the latest figures, which reported a maternal mortality ratio of 67.2 deaths per 100,000 live births.¹ According to the most recent data published by the United Nations Maternal Mortality Estimation Inter-agency Group, the situation is even more serious, with a regional maternal mortality rate higher than previously estimated and a smaller annual decline than that reported up to 2015.² The most common causes of maternal mortality in the region include hemorrhage, pregnancy-induced hypertension, complications related to unsafe abortion, sepsis, and other direct and indirect causes.³

The evidence suggests that most of these deaths could be prevented by combining measures that include, but are not limited to, the implementation of quality maternal health care, universal access to contraceptive methods, and efforts to address inequities in access to services,⁴ which, in turn, are related to inequities in per capita income, poor school performance, undernutrition, lack of access to drinking water, low or uneven public health spending, disadvantageous geographical location, belonging to indigenous, Afro-descendant or young populations, and disabilities, among other factors.⁵

Before the COVID-19 pandemic, 1.2 million women were affected annually by pregnancy, childbirth, and/or postpartum complications, many experiencing long-term health consequences or death.⁶ To date, countries have reported an increase in maternal deaths cases because of the COVID-19 pandemic, the disease caused by the novel SARS-CoV-2 coronavirus. The recent evidence indicates that COVID-19 has unfavorably affected the number of maternal deaths in several countries of Latin America and the Caribbean and deepened social inequalities.⁷ Because of physiological changes in the immune and cardiopulmonary systems, pregnant women are more likely to develop a severe respiratory

viral disease.^{8,9} Studies on obstetric outcomes in patients with SARS-CoV-2 infection seem to confirm an association between SARS-CoV-2 and higher rates of cesarean sections, respiratory failure in the third trimester,¹⁰ adverse perinatal outcomes such as preterm birth (41% of cases) and perinatal death (7% of cases),¹¹ and indicate that pregnant women are at a higher risk for severe COVID-19 and, consequently, being hospitalized and admitted to the intensive care unit, and requiring mechanical ventilation.^{12,13}

In addition to their direct effect on maternal and neonatal health, movement restrictions, isolation, and the closure of some health care facilities to mitigate the effect of COVID-19 have limited health service availability and resulted in significant barriers to access.^{14,15} The demand for health services has also been affected by the population's fear of contagion and limited or non-existent economic resources, among other factors. Therefore, the COVID-19 pandemic has interfered with the four pillars of universal health coverage: service availability, available resources and equipment, demand for and access to health services.

Historical inequities are not the only factors that have contributed to the limited progress in maternal morbidity and mortality in Latin America and the Caribbean. This is one of the regions most affected by COVID-19, climate-related disasters, and conflicts, which unevenly affect women and girls. These humanitarian crises, together with the situation of poverty and exclusion experienced by a large proportion of the population, have forced millions of women and girls to migrate. In many cases, migration exposes them to sexual violence, unintended pregnancies, and greater difficulties to access sexual and reproductive and maternal health services.

In this context, the strategy for the coming years in Latin America and the Caribbean should ensure that the reduction of preventable maternal morbidity and mortality is a priority in the region and in every country, and that the crisis

caused by COVID-19 does not lead to a reversal of the progress achieved nor a deepening of the enormous existing inequities and inequalities.¹⁶ The commitment of governments and strategic partners is key to addressing the different determinants that affect maternal mortality. For their part, governments should ensure the allotment of the necessary resources, exploring innovative strategies resulting in expenditure efficiency, even in a context of reduced funding, caused by the response to urgent problems associated with climate change, humanitarian emergencies, and, particularly, the COVID-19 pandemic.

To accelerate the reduction of maternal morbidity and mortality, evidence-based practices should be adopted, which consider local contexts and the most vulnerable populations, and the national capacity to implement and maintain them should be developed. This will lead to the creation of conditions of greater equity in universal access and coverage of quality sexual and reproductive health care for women, children, and adolescents in the region. It is also necessary to invest in resilient health systems that ensure the continuum of care in sexual and reproductive health for all women, as well as develop the capacity for a timely and efficient response in humanitarian and health emergency settings.



Call to Action

The analysis of the progress made in the region regarding programs and initiatives aimed at reducing maternal morbidity and mortality in the past 20 years, in the current international and regional context, underscores the need to focus on the following priorities, within the guidance of the new Interagency Strategic Consensus for the Reduction of Maternal Morbidity and Mortality.

1. Strategic Guidance on Public Policies

Develop public policies that firmly address the major gaps in equity to achieve universal access and coverage in maternal health and sexual and reproductive health.

Recommendations:

- Place women, children and adolescents, sexual and reproductive health, and maternal health at the heart of the development agenda. Public policies should focus on the most underserved populations, those in the most remote locations, those living in rural and the poorest areas, as well as indigenous populations, Afro-descendants, migrants, those with disabilities, and adolescents, in particular those under age 15.
- Promote laws and regulations fostering gender equity in the countries, investing in training, and increasing and acknowledging women's representation in leadership in all sectors.
- Ensure the adoption of a life course approach for women's, children's, and adolescents' health.
- Articulate with other sectors of the economy strongly linked to health, such as education, labor, justice, agriculture, water and sanitation, and social welfare, that contribute to social development. Women and children face health challenges that are complex and go beyond the basic maternal and child health agenda. Therefore, it is necessary to develop multisectoral policies, including sectors with a direct influence on these population groups.
- Foster the setting of clear and realistic goals to reach universal health access and

coverage in sexual and reproductive health, highlighting the need to update the essential package of services and interventions.

- Take the international context into consideration and continue aligning national indicators, goals, and objectives with the Sustainable Development Goals (SDGs), the Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030), the framework of Respectful Maternity Care, and the Nairobi Statement from the International Conference on Population and Development (ICPD25). At a regional level, it is important to assure consistency with the Montevideo Consensus on Population and Development, the Sustainable Health Agenda for the Americas 2018-2030, and the Plan of Action for Women's, Children's, and Adolescents' Health 2018-2030, approved by all States of the Americas.

Allocate the necessary resources to implement and execute public policies for universal access to and coverage of maternal health and sexual and reproductive health.

Recommendations:

- Urge governments and donors to promote more international development aid for maternal health and sexual and reproductive health in Latin America and the Caribbean.
- Increase health investment as a percentage of the gross domestic product (GDP) and ensure an equitable and cost-effective allocation and execution of financial resources.

- Strengthen innovative programs that mobilize domestic resources to invest in health through partnerships among the government, the private sector, and the civil society.

Use evidence when developing policies and programs aimed at reducing maternal morbidity and mortality.

Recommendations:

- Review and adjust legal and policy frameworks to ensure that they meet the agreed-upon international and regional commitments and support the implementation of effective and evidence-based programs.
- Promote the use of cost-effective interventions to reduce severe morbidity and maternal mortality based on knowledge, evidence, and proven tools.
- Promote research and innovation by combining science, technology, and social, financial, and business innovations to identify and develop effective, quality interventions, and deliver them where they are needed most.
- Promote the use of effective digital solutions to strengthen the health system.

Disseminate the knowledge generated by implementing public policies aimed at reducing maternal morbidity and mortality, through a cross-cutting South-South cooperation among the countries in the region.

Recommendations:

- Strengthen the support provided by agencies from the United Nations system and other international cooperation agencies to governments in the context of the SDGs and ICPD+25.

- Keep a record of successful maternal health experiences and promote the exchange of these experiences among the countries in the region, including the use of virtual and digital technology.
- Develop inter-country or multi-country studies on priority issues and innovative interventions to address the unfinished agenda for the reduction of maternal morbidity and mortality, taking into consideration the current SARS-CoV-2 pandemic.

Strengthen mechanisms for citizen participation and accountability as key elements of a rights-based approach with an active and empowered citizenship to promote health equity and reduce existing barriers.

Recommendations:

- Build capacities on rights and accountability among responsible individuals and rights holders, while promoting a constructive accountability culture in the countries.
- Encourage the development and strengthening of national and subnational mechanisms of transparency, accountability, monitoring, and evaluation, with a broad base of civil society partnerships, such as observatories, at a national level, and oversight committees, at a local level.
- Promote the publication and transparency of budgets for maternal health and sexual and reproductive health and build capacities for their analysis, at the government and civil society levels.
- Foster strong partnerships between different actors, including the organized civil society, to discuss results and agree on improvement and follow-up proposals.

2. Strategic Guidance on Health Care Systems

Improve quality of care of maternal health and sexual and reproductive health to reduce maternal mortality and guarantee the right to health for all women, regardless of social status.

Recommendations:

- Promote the adoption, updating, and implementation of protocols and quality standards for maternal and reproductive care, based on available evidence and on patient safety, and monitor their implementation. This should lead to a model of humanized, holistic care based on the human rights of every woman and newborn that also considers the interpersonal dimensions of care and ensures the active participation of women, families, and communities.
- Strengthen the health system capacity to prevent maternal mortality by effectively managing the early detection of its main direct and indirect causes.
- Adopt and implement mechanisms to ensure the continuous improvement in the quality of services and systems for maternal health and sexual and reproductive health at a local level, in coordination with the central level and the community involvement.
- Strengthen the health system resolution capacity through the integrated networks of the health system and referral and counter-referral systems based on the Primary Health Care Strategy,¹⁷ within the framework of universal access and coverage.
- Promote the coordination and integrative approaches among health subsectors, in particular the neonatal health sector.
- Strengthen the quality and access to antenatal care that includes respectful care, early admission, timely referral, and an appropriate monitoring system.
- Promote childbirth as a natural, positive, and woman-centered experience,¹⁸ avoiding over-medicalization and implementing

intercultural health strategies within the framework of the respectful maternity care principles.

- Adopt policies to reduce unnecessary cesarean sections.
- Strengthen the access and quality of postnatal care, including respectful care, and implement evidence-based good practices and an effective monitoring system.
- Implement effective measures to prevent and eradicate mistreatment, abuse, and violence against women during pregnancy, childbirth, and the postpartum period.

Invest in health personnel to improve their working conditions and thereby foster their commitment toward quality of service and progressing toward universal health access and coverage, especially in primary care.

Recommendations:

- Attract, motivate, support, empower, and train health personnel to provide quality services in maternal health and sexual and reproductive health.
- Invest in human resources for health with specific budgets, including hiring professional midwives, especially at the first level of care. It is essential to include professional midwives as part of the health teams to ensure service quality and accelerate progress toward universal health access and coverage, particularly in primary care.
- Ensure an adequate distribution of health personnel to set up balanced teams that offer services to all populations.
- Review and update the competencies and structure of health teams to have diverse, appropriate, and coordinated skills, with clear role descriptions for each team member.
- Optimize health workers' roles to promote universal coverage and access to maternal and newborn health services through task and responsibilities shifting.¹⁹

- Reach consensus on evidence-based standards and regulations to establish a clear role for traditional health care providers and doulas and determine their articulation with the health system.
- Ensure high-quality and continuous training for health personnel, with curricula adapted to the evidence, and the development of problem-solving and decision-making skills.
- Train all health workers on over-medicalization and the use of unnecessary and harmful practices in maternal and sexual and reproductive health services, based on current evidence.
- Incorporate supervision and incentive systems to keep health personnel updated and motivated.

3. Strategic Guidance Related to Information and Surveillance Systems

Identify barriers people face when trying to access maternal health services to which they are entitled, especially those populations with greatest need.

Recommendations:

- Intensify efforts and investments in health information systems able to provide disaggregated population data (sex, age, ethnicity, access to services, and unmet needs, among other relevant factors) at a decentralized level.
- Build local and national capacities to analyze and use relevant information and evidence for political and programmatic decisions.
- Strengthen maternal morbidity and mortality surveillance and response systems.
- Reinforce maternal mortality recording mechanisms at national and subnational levels, reduce under-reporting, and solve problems related to maternal deaths classification.
- Introduce and/or strengthen national surveillance for extreme maternal morbidity (maternal near-miss).
- Disseminate and strengthen competencies to use guidelines for epidemiological surveillance and response to maternal morbidity and mortality.
- Support the implementation of a unified regional registry to monitor the quality of maternal care, disaggregated by type of population, age, geographic distribution, ethnicity, or other locally relevant criteria.





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4. Strategic Guidance Related to Contraceptive Methods

Better access to contraceptive methods, recognizing their key role in assuring the right to freely decide the number, spacing, and timing of children and in contributing to reducing maternal morbidity and mortality.

Recommendations:

- Ensure access to modern contraceptive methods, including long-acting reversible methods, subdermal implants, intrauterine devices, and emergency contraception,

focusing on adolescents, migrant women, Afro-descendants, and indigenous populations.

- Provide health centers with the necessary equipment and materials to ensure timely and regular access to a wide range of modern contraceptive methods.
- Implement and/or strengthen contraceptive counseling services to support informed decision-making and reduce unintended pregnancies.

5. Strategic Guidance Related to the Comprehensive Response to Unsafe Abortion

Promote a comprehensive response to unsafe abortion as a serious public health problem in the region, which results in high rates of maternal morbidity and mortality.

Recommendations:

- Review the existing legal frameworks related to this topic, in the light of the latest evidence and national, regional, and international commitments.
- Ensure women have access to complete, true, and objective information.

- Guarantee dignified and respectful conditions to provide quality care to women in abortion and postabortion circumstances.
- Verify health system response capacity and adequate competencies in health teams for the identification and qualified resolution of pregnancy termination cases in countries where abortion is legal.
- Complement service implementation with effective outreach campaigns.
- Ensure access to postabortion contraception, including quality counseling.

6. Strategic Guidance Related to the Adolescent and Youth Population

Focus on the sexual and reproductive health needs of adolescent populations—the largest adolescent and youth population in history—by acknowledging their rights and their impact on the development of countries.

Recommendations:

- Intensify efforts to increase coverage and timely access to adolescent- and youth-friendly sexual and reproductive health services, removing barriers to consent, if any.
- Invest in and develop friendly spaces to prevent adolescent pregnancy and to care for pregnant adolescents. This includes addressing the needs of adolescents under age 15, according to their level of development.
- Ensure quality, confidentiality, and warmth in services for adolescents through health workforce capacity-building.
- Use the new quality standards for friendly health services to monitor the quality of health services for adolescents.
- Create a political and programmatic environment for adolescents to have timely access to counseling and modern contraceptive methods, including long-acting reversible methods and emergency contraception.
- Include multisectoral interventions to identify and respond to cases of domestic or sexual violence of adolescents.
- Foster community strategies of information and communication with adolescents for behavior change.
- Adopt new technologies to reach adolescent populations (e.g., social media and digital health applications [mHealth]).
- Intensify efforts to offer comprehensive sexuality education and access to sexual and reproductive health services in and out of schools.
- Collaborate across sectors to screen and treat adolescents at risk for poor mental health, including suicide prevention, related to pregnancy and other sexual and reproductive health concerns.



7. Strategic Guidance Related to Maternal Health, Sexual and Reproductive Health, and COVID-19

Reduce the harmful impact of the COVID-19 pandemic on sexual and reproductive health and maternal morbidity and mortality.

Recommendations:

- Recognize sexual and reproductive health services, including contraceptive counseling, violence prevention, and maternal and newborn health care, as essential.
- Ensure primary care continuity to guarantee uninterrupted access to sexual and reproductive health services and supplies through tools such as digital health.
- Maintain and strengthen or reactivate maternal mortality epidemiologic surveillance and response systems to have real-time information that allows the measurement of social inequalities in maternal health and promotes sound and timely decisions.
- Acknowledge and support the work of professional midwives, who while caring for pregnant women during the pandemic have upheld women's rights to a positive childbirth experience and their sexual and reproductive autonomy.
- Guarantee that the health team is up to date on guidelines for managing pregnant women with COVID-19, based on the recommendations of the corresponding health authority.
- Recognize pregnant women as a high-risk group for severe COVID-19.
- Vaccinate pregnant health workers and pregnant women with comorbidities based on the latest WHO recommendations.



8. Strategic Guidance Related to Maternal Health, Migration, and Humanitarian Crises

Identify specific challenges faced by the most marginalized women and girls—including migrants, displaced women, and refugees—to access quality and timely services.²⁰

Recommendations:

- Ensure that governments and partners act at the public policy and protection and health system levels to address the sexual and reproductive health needs of migrant, displaced, and refugee women, including those who are pregnant.
- Integrate the Minimum Initial Service Package for Sexual and Reproductive Health into national emergency preparedness and response plans.
- Acquire and provide essential sexual and reproductive health supplies in a timely manner during emergencies, including those for emergency obstetric and neonatal care (basic and complete), unintended pregnancy prevention and clinical management of sexual violence cases.



Information Boxes

Quality of Care in Maternal Health

The World Health Organization (WHO) defines quality of care as “the degree to which health services for individuals and populations improve health outcomes.” To achieve this goal, and in line with international human rights agreements to which most countries in the region have adhered, health care should be safe, effective, timely, efficient, equitable, and people centered.

Despite progress made in maternal and neonatal health in Latin America and the Caribbean, many pregnant women and newborns are still not receiving quality care. These are some of the main barriers to ensuring quality care in the region:

- Insufficient political will
- Weak liability systems
- Limited financial resources and infrastructure
- Over-medicalization and use of unnecessary technology
- Lack of respect for cultural differences
- Vulnerability and discrimination against pregnant adolescents
- Health personnel with an excessive workload and limited technical capacity to give a respectful and quality treatment
- Weak supervision and implementation of quality standards
- Insufficient data on vulnerable populations
- Weaknesses in the monitoring and evaluation of the level of implementation of respectful maternity care
- Diminution of resources and political commitment to maternal health in light of competing priorities, including during emergency situations

Recent and relevant documents and initiatives to support efforts to improve quality of care:

- World Health Organization (WHO). 2015. WHO safe childbirth checklist implementation guide: improving the quality of facility-based delivery for mothers and newborns. Geneva. <https://apps.who.int/iris/handle/10665/199177>
- World Health Organization (WHO). 2015. WHO recommendations on health promotion interventions for maternal and newborn health. Geneva. http://apps.who.int/iris/bitstream/handle/10665/172427/9789241508742_report_eng.pdf;jsessionid=B5EBA5974C8F2AD3D430D69255BBFDB1?sequence=1
- World Health Organization (WHO). 2016. Standards for improving quality of maternal and newborn care in health facilities. Geneva. https://www.who.int/maternal_child_adolescent/documents/improving-maternal-newborn-care-quality/en/
- Quality of Care Network. 2017. Network for Improving Quality of Care for Maternal, Newborn and Child Health. <https://www.qualityofcarenetwork.org/>
- International MotherBaby Childbirth Organization (IMBCO), International Federation of Gynecology and Obstetrics (FIGO). 2018. International Childbirth Initiative (ICI): 12 Steps to Safe and Respectful MotherBaby-Family Maternity Care. <https://icichildbirth.org/>
- International Confederation of Midwives. 2019. Essential midwifery competencies. The Hague.

Respectful Maternity Care

The evidence shows that mistreatment and abuse are still common in health services, contributing to service underutilization and poor health outcomes. During the past few years, several global and regional initiatives have been implemented to promote high-quality, respectful maternity care based on equity and human rights. The “Respectful Maternity Care” framework, which emphasizes women’s rights and basic needs, includes:

- The empowerment of the woman and her family and their active participation on making health-related decisions
- The right to information and privacy
- Evidence-based care, avoiding the excessive use of medications, interventions such as routine episiotomy, unnecessary cesarean sections, etc., and technology

- The prevention of mistreatment, abuse, and institutional violence against women
- Recognition, compensation, and respect for health care providers, ensuring good working conditions

With the aim of addressing this topic and guiding action, GTR has organized a series of subregional consultations and fostered conversations in several global, regional, and national events focused on identifying priority opportunities and interventions to promote respectful maternity care as a key strategy aimed at reducing maternal morbidity and mortality in the region and contributing to the respect of the rights of women and girls.

Recent and relevant documents and initiatives to support efforts to promote respectful maternity care:

- USAID Bureau for Global Health’s flagship Maternal and Child Health Integrated Program (MCHIP). 2013. Introduction to the Maternal and Newborn Quality of Care Surveys. Baltimore. <https://www.mchip.net/sites/default/files/mchipfiles/Introduction%20to%20QoC%20surveys.pdf>
- World Health Organization (WHO). 2016. 69th World Health Assembly. Integrated and people-centred health services framework: Report of the Secretariat. Washington D.C. https://apps.who.int/gb/ebwha/pdf_files/WHA69/A69_39-en.pdf?ua=1
- The White Ribbon Alliance. 2018. Respectful Maternity Care: The Universal Rights of Childbearing Women. Washington D.C. <https://www.whiteribbonalliance.org/respectful-maternity-care-charter/#:~:text=Everyone%20has%20the%20right%20to%20information%2C%20informed%20consent%2C%20and%20respect,without%20your%20knowledge%20or%20consent.>
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- Pan American Health Organization (PAHO), World Health Organization (WHO). 2018. WHO recommendations on antenatal care for a positive pregnancy experience. Washington, D.C. <https://www.who.int/publications/i/item/9789241549912>
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- USAID Maternal and Child Survival Program. 2020. Moving Respectful Maternity Care into Practice in Comprehensive Maternal and Newborn Programs: Operational Guidance. Washington D.C. <https://resources.jhpiego.org/system/files/resources/MCSP-RMC-OG.pdf>
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- International Confederation of Midwives (ICM). 2020. Respect toolkit. The Hague. <https://www.internationalmidwives.org/our-work/other-resources/respect-toolkit.html>

The Impact of Professional Midwives on Women’s Care

According to the definition by the International Confederation of Midwives (ICM), a professional midwife is “a person who has successfully completed a midwifery education program that is based on the ICM Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education and is recognized in the country where it is located; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title ‘midwife’; and who demonstrates competency in the practice of midwifery.”

The scope of practice of a professional midwife includes preconception, antenatal, antepartum, intrapartum, postpartum care, and newborn monitoring, together with family planning services. It also includes gynecological check-ups and relevant counseling on sexually transmitted infections, menopause, and accompanying women in abortion circumstances.

What is the effect of professional midwives on sexual and reproductive health?

- A comprehensive, high-quality care in professional midwifery could help:
 - Prevent 83% of all maternal deaths, stillbirths, and neonatal deaths.

- Improve more than 50 health outcomes, including the reduction in the number of unnecessary interventions.
- Professional midwives can provide 87% of all essential sexual and reproductive, maternal, and neonatal health services.

To be effective, professional midwives must be trained according to the ICM competencies for midwifery practice, certified by the training authority, regulated by the health authority, working in multi-professional teams, and fully integrated into the health system.

Which countries in Latin America and the Caribbean have professional midwifery?

- There are two professional midwifery training models in Latin America and the Caribbean. In Argentina, Bolivia, Chile, Ecuador, Uruguay, Paraguay, and Peru, professional midwives are trained using direct-entry models. In Brazil, Mexico, Costa Rica, Guyana, Haiti, Jamaica, and Trinidad and Tobago, midwives must do a specialization after obtaining a nursing degree. It is important to consider that not all countries in both regions offer professional midwifery training.

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Childbirth as a Positive Experience

Many pregnant women cannot access quality childbirth. In some cases, this occurs because there are no adequate maternal care services available, or women are unable to access them in a timely manner. The downside of this lack of access has been the routine overuse of unnecessary interventions. In other cases, women can access the services, but they are not treated with dignity and respect for their human rights. To increase universal coverage in maternal health and ensure access to high-quality maternal care services, in 2019 the WHO published “WHO recommendations: intrapartum care for a positive childbirth experience.”

These recommendations include 56 evidence-based practices that allow for the management of each stage of labor and childbirth and seek to ensure that:

- Childbirth is **safe**.
- Childbirth is a **positive experience** for the woman, her baby, and their family.
- **Respectful care** is provided.
- Women can be **accompanied** during labor and childbirth.
- The right to **confidentiality and privacy** is respected.
- **Woman-centered care** is offered.
- There is **effective communication** between women and health care providers.
- Women receive information to **make decisions** on pain management and positions during labor and childbirth.
- The use of **unnecessary and potentially harmful** medical interventions and technologies is avoided.



Outdated Clinical Practices

According to the latest WHO recommendations (2019),* there are some clinical practices routinely used during the different stages of labor and childbirth that are not in line with the existing evidence.

The following is not recommended in cases of childbirth without complications:

- A cervical dilatation rate slower than 1 cm/hour as a routine indicator for obstetric intervention.
- The use of medical interventions to accelerate labor and birth (such as oxytocin augmentation or cesarean section) before reaching 5 cm of dilatation. Maternal and fetal conditions and obstetric conditions should be taken into consideration when deciding whether to accelerate labor or birth.

The following is not recommended during labor ward admission:

- Routine clinical pelvimetry in healthy pregnant women.
- Perineal/pubis shaving or enemas.

The following is not recommended during labor:

- Routine cardiotocography for the assessment of fetal well-being in healthy pregnant women. Auscultation using a Doppler ultrasound device or Pinard stethoscope is recommended instead for this purpose.
- Drug pain relief for preventing and reducing the use of augmentation in labor.

However, epidural anesthesia, parenteral drugs, relaxation or manual techniques, among others, may be offered to a healthy pregnant woman requesting pain relief during labor, depending on the woman's preferences.

- Routine vaginal cleansing with chlorhexidine during labor for the purpose of preventing infections.
- A package of care for active management of labor for prevention of delay, such as an amniotomy, and the use of oxytocin, antispasmodic agents, and intravenous fluids.

The following is not recommended during the second stage of labor (birth of the baby):

- Routine episiotomy.
- Application of manual fundal pressure to facilitate childbirth.

The following is not recommended after birth:

- Sustained uterine massage as an intervention to prevent postpartum hemorrhage (PPH) in women who have received prophylactic oxytocin.

*Adapted from: World Health Organization. 2019. WHO recommendations: intrapartum care for a positive childbirth experience: transforming care of women and babies for improved health and well-being: executive summary. Geneva. <https://apps.who.int/iris/handle/10665/272447>

The Role of GTR as a Technical Task Force for the Reduction of Maternal Morbidity and Mortality

Created in 1998 by United Nations technical agencies, bilateral and multilateral cooperation agencies, nongovernmental organizations, and professional networks, GTR is a regional agency that joins the efforts of different stakeholders to promote the implementation of evidence-based programs aimed at reducing maternal mortality in Latin America and the Caribbean. GTR works closely with other regional alliances, such as the Neonatal Alliance and Every Woman Every Child Latin America and the Caribbean.

GTR:

- Provides technical leadership in promoting the reduction of maternal mortality.
- Carries out advocacy actions to keep the serious problem of maternal mortality, and associated inequities, on the regional agenda.
- Promotes a regional consensus, endorsed by governments in the region, with agreed-upon guidelines aimed at reducing maternal mortality.
- Is a catalyst for good practices in the reduction of maternal mortality.

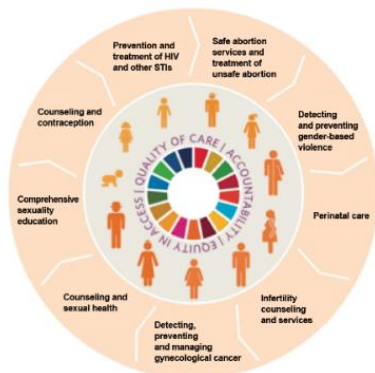
- Promotes interagency collaboration and synergy.
- Supports the implementation and achievement of global strategies and commitments in the region, such as the Global Strategy for Women's, Children's, and Adolescents' Health (2016-2030).

The added value of GTR is that it represents a joint, cohesive, and coordinated vision on how to fight against maternal deaths by optimizing technical cooperation and collaboration within countries and between agencies. Through its technical assistance, advocacy, and collaboration with other regional alliances, GTR supports progress toward achieving global targets to reduce preventable maternal mortality, such as the Global Strategy. GTR has provided technical assistance to countries for the surveillance of and response to maternal mortality and respectful maternity care, has disseminated the latest evidence on COVID-19 and sexual and reproductive health, and has promoted regional dialog platforms to reach a consensus and prioritize effective strategies to reduce maternal morbidity and mortality.

Universal Health Care Access and Coverage and Sexual and Reproductive Rights

Sexual and reproductive health is defined as a state of physical, emotional, mental, and social well-being in all matters relating to sexuality and reproduction. To achieve it, it is mandatory to recognize and respect the right of every human being to decide about their body, which requires access to services, education, information, and counseling to support this right.

ACCOUNTABILITY, ACCESS TO QUALITY SERVICES, EQUITABLE ACCESS



Achieving universal access and coverage in sexual and reproductive health is critical to attain the Sustainable Development Goals in 2030, including SDG 1 on the eradication of poverty, SDG 3 on ensuring healthy lives and well-being for all, and SDG 5 on gender equality.

International experts recommend that countries adopt and offer an essential package of sexual and reproductive health interventions to the

entire population throughout the life course. This includes:

- Counseling and services for contraception
- Prevention and treatment of HIV/AIDS and other sexually transmitted infections
- Safe abortion care (where abortion is legal)
- Comprehensive treatment of unsafe abortion
- Prevention, detection, and counseling of gender-based violence
- Maternal and newborn health services
- Counseling and treatment for infertility
- Prevention, detection, and management of gynecological cancer
- Counseling and services for sexual health and well-being
- Comprehensive sexuality education

These services should be high-quality, acceptable, affordable, adapted to the needs of all populations and accessible on an equitable basis, regardless of age, sex, gender identity, race or ethnicity, place of residence, or socioeconomic status. They should be people-centered and offered while respecting privacy and confidentiality principles, with a warm and respectful treatment.



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Current Situation of the Humanitarian Crisis and Sexual and Reproductive Health in Latin America and the Caribbean within the Framework of Equity

- Latin America and the Caribbean is one of the regions with the greatest exposure to disasters on the planet. Its geography, together with often intense climate-related events, armed conflicts, migration, and health epidemics, put the region at high risk for crises, food insecurity, and violence, with the main victims being women and girls.
- In humanitarian crises, experience has revealed a reduction in access to sexual and reproductive health services, and often women's sexual and reproductive health is not considered a priority during the response.
- Conflicts and violence have resulted in 7.7 million internally displaced persons, the highest figure in the world.
- The vulnerable humanitarian situation in the region has been affected by the outbreak of the novel coronavirus disease (COVID-19).
- In this context, women—in particular young, adolescent, Afro-descendant, and other indigenous women—are especially vulnerable to the various manifestations of gender-based violence in times of humanitarian emergency. Sexual violence, sexual harassment, exploitation and abuse, human smuggling, or even femicide are some forms of violence affecting women, girls, and adolescents in the region.
- Before COVID-19, more than 23 million indigenous women already faced discrimination and inequitable access to education, employment, land, and participation in Latin America and the Caribbean.
- In Latin America and the Caribbean, 19.2 million women aged 15-49 have experienced domestic violence in the past 12 months and, on average, almost one-third of women who have ever lived in cohabitation reported situations of physical and/or sexual abuse perpetrated by a partner. During these months of the COVID-19 pandemic, phone complaints have increased 30% to 60% in some countries.
- Confinement during the COVID-19 pandemic is exacerbating the care crisis, increasing the global burden of care work on women.
- Confinement has also reduced access to antenatal care for millions of pregnant women, having an effect on the maternal deaths of women who did not suffer from COVID-19.

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