

Youth Guide

to Action

on Maternal

Health

Youth Guide to Action on Maternal Health: Introduction

WELCOME TO THE WOMEN DELIVER YOUTH GUIDE TO ACTION ON MATERNAL HEALTH!

We know that young activists like you hold the power to end preventable maternal mortality and deliver for girls and women. This guide is designed as a resource for informing and inspiring your work to improve maternal health.

Women Deliver Youth Guide to Action on Maternal Health

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HOW TO USE THIS GUIDE

The Youth Guide to Action on Maternal Health is designed to assist young people in their advocacy and awareness-raising efforts. The goal of this guide is to empower and equip young people with the tools, resources, and knowledge to use and develop messages, projects, and campaigns to increase awareness about young people and maternal health issues. The guide will focus on new media and technology. We believe in technology's potential to empower youth to become leaders. We hope you will find this guide useful in inspiring, informing and guiding your projects.

Each section highlights a different step to action, and we hope you will use the sections together and return to the ones that you find most useful as you seek, define, and promote **political, economic, social/cultural, and technological solutions**.

PAGE 2 **1. Get Inspired**

Explore what drives you to act and learn about where other maternal health leaders have found inspiration.

PAGE 4 **2. Get Informed**

Test and expand your knowledge of maternal health facts, strategies, and challenges.

PAGE 9 **3. Get Connected**

Learn the basics of networking and using new technology to connect to other activists and to build and mobilize your community to action.

PAGE 18 **4. Get Moving**

Follow the steps here to set goals, plan, and implement a successful project.

PAGE 22 **5. Sustain Your Momentum, Make Lasting Change**

Reflect on your project—What did you achieve? What challenges did you face? What's next?

GET INSPIRED BY THE LEADERS OF THE MATERNAL HEALTH COMMUNITY

"It is often said that young people are our future. They are our present, too. It is today, and not tomorrow, that we must invest in young people and include them in solving the great challenges of our times... Now is the time to make greater investments in young people, especially adolescent girls, so they can reach their full potential. Investing in young people today is an investment in a sustainable future."

—THORAYA OBAID, EXECUTIVE DIRECTOR OF THE UNITED NATIONS POPULATION FUND (UNFPA)

"At Women Deliver we believe in the core theme: Invest in Women—It Pays! But we also believe that investing in young people—in their health, their education, and their opportunities—is one of the smartest investments any nation can make. Today's youth are the ones who will carry the Women Deliver movement into the next generation, and they are the ones who will continue to deliver solutions for girls and women. We must equip them now with the knowledge, resources, and inspiration to carry that torch."

—JILL SHEFFIELD, PRESIDENT OF WOMEN DELIVER

GET INSPIRED BY THE WORDS AND ACTIONS OF YOUR FELLOW YOUTH ADVOCATES

"The best feeling in the world for me is when I accomplish something that other people never believed I would accomplish. There is a saying that goes like this: "When life gives you lemons, make GRAPE juice. Then, sit back and watch the world as they wonder how you did it!!"

—NANCY LEIVA, BELIZE

"I am inspired by the women of Kenya, who despite the harsh conditions they live under, always have a warm smile. I am inspired by people who have worked hard to be where they are, and beat the odds. I am inspired by people whose life's mission is to better the lives of others. I believe true fulfillment comes from this."

—ANNE MUSUVA, KENYA

"The knowledge that by passing along the essential messages of sexual and reproductive health and rights, I can influence the quality of life of a person, a family, and eventually a community, is rewarding."

—THIAGI PIYADASA, SRI LANKA

"When I see the rate of maternal deaths and the causes, I cannot stand aside and do nothing. We need to take actions and advocate for safe motherhood in the world. A woman is either our mother or sister or aunt, so when we hear about maternal death, it can be OUR mother or our sister or aunt. I believe that every one of us can play his/her role in the community to reduce maternal mortality. And this is what inspires me every day of my life to work with people of my country to advocate for the improvement of maternal health."

—FRANÇOIS ZOUNGRANA, BURKINA FASO

1. Get Inspired

Who, or what, first inspired you to take action on maternal health? Your inspiration can come from a personal experience, a community leader, a teacher, an organization, or a family member whose words inspired you. Have you read or listened to a news story, song, poem, or piece of creative work that made you think about maternal health in new ways?

This is a blank sheet of white paper designed for writing. It features a series of evenly spaced horizontal blue lines across its entire width. A single vertical red line runs down the left side, creating a narrow margin. The paper is otherwise completely empty, with no text or markings.

Identify Your Investment, Share Your Story: What have you done so far to act on your inspiration? What do you want to do next?

This image shows a blank sheet of white paper with horizontal blue lines and a vertical red margin line on the left side. The paper is oriented vertically and appears to be a standard notebook page. There are no markings or text on the page.

CHECK YOUR KNOWLEDGE

Millennium Development Goal 5: Improve Maternal Health

MDG 5 has been called “the heart” of the MDGs because it is impossible to meet the overall goal of reducing poverty without improving maternal health.¹

Two targets and six indicators map progress toward expanding women’s access to critical services and the goal of improving maternal health by 2015.²

TARGET A: REDUCE, BY 75%, MATERNAL MORTALITY FROM THE 1990 LEVEL

INDICATORS:

- **Maternal Mortality Ratio:** The number of women who die for every 100,000 live births in a particular area.
WHY IT MATTERS: The maternal mortality ratio represents the risk that women face of dying of causes related to pregnancy and childbirth.
- **Skilled Care:** The percentage of births attended by skilled health providers (nurses, doctors, or midwives).
WHY IT MATTERS: Skilled care saves lives. Obstetric complications account for the majority of maternal deaths but the majority of complications cannot be predicted. Women must have access to providers who can deliver normal births and recognize complications. Then, if it is beyond their skill level, they must be able to refer laboring women to facilities and providers who can provide effective emergency care.

TARGET B: ACHIEVE UNIVERSAL ACCESS TO REPRODUCTIVE HEALTH

INDICATORS:

- **Antenatal Care Coverage:** Percent of women receiving antenatal care at least once during pregnancy.
WHY IT MATTERS: Pregnancy is an important period for women to obtain services to ensure healthy pregnancies, childbirth, and newborns. These include:
 - treatments to prevent eclampsia, malaria, and mother-to-child transmission of HIV
 - tetanus immunizations
 - micronutrient supplements
 - information on birth preparedness and signs of complications related to pregnancy and childbirthFour antenatal care visits are considered necessary to obtain all of the critical interventions and information.
- **Adolescent Birth Rate:** The number of births per 1,000 girls aged 15-19 in a particular area.
WHY IT MATTERS: Adolescent childbearing is risky—for both biological reasons and because adolescents are often excluded from seeking the care they need to delay pregnancy or have a safe delivery. Adolescent motherhood often means an end to girls’ education, and is often influenced by girls’ limited decision-making power within marriage.
- **Contraceptive Prevalence Rate:** The proportion of married women currently using contraceptives.
WHY IT MATTERS: Deciding if and when to have children is a human right. Access to family planning is crucial to reducing risks associated with unwanted or too closely spaced pregnancies and unsafe abortions.
- **Unmet Need for Family Planning:** The percentage of married or partnered women who want to space or limit pregnancies but currently are not using family planning services.
WHY IT MATTERS: Access to voluntary family-planning services is a human right. The ability to prevent unwanted or risky pregnancies can improve women’s health and economic status. Access to family planning has far-reaching benefits for the health and economic status of women and their children.

2. Get Informed

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MDG MAP

Fill in the lines below by answering: What is one way that improving maternal health connects to each goal?



1. _____ _____	2. _____ _____
3. _____ _____	4. _____ _____
6. _____ _____	7. _____ _____
8. _____ _____	

MATERNAL HEALTH FACTS, STRATEGIES, AND CHALLENGES

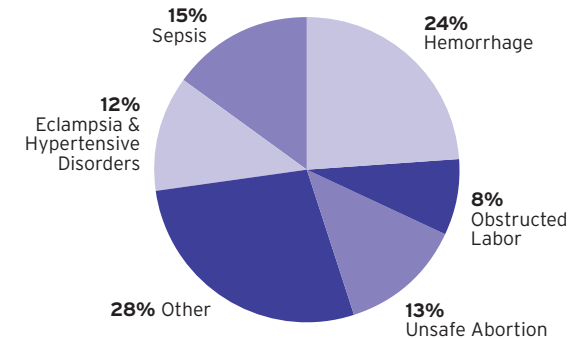
WHAT?

Maternal health is defined as the health of women during pregnancy, childbirth or in the postpartum period (the 42 days following the end of a pregnancy).³

DIRECT CAUSES: In developing countries, five causes are responsible for nearly three-quarters of all maternal deaths.

TOP CAUSES OF MATERNAL DEATH

1. HEMORRHAGE
2. SEPSIS
3. UNSAFE ABORTION
4. ECLAMPSIA & HYPERTENSIVE DISORDER
5. OBSTRUCTED LABOR



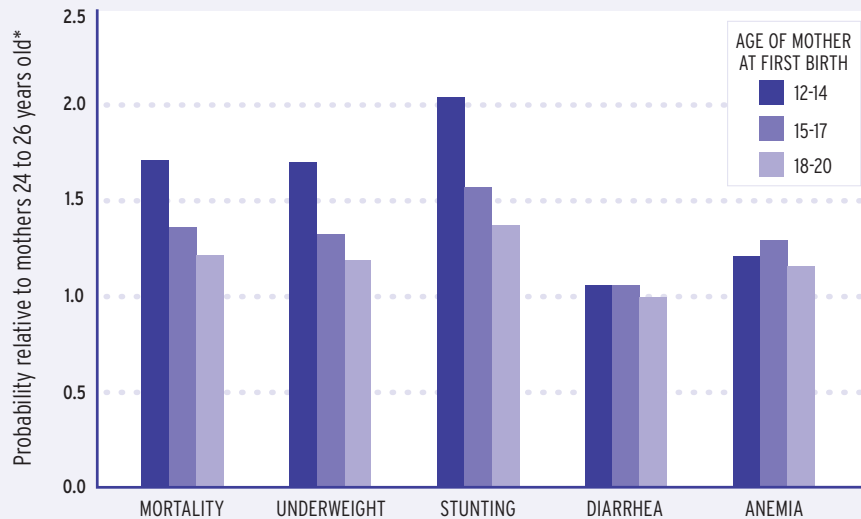
WHO?

Globally, approximately 350,000 girls and women die from complications due to pregnancy and childbirth every year, while 10-20 million experience serious injuries, including lasting disabilities.⁴

Each death represents a family's loss of a sister, daughter, partner, mother, or friend. Maternal deaths also jeopardize the health and survival of a woman's children and families:

- Women's deaths and poor health can push families further into poverty through lost income and caregiving. Women are the sole income earners in 1/3 of households in developing countries—and their income is more likely to go to food, medicine and other necessities than men's.⁵
- Newborns whose mothers die are 3 to 10 times more likely to die before their second birthday than newborns whose mothers survive.⁶
- Children—especially daughters—who lose their mothers at a young age often leave school early and may become sexually active earlier than girls with mothers who survive.⁷

MOTHER'S AGE IS A RISK FACTOR FOR CHILDREN'S HEALTH PROBLEMS⁸



Adolescent girls are affected. Every year, 14-16 million adolescent girls aged 15 to 19 give birth, and pregnancy-related deaths are the leading cause of death for girls this age. Adolescent girls who become pregnant are at the highest risk for developing and suffering lasting consequences from pregnancy-related complications:

- Every year a girl goes to school delays marriage by a year - which means: delayed first pregnancies and lower risk of death during pregnancy and childbirth, lower risk of contracting HIV, improved economic prospects, and improved chances that her children will survive and go to school.⁹
- Quality, accessible, and affordable sexual and reproductive health education and health services can help girls avoid unwanted pregnancy, HIV/AIDS, and unsafe abortion.¹⁰
- Many health-related habits—from nutrition to sexual and contraceptive behavior—are established in adolescence. Ensuring that young people have what they need to make healthy choices can make the difference for their long-term health.

- Gender norms that disadvantage girls gain prominence in adolescence.¹¹
- Adolescent girls are also susceptible to gender-based violence and HIV/AIDS and other STIs.

The same girls who leave school, marry, and become pregnant in their teens face the greatest obstacles to getting the care they need once they become pregnant:

- Pregnancy is riskiest for girls who are poor, live in rural areas, are out of school are married, reside away from their parents, or belong to ethnic minorities. Health facilities may be distant; girls may not have the means, knowledge, or authority to make and act on healthy decisions; and they may face further challenges from care that is not high in quality, appropriate, or treats them with the respect and compassion they need.¹²
- Unplanned pregnancy rates continue to be high across the world, and of the 68,000 maternal deaths worldwide due to unsafe abortions,¹³ almost half of those are women and girls aged under 19.¹⁴

These women must be included in policy making and program planning.

WHEN?

EVERY DAY: Women become pregnant and give birth every day—and as many as 1,000 women die every day from causes related to pregnancy and childbirth.¹⁵

OVER TIME: Every year an estimated 350,000 girls and women die from complications due to pregnancy and childbirth. Ten million women are lost in every generation.¹⁶ Women's health during pregnancy and access to essential services is crucial to ensuring that women are equipped to deliver for themselves and their families, communities, and nations.

NOW is the time to focus on adolescent girls:

- The largest generation of adolescents in history is now entering its childbearing years. Half of the world's population is between 10 and 25 years old, and 85 percent live in the developing world.¹⁷ Their health, opportunities, and choices matter.

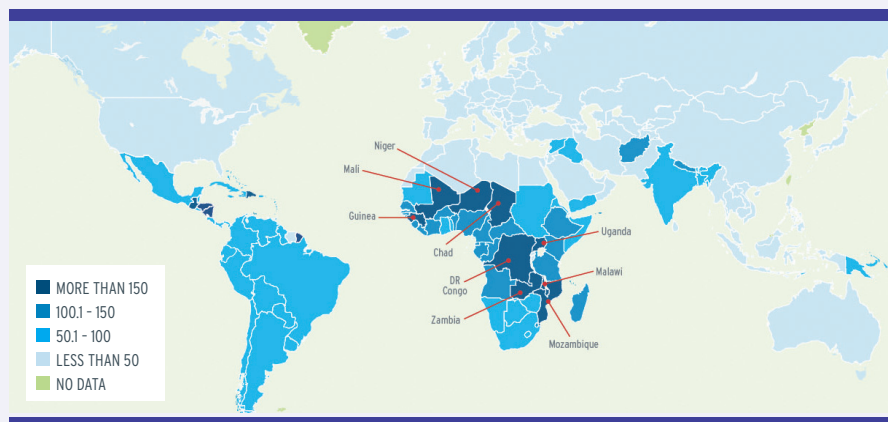
2. Get Informed

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WHERE?

Of all health indicators tracked by the World Health Organization (WHO), maternal mortality shows the greatest disparity between rich and poor countries: **99 percent of women who die during pregnancy and childbirth are in the developing world.**¹⁸

BIRTHS PER 1,000 ADOLESCENT GIRLS AGED 15-19¹⁹



In developing countries each year...

- 215 million women who want to avoid pregnancy do not use an effective method of contraception.²⁰
- Nearly half of pregnant women give birth without the assistance of a skilled provider.²¹
- 20 million women have unsafe abortions.²²
- 10 to 20 million women suffer severe or long-lasting illnesses or disabilities caused by complications during pregnancy and childbirth.²³
- 50 million pregnant women are exposed to malaria, contributing to severe maternal anemia, miscarriage, and babies with low birthweight.²⁴
- 1.5 million HIV positive women give birth in developing countries. Pregnancy is associated with an elevated risk of contracting HIV, while HIV/AIDS can raise pregnant women's risk of hemorrhage, sepsis, and other complications.²⁵
- Conflict, natural disasters, and other crises displace women—including pregnant women and women who become pregnant while displaced. While their chances of attaining care have increased, the vast majority give birth without the medical care they need.²⁶

WHY?

Ensuring women's and girls' health is a human right. Maternal health is central to women's overall health, and women's health affects everyone: healthy women contribute to the health and well-being of their children, families, communities, and nations. And everyone has a role to play in ensuring that their health is a priority.²⁷

- **Policy makers** must have the political will to enact policies and allocate funds to improve maternal health.
- **Communities** shape social and cultural norms that support or detract from women's ability to claim their rights. All members of communities—not just the most powerful—should be involved in efforts to monitor and evaluate policies, to mobilize political will, and to define gaps in health service coverage.
- **Health care providers** can help provide safe spaces for even the most marginalized women and girls to get the care they need by showing respect and sensitivity to the needs and concerns of their patients.
- **Local, regional, national, and international media** can raise awareness of an issue, project, or initiative and connect personal stories and statistics.
- **Family members**—including male family members—can promote equitable gender norms at home.



Comprehensive solutions are attainable—and urgent.

Health systems that work for girls work for everyone: not only are they proven to reach girls, who are among the most socially vulnerable, and easily excluded groups, but they are also likely to be equipped with the resources, skills, and supplies needed to provide all levels of care.²⁸

HOW TO SAVE GIRLS' AND WOMEN'S LIVES

Three health systems strategies have been proven to improve girls' and women's chances of surviving pregnancy, childbirth, and the critical days after the end of a pregnancy:²⁹

1 Access to voluntary family planning

WHAT IT IS: Counseling to ensure that women, and couples make informed choices regarding contraception; medical care/services supporting those decisions; and appropriate supplies, such as contraceptive pills, emergency contraceptives, and condoms.

WHY IT MATTERS: Ensuring girls, women, and their male partners have access to family planning enables them to avoid high-risk and unintended pregnancies.

2 Access to quality care for pregnancy and childbirth (antenatal care; skilled attendance at birth, including emergency obstetric and neonatal care; and immediate postnatal care for mothers and newborns, at delivery and in the postpartum period)

WHAT IT IS: Antenatal care includes counseling to prepare women for birth and recognize complications and services to treat syphilis, prevent mother-to-child transmission of HIV, provide tetanus vaccinations, and intervene to benefit both mothers and newborns. Skilled care during labor and at delivery includes 24-hour access to skilled birth attendants, such as doctors, nurses, and midwives for normal deliveries, and referrals for obstetric emergencies. Immediate postnatal care for mothers and newborns includes monitoring of excessive bleeding, pain, and infection; counseling on breastfeeding, family planning, and nutrition; and newborn care, including identification of danger signs and treatment or referral for complications.

WHY IT MATTERS: 42 percent of pregnancies everywhere in the world involve serious complications. Skilled care makes the difference between life and death.

3 Access to safe abortion, when legal

WHAT IT IS: Medical or surgical procedures to terminate an unwanted pregnancy, in accordance with the laws of a given country. Services must be provided by well-trained personnel, with access to appropriate equipment and supplies and supported by the health system infrastructures, policy, and regulations that ensure safety.

WHY IT MATTERS: Unsafe abortions account for 13 percent of deaths associated with pregnancy and childbirth.

THREE DELAYS³⁰

Once complications occur, women's survival depends on whether they are able to get the care that they need. Three delays raise women's risk of dying:

1. **Delay in seeking care:** Women and girls may have to get permission from husbands or parents, and women and their families may not recognize the emergency; some may fear hospital practices. Young women often experience further delays because of stigma of young women's sexuality and gender-based violence.
2. **Delay in reaching an emergency care facility:** Transportation may be unavailable or unaffordable or take too long.
3. **Delay in receiving care from providers:** Richer patients or males may be seen first and facilities may lack staff, equipment or supplies. In addition, care may be unaffordable.

TAKING ACTION FOR SUSTAINABLE CHANGE

Women Deliver has outlined a global action plan³¹ for governments and the international community to commit to:

- **Increase investment** in maternal, newborn, and reproductive health, calling for an additional US \$12 billion in 2010, increasing annually to an additional US \$20 billion in 2015.
- **Strengthen health systems** to scale up health interventions and fill gaps—including 2.5 million health care professionals (midwives, nurses, doctors, and specialists) and managers.
- **Strengthen maternal, newborn, and reproductive health programs and institutions**—ensuring that services and information are accessible and delivered with respect for women—especially poor and marginalized women and adolescents.
- **Develop monitoring and accountability mechanisms** and channels for community engagement that address wider socioeconomic, political, and cultural barriers to care, and help improve policies and programs.

Young leaders like you will make the difference when it comes to sharing key messages, engaging communities, and persuading leaders to invest in women and girls. Your commitment, energy, and the **economic, social/cultural, political, and technological solutions you define are needed at every level.**

3. Get Connected

Delivering for women requires coordinated action at every level: local, national, and international. This is true for government and international agency commitments, and it is true of the networks that we build to make sure they make those commitments—and stick to them.

WHAT IS A NETWORK? A group of people and institutions that share information and make opportunities accessible to each other.

CONNECT IN PERSON

Building a network requires putting in time, effort, and energy to create new and lasting contacts. Take a moment to share inspirations, experiences, and goals in work and social settings.

NAME OF PERSON	WHERE I MADE THE CONTACT/HOW I KNOW THEM	CONTACT INFO (EMAIL ADDRESS AND/OR PHONE #)	POTENTIAL COLLABORATION	FOLLOW ONLINE (TWITTER FEED, FACEBOOK CAMPAIGN, SOCIAL NETWORK, BLOG URL)

DECIDE HOW YOU WANT TO USE YOUR NETWORK

How can you get experts, advocates, leading decision makers, and members of the media to be part of your network? If you had an audience with them, what would you like to learn and what would you like them to know?

Three things I want to ASK my network:

1.	
2.	
3.	

Three things I want to TELL my network:

1.	
2.	
3.	

CONNECT ONLINE

New media and technology offer ways to stay in touch with other activists, learn about major developments in the field, connect your work to larger agendas, and let the people who make decisions know what matters:

BLOGS

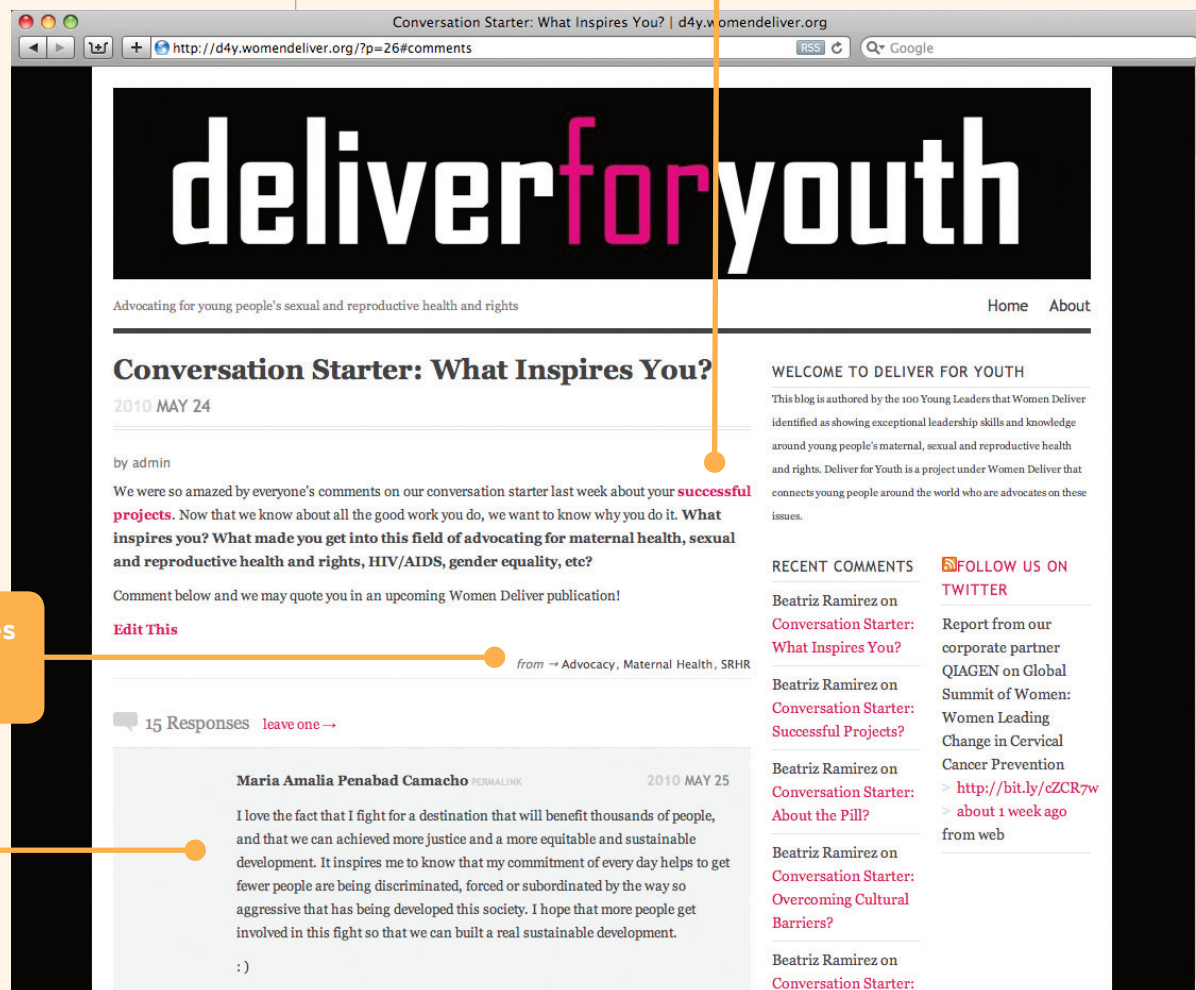
Blogs offer an informal space to share information, experiences, and insights.

- **READING BLOGS** can help you stay up-to-date on news, analysis, debate, and discussion, and can help inspire you. Many blogs have comment sections, which offer the opportunity to share your opinions of a blog post, ask questions, and have them answered by the blogger. Bloggers include journalists, academics, policy makers, and activists. (See Appendix B for a Blogroll list of great Maternal Health blogs.)

Look for links to previous posts.

Tags and categories help you find what interests you.

Make sure you comment to keep the conversation going.



3. Get Connected

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- **WRITING A BLOG** can help draw attention to your work, and it can be a form of activism in its own right.

Websites like **Amplify Your Voice** (amplifyyourvoice.org) and **Conversations for a Better World** (conversationsforabetterworld.org) are spaces for sexual and reproductive health activists to express themselves and connect with each other. Use them to write your own blog, stay up to date on others, and connect to writers and readers. You can also read blog posts and comment on the Deliver for Youth blog (d4y.womendeliver.org) to share your thoughts.

Free, easy to use platforms like **Wordpress** and **Blogger** offer another option for you to start your own blog from scratch. Starting your own blog requires a bit more work when it comes to building an audience and tapping into a network, but it can be a great way to make a name for yourself and your organization.

Add media elements, like photos, videos, or music, to make your posts more dynamic.

Use keywords and phrases that will encourage your readers to click through to the full post.

When writing your post, keep it short and link to other websites, articles, and blogs as much as possible.

Use tags & categories to help your readers find what they're interested in.

The screenshot shows the WordPress 'Add New Post' interface for the d4y.womendeliver.org site. The interface includes a left sidebar with navigation links (Dashboard, Posts, Media, Links, Appearance, Plugins, Users, Tools, Settings), a main content area with a title field, a rich text editor with an 'Upload/Insert' toolbar, and a right sidebar with 'Publish', 'Post Tags', and 'Categories' sections. Annotations with orange callouts point to specific features: one points to the rich text editor toolbar, another to the 'Publish' button, a third to the 'Post Tags' section, and a fourth to the 'Categories' section. The 'Publish' section shows 'Status: Draft', 'Visibility: Public', and a 'Publish' button. The 'Post Tags' section has an 'Add new tag' field and an 'Add' button. The 'Categories' section shows a list of categories including 'Advocacy', 'Conference 2010', 'Maternal Health', 'SRHR', and 'Uncategorized'.

BLOGGING TIPS

1 Write what you know, but don't worry about knowing everything!

In your day-to-day work as an activist, student, or maternal health professional, you will run into topics that make great blog posts as soon as you start thinking about it. Report on your experiences, including the events you attend and the work you do; interview your peers, teachers, and leaders you admire about their experiences; and discuss news, policies, and research in the field and what they mean for your work.

2 Have a goal. What are you trying to accomplish with each blog post?

For example, you cannot end maternal mortality with one blog post, but you might be able to convince a skeptical reader that maternal mortality can be eradicated.

3 Know your audience. While you may not know exactly who is reading your blog, assume that you are communicating with a variety of readers—some who agree with you, some who do not. But mostly, you're communicating with readers who want to learn something new.

- Start with the basics: **Who? What? Where? When? Why? How?**
- Write in a conversational tone, using language that everyone can understand—avoid jargon and abbreviations, and provide definitions of technical terms (feel free to use the definitions in the glossary, Appendix A).
- Make it your own—write in the first-person in present tense, and share your opinion—whether you are writing because you are excited, frustrated, or confused. Make sure your readers know what inspired you to write this post.
- Post often! Your readers are much more likely to become—and stay—engaged if you publish new posts frequently.

4 Make it visually appealing. Effective, compelling blog posts are more than words on a page.

- Use pictures, photographs, and other illustrations, to make your post distinctive and compelling. Flickr.com is a great resource for photos. Search through their Creative Commons database and follow photographers whose photos you like.
- Keep it short. Most blog posts should be 500 words or less. Of course, there is room for longer posts, but when you start out, stay concise.
- Use paragraphs, headlines, and sub-headings to break up text and organize your points.
- Highlight main points—feel free to use bold or italicize text to highlight a few main points.

5 Keep conversations going.

- When you read or learn about an interesting finding, news story, or new project, use your blog to link to it! It is a great service for your readers, and it might lead to new links—and readers—to your blog.
- After you publish your post, make sure to check back for comments and reply in the comment section below.

TIP Blogging Safety Tips

Privacy - Only provide as much personal information on your blog as you want the world to know

Professionalism - Assume what you publish is permanent, and accept that some of your readers and commentators may disagree with your opinions

Legality - Don't libel or attack others, don't plagiarize, and always cite your sources

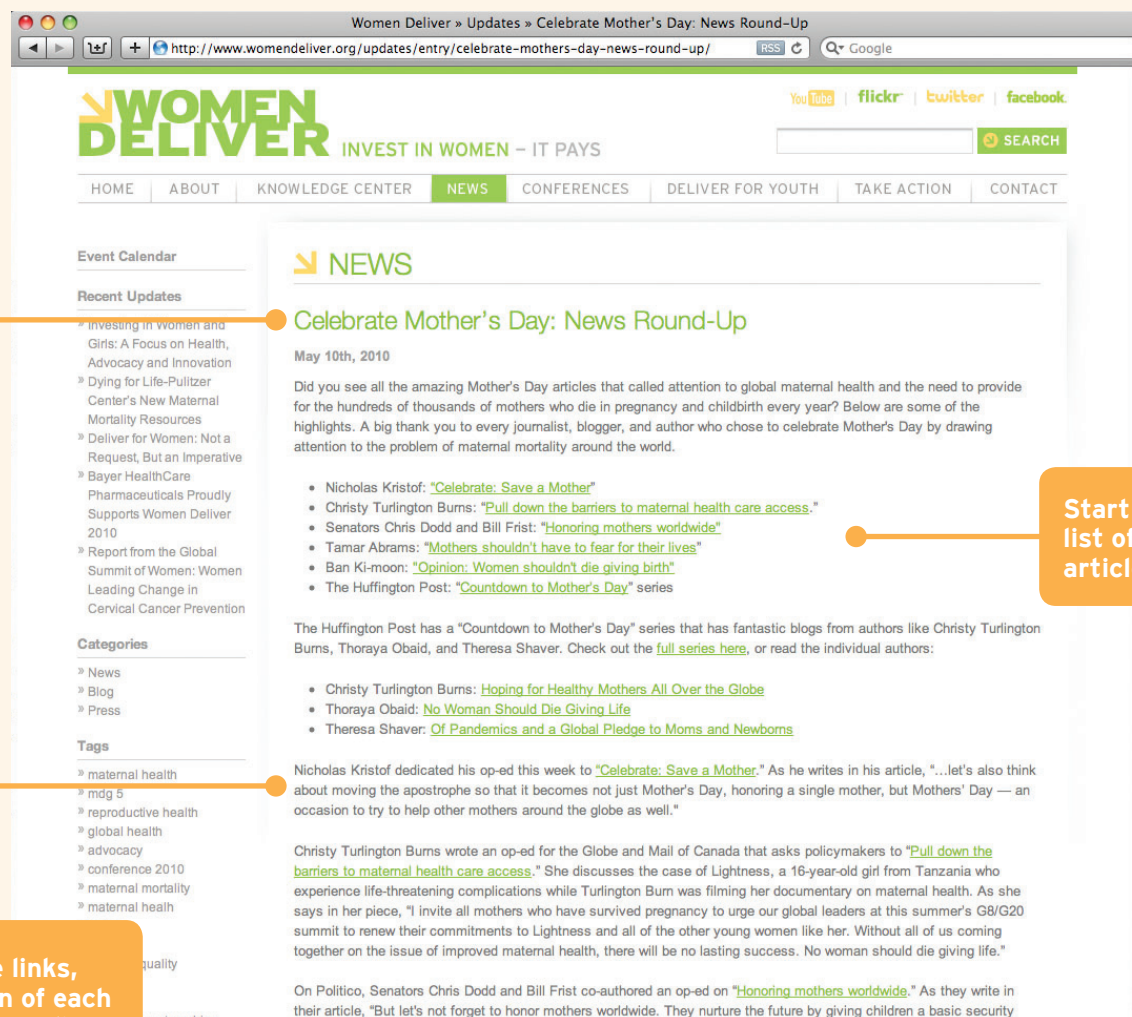
Caution - Spammers often pose as commentators so monitor your posts often

3. Get Connected

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Two common types of blog posts are the “news roundup” and the “op-ed.”
Check out these examples:

News Roundup Example



3. Get Connected

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Op-Ed Example

Try to include a photo and short description of yourself when writing op-eds so your readers know who is writing.

Sum up your overall argument with a catchy title.

Incorporate tools for sharing your post whenever possible.

Use bullets to break up your text and call attention to specific actions or opinions.

Link to other websites and articles as much as possible.

Serra Sippel: Maternal Mortality Decrease is not "Mission Accomplished"

http://www.huffingtonpost.com/serra-sippel/maternal-mortality-decrea_b_5377

Serra Sippel
Serra Sippel is president of the Center for Health and Gender Equity in Washington, D.C.
Posted: April 14, 2010 01:23 PM

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Maternal Mortality Decrease is not "Mission Accomplished"

What's Your Reaction:
Important Fascinating Typical Scary Outrageous Amazing Infuriating Beautiful

Read More: [Foreign Policy](#), [Hiv](#), [Maternal Death](#), [Maternal Health](#), [Maternal Mortality](#), [Maternal Mortality Rate](#), [World News](#)

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Share Comments 1

While the decrease in the maternal mortality ratio reported yesterday by the [Lancet](#) is a victory, it is anything but a "mission accomplished." We are not off the hook--the same report also documented that HIV is responsible for more than 60,000 maternal deaths each year. The US--whose maternal mortality rate ranks 41st in the world, tying with Serbia and Montenegro--still has a responsibility to prevent maternal death. No woman should die giving birth, in the US or abroad. We have the technology and medical knowledge to prevent it. It's just a question of making sure everyone has access to it, which is, irrefutably, a basic human right.

Further progress in reducing the global maternal mortality ratio cannot be achieved without an [aggressive shift towards comprehensive health programs](#) that integrate HIV interventions and maternal health care. Currently, U.S. global health policy addresses HIV, maternal health, and family planning separately, which ultimately pits the issues against each other. Given the Lancet's research results, it also affects whether or not we can truly stem the spread of AIDS and reduce maternal deaths. These health issues have demonstrated that they have no regard for programmatic boundaries. Corresponding policy needs to do the same.

Smart U.S. foreign policy investments must address HIV and maternal health with integrated and coordinated programming. Anyone accessing HIV treatment must also have access to voluntary family planning and other reproductive health services, such as family planning, prenatal care, cancer screening and treatment, and safe abortion services.

Effective U.S. global health policy must be:

- Integrated and coordinated: Health issues do not respect programmatic boundaries.
- Woman-centered: Stemming global health epidemics depends on addressing the disparate conditions that put women at higher risk for poor health.

3. Get Connected

When you find a blog or blogger who cares about maternal health, keep track! You can subscribe to their RSS feed, bookmark the page, or just write the url below:

SOCIAL NETWORKS

Social networking websites can help you connect with other activists around the world, share news, publicize your work, and build your audience online and on the ground. Sign-up is free, though using social networks effectively requires you to invest some time to set up your profile, make connections, and keep your content fresh.

Examples of social networking websites:

Facebook has over 400 million active users around the world.

STARTING OUT: Facebook offers several options for connecting with other users—personal pages, organizational pages, and Groups and Causes. Explore Facebook to see how others are using these tools—then decide which combination works best for you. Some things you might find useful:

- **Post links:** Use the option to post links to your Facebook wall to notify your friends and followers when you post to your blog or find a news story, resource, or anything else you want to share. You can also link your Facebook to automatically share status updates and links with your Twitter and other social networks.
- **“Share:”** When someone else posts a link you think is useful, pass it on!
- **Event Invitations:** Use the “Events” option to manage invitations to in-person events.

TIP

To make the most out of social networks, make sure you set out with realistic goals and a plan to achieve them. For example, aim to Tweet on a regular schedule, and add a number of new contacts. Or make a campaign through Facebook with consistent links and information. REMEMBER: keep your content fresh and relevant to build your network.

Twitter is a network for information-sharing in real time.

STARTING OUT: Using Twitter is like blogging, but shorter. Instead of 500 words, Twitter allows you to share your thoughts, 140 characters at a time. These short posts—or “Tweets”—are usually one thought, question, or piece of news. As soon as you Tweet, your thoughts will go out to all of your followers.

- Once you sign up, **start exploring**—search for your friends by email address, search or browse Tweets by topic, search for organizations, and start posting your own thoughts.
- **Use hashtags** to make your Tweets easier to find—hashtags let you tag your posts so that they are grouped with similar posts.

TRY IT OUT

Join the conversation! There are hashtags for maternal health (#maternalhealth)

and the MDGs (#mdgs) - include them as you Tweet your thoughts, reflections, and new ideas on different issues. When you attend a meeting, event, or conference, ask around to see if there is a shared hashtag you can use.

A Twitter Success!

TweetsGiving was a global celebration that aimed to change the world through the power of gratitude. Using Twitter, they raised \$10,000 in 48 hours to build a classroom in Tanzania. Leveraging the US holiday, Thanksgiving, they asked people to Tweet anything they were thankful for and include the #TweetsGiving tag and a link to the site. Second, the project asked for a donation in honor of whatever you were grateful for. These donations, done through PayPal, allowed you to buy a brick in the new classroom for \$10 or become a “Top Turkey” for \$100. And third, to bring the project awareness, it asked that you follow @TweetsGiving on Twitter and help spread the word.

Other social media websites

Facebook and Twitter are just two examples of popular social networks. Though these two have a global reach, you might want to focus on the networks that are most popular where you live.

TIP

Upload videos and photographs to Flickr, YouTube, Vimeo and other media-sharing sites to share your advocacy videos, photographs of your events, and more.

Listserve (or listservs) are, essentially, mailing lists. Listserv subscribers receive, and send (depending on the individual listserv) email messages related to specific concerns and communities. Because you often have to be approved as a member, listserve are most useful for sharing specific information with specific groups. Also, many international youth-focused organizations have e-newsletters you can subscribe to for updates and information.

- Deliver For Youth: womendeliver.org/deliver-for-youth/
- IGWG Listserv: igwg.org/listserv.aspx
- Interagency Youth Working Group: info.k4health.org/youthwg/
- Advocates for Youth: advocatesforyouth.org/
- Y-PEER: youthpeer.org
- Youth Coalition: youthcoalition.org

As mobile phone use expands to over 4.5 billion phones, so too do the uses for these phones—and when it comes to maternal health, and organizing, the potential is boundless. For health providers, researchers, and activists, phones and handheld devices offer enormous possibility for reporting the key pieces of information that can be used to improve responses to public health challenges—including improving maternal health.

In the town of Namitete, Malawi, Josh Nesbit found St. Gabriel's—a hospital with a catchment covering 250,000 people over hundreds of square miles. The hospital had to rely on a network of 450 volunteers across 700 villages to keep tabs on the population and report back to the hospital. By teaching the community health workers to send text messages containing medical information back to the hospital staff, 150 patients received emergency care, community health workers saved 1,000 hours of travel time when they used to visit more patients, the number of people being treated for Tuberculosis doubled, and the hospital saved \$3500 worth of fuel, which was used to purchase medication, in just 6 months.

After an earthquake devastated Haiti in January 2010, Ushadi emerged as a tool for capturing and sharing information to map crises and response. The information is mapped in near real time and gathered from reports coming from inside Haiti via: text message (SMS), web, email, radio, phone, Twitter, Facebook, television, listservs, live streams, and situation reports. The platform is designed so any person or organization can use it to set up their own way to collect and visualize information. The core platform allows for plug-in and extensions so that it can be customized for different locales and needs, and it can be downloaded for free. Using text message (SMS) to gather the info, Ushadi helps bring awareness to crisis situations or other events in every locale.

Text4baby is a free mobile information service designed to promote maternal and child health. An educational program of the National Healthy Mothers, Healthy Babies Coalition (HMHB), text4baby provides pregnant women and new moms with

information they need to take care of their health and give their babies the best possible start in life. Women who sign up for the service by texting BABY (or BEBE for Spanish) to 511411 will receive free (SMS) text messages each week, timed to their due date or baby's date of birth.

SUCCESS STORY: Ask Brook

In 2002, The Brook Advisory Centre, a UK charity, launched an enhanced "Ask Brook" information service providing young people with sexual health knowledge and support via telephone, the web, and text message. To access the service via mobile phone, young people text BRK, followed by their postcode, to 81222. Subsequently, they receive information regarding sexual health services in their area. They can also select standardized responses to questions relating to contraception, pregnancy, sexually transmitted disease, and other sexual health issues. In 2006 and 2007, the service received an average of 100 text message queries per month.

TO RAISE AWARENESS AND FUNDING

SUCCESS STORY: Make Poverty History

In 2005, Oxfam GB launched a text message-based outreach initiative as part of its role in the Make Poverty History Campaign. Advertisements were placed on several campaign websites and in newspapers urging people to text the keyword "BAND" to receive a white wristband, the global campaign's symbol. Users would then receive an automatic response requesting their name, street number, and postal code. Approximately 50,000 people ordered their white band. The organization is now using the code to encourage people to sign up for various campaigns or set up a regular gift.

TO AVERT CRISES AND CONNECT COMMUNITIES

SUCCESS STORY: PeaceNet

When waves of political violence swept through Kenya after the December 2007 presidential election—marred by widespread allegations of vote rigging—human rights advocates in the country turned to cell phones to help stem the violence. PeaceNet, a coalition of Kenyan NGOs, partnered with Oxfam GB to create a text messaging "nerve center" that served as a vital tool for conflict management and prevention by providing a hub for real-time information about actual and planned attacks between rival groups. The text messages were then relayed to local "peace committees" that deployed mediators and took other immediate action to stem the violence.



EXAMPLE TEXT: "Over 400 people with no food or water holed in Huruma PCEA church in Eldoret for three days. Help needed immediately."

ADVOCACY VIDEOS

Advocacy videos are a great way to advance important social causes and help viewers see problems in new ways. They can leave audiences feeling excited about taking action and joining others to make a difference if they make a strong argument, involve the viewer, and engage the audience in what happens next. Advocacy videos are longer than PSAs (Public Service Announcements are usually around one minute long) but should be shorter than 15 minutes (anything longer and it becomes more of a documentary.)

Do you have access to a video camera? Does your phone take video? What about a Flip camera? You can make a short, compelling video as a change-oriented tool for maternal health advocacy. Don't have a camera? Don't worry. Even if you don't have your own footage to draw attention to maternal health, you can still make your own advocacy video at MDGFive.com.

MDGFive.com is an interactive website and online community uniting artists and activists in the fight to reach MDG #5 by 2015. MDGFive.com includes creative content by world-renowned musicians, poets, filmmakers, and photographers. The site features a "remixer" that can be used to create short videos using a library of music tracks, spoken word, film, and photos supplied by renowned mixed media artists from around the world. After you make your video, share it with your friends and colleagues, and encourage them to make one too!

MORE WAYS TO USE TECHNOLOGY

- Reach the established media. If you are working to raise awareness, use the internet to research and contact members of the media who might do a story on your project.
- Find high-profile people and decision makers online, whether they have a Twitter account, a website, blog, or Facebook page. Start a conversation with them, and keep at it until they listen to what you have to say.
- As you work on planning a project, consider using online spaces like Yahoo Groups and Google Groups to share calendars, edit documents, and more.
- Services like Skype and Google Voice offer ways to make international phone calls to other users for free.

TIP Make sure you pick the right platform, and be careful! There are plenty of secure ways to send money internationally, but always do your research—ask around to find out what others have used. Also research tax codes, and other policies that can affect your ability to raise and collect funds.

4. Get Moving

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Now that you are inspired, informed, and have a new list of tools to achieve your goals, you can decide how to take action.

SET S.M.A.R.T. GOALS

Good goals are the key to great projects.

Specific:

Answer the six W's: Who? What? Where? When? Which? Why?

Measurable

Concrete criteria to measure progress helps you stay on track.

Attainable

Visualize yourself achieving your goals. As you grow and develop, your goals become more attainable.

Realistic

You must be both able and willing to work towards your goals. Your goal is probably realistic if you really believe it can be accomplished.

Tangible

If you can see or feel the end product, it becomes more measurable and easier to attain.

BRAINSTORM IDEAS FOR PROJECTS

Keeping your passions and your knowledge in mind, what specific goals do you want to achieve around maternal health?

EXAMPLE: Increase awareness of maternal mortality among students at my high school, by getting 20 students to write an electronic letter or blog post to encourage local legislators' support of safe motherhood policies and programs.

EXAMPLE: Follow Twitter conversations like #maternalhealth, #mdgs, and #mdg5, and get 10 friends to join in and learn more about maternal health.

Who do you want to reach, engage, or persuade?

How does this fit in to your goals for delivering for girls and women in your family, community, country, and world?

BUILD A TEAM

1. What makes a great team?
2. What qualities, skills, and experiences are essential to accomplishing your goal?
3. How will you recruit your team members?

TIP Consider your existing resources, network, and goals. Are there any natural connections that you can build on or reach out to?

MAKE THE MOST OF YOUR RESOURCES

List everything you will need (skills, knowledge, access/network, funds, supplies, space) to be successful.

What I Need:

[illegible]

USE YOUR NETWORK TO LEARN MORE

Check the list of contacts you have made so far. Who do you know who does this kind of work now? Can you interview them? Shadow them?

Create Your Action Plan:

[illegible]

Prepare to Overcome Challenges:

NEED SOME IDEAS FOR TAKING ACTION?

Get your brainstorm going. Every action makes a difference. Here are some ideas to get you started...

- Share your knowledge by starting a blog that discusses the challenges and opportunities of overcoming maternal deaths in your country.
- Educate yourself and get others interested in maternal health by signing up for listservs, blogs, websites, Facebook campaigns, and more.
- Join the live Twitter or blog feeds of global health conferences to make sure maternal health and young people are on the agenda.
- Attend an event (health conference, panel, etc.) either in person or via the Internet, webinar, or mobile phone. Ask one question about young people and maternal health.
- Create awareness with your classmates by putting posters around your school.
- Make a short film about maternal health and show it at your school and upload it to YouTube. If you don't have your own digital camera or digital video recorder, visit MDGFive.com to make an advocacy video using clips, photos, and music from other artists.
- Give your opinion about maternal health on a call-in radio show.
- Write to your MP or Minister and ask him or her to increase access to maternal health services.
- Create a special edition of your school newsletter or e-newsletter to inform others.
- Join or start a performance group focused on maternal mortality and morbidity awareness.
- Volunteer in your community at a maternal health organization and promote volunteer opportunities to your friends.

TRACK YOUR PROGRESS

Set deadlines and stick to them! Set a deadline for your final goal, and work back from there, filling in weekly or monthly deadlines for the steps you need to reach your goal.

Overcome challenges: If funding falls short, or you have trouble connecting with your target audience, getting your message out, or you feel overwhelmed:

- Work with your team to understand challenges and brainstorm solutions.
- Draw on your network for support—use your connections with activists to talk about your challenges, solutions, and lessons you learn along the way.

Monitor your progress as you go. Focus on activities and results.

- Keep track of what you do—and when. Are you meeting your deadlines? Are you staying within your budget?
- Are you running into challenges? Are they the challenges you expected?
- Collect feedback from other team members and activity participants whenever it is relevant, especially after each activity.
- What were the results/impact of each activity?

TIP

Define success—and celebrate it! Overcoming challenges is noteworthy. As you go, make sure you work with your team to share and celebrate positive developments and achievements.

5. SUSTAIN YOUR MOMENTUM, MAKE LASTING CHANGE

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EVALUATE YOUR PROJECT AND LEARN FROM YOUR EXPERIENCE

INCLUDE YOUR WHOLE TEAM IN YOUR EVALUATION PROJECT.

Did you meet your deadlines? YES ☐ NO ☐

Did you achieve your goals? YES ☐ NO ☐

What were the results of your project—did you change minds, raise awareness, motivate new activists, gather data for policy makers to use?

Did your project have an impact that you didn't expect?

Collect lessons learned and list recommendations

If someone else were going to implement your project in their own community, or at another conference, what are three things they need to know (that you wish you had known)?

1.	
2.	
3.	

What is one lesson you learned about leadership or project planning from the experience of planning, leading, or implementing this project?

What is one lesson you learned about what it takes to improve maternal health from this experience?

Plan for the future: What do you want to do next?

Use your experience to plan and implement another project: How can the lessons you learned during this experience inform your future actions?

Build your network. Are there alliances you can build, or networks you want to join now that you've done this project?

SHARE YOUR EXPERIENCE

Use your social media expertise, work with the media, hold meetings, and make yourself available to others.

KEY TERMS RELATED TO MATERNAL HEALTH

ANTENATAL CARE: Health care, including screening tests and counseling, provided to women during pregnancy. Also referred to as prenatal care.

ANTENATAL CARE COVERAGE: The percentage of women who have given birth who received antenatal care from a skilled attendant at least once during their pregnancy.

ANTIRETROVIRAL THERAPY (ARV): A classification of drugs used to treat HIV. Antiretroviral therapy often consists of a combination of medicines referred to as highly active antiretroviral therapy, or HAART, which are more effective than any single medication alone.

BIRTH ASPHYXIA: A condition in which insufficient oxygen is delivered to the fetus during labor and childbirth, leading to risk of stillbirth, neonatal death, or lifelong disability in the surviving infant.

CLIMATE CHANGE: The gradual changing of weather, temperature, and precipitation as the earth becomes warmer. Climate change has a number of important global public health implications, from changing the range and spread of infectious diseases, to changing crop growth, to increasing the frequency of hurricanes and other events, and women are often disproportionately affected.

CONTINUUM OF CARE: An approach to maternal, newborn, and child health that includes integrated service delivery for women and children from before pregnancy to delivery, the immediate postnatal period, and childhood.

CONTRACEPTION: The intentional prevention of pregnancy or conception through hormones, technologies, sexual practices, or surgical procedures.

CONTRACEPTIVE PREVALENCE RATE (CPR): The percentage of women of reproductive age (15-49) who are practicing, or whose sexual partners are practicing, any form of contraception.

ECLAMPSIA AND HYPERTENSIVE DISORDERS: These are blood pressure complications, which can cause convulsions and even death for pregnant women before, during, or after birth.

EMERGENCY OBSTETRIC CARE (EMOC): Skilled health care to address pregnancy and childbirth-related complications, including access to the blood supplies, antibiotics, and other equipment needed.

FAMILY PLANNING: The conscious effort of couples or individuals to plan the number of their children and to regulate the spacing and timing of their births through contraception, as well as the treatment of involuntary infertility.

FEMALE GENITAL CUTTING: All procedures involving partial or total removal of the external female genitalia, or other deliberate injury to the female genital organs, whether for cultural, religious or other non-therapeutic reasons.

GENDER: The cultural, social, and economic responsibilities, attributes, and opportunities associated with being male or female.

GENDER-BASED VIOLENCE (GBV): Any act threatened or actual act of aggression that targets a person based on their gender. Gender-based violence can occur on an individual, community, or societal level.

HEMORRHAGE: Excessive bleeding or an abnormal blood flow.

HUMAN PAPILLOMAVIRUS (HPV): An extremely common sexually transmitted virus of numerous strains, some of which can cause genital warts. HPV is the virus most commonly linked with cervical cancer.

HUMAN RIGHTS: Basic freedoms and rights that all people are entitled to, regardless of their gender, nationality, ethnicity, socioeconomic class, or other factors. In an international context, “human rights” often refers to freedoms proclaimed in the Universal Declaration of Human Rights by the United Nations in 1948. These rights include the right to life, liberty, and security; the right to live free of torture or cruel and inhumane treatment; and the right to live free of arbitrary arrest.

MATERNAL DEATH: The death of a woman while pregnant or within 42 days of the termination of pregnancy, due to complications during pregnancy or childbirth.

MATERNAL HEALTH: The health of women during pregnancy, childbirth, and the postpartum period.

MATERNAL MORBIDITY: Any injury, condition, or symptom that results from, or is worsened by pregnancy.

MATERNAL MORTALITY RATE: The number of maternal deaths during a given time period per 100,000 women of reproductive age (15 to 49) during that same time period.

MATERNAL MORTALITY RATIO: The number of maternal deaths during a given time period per 100,000 live births during the same period.

MEDICAL ABORTION: A safe option for terminating a pregnancy using medications (e.g., mifepristone and misoprostol or misoprostol alone).

MICROBICIDES: Creams, gels, films, suppositories, and other products that a woman can apply to lower the risk of transmission of HIV or other sexually transmitted infections, or in some cases, prevent unintended pregnancy.

MILLENNIUM DEVELOPMENT GOALS (MDGS): A series of eight broad development goals established in 2000 and adopted by countries around the world, which encompass issues of poverty, education, and health. They are set to be achieved by 2015. Their status was reviewed at the United Nations General Assembly Special Session in September 2010.

MILLENNIUM DEVELOPMENT GOAL (MDG) 5: The goal to improve maternal health; targets for achieving this goal include the reduction of maternal mortality by 75% between 1990 and 2015, and the assurance of universal access to reproductive health by 2015.

NEWBORN HEALTH: The health during the first four weeks of a child's life.

OBSTETRIC FISTULA: An opening or rupture that occurs as a result of complications during childbirth and prolonged or obstructed labor. It leaves women unable to control their bladder and bowel movements, and often stigmatized by their communities. Fistula occurs almost exclusively in the developing world. With proper medical treatment, it can almost always be repaired.

OBSTRUCTED LABOR: When the fetus cannot pass through the birth canal.

PREVENTION OF MOTHER-TO-CHILD TRANSMISSION (PMTCT): Comprehensive efforts undertaken to prevent mother-to-child transmission before pregnancy, during pregnancy and childbirth, and after delivery.

REPRODUCTIVE HEALTH: The state of complete physical, mental and social well-being in all matters relating to the reproductive system, its functions, and processes.

SAFE MOTHERHOOD INITIATIVE: A global initiative launched in 1987 aimed at reducing maternal and infant mortality, and improving women's health in general.

SEPSIS: A severe infection, most common during the postpartum period.

SEXUAL AND REPRODUCTIVE RIGHTS: A series of rights related to sexual and reproductive health, including the rights to freely and responsibly decide on the number, spacing, and timing of children; to receive the highest standard of sexual and reproductive health; to make decisions about reproduction free from discrimination, coercion, and violence; and to pursue a safe, satisfying, and consensual sex life.

SKILLED ATTENDANTS: Individuals with midwifery skills, such as doctors, nurses, and midwives, who have been trained to provide competent care during pregnancy and childbirth.

STOCK-OUTS: Extreme shortage of contraceptive supplies due to dwindling aid budgets, lack of government allocation, or inaccessibility of commodities for any other reason.

UNMET NEED FOR FAMILY PLANNING: The gap between women's stated desire to avoid having children and their actual use of contraception. This need is generally expressed in demographic and health surveys as a percentage of currently married women aged 15-49 with unmet need.

UNSAFE ABORTION: The termination of an unintended pregnancy, either by a person lacking the necessary skills, in an environment lacking minimal sanitary and medical standards, or both.

UNWANTED/UNINTENDED PREGNANCY: A pregnancy that a woman or girl decides, of her own free will, is undesired.

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Amnesty International USA. Universal declaration of human rights. <http://www.amnestyusa.org/human-rights/universal-declaration-of-human-rights/page.do?id=1031003>

Association of Reproductive Health Professionals. Microbicides: Prevention of HIV/AIDS, STIs, and unintended pregnancy. June 2008. <http://www.arhp.org/publications-and-resources/clinical-fact-sheets/microbicides>

Our Bodies, Ourselves. Health resource center: Pregnancy and birth. <http://www.ourbodiesourselves.org/book/companion.asp?id=21&compID=31>

Women Deliver. Focus on 5: Women's health and the MDGs. 2009. <http://www.unfpa.org/public/publications/pid/3888>

GROUP BLOGS—JOIN THE CONVERSATION!

Global Voices online: <http://globalvoicesonline.org/>

OneWorld.net: <http://us.oneworld.net/>

Conversations for A Better World: <http://www.conversationsforabetterworld.com/>

Amplify Your Voice: <http://www.amplifyyourvoice.org/>

GLOBAL HEALTH/WOMEN'S RIGHTS BLOGS

Action for Global Health: <http://www.actionforglobalhealth.eu/blog/>

AWID Young Feminist Wire: <http://yfa.awid.org/>

Center for Global Development—Global Health Policy: <http://blogs.cgdev.org/globalhealth/>

Change.org: <http://change.org/>

CSIS—Commission on Smart Global Health: <http://www.smartglobalhealth.org/blog>

Deliver for Youth: <http://d4y.womendeliver.org/>

EngenderHealth blog: <http://engenderhealthblog.blogspot.com/>

The Global Health Council: Blog 4 Global Health <http://blog4globalhealth.wordpress.com/>

The Global Health Blog: <http://www.theglobalhealthblog.org/>

Global Health Magazine blog: http://www.globalhealthmagazine.com/guest_blog/

Gender Across Borders: <http://genderacrossborders.com/>

International Women's Health Coalition Akimbo Blog: <http://blog.iwhc.org/>

Knowledge 4 Health blog: <http://www.k4health.org/blog/>

Maternal Mortality Daily: <http://maternalmortalitydaily.wordpress.com/>

Maternal Health Task Force blog: <http://maternalhealthtaskforce.org/discuss/wpblog>

RH Reality Check: <http://www.rhrealitycheck.org/>

Women Deliver blog: <http://www.womendeliver.org/updates/category/blog/>

GLOBAL HEALTH REPORTERS' BLOGS

Sarah Boseley—The Guardian: Global Health Blog: <http://www.guardian.co.uk/society/sarah-boseley-global-health>

Christine Gorman—Global Health Report: <http://globalhealthreport.blogspot.com/>

Nicholas Kristof—New York Times: On the Ground: <http://kristof.blogs.nytimes.com/>

IPS Genderwire: <http://ipsnews.net/genderwire/>

PODCASTS AND VIDEO PORTALS

TED Talks—Rethinking Poverty: http://www.ted.com/themes/rethinking_poverty.html

TED Talks—Medicine Without Borders: http://www.ted.com/themes/medicine_without_borders.html

The Lancet Podcast: <http://www.thelancet.com/audio>

NEW MEDIA AND SOCIAL CHANGE

Mashable: <http://mashable.com/>

Mobile Active: <http://mobileactive.org/blog>

NTEN: <http://www.nten.org/>

TakingITGlobal: <http://www.tigweb.org/>

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4. We Can End Poverty 2015, *Goal 5: Improve Maternal Health*, UN Department of Public Information DPI/2650 E/Rev.1, September 2010
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 **WOMEN
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