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KEYWORDS

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Maternal and neonatal mortality rates remain high in many low-income and middle-income countries, with an estimated 273,465 women dying from complications of pregnancy and childbirth, and 2.9m infants not surviving the first month of life in 2011. Achieving Millennium Development Goals 4 and 5 of reducing child mortality and improving maternal health requires further reduction in the maternal mortality ratio and a renewed focus on



- Exposure to women's groups was associated with a 37% reduction in maternal mortality and a 23% reduction in neonatal mortality.
- In areas where over 30% of pregnant women participated in women's groups, this was associated with a 55% fall in maternal mortality and a 33% reduction in neonatal mortality.



- With high coverage (at least 30% of pregnant women participating), it is estimated that the intervention could prevent the deaths of up to 58,800 women and 404,000 children annually.
- With a 30% loss of efficacy through scale-up, it is estimated that the deaths of 41,1000 women and 283,000 children could be prevented.
- In rural areas of India and Bangladesh where women's group interventions have been tested and implementation guides already exist, a scale-up could prevent the deaths of about 130,000 newborn infants and 11,400 mothers.



- Women's group interventions represented a cost-effective method of improving birth outcomes
- Women's group interventions compare well to other interventions to reduce mortality, and might be easier to implement where health services are weak.
- Cost-effectiveness is expressed as the incremental cost per neonatal death averted and life-year saved and is consistent with WHO standards.



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ratio% of pregnant women impa

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