



# FACT SHEET

## MATERNAL & CHILD HEALTH IN EUROPE AND EURASIA 2008

**Overview:** In many countries in Eastern Europe and Eurasia<sup>1</sup> (E&E), maternal and child health (MCH) indicators lag well behind other European countries. However, there is great potential for substantial gains in the near future. The most pressing maternal and child health problems are largely preventable, the solutions are well-known, and there is a relatively high capacity for implementation and replication.

**USAID programming** helps by improving prenatal care and obstetric services, and by initiating and scaling up the integrated management of childhood illness programs at the local level. Community-level education programs have focused on safe motherhood practices such as breastfeeding and infection prevention.

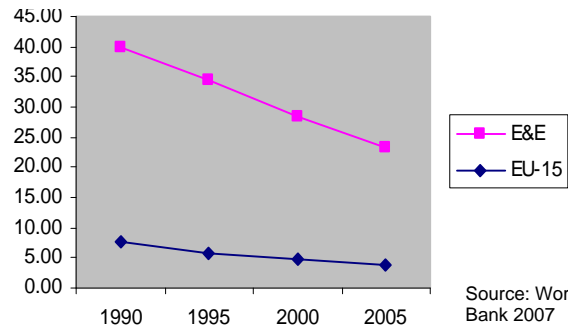
### MCH Statistics

	E&E	EU-15
Maternal mortality ratio (per 100,000 live births)*	44.1	5.7
Infant mortality rate, (per 1,000)	19.3	3.9
Under-5 mortality rate (per 1,000)	22.6	4.7

\* modeled estimate

Source: World Bank 2007 (data from 2005)

Infant Mortality rate (per 1000 live births)



### Important MCH Issues in Europe and Eurasia

- While the majority of births in E&E take place in a medical facility with trained attendants, **most infant deaths in the regions still take place during the first six days after birth.** More effective newborn care techniques including simple practices such as immediate breastfeeding, skin-to-skin care, and “rooming in” could address problems such as hypothermia, which in some E&E countries accounts for a large percentage of infant mortality.
- **Abortion rates in the region remain very high**, ranging from between 0.8 -1.2 abortions per woman in Romania to 3.1 abortions per woman in Georgia. In some E&E countries, abortion is a leading cause of maternal mortality. Promoting contraceptives as an alternative to abortion leads to better health for women and children because it allows for proper birth spacing and reduces unintended pregnancies and risk associated with abortion. In many E&E countries, modern methods of contraception are used by less than 1/3 of women of reproductive age.
- The **over-medicalization of pregnancy**, including the overuse of C-sections and unnecessary medications, presents one of the greatest threats to safe pregnancy. Post-partum hemorrhage also remains a significant risk. By focusing on improving basic obstetric practices in hospitals and other health facilities, maternal and infant mortality could be dramatically improved.

<sup>1</sup> Countries include Eastern Europe and the Former Soviet Union. Though several countries are now EU members and the Central Asian Region is now managed through USAID’s Asia Bureau, the 28 countries are tracked for comparisons and trends.

## Examples of USAID MCH Programs

- In Azerbaijan, the USAID-sponsored Child Survival Program is targeting families in isolated villages in the southern part of the country. Through the program, volunteers provide critical health information and preventative services to communities far removed from standard health care facilities.

*Implementer: International Medical Corps*

- In Ukraine, programs for maternal and child health are focusing on improving maternal and child health services based on WHO recommendations, encouraging evidence-based practices and reducing micronutrient deficiencies. *Various implementers.*



**Figure 2. Families in Azerbaijan's remote southern villages rely on life-saving advice from trained village health educators**

- The Healthy Women in Georgia program is improving maternal and infant health by strengthening integrated women's health services, increasing modern contraceptive method use, and decreasing the number of abortions. The model centers meet quality standards by improving clinical skills and increasing the knowledge of health professionals. *Implementer: John Snow, Inc.*
- In Russia, the USAID Maternal and Child Health Initiative is effectively reducing hypertension in pregnant women, one of the major contributors to maternal death. Between 2003 and 2007, rates fell from 28 percent to 7 percent. *Implementer: John Snow, Inc.*

## USAID MCH Success Stories

- Starting in 2002, USAID has helped to implement best practices in Ukraine such as skin-to-skin care of newborns, resulting in the significant decline in number of newborns becoming hypothermic after birth (from 76% to about 1%) at the twenty program locations. The program also led to an increase in normal deliveries from 22% to 70%, a decrease in infant mortality by 30%, and no maternal mortalities at the program sites in 2005. The practices are now being rolled out nation wide.
- In many countries in the region, USAID has supported the transition to internationally recognized perinatal practices. Among the most important guidelines for preventing postpartum hemorrhage is the implementation of Active Management of Third Stage of Labor (AMTSL). By implementing AMTSL through USAID's Maternal and Infant Health Project (MIHP), postpartum hemorrhage decreased from 2.2% in 2002 to 0.6% in 2006 at the Lutsk Maternity Hospital in Ukraine.
- Iodine deficiency disorders (IDD) are the world's leading cause of preventable mental retardation. Through USAID-funded efforts, the percentage of households in E&E using iodized salt doubled from 26 percent to over 50 percent between 2000 and 2004.
- Practices promoted through USAID's women and infant health initiative helped Russia achieve a dramatic 23% decline in infant mortality from 1996 – 2003.

For more information on USAID supported MCH programs, please visit:

[http://www.usaid.gov/locations/europe\\_eurasia/health/](http://www.usaid.gov/locations/europe_eurasia/health/)