

1. Invest in health care

Invest in strengthening health systems by implementing the continuum of care for maternal, newborn and child health. Focus on the priority period within the continuum of care, from pre-pregnancy through 24 months - this period is crucial for the health of both mother and child (Countdown Report 2008).

2. Ensure access to sexual and reproductive health

Universal access to sexual and reproductive health, including HIV prevention and, where legal, safe abortion services, would significantly improve maternal health and reduce the number of unwanted and unplanned pregnancies.

The world's poorest countries do not have health systems capable of providing the required maternal health services. Key elements must be strengthened including increasing the numbers of health providers with midwifery skills and providing obstetric care for women who experience complications. Non-health interventions also need to be improved including, water and sanitation, infrastructure, power, transport and communications. (DFID)

3. Access to emergency obstetric care.

Ready access to emergency obstetric care is crucial to ensure that a higher level of care can be provided in a timely manner when life-threatening complications arise. Global data on availability and accessibility of emergency obstetric care are not available, but the percentage of Caesarean sections can be used as a proxy indicator for access to such care. In sub-Saharan Africa, only 3 per cent of all deliveries are through Caesarean sections. (UN MDG report 2009)

4. More frequent antenatal visits

Many health problems among pregnant women are preventable, detectable or treatable through visits with trained health workers before birth. The UN Children's Fund (UNICEF) and the World Health Organization (WHO) recommend a minimum of four antenatal visits

. These enable women to receive important services, such as tetanus vaccinations and screening and treatment for infections, as well as potentially life-saving information on warning signs during pregnancy. Since the 1990s, the proportion of pregnant women in the developing world who had at least one antenatal care visit increased from around 64 per cent to 79 per cent.. The proportion of women who receive four or more antenatal visits is still less than 50 per cent in sub-Saharan Africa and Southern Asia, where the majority of maternal deaths occur. (UN MDG report 2009)

5. Introduce new laws and policies

Clear laws and policies are essential to support the delivery of maternal, newborn and child health interventions. These policies are a key building block of a well functioning health system - to manage and finance health services, and ensure that there are enough qualified health care providers. Establishing a national plan to scale up maternal, newborn and child health, making basic services available to all should also be considered (Countdown Report 2008).

6. Reduce inequalities

As mentioned in the introduction, maternal mortality is among the health indicators that show the greatest gap between the rich and the poor. Therefore more resources should be targeted to the poorest . Establish channels through which underserved could be reached more effectively (Countdown Report 2008).

7. Enhance the impact of aid.

Better coordination of donor efforts should be ensured to boost the impact of aid. Assistance should be focused more on the highest burden countries, particularly in sub-Saharan Africa and South Asia (Countdown Report 2008).

8. Ensure rights for women

Underlying high levels of maternal death and disability is a reflection of the failure to assure women's rights. Women's low status and heavy physical workloads, lack of power, poor access to information and care, restricted mobility, early age of marriage and the low political priority and resources given to their health all contribute to high mortality (DFID)