

**ROUTINE DELIVERY CARE
+
BASIC EMERGENCY
OBSTETRIC CARE**

IF FARTHER AWAY

IF LIFE-THREATENING
OBSTETRIC EMERGENCY OCCURS

BE ABLE TO GET TO A HOSPITAL WITHIN TWO HOURS

Saving Mothers, Giving Life (SMGL)

The design of the Saving Mothers, Giving Life (SMGL) Initiative strives to ensure that every pregnant woman has access to safe normal delivery services. If there is a problem during the birth, the woman should be able to get life-saving emergency obstetric and newborn care within 2 hours.

The SMGL design builds on the existing district health networks, strategies, and facilities. Health staff use effective, proven medical interventions in health facilities at the time of labor, delivery, and early postpartum (the 48-hour period after birth) to prevent maternal and neonatal deaths.

During Pregnancy

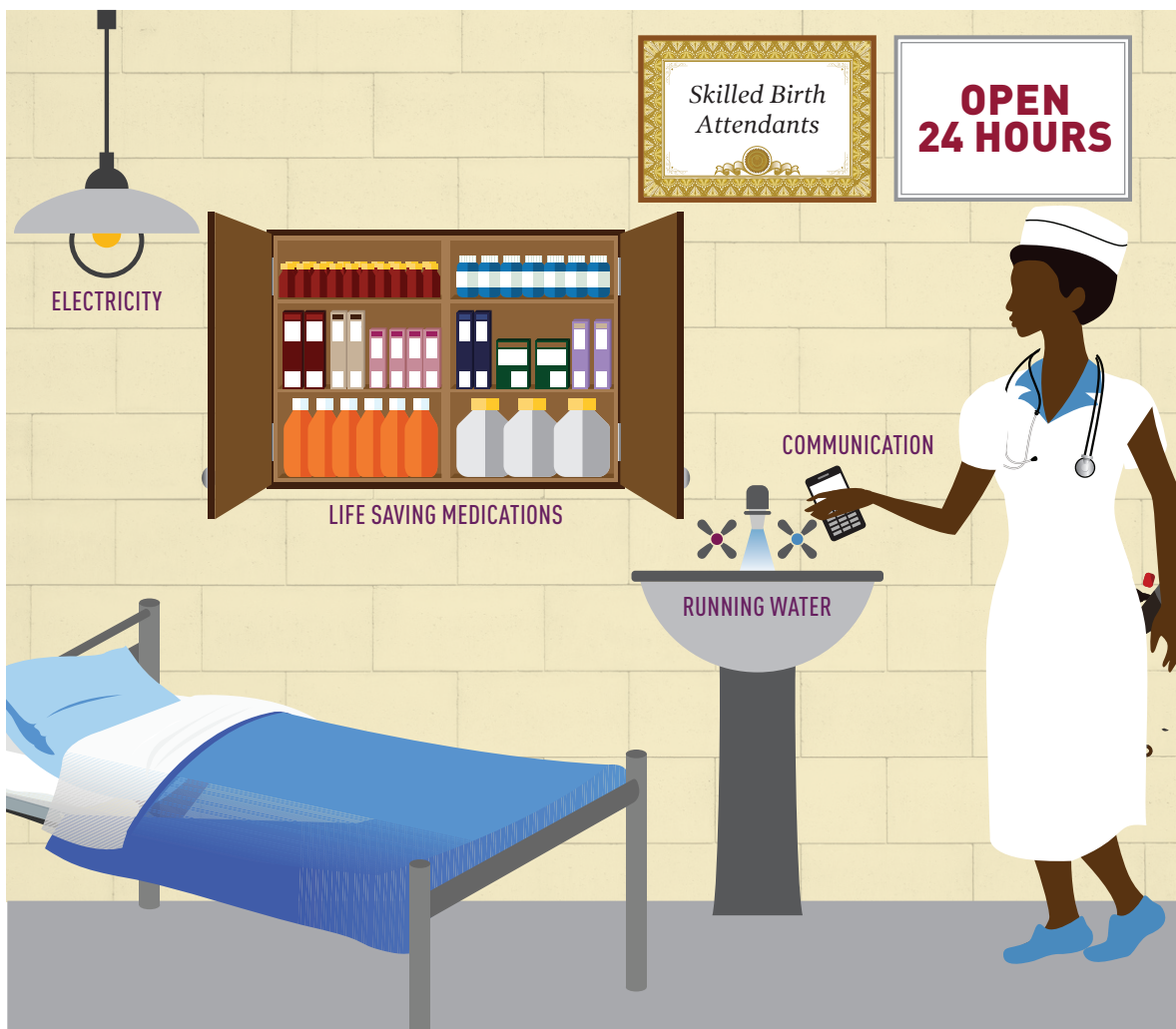
"I am ready to deliver."

"Make sure you get to the facility in time."

"For a safe delivery, you should:

- Deliver in a facility
- Have a birth plan
- Attend at least 4 antenatal care visits
- Know the pregnancy danger signs
- Have a transportation plan"

HOSPITAL
MATERNITY WAITING HOME
COMPREHENSIVE OBSTETRIC AND NEWBORN CARE, INCLUDING SURGERY




The SMGL design encourages all health facilities to have:


- High quality, essential delivery services available at all times
- Basic infrastructure available, including electricity and clean water
- Functioning communication system (*phone, 2-way radio*)
- Life-saving medicines (*oxytocin, magnesium sulfate*)
- Reliable referral network and transportation available
- Routine practice of Active Management of the Third Stage of Labor (*drugs and treatment after the fetus is delivered*) and Helping Babies Breathe techniques
- Most births taking place in health facilities
- Community outreach


Higher level health facilities should be able to:

- Perform blood transfusions
- Perform surgeries, such as cesarean section

THE SMGL INITIATIVE'S DESIGN CAN SAVE LIVES. SMGL was first implemented in 4 districts of Uganda and 4 districts of Zambia. During the two and a half years from the beginning of the SMGL initiative to its midpoint (*June 2012-December 2014*) in the SMGL districts:

 The percentage of all births that took place in health facilities **increased 37% in Uganda** (from 46% to 63%) and **increased 43% in Zambia** (from 63% to 90%).

 The maternal mortality ratio in health facilities **fell by 54% in Zambia** (from 311 to 144 maternal deaths per 100,000 live births) and by **45% in Uganda** (from 534 to 295 maternal deaths per 100,000 live births).

 The maternal mortality ratio throughout the districts (*i.e., including both facility births and home births*) **fell by 42% in Uganda** (from 452 to 264 maternal deaths per 100,000 live births).

MORE INFORMATION IS AVAILABLE ON THE SMGL INITIATIVE AND ON ITS IMPACT:

<http://www.savingmothersgivinglife.org/>
<http://www.cdc.gov/reproductivehealth/Global/SavingMothers.html>

This infographic was produced by the Centers for Disease Control and Prevention Division of Reproductive Health, one of the SMGL partners.

