Saving Mothers, Giving Life is a public-private partnership working in four districts in Zambia, with the goal to rapidly reduce maternal mortality.

Pilot Districts
In September 2011, the Ministry of Health chose the four districts of Mansa, Kalomo, Lundazi, and Nyimba to pilot the Saving Mothers, Giving Life effort. They were selected because of their strong district leadership and commitment of the local government, the existing United States government platforms in each district, and demonstrated need for intensified maternal health programs. Saving Mothers, Giving Life is rapidly implementing the Maternal and Newborn Health Roadmap (2007-2014) outlined by the Zambian Government, and supporting advocacy efforts through the government’s Campaign to Accelerate the Reduction of Maternal Mortality in Africa – Zambia (CARMMA-Z). These plans build upon the existing PEPFAR and maternal and child health structures and experience.

Using evidence-based interventions, Saving Mothers, Giving Life aims to strengthen district health networks in Zambia and Uganda by addressing the three delays that lead to maternal mortality:

- **Delay in Seeking Care**
  - Equipping Facilities | Enabling women with complications to receive care within two hours

- **Delay in Reaching Care**
  - Improving Supply Systems | Ensuring availability of equipment, supplies, commodities and drugs

- **Delay in Receiving Care**
  - Training and Mentoring | Providing quality, respectful delivery and emergency response services

- **Mobilizing the Community** | Generating demand for facility based deliveries and services along the continuum of care, as well as encouraging HIV testing/treatment and uptake of family planning services

- **Strengthening Linkages** | Integrating communications and transportation systems to promote facility access

- **Improving Data Collection** | Implementing systems to record pregnancy outcomes / strengthen information management
Health workers in Saving Mothers facilities also received training to address childbirth-related complications affecting newborns (e.g., resuscitation to save babies who do not breathe at birth), and save newborns from sepsis. In these Ugandan facilities, the institutional perinatal mortality rate declined primarily through the reduction of intrapartum stillbirths.

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**Basic Emergency Obstetric and Neonatal Care** is a set of “signal functions” or interventions that must be available to all women at the time of birth in order to address the common but unpredictable causes of maternal and newborn mortality, including: antibiotics, anticonvulsants, uterotonic, manual vacuum aspiration of retained products of conception, vacuum-assisted delivery, manual removal of the placenta, and newborn resuscitation.

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**Phase 1 Results**

The maternal mortality ratio in **SMGL** facilities fell by 35%.

- **Obstetric Hemorrhage** decreased by 34%.
- **Obstructed Labor and Uterine Rupture** decreased by 78%.
- **Other Direct Causes** decreased by 11%.

**Decrease in perinatal mortality rate in **SMGL** facilities**

- 14% decrease in perinatal mortality rate.

**The perinatal mortality rate** is the number of stillbirths and deaths in the first week of life per 1,000 live births.

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**SMGL** facilities:

- **98%** of supported facilities did not experience stockouts of oxytocin.
- **ALL** 100% of supported facilities in the pilot districts now conduct regular maternal death audits.
- **X2** facilities performing all signal functions that constitute BEmONC*.

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**SMGL** is pleased to be working with the following implementing partners in Zambia:

- PCI
- Marie Stopes International
- Jhpiego
- JSI
- CIDRZ
- BOSTON UNIVERSITY
- Abt
- fhi360
- Africare
- CHEMONICS
- PSI
- RTI International

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