**Preface: Issue 30.7**

The birth of a baby should be a joyous occasion for every mother and her family. Sadly, for many, particularly in low- and middle-income countries, labour and childbirth and the period immediately thereafter carries grave risks of death and disability for the mother and her baby.

The Millennium Development Goals recognised links between health and development. Improving maternal health and reducing child deaths were two of these goals. Although these goals were only partially achieved by the end of 2015, they triggered an increase in both national and global efforts to achieve the agreed targets. Although none of the 17 Sustainable Development Goals are specific to maternal and child health, the global momentum to end preventable maternal, newborn and child mortality continues as seen through implementation of the United Nations Secretary General’s Global Strategy for Women’s, Children’s and Adolescent’s Health, the Ending Preventable Maternal Mortality Initiative and the Every Newborn Action Plan.

This volume on “Ending preventable maternal and newborn deaths” is timely as it brings together several leading internationally renowned researchers and clinicians to discuss current challenges and solutions in global maternal and newborn health.

There is now global consensus that quality care by skilled healthcare workers for mothers and babies around the time of childbirth will contribute significantly to reductions in maternal, perinatal and neonatal deaths. The road travelled to reach this consensus has been long and difficult. Chapter 1 provides a historical overview of the changing approaches to addressing global maternal and newborn health challenges.

A major challenge in addressing these problems is the lack of adequate information for planning and implementing maternal and newborn health programmes. Health information systems are weak in most settings with high maternal and newborn mortality. The next three chapters therefore address challenges and solutions in the measurement of mortality (Chapter 2), causes of death (Chapter 3) and use of information to strengthen accountability for maternal and newborn health (Chapter 4).

In the past, most women gave birth at home. Efforts to reduce mortality focussed upon the implementation of emergency obstetric care programmes to improve access to timely care for life-threatening complications, as and when they arose. Currently, most births across the world take place in healthcare facilities, yet maternal and newborn mortality rates are still high. There are concerns about the quality of care provided in some of these facilities. Chapter 5 therefore focuses on improving quality of care around the time of birth.

The chapters that follow address major causes of maternal, perinatal and newborn deaths: obstetric haemorrhage (Chapter 6), hypertensive disorders in pregnancy (Chapter 7), complications of labour and childbirth (Chapter 8), infections (Chapter 9) and prematurity (Chapter 10). Chapter 11 discusses the role of birth spacing, family planning, safe abortion services and post-abortion care in reducing maternal mortality. Maternal mental health as discussed in Chapter 12 has implications for maternal and child morbidity and mortality..

The volume concludes with Chapter 13 which looks towards goals set for 2030 and presents evidence to inform the future of maternal and newborn health in the era of Sustainable Development Goals.

I hope this volume will contribute to a better understanding of issues, challenges and solutions to improving global maternal and newborn health and motivate readers to join global efforts to end preventable maternal and newborn mortality.

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