No Room for Luck

What it takes to make childbirth safer everywhere



Acasus

NO ROOM FOR LUCK

Luck has no place in childbirth.



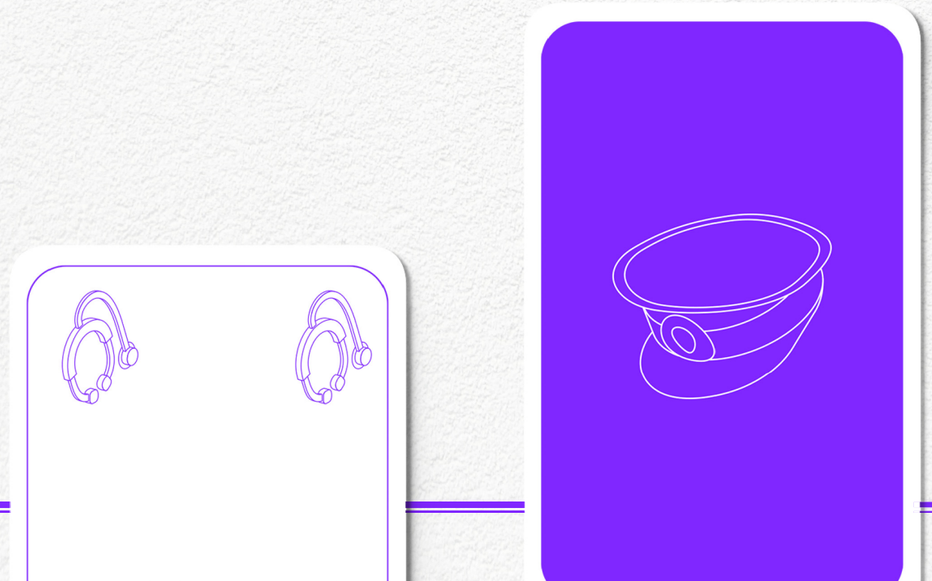
Every two minutes, a woman dies in pregnancy or childbirth.

In that same time, nine newborns lose their lives. These deaths are not a mystery. They happen because systems fail: facilities without staff, power or medicines, and no reliable way to refer mothers and babies when complications arise.

We know what works. Across Pakistan, where our work on safe births began, we have seen governments deliver remarkable improvements in Maternal, Newborn, and Child Health (MNCH) services. When leaders commit to getting the basics right – readiness, referral, respect – maternal and newborn deaths fall quickly, and trust in services grows.

Yet the survival of millions is still left to chance. Too many families enter childbirth hoping that luck will be on their side.

This briefing contains actionable steps to strengthen MNCH services, based on our work with governments and a coalition of partners across five countries. While contexts vary, these key principles have delivered results across settings.



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Five Interventions That Make Births Safer



Making births safer is possible when certain basics are in place everywhere, every day. The lessons from Pakistan are transferable, and they are already shaping work in other countries. By closing the most dangerous gaps in care through five proven interventions, governments can turn fragile services into reliable protection for mothers and newborns.

① Improve facility readiness

Safe birth begins with a prepared facility. Primary health care sites must have skilled staff, clean and functional labour rooms, and a full MNCH bundle of life-saving supplies – from oxytocin and antibiotics to postpartum haemorrhage (PPH) drapes and newborn resuscitation equipment.

In the government programmes we support, we track and review readiness every month, so everyone knows what "fully functional" means and works to achieve it. Knockdown criteria maintain standards: if any criterion is not met, the facility is not delivering the required level of care.

In Punjab, Pakistan, the government transformed maternal care by turning 77 struggling clinics into 1,000 fully functional, 24/7 health centres in just four years. This shift proved that by refusing to accept anything less than "fully functional", the Punjab government's network of 24/7 health centres could manage safe deliveries at a scale larger than all of the UK's NHS.

Nigeria is now following a similar path towards progress. In states like Sokoto and Zamfara, the "Safe Delivery Initiative" is tackling bottlenecks and equipping delivery rooms across 92 primary health care centres, proving that local leadership and a focus on facility functionality is the essential groundwork for lasting reform.

② Expand 24/7 coverage

Care must be available when the baby arrives, not just between 8am and 2pm. By converting high-volume primary health care facilities into round-the-clock Basic Emergency Obstetric and Newborn Care (BEmONC) sites, governments ensure that no woman is turned away 'after hours'.

Opening facilities 24/7 was the turning point for trust and access. In Punjab, this commitment ignited a decade of growth: institutional delivery rates climbed from 61% in 2014 to 73% in 2018. Even after direct support ended, the government sustained this momentum, pushing the rate to 86%.

③ Strengthen maternal referral networks

Delays cost lives. We help governments to build referral systems that link communities, primary health care centres, and Comprehensive Emergency Obstetric and Newborn Care (CEmONC) facilities, so that complex cases are identified early and transferred safely. This includes dedicated ambulance services, 24/7 emergency call lines, and trained staff who stabilise mothers and newborns before and during transfer.

In Punjab, we supported the government to cut emergency call waiting times almost fifty-fold. The average response time is now just three seconds.

④ Ensure hospital functionality

Complications require capable hospitals. We support health system leaders to track and ensure skilled specialists, functioning operation theatres, blood banks, and neonatal intensive care units are available. In doing so, hospitals in Punjab have achieved strong reductions in infant mortality rates, which have fallen by 35 per cent between 2014 and 2024.

The goal of introducing an enhanced MNCH bundle in Pakistan – including the introduction of continuous positive airway pressure (CPAP) for newborns – is to ensure that mothers and babies receive a consistent, high standard of care throughout the maternal referral network.

⑤ Improve quality across the patient journey

Quality care is built on dignity, privacy, and respect. We work with healthcare leaders to make these values a daily reality using simple but powerful tools: checklists that ensure consistent safety, feedback systems that honour the patient's voice, and follow-up protocols that ensure a safe transition from the facility back to the community.

We've seen that when women feel cared for, their trust grows. When women trust the system, they are more likely to come back for postnatal care, immunisation, nutrition support, and other services. Over time, the system begins to reinforce itself.

OUR APPROACH

Our Approach to Turning Policy into Practice



Putting these building blocks in place takes much more than plans or funding. It takes a way of working that keeps leaders focused, systems accountable, and frontline teams supported to deliver. Our approach helps governments and a community of partners to improve outcomes by embedding accountability, speed, and precision at every level of the system.

① Help leaders prioritise

Leaders must focus on what saves the most lives first. We help them cut through competing demands, set bold but practical goals, and align teams around a few high-impact priorities.

In Punjab, that meant turning a fragmented reform agenda into one clear mission: make every facility truly functional for childbirth. We then helped leaders deliver early wins to build trust and momentum, like doubling the number of functioning 24/7 Basic Health Units (BHUs) from 77 to 150 within a year.

② Drive data-led accountability

Progress happens when leaders are dedicated to owning performance data. In Sindh, the government established monthly stocktakes chaired by the health minister and district leaders, where performance was reviewed openly and problems were fixed in real time. In November 2022, almost no labour rooms in Sindh were functional. By mid-2025, 80% were fit for purpose.

When independent monitoring replaces self-reported data, it helps to build transparency and drive rapid course correction. When everyone sees the same evidence, and there is motivated political ownership, excuses fade and results accelerate.

③ Do big things, fast

Rather than small pilots, we help governments act boldly to deliver proven solutions at scale. In Sindh, hundreds of primary health care centres were upgraded simultaneously to provide 24/7 maternal care, increasing the population's access to 24/7 labour rooms from 17% in 2022 to 66% by late-2025.

Big goals inspire commitment and make success impossible to ignore.

④ Deliver on the detail

Building trust in the system depends on mastering the small things. A safe birth requires light in the labour room, full medicine stocks, staff who show up, and so much more. A system that delivers on these details is one that families can trust over time.

We work side by side with frontline managers and partners to fix each link in the chain, turning abstract plans into everyday routines that sustain quality care and build trust. In Punjab, for example, the government ensured dignity for mothers by expanding designated female toilets attached to labour rooms from 10% in 2014 to 100% by 2017.

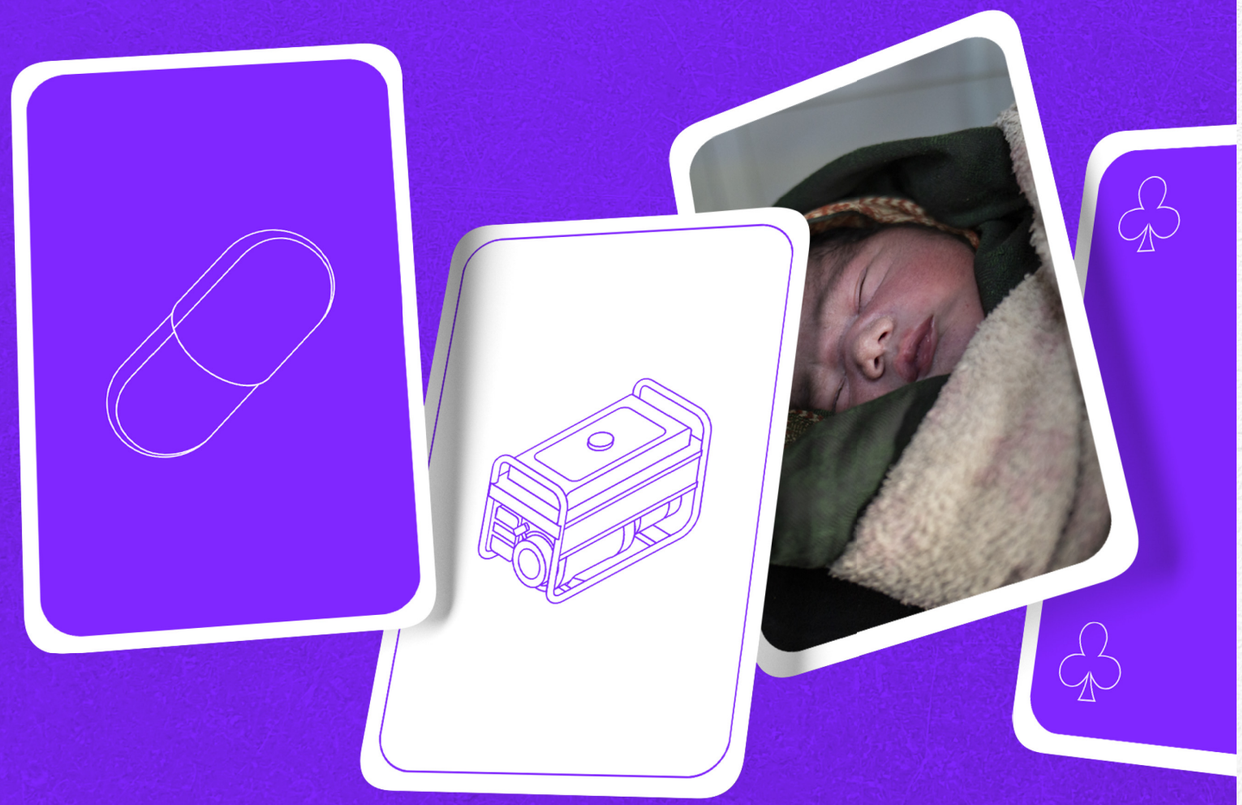
⑤ Strengthen every link

Safe births are more likely when every level of the system – community workers, nurses, district teams, and hospitals – works as one. We support governments and partners to strengthen coordination and feedback loops so that care is truly joined up, from postpartum counselling for the mother to immunisation and nutrition for the newborn.

When families trust that care is reliable and connected, they come back – and encourage others to do the same. In Sindh, the impact is clear: 46% of women delivered at public health facilities in 2024, more than doubling the 20% seen six years before.

The formula is simple: bold leadership, relentless prioritisation, accountable systems, and sharing what works.

All of this adds up to lives saved.



NO ROOM FOR LUCK

Proof That Systems Can Learn

Real change happens when leadership, accountability, and reliable systems come together. Across multiple countries, these principles have already saved thousands of mothers and newborns, and are reshaping how governments think about delivery.

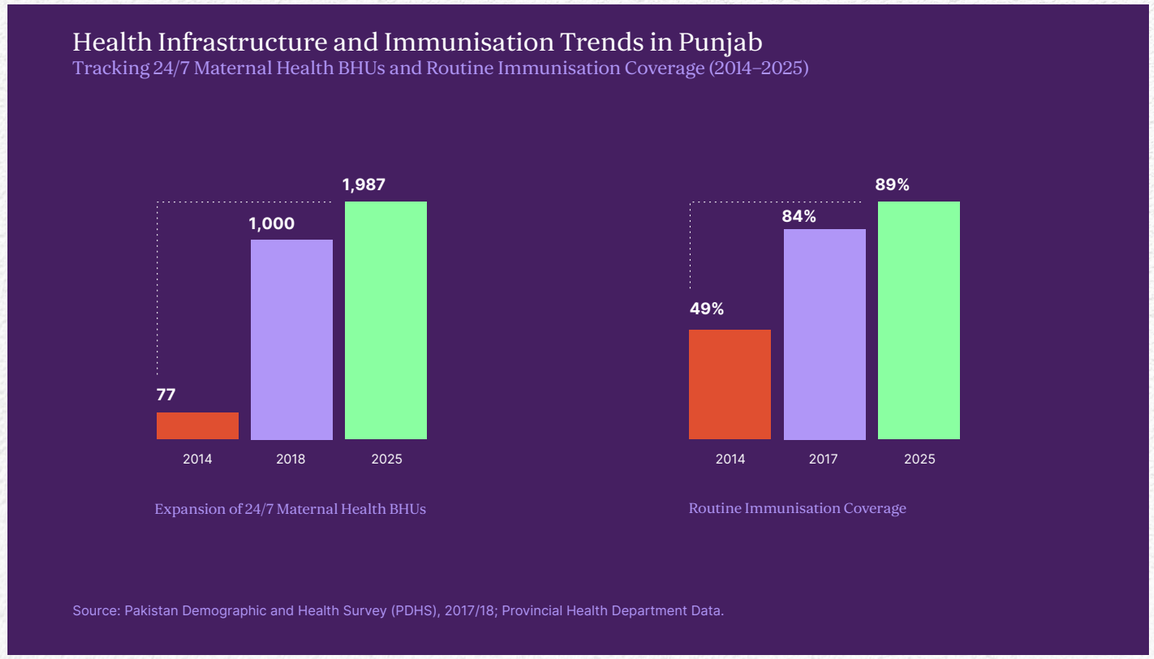
Punjab, Pakistan: Where Breakthroughs Began

In Punjab, Pakistan, the odds were once stacked against mothers. Health centres were closed at night, medicines were missing, and trust in the system was lost. Yet, within three years, that picture changed dramatically and we've seen associated mortality reductions.

- **Facility deliveries rose by over 350,000 annually,** reaching roughly 700,000 total births a year at 24/7 facilities. That's more deliveries than the NHS handles in the UK each year, and about twice as many as Canada.
- **The number of BHUs offering 24/7** maternal health services increased from 77 to 1,000.
- **Infant mortality rates fell by 35 per cent.**
- **Joined-up care drove a 35 percentage point increase** in immunisation coverage – the fastest improvement ever recorded, anywhere.
- **A dedicated ambulance network was launched, moving 25,000 patients every month**, ensuring that no woman in labour goes without professional care.

This transformation didn't come from new technology or large donor funding – it came from doing the basics well, at scale, and refusing to settle for anything less than "fully functional."

After 2018, the Government of Punjab took full ownership of the expansion, upgrading more than 900 additional BHUs without our assistance. The result was not only broader coverage, but consistent quality, with 24/7 facilities meeting national insurance standards and the benchmarks expected by private-sector insurers.



Learning from Punjab's success, Sindh applied the same lessons fast and we're already seeing the first signs of outcome improvements. Within a year of converting hundreds of primary health care centres into 24/7 sites, night-time deliveries have increased.

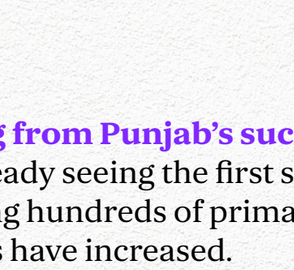
Sindh: Scaling What Works

In 2024, more than 370,000 deliveries were conducted in public primary health care facilities, with many of them happening at night. The percentage of Sindh's population with access to 24/7 labour rooms increased from 17% in November 2022 to 66% in October 2025. [1] And, in 2024, 46% of women in Sindh delivered at public health facilities,[2] compared to just 20% in 2017/18.[3]

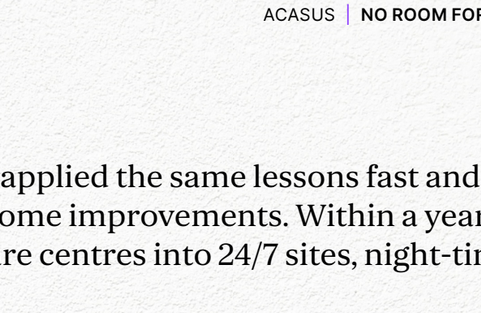
Performance reviews chaired by provincial leaders created accountability from the top down, while community feedback kept pressure from the bottom up. Together, they are building a system that women are starting to trust.

Access and Choices in Maternal Delivery, Sindh

Growth in 24/7 Labour Room Proximity and Public Facility Deliveries (2018–2025)



Population with Access to 24/7 Labour Rooms



Place of Delivery Breakdown

Note: Census population in 2024 was used to calculate women of reproductive age and a general fertility rate of 124 live births per 1,000 women in Sindh was used to calculate total deliveries in public facilities.

[1] Coverage is calculated based on the population within a 5 km radius.
[2] Surgo's Household Survey in Sindh, 2024.
[3] Pakistan Demographic and Health Survey (PDHS), 2017/18.

In Nigeria, we're seeing reform take root to enable bigger fixes. This initial stage is being demonstrated in Sokoto and Zamfara states, where a focus on data, accountability, and functionality is laying the necessary groundwork for lasting MNCH reform.

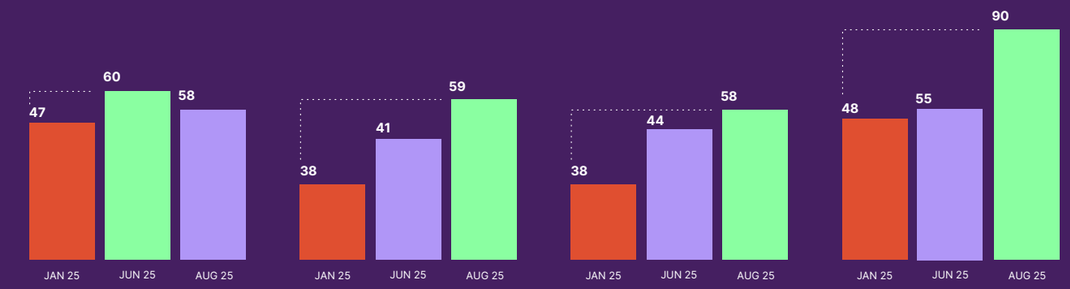
Nigeria: Solid Foundations for Reform

In Sokoto, early results are encouraging: within a year, most health facilities report improved availability of antenatal and postnatal care equipment, and delivery rooms are better equipped to provide safe care.

Motivated local leadership has driven this momentum. Through the "Safe Delivery Initiative", spanning 92 primary health care centres across 23 Local Government Areas (LGAs), Sokoto State is solving bottlenecks, increasing skilled staff, and showing that stronger systems mean safer births.

Facility Functionality and Resource Availability in Sokoto

Comparing January 2025 Baselines to August 2025 Milestones



Source: Sokoto Routine PHC Monitoring Data (Cycle 1: January 2025, n=206; Cycle 2: June 2025, n=197; Cycle 3: August 2025, n=175).

Adapting the Model: Afghanistan and Ethiopia

Ethiopia is starting to apply this delivery-first approach, starting with its poorest regions. The focus is on readiness, referral, and respectful care – ensuring that safe delivery is accessible to the women who need it most. Early signs are promising: improved facility readiness, plus growing ownership and governance of MNCH reforms within government teams.

In Afghanistan, the government is making delivery rooms safer by tracking exactly what they need to function. Monitoring ensures clinics have essential medicines and equipment, 24-hour power and water, and clean facilities. Crucially, we ensure midwives are on-site, trained to manage births, and can handle dangerous complications like eclampsia. This work ensures every delivery room meets the high standards mothers deserve.



LOOKING AHEAD

Building Systems Women Can Trust

It is possible to build health systems where safe motherhood is expected, not a matter of luck. In this future, committed leaders share a common approach: they insist on the basics, measure what matters, and act quickly when gaps appear.

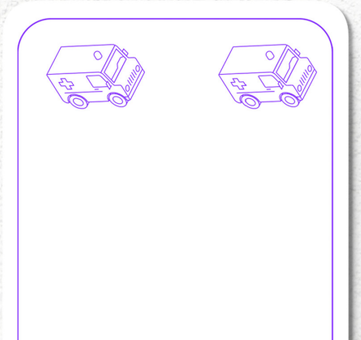
- **Facility readiness** is measured in real time and acted on each month, using monitoring data and simple digital tools to spot gaps quickly.
- **Quality of care** is joined up from pregnancy to postpartum, fully integrated with primary health care services like immunisation, nutrition, and family planning.
- **Supervision and feedback** value patient experience as much as clinical outcomes, so women feel respected, informed, and in control.

New tools will help. AI can make ultrasound more accessible, support frontline workers with simple prompts, and help tailor counselling so that every contact counts.

In every setting, progress begins by putting women's dignity at the centre and ensuring fair access for all. As countries move toward domestic financing, these principles will remain essential. When governments commit to fixing the hundreds of small details that determine reliability – staff, supplies, light, and dignity – childbirth becomes safe by design, not by chance.

The solutions are known. The evidence is clear. What we need now is collective action – governments, communities and partners working together to make safe birth the standard, everywhere.





Acasus works with governments to solve practical problems holding back health and education. We start with what citizens and frontline workers are experiencing, using local knowledge and reliable data to identify what's not working. Together with government teams, we make better use of existing resources and introduce practical improvements that deliver results today, while building governments' ability to keep solving problems independently.

Acasus

Brave Change.

