Contraceptive services and maternal and newborn health care enable women and couples to have the number of children they want, to time births as they desire, to deliver their babies safely and to have healthy newborns. Long-term benefits range from increases in women’s and children’s education to stronger national economies.

### Millions of women lack essential services
- In Latin America and the Caribbean, *66% of all women of reproductive age (15–49) want to avoid a pregnancy, a total of 114 million women. However, 21% of women who do not want to become pregnant—24 million in 2017—either use no contraceptive method or use traditional methods, which typically have low levels of effectiveness. These women, who are defined as having an unmet need for modern contraception, account for 75% of all unintended pregnancies in the region.

- Since 2014, the number of women with an unmet need for modern contraception has declined in developing regions overall, but it has increased in Latin America and the Caribbean by 1.2 million.

- Most, but not all, of the 11 million women in the region who give birth each year receive the essential components of maternal and newborn health care recommended by the World Health Organization (WHO): Overall, 88% have four or more antenatal care visits, and 91% deliver in a health facility.

- Fewer than half of women (47%) and newborns (43%) in Latin America and the Caribbean who need care for complications of pregnancy and delivery receive it.

- Each year in this region, 7,000 women die from complications of birth, abortion or miscarriage, and 100,000 babies die in the first month of life. Most of these deaths could be prevented with adequate medical care.

### Meeting service needs improves health
- Providing all women and their newborns with the services they need at the standards recommended by WHO would result in major health gains.

- If all unmet need for modern contraception in Latin America and the Caribbean were satisfied, there would be a large decline of about two-thirds in the annual number of unintended pregnancies (from 14 million to five million per year), unplanned births (from six million to two million) and abortions (from six million to two million).

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### MATERNAL MORTALITY

Investing in contraceptive services and maternal newborn health care together prevents more maternal deaths than investing in either type of care alone.

<table>
<thead>
<tr>
<th>Current levels of contraceptive and maternal care</th>
<th>100% coverage of contraceptive care, current level of maternal care</th>
<th>100% coverage of maternal care, current level of contraceptive care</th>
<th>100% coverage of contraceptive and maternal care</th>
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<td>NO. OF MATERNAL DEATHS (IN 000s), 2017</td>
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<td>Deaths related to intended pregnancies</td>
<td>Deaths related to unintended pregnancies</td>
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*As defined by the UN Population Division, this region comprises the Caribbean, Central America and South America.*
If full provision of modern contraception were combined with adequate care for all pregnant women and newborns, there would be a 75% drop in maternal deaths (from 7,000 to 2,000 per year) and newborn deaths (from 100,000 to 25,000 per year).

**Investment is needed**

- Currently, these services cost an estimated $6.8 billion annually in Latin America and the Caribbean—$1.7 billion for contraceptive services and $5.1 billion for maternal and newborn health care.
- Meeting all women’s needs for modern contraception in the region would cost $2.4 billion annually, an increase of $643 million from the current costs. This additional investment would provide improved quality of care for current users, as well as coverage for new contraceptive users.
- In the absence of this additional investment in contraceptive services, fully meeting the current need for maternal and newborn care would cost $6.7 billion annually.
- However, fully satisfying women’s need for modern contraception would lower these pregnancy-related costs by $2.6 billion, to $4.1 billion. This is because reducing unintended pregnancies means fewer women and newborns will require care, and this makes other health care investments more affordable.

More specifically, each additional dollar spent on contraception would reduce the cost of maternal and newborn health care in Latin America and the Caribbean by $4.

- Fully meeting women’s needs for both contraceptive services and maternal and newborn health care in Latin America and the Caribbean would cost a total of $6.5 billion per year—representing a savings over what is currently spent on less comprehensive care.
- It would cost $10 per person per year to fully meet the need for both modern contraception and maternal and newborn care in Latin America and the Caribbean.

**Governments and donor agencies must act**

- Governments, donors, NGOs, households and individuals all need to contribute to funding improved and expanded contraceptive and maternal and newborn health services to all those in need.
- Contraceptive and maternal and newborn health programs should adopt a human rights approach to health care delivery, which takes into account the particular needs of poor and marginalized groups, ensures quality of care, protects privacy, promotes informed and voluntary choice, and is free from discrimination and coercion.
- As governments and international agencies seek to fulfill their commitments to meeting Sustainable Development Goals by 2030, they should address the need for greater attention to and investment in contraceptive and maternal and newborn health services. These investments save money; have enormous benefits for women, families and society; and are cornerstones of sustainable development.

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Good reproductive health policy starts with credible research

125 Maiden Lane
New York, NY 10038
212.248.1111
info@guttmacher.org

www.guttmacher.org