

## OUR SUPPORT

Primary support for this unique public-private partnership comes from the NICHD and the Bill and Melinda Gates Foundation. In addition, a number of NIH Institutes have supported various Network projects, including the National Institute of Dental and Craniofacial Research, the National Center for Complementary and Alternative Medicine, the Fogarty International Center, and the National Cancer Institute.

The Global Network Data Coordinating Center, based at Research Triangle Institute International in North Carolina, provides protocol and data management, information technology, and logistical and statistical support for the Network.

Additional support from health and international organizations, interested communities, researchers, and health care providers is crucial to ensuring that this unique endeavor can continue. If you are interested in providing support or joining the partnership, please contact Dr. Linda Wright, Scientific Director of the Global Network, at [wrightl@mail.nih.gov](mailto:wrightl@mail.nih.gov).

## CONTACT US

If you are interested in learning more about the Global Network, its projects, or its support mechanisms, please contact:

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## OUR MISSION

The Global Network is committed to preventing maternal and infant deaths and illnesses worldwide, improving the health of mothers and infants, building local capacity for doing research, and strengthening scientific and community partnerships.

## OUR RESEARCH

Scientists from developing countries, together with those in the United States, lead teams that identify the health needs of an area and address these needs through randomized clinical trials to test treatments and interventions. The efforts of the Global Network focus on several high-need areas, including:

- Preventing preeclampsia, a disorder of pregnancy that has no known cure and is a major cause of maternal death worldwide
- Increasing birth weight
- Improving childbirth practices
- Reducing infections, such as malaria, tuberculosis, and sepsis (a severe blood infection)
- Eliminating postpartum hemorrhage (massive blood loss after childbirth) and infant asphyxia or suffocation



COMMON STUDIES PROVIDE A COST-EFFECTIVE WAY TO OBTAIN DEFINITIVE DATA NEEDED FOR CHANGING CLINICAL PRACTICE.

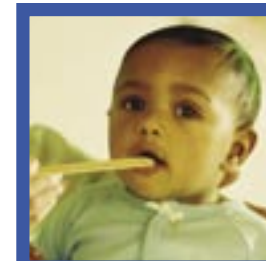
THE GLOBAL NETWORK IS AN INTERNATIONAL RESOURCE THAT DEVELOPS AND TESTS COST-EFFECTIVE, SUSTAINABLE INTERVENTIONS FOR PREGNANT WOMEN AND INFANTS.

## OUR PURSUIT OF NEW IDEAS

Sites in the Global Network take part in common studies, involving multiple locations, in addition to each site's core projects. Common studies provide a cost-effective way to address a leading cause of maternal and infant death and illness in a way that could have a major impact on a region's health. These studies involve three or more sites, conform to U.S. and international ethical and safety guidelines, and examine either a novel evidence-based treatment or an innovative use of a proven treatment.

All 10 sites are participating in a survey of the exposure of pregnant women to tobacco products, funded by the National Cancer Institute. Network researchers have also selected the following common protocols for possible implementation:

- Using community-based training in newborn resuscitation to reduce asphyxia
- Applying a peer-counselor education model to promote exclusive breastfeeding
- Placing simple reminders of global consensus health recommendations and guidelines in health facilities to reduce episiotomy rates
- Utilizing delayed clamping and traction of the umbilical cord during third-stage labor to reduce anemia among young infants



Global Network for Women's & Children's Health Research

BUILDING SCIENTIFIC CAPACITY & NETWORKS IN RESOURCE-POOR SETTINGS

U.S. Department of Health and Human Services  
National Institutes of Health • National Institute of Child Health and Human Development

**Worldwide, 95 percent of maternal deaths and about 98 percent of neonatal deaths occur in resource-poor settings. Infections and complications from childbirth account for nearly half of all infant deaths. Many of these problems are preventable.<sup>1</sup>**

**To address these issues, the National Institute of Child Health and Human Development (NICHD) and the Bill and Melinda Gates Foundation established the GLOBAL NETWORK FOR WOMEN'S AND CHILDREN'S HEALTH RESEARCH, a unique partnership dedicated to improving the health of women and infants in developing regions by expanding local resources and enhancing local practices.**

**Through its 10 multidisciplinary research sites around the world, the Global Network develops and tests cost-effective, simple, and safe methods for preventing and treating conditions of pregnant women, mothers, and infants to provide evidence-based guidance for better health. Scientific oversight for the Global Network comes from the NICHD, which is part of the National Institutes of Health (NIH) within the U.S. Department of Health and Human Services.**

<sup>1</sup>World Health Organization (1996). Perinatal mortality: A listing of available information. Cited in Hyder AA, Wali SA, & McGuekin J (2003). The burden of disease from neonatal mortality: A review of South Asia and Sub-Saharan Africa. *BJOG: An International Journal of Obstetrics and Gynecology*, 110: 894-901. And Koblinsky, MA (2003). Reducing maternal mortality: Learning from Bolivia, China, Egypt, Honduras, Indonesia, Jamaica, and Zimbabwe. Human Development Network. *Health, Nutrition, and Population Series*. World Bank: Publication Number 25953.



## The NICHD Global Network

### OUR SITES

#### Uruguay and Argentina

This study is testing ways to increase the use of two evidence-based birth practices—selective use of episiotomy (a surgical incision that widens the birth canal opening during delivery) and active management of the third stage of labor—among health care providers.

#### Brazil

Preeclampsia is the leading cause of maternal death in Brazil. In this trial, researchers are testing the use of antioxidants (vitamins C and E) in reducing the occurrence and severity of preeclampsia.

#### Argentina, Bolivia, Brazil, Chile, Colombia, Ecuador, and Venezuela

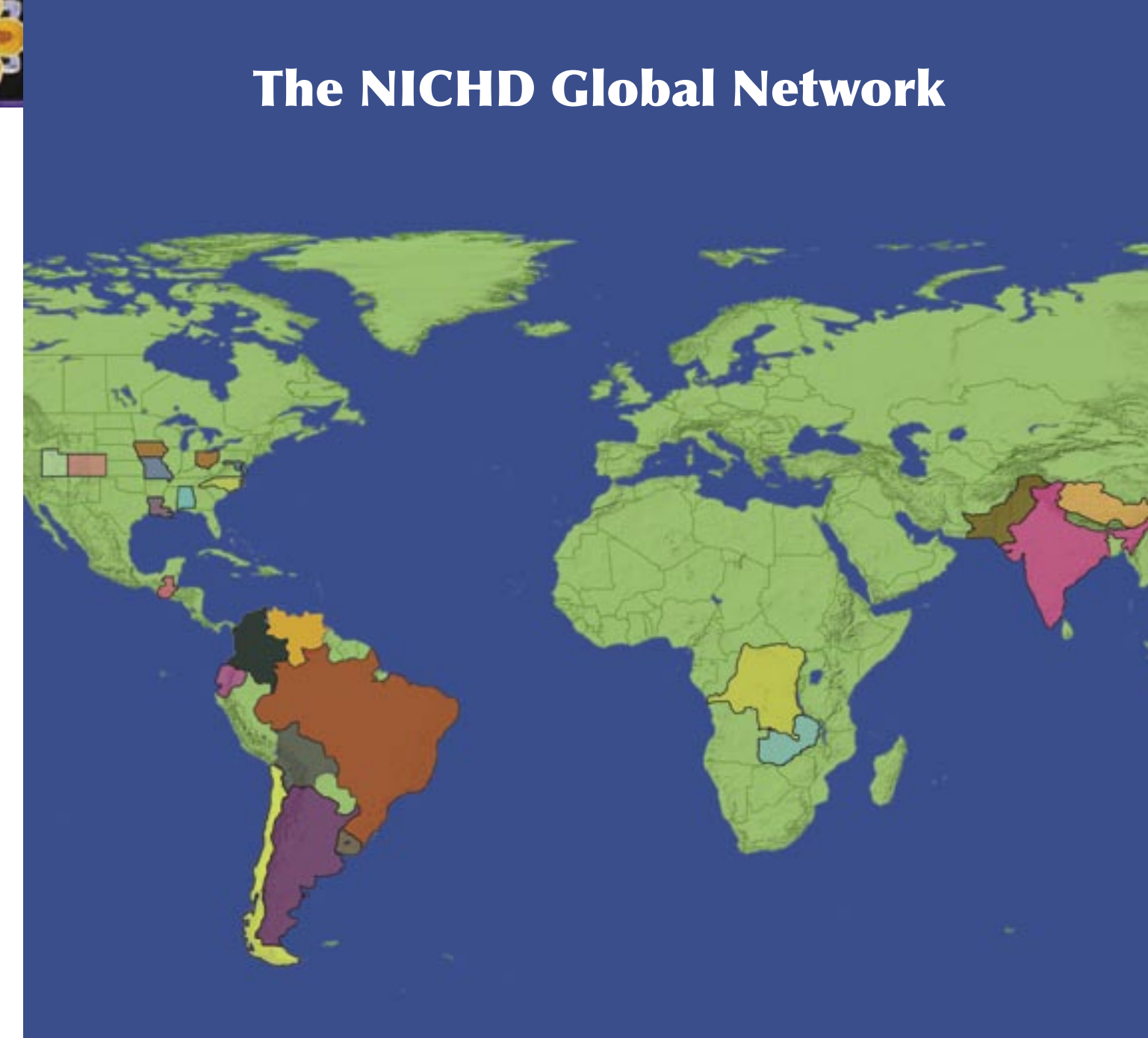
This large trial seeks to determine what level of folic acid supplementation is better at preventing recurrence of cleft lip/palate births among women who have previously had infants with these problems. A second study follows infants with cleft lip and palate through and after their first month of life, as they go through two years of either intense follow-up or standard care.

#### Guatemala

This trial will evaluate the effects of a maize with improved nutritional content on increasing birth weight among 600 mother-infant pairs. The study will also assess the impact of zinc supplements on infant growth and illness through one year of age.

#### Democratic Republic of Congo

The World Health Organization (WHO) estimates that 10,000 maternal deaths and 200,000 neonatal deaths are associated with malaria infection during pregnancy. This site will study the pharmacokinetics of using anti-malaria drugs during pregnancy before testing new drug regimens in pregnant women. A second study compares the outcomes of HIV-positive pregnant women infected with tuberculosis (TB) as they go through either a short-course, three-month treatment or the nine-month standard anti-TB treatment regimen.



#### Zambia

Asphyxia is the leading cause of newborn death in Zambia. This project compares the WHO Essential Newborn Care Program with the Neonatal Resuscitation Program of the American Academy of Pediatrics and the American Heart Association for preventing asphyxia.

#### India

Postpartum hemorrhage is a leading cause of maternal death worldwide. In this trial, researchers are investigating how well oral misoprostol, an inexpensive drug that decreases blood loss, prevents this condition. The treatment, which relies on trained nurse-midwives, could provide a cost-effective solution that can be administered in the community.

Sepsis is the most common cause of infant death in India. Investigators trained Anganwadi workers and mothers in 200 villages to identify and refer sick infants to area hospitals, reducing the infant mortality rate by more than 25 percent. A trial will follow to test whether probiotics can prevent neonatal sepsis in community-born Indian infants.

#### Pakistan

This community-based study seeks to identify risk factors, including infections and barriers to care, that contribute to maternal and infant death and illness. In addition to its observational portion, the study will examine how well antibacterial practices reduce infant deaths from infection.

#### Tibetan Autonomous Region (TAR)

Maternal and infant death rates in the TAR are among the highest in the world. This project began with a study of traditional Tibetan medicine; then investigators trained health care providers in birth practices used in industrialized areas. Researchers will also evaluate the effectiveness of traditional Tibetan medicine in reducing postpartum hemorrhage.

