The fate of many women and babies hangs on life and death moments that they did not choose and cannot control.

But we can choose to invest in the new tools that can make all the difference in changing their fates for the better.

Some of these tools are shown below....

The oxytocin inhaler to stop haemorrhage in childbirth

The oxytocin inhaler is designed to stop women from haemorrhaging in childbirth, even in poor or remote settings with no electricity, refrigeration or access to a trained healthcare worker. It is being developed by Monash University in Australia and GlaxoSmithKline. Initially funded by the Saving Lives at Birth partners, its development is now being accelerated with funding from GSK, the McCall MacBain and Planet Wheeler Foundations, and Grand Challenges Canada. But significant additional funding will be needed before it can save the lives of almost 20,000 new mothers like Anaya each year.

Bilistick for even the poorest and most remote settings

Bilistick (Bilimetrix, Italy) is a simple, low-cost, portable device to diagnose dangerous levels of jaundice in newborns. It gives an instant, highly accurate readout, and can be used by health workers even in remote areas where hospitals and laboratories are not available. Its development was funded by the Saving Lives at Birth partners. Bilistick costs less than 1 US$ per test - if it can be rolled out in the developing world, it will help protect the future of the estimated 1 in 20 babies who now die there, or are left with severe brain damage, from neonatal jaundice.
Bili-Hut to treat babies with jaundice

**Bili-Hut™** is a low-cost device that can deliver high-intensity light therapy to reverse jaundice, even in the poorest settings. It is collapsible and easily portable, fits into a shipping tube, and can run off a 12-volt car battery or be plugged in if power is available. Fabrication is simple enough for local textile mills or factories. Bili-Hut is moving from working prototype to approved medical device, and the founders are collaborating with medical facilities in India to optimize the design.

An App to make IV drips safe

**The IV App.** When giving IV fluids after a maternal haemorrhage, many complications result from the mother receiving too much fluid too quickly, or not enough, too slowly. But new low-cost phone apps can help healthcare workers to calculate and give the right amount of IV fluids, making rehydration after bleeding far safer.

Contraception for mothers who live far from a clinic

**More suitable contraceptives.** Enabling women to avoid pregnancy when they are too young or too old, and to space their children at safer intervals could save 80,000 women and 1.1 million infants each year.

Several long-acting contraceptives suitable for women with limited access to healthcare are in development. These include a contraceptive that women can self-administer, which is being piloted in four African countries; an injectable contraceptive lasting six months that could be available by 2021; and a one-year contraceptive ring that can be put in by a woman at home if no health worker is available.