Much of my work over the past few years has focused on preventive programmes to improve the health of infants born prematurely or following difficult pregnancies. Increasingly, by working together, the medical community in the developed world is improving interventions to ensure that a newborn arriving in difficult circumstances receives the necessary care in the first crucial stages of life to survive and enjoy quality of life.

However, the state of infant survival in the developing world sits in stark contrast to the situation in industrialized countries like the United Kingdom. As a representative of the international advisory board of the Royal College of Obstetricians and Gynaecologists, I have observed the training programmes that the RCOG conducts in numerous countries in Africa and Asia at first hand. What this practical experience has brought home to me is the realization that you cannot start saving the most vulnerable infants and children without first ensuring the health of their mothers.

The reason is simple: It is the mothers who do the work of raising their children, feeding them, getting them into school and taking them for their vaccinations. By contrast, children who have lost their mothers are almost five times more likely to die in infancy than those who still have their mothers, and motherless newborns are ten times more likely to die.

The scale of this problem becomes evident when you look at annual numbers of maternal deaths, which are little changed in almost 20 years. Across the world this year, more than half a million mothers will lose their lives in pregnancy and childbirth, and almost all of these deaths will occur in poorer countries. In addition, for every mother who dies, 20 women are left suffering from injuries and disabilities as a result of complications in childbirth.

It is vital that we – governments, non-governmental organizations, faith-based organizations, private-sector companies and committed individuals – all work together to ensure that in every country and community around the globe, women have access to essential primary health care and skilled health workers. This is what will save the lives of mothers – and so bring better life chances to newborns and children otherwise at grave risk.

If we get this right, we will save lives at every stage of the life cycle. Millennium Development Goal 5, which seeks to improve maternal health, lies at the heart of all of the MDGs. Access to skilled health workers supports the continuum of care women and their children need. Mothers give birth safely when they can access antenatal support and skilled care during childbirth and the critical time afterwards. A well staffed, well stocked health centre will also ensure that infants receive essential vaccinations and that the necessary medications are available to keep them from dying from malaria or pneumonia.

We must do more than focus on vertical solutions. All active organizations working to eradicate poverty and disease and to improve health care and education must find the opportunity to integrate delivery. We need to maximize the effectiveness of precious resources and respond to genuine local need. We have seen the difference that effective health services can make. The evidence is clear.

Japan reduced its maternal mortality rate by two thirds in the decade following 1945. It achieved this by introducing community health workers that provided consistent health care from pregnancy right through to when a child starts school. Mothers were educated on their rights and the importance of quality health care through a mother-and-child handbook of which the Japanese are rightly proud. Also important to this achievement was the vital injection of political will and momentum that continue even today. International leadership is critical to focusing attention and channelling resources for maternal health.

Right now, as we count down to the MDG deadline in 2015, we have worldwide momentum. Right now we can achieve worldwide change. Never before has this issue had so much visibility and support from so many different sources around the world. At the G8 Summit in Japan this year, for the first time, maternal health was on the agenda.

However, we must understand that governments cannot dramatically reduce maternal mortality on their own. Non-governmental organizations are increasingly making maternal health a priority and working together. They are joining grass-roots organizations, such as the White Ribbon Alliance for Safe Motherhood, whose members have been campaigning in more than 90 countries for progress. An impressive start has been made by the world’s midwives, obstetricians and gynaecologists. Their professional organizations, led by the International Federation of Gynaecology and Obstetrics and the International Confederation of Midwives, are committed to working together to help developing countries train health workers in antenatal care, delivery and infant care skills.

We can all play our part in reducing maternal mortality. Individuals can campaign for change, communities can raise awareness among their men and women, and non-governmental organizations, private-sector organizations and governments can work together to find practical solutions.

Let each of us bring our skills to the table and work together to raise the bar in maternal and child health around the world.

We must work together to ensure that there is access to well-trained health workers in every country and community that needs them, and that each government is ready to put them to work.

We owe it to the millions of mothers who have lost their lives unnecessarily over the last 20 years. We owe it to the thousands of pregnant women around the world giving birth every day in fear of their lives.

We owe it to the next generation of children born in the poorest countries of the world – children who need, and deserve, their mothers.