



...for safe childbirth worldwide

Childbirth  
should be the  
act of giving *life*,  
but for too many  
mothers and  
babies, it is a  
*death* sentence.

## To Globally-Engaged Community Members,

Every two minutes, a woman dies giving birth, seven babies are stillborn, and eight newborns die. It doesn't have to be this way - we know what it takes to save lives. High-income countries have all but eliminated preventable maternal and newborn deaths. Rather, 98% of deaths - 260,000 mothers, 1.9 million stillborns, and 2.3 million newborns every year - occur in low- and middle-income countries where care can fall short, especially for complex pregnancies and small and sick newborns.

Aid cuts around the world are going to reverse the progress made in recent years. Deaths are still far too high, but have fallen 40% since 2000, a monumental achievement to which overseas aid has made a major contribution. Unfortunately, as many high-income countries cut their overseas aid budgets (e.g., US government foreign assistance on maternal and newborn health will fall in 2026 from over \$1bn a year to zero), hard-won progress will be lost. **It has been forecast that there will be an additional 140,000 maternal deaths, 634,000 stillborns, and 1,250,000 newborn deaths between 2025 and 2030 as a result of global aid cuts.**

For all of us who believe that every unnecessary death of a mother or a baby is a tragedy, *it is time to step up.*

Kybele is ready to *meet the moment.*

Through our 25 years of experience working hand in hand with low- and middle-income country health systems, we have painstakingly developed approaches that are proven to save the lives of mothers and babies in low-resource settings. These approaches are highly cost-effective and can be sustained by hospitals and health systems without continued external support when they are up and running. **We have immediate requests from governments across Africa to help them scale up these approaches and get back on track to reduce preventable deaths.**

**We are seeking to raise \$800,000 to enable us to provide this support. This catalytic investment will embed these new approaches at scale, saving the lives of 1,800 mothers and 5,650 babies a year.**

### About Kybele

Kybele was born in response to the devastating number of preventable deaths of mothers and babies that happen during pregnancy and childbirth every day across the globe. It was founded in 2001 by Dr. Medge Owen, a globally respected Professor of Obstetric Anesthesia at Wake Forest University School of Medicine in Winston-Salem, North Carolina. During a Fulbright scholarship in 1997 to teach obstetric anesthesia and neonatal resuscitation in Turkey, she felt compelled to further advance childbirth safety in Turkey and other countries and continues to dedicate her life to this mission.

Since then, Kybele has worked in 15 countries across the globe and we have become highly recognized and respected for the quality, rigor, and impact of our work. We mobilize world-leading maternal and newborn health specialists who understand what it takes to deliver best practice advanced care in resource-constrained health systems. We work hand in hand with clinicians and managers in low- and middle-income country health systems to collaboratively identify practical solutions to the barriers preventing the delivery of high-quality care. We support local stakeholders to implement, evaluate, and refine these solutions and ensure they are sustained, institutionalized, and scaled.

# OUR FUNDRAISING GOALS

1

## \$300,000 to introduce and scale Kybele's Obstetric Triage Implementation Package to Ethiopia, Lesotho, and Uganda

Many busy hospitals in Africa operate on a first-come, first-served basis. This can lead pregnant women to wait hours before being assessed, delaying care for time-sensitive but preventable life-threatening obstetric complications, which cause nearly 80% of maternal deaths. In Ghana, Kybele introduced an obstetric triage system - the first in Africa, despite being common in high-income countries. Here, midwives rapidly assess incoming maternity patients and prioritize those most at risk. Patients receive color-coded wristbands to signal their level of urgency and are monitored throughout their hospital stay using a Modified Early Obstetric Warning System (MEOWS) chart to ensure timely attention if their condition deteriorates. The Obstetric Triage Implementation Package (OTIP) has been rolled out across 110 high-volume facilities in Ghana, covering 70% of all births, with results that garnered sufficient government attention to institutionalize OTIP into its national nurse-midwifery curriculum. The innovation is now fully sustained without external support. It has reduced the average time that women wait for assessment upon arrival from 70 minutes to just 5 minutes, dramatically improving care and outcomes. **Studies have shown a 30% reduction in maternal mortality, at a benefit:cost ratio of 93.6:1.**

Kybele has received requests from the governments of Ethiopia, Lesotho, and Uganda to work with them to adapt and scale OTIP.

**This could potentially save the lives of 1,800 mothers every year.**

*"The first half of last year, we lost three mothers, but this year in the first half, after the introduction of OTIP, we've not had any mortality. Last year by now, we had about 44 stillbirths. Now we are down almost 50% to 23. I want to say a big thank you to Kybele for coming up with this idea, backing the resources, and implementing it and making sure that it's being monitored for good outcomes."*

Dr. Alexander Adjei, Acting Medical Superintendent,  
Shai-Osudoku District Hospital, Ghana

*"At that time, with the congestion we faced, it was difficult to really screen out critically ill patients for attention. Since OTIP, we were able to make very momentous changes that resulted in nearly a 45% drop in our maternal mortality rates. I would say to Kybele a big thank you. And I would want to encourage them to go beyond Ghana, to go to other places on our continent where there is the need."*

Dr Sylvia DeGanus, OB gynaecologist (retired),  
Tema General Hospital, Ghana

2

## \$500,000 to support Ghana to scale Kybele's Advanced Maternal and Newborn Care Package

Kybele has supported the Ghana Health Service to develop an approach to reform care for complex pregnancies and small and sick newborns in high-volume facilities. This approach combines clinical and operational modules that train health workers on best practice standards, innovations that transform care processes, and system-level interventions that create an enabling environment for quality maternal and newborn health services. For example, the package establishes Designated Assessment and Resuscitation Teams (DART) to rapidly evaluate and provide immediate resuscitation to newborns suffering from severe asphyxia, as well as thermoregulation and safe transfer to Neonatal Intensive Care Units (NICUs) if still needed. This overall approach has reduced the proportion of babies who end up needing NICU care from 45% to 35% of deliveries and improved resuscitation rates and early identification of newborn complications.

**The package has been tested in four high-volume facilities and has been shown to reduce stillbirths by 35% and newborn mortality by 14%. Kybele has been requested by the government of Ghana to support them to scale it across the country's remaining high-volume facilities.**

**This could potentially save the lives of 1,850 newborns and avert 3,800 stillbirths a year.**

# How You Can Support

SCAN TO DONATE



**Kybele**<sup>TM</sup>  
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We are seeking to raise \$800,000 to amplify and scale the impact of Kybele's work and address the tragedy of preventable maternal and newborn deaths. Any contribution, big or small, would contribute to the life-saving work that is urgently needed in the face of substantial global aid cuts around the world.

**\$100,000** would enable the introduction, adaptation, and preparation for scaling of OTIP in one country.

**\$25,000** would fund the introduction of the Advanced Maternal and Newborn Care Package to one new hospital in Ghana.

**\$5,000** would establish a Designated Assessment and Resuscitation Team in one new hospital in Ghana.

**\$1,000** would fund the setting up of an obstetric triage center in one new hospital in Africa.

Because of your shared commitment to Kybele's timely mission, we want to personally invite you to consider joining our donor community. We have a history of collaborating with engaged and industry-aware donors who choose to support our high-quality solutions to some of the world's most urgent concerns. Through these intentional contributions, we are all privileged to participate in a meaningful way.

While direct contributions are always tremendously appreciated, there are creative and flexible giving options that can benefit you and Kybele. Appreciated stocks and securities are an excellent example. In addition to receiving a charitable income tax deduction equal to the current fair market value of securities, choosing to give appreciated securities to Kybele prevents you from paying capital gains tax on your earnings. Kybele is able to liquidate those securities to receive 100 percent of the proceeds from the sale. We enjoy working with donors to navigate the best option for their specific circumstance.

Please reach out to us at [admin@kybeleworldwide.org](mailto:admin@kybeleworldwide.org) for more information about contribution options or traditional electronic giving can be found on our website <https://kybeleworldwide.org/donate/>

Thank you for your consideration in partnering to ensure the sustainability of Kybele's work in a critical global health moment.

Warmly,

Kybele Worldwide Team