POSTPARTUM CARE IN SUB-SAHARAN AFRICA: INSUFFICIENT AND UNEQUAL

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EXTENDED ABSTRACT

Background

Maternal mortality continues to be high in many countries of the developing world. But in Sub-Saharan Africa, the rates are the highest at 920 for the maternal mortality ratio, nearly twice as high as the next highest region, South-central Asia. [1]

There is a better understanding of conditions contributing to deaths, such as postpartum hemorrhage, which occurs shortly after birth. In a recent worldwide review, hemorrhage was by far the single most important cause of maternal deaths for Africa, at 34% of all causes, rate which was also the highest among all regions of the world. [2] Skilled attendance at delivery and postpartum care (PPC) have been advocated as critical to preventing and managing this condition, and generally to reduce maternal deaths. [3, 4] However, there is little information on a wide scale about the occurrence and timing of postpartum care, especially in that region.

Methods

This study uses DHS data for 19 developing countries in SubSaharan Africa, plus two repeat studies (Ethiopia and Rwanda) from 1999 to 2005. Analyses focus on the postpartum period, from delivery of the placenta up to six weeks after delivery. Data employed are on occurrence and timing of postpartum care and on selected characteristics of women and their households.

Findings

About one-half of all births in these countries continue to occur outside health institutions and three-quarter of these births do not receive PPC. A few countries are attempting to bridge the gap of low percentages delivering at health institutions by providing PPC among those women delivering at home, such as Madagascar, Ghana, Guinea and Mozambique (between a fifth and a nearly a third more women receiving PPC). However, there are countries where not only there is very little institutional delivery, but also hardly any PPC among women who deliver at home, such as with Ethiopia and

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Rwanda. These two countries have two surveys spaced 4-5 years apart and their low figures have changed little between surveys (e.g. home birth women without PPC has reduced from 71 to 67 percent in Rwanda between 2005 and 2001).

Timing of first care also reveals deficiencies. Among the few women who receive PPC after delivering at home, the average is between two to three days after birth for their first check-up, and only 4 percent get this attention within the first 24 hours.

Further analyses reveal large inequalities in who is able to receive this important service. Women more likely to have delivered in a health facility live in wealthier households, had received previous antenatal care, are educated beyond primary level, live in urban areas and have had more media exposure. However, these characteristics appear in opposite direction in several cases of women delivering at home who receive PPC (see an example regarding education, in Table 1). Further analyses reveal that this is partly due to PPC being provided by a TBA rather than a skilled attendant.

Interpretation

Postpartum care is still scarcely provided, especially where home deliveries are predominant. Even where available, postpartum care is generally late to prevent deaths from postpartum hemorrhage. Women who give birth in a health institution, and thus likely receive professional postpartum care, are always better-off in Africa. However, in some countries, among women who deliver at home, less better-off receive relatively more PPC. This is in part because the provider is a community TBA. Other interpretation is that in rural/remote areas, programs specifically direct this service to the more needy population.

Recommendations

Increased attendance at delivery by a skilled attendant –either at a health institution or at home-- should be the goal of every country. Complementary efforts should be displayed to ensure that all women who have delivered receive PPC within few hours after birth, through improved links with the community and extensive training and deployment of skilled attendants.

Table 1: Postpartum Care by Women's Educational Status (Institutional and Non-Institutional Births)									
Among women with a live birth in the five years preceding the survey, proportion who delivered at an institution and among women not delivering at an institution, proportion who received PPC for their most recent birth, by education , DHS 1999-2004									
		Institutional Births				Non-institutional Births			
		No Education	Primary	Secondary or higher	Total	No Education	Primary	Secondary or higher	Total
	Sub-Saharan Africa								
1	Benin 2001	73.3	87.8	98.7	78.2	7.4	5	1	6.4
2	Burkina Faso 2003	34.8	70.9	95	40.5	16.4	11	4	15.4
3	Cameroon 2004	22.4	68.4	89.8	62	24.6	12.3	4.5	13.4
4	Eritrea 2002	11.8	41	86.4	28.7	8.1	7	2.8	7.2
5	Ethiopia 2000	2.2	9.8	44.3	5.4	4.4	7.6	9.2	5.1
6	Ghana 2003	29	43.8	69.2	47.9	28.8	30	18.5	25.1
7	Kenya 2003	15	39.1	71.7	43.2	11.4	12.4	8.4	11.3
8	Madagascar 2003	17.3	31.8	52.9	33	26.1	30.5	30.3	29.3
9	Malawi 2000	45.1	57.9	87	56.2	2.5	3.8	0.7	3.2
10	Mali 2001	34	58.6	91.2	39.6	12.4	10.9	4.8	11.8
11	Mozambique 2003	32.4	61.8	95.6	50.5	24.8	18.4	4.2	20.5
12	Namibia 2000	47.6	69.7	89.3	77.2	11.9	10.3	5.1	7.8
13	Nigeria 2003	11.2	43.6	72.3	34.6	22.6	19.3	12.1	19.1
14	Rwanda 2001	13.2	25.7	69.2	25.7	2.6	3.9	1.7	3.2
15	Uganda 2000	19.3	38.2	76.1	38.5	5.1	4.8	3.9	4.8
16	Zambia 2001	18.4	39.4	79.4	46.1	11.6	14.6	7.7	12.5
17	Zimbabwe 1999	45.9	64.8	86.2	74.2	23.4	14.3	7.5	11.5

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