Few comprehensive services, unequal access: Capacities to deal with obstructed labor in 5 African countries

Kiersten Johnson, PhD
Macro International

Introduction

Obstructed labor is an obstetric emergency that is a leading cause of maternal mortality, severe maternal morbidities such as obstetric fistula, and stillbirth in the developing world. Most occurrences of obstructed labor cannot be predicted or prevented, but they can be treated if emergency obstetric care (EmOC) services are in place and women can get to them. However, the persistence of high levels of maternal mortality and morbidity in the developing world is a stark testament to the fact that emergency services are all too often unavailable to the women who need them. Furthermore, even when appropriate services are available in the event of an emergency, women's access to those services is often inequitable. Thus, in sub-Saharan Africa, one in 16 women dies in pregnancy or childbirth (529,000 women), while 1.4 million women experience near-miss events (Filippi 2006).

There is a need to examine the availability of facilities that are capable of providing the services required by women with an obstetric emergency, and there is additionally a need to examine women's access to those facilities. The purpose of this analysis, therefore, is first to discern the availability of fully functioning EmOC in a selection of African countries, and second to describe some of the barriers that women face in terms of accessing the health care they need.

For the first part of the analysis, we examine the national levels and regional distributions of health facilities that are equipped to provide the 6 signal functions of basic EmOC, and the 8 signal functions of comprehensive EmOC, using Service Provision Assessment (SPA) data from 5 African countries (Kenya 2004, Tanzania 2006, Egypt 2004, Ghana 2002, Rwanda 2001). The second part of the analysis makes use of the most recent Demographic and Health Surveys (DHS) data for each of the aforementioned countries to analyze the experience of women who have recently given birth: how their use of health services and their problems in accessing services are distributed by key stratifying background characteristics.

Data

The SPA surveys collect information from a nationally- and regionally-representative sample of health facilities in order to provide a picture of the strengths and weaknesses of the service delivery environment for each assessed service. For this analysis, we use the data collected from the facilities regarding maternal health services. The analysis assesses the ability of facilities that are supposed to provide maternity services to either provide the signal EmOC functions or refer and provide transportation to the nearest facility that can provide these services. We describe which elements of EmOC are most

frequently missing, as well as the availability of appropriate infection control supplies and sterilizing equipment. We describe the regional differentials in the location of facilities that are capable of providing EmOC.

In a separate sub-analysis, we use data from the Kenya SPA (KSPA) to describe the proportion of normal births for which a partograph was appropriately used. We also use data from the KSPA to demonstrate the degree to which maternal health care providers have correct and complete knowledge of the signs of an obstetric emergency and what should be done in the event of an emergency. We also describe the regional differentials in the location of facilities that provide high-quality delivery services.

Using the Demographic and Health Survey data from each country for which the SPA data are analyzed, we describe the levels and differentials in respondents' use of health facilities for delivery, knowledge of danger signs in pregnancy and labour, and the problems experienced by respondents in accessing health care.

Results

The results of this analysis will serve to pinpoint specific gaps and difficulties that stand in the way of the delivery of life-saving emergency obstetric services. It is hoped that the analysis will serve to guide decisionmaking on resource allocations by policymakers and those who implement programmatic interventions. Without equitable provision of accessible EmOC services, African women will continue to die or experience devastating birth injuries at a level that is unacceptable in a world where interventions exist to prevent such tragic losses.

Neilson JP, Lavender T, Quenby S and Wray S. 2003. Obstructed labour: Reducing maternal death and disability during pregnancy. *British Medical Bulletin,* 67:191-204

AbouZahr C. 2003. Global burden of maternal death and disability. *British Medical Bulletin*, 67:1-11.

Naeye RL, Dozor A, Tafari N, Ross SM. 1977. Epidemiological features of perinatal death due to obstructed labour in Addis Ababa. *BJOG*, 84(10): 747.

Filippi V, Ronsmans C, Campbell OMR, Graham WJ, Mills A, Borghi J, Koblinsky M, Osrin D. 2006. Maternal health in poor countries: the broader context and a call for action. *The Lancet*. 368: 1535-41.