Access to healthcare services during pregnancy
And maternal health outcomes in developing countries

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Background
In 2005, nearly half a million women died on account of pregnancy related complications.

Almost 80% of deaths occur due to sepsis, hemorrhage, hypertensive disorder, induced abortion, and obstructed labor.

The high fatality rate is observed primarily due to poor access to medical facilities, lack of obstetric professionals and poverty.


Milliez, J. (2012). Women’s health and development. 'Académie nationale de médecine, 196(8), 1509-1520. DOI: 24313009.
• Globally, around 536,000 maternal deaths were recorded in the year 2005 and the maternal mortality ratio was as high as 400 per 100,000 live births.

• Maternal deaths and maternal mortality ratio were highest in Southeast Asia, Sub-Saharan Africa, East Asia and Latin America.

• Sub-Saharan Africa and Asia account for almost 90% of maternal deaths.

• India faces a huge burden of 25% of the maternal mortality in the world.

• Bangladesh, Ethiopia, Nepal, Indonesia, Nigeria and Pakistan account for 30% of maternal mortality.

• Around 1 in 12 women die in Sub-Saharan Africa due to maternal complications as opposed to 1 in 4000 deaths in Northern Europe.

• Around 1 in 4 women suffer from acute or chronic disabilities associated with pregnancy in developing countries

Factors

• Socioeconomic status
• Education
• Age
• Ethnicity
• Religion
• Culture

• Decision making power
• Location
• Clinical need for care and quality of available health care services influence the access to primary care during pregnancy.

The Fifth Millennium Developmental Goal seeks to reduce maternal mortality by 75% by 2015.

Definition of prenatal care

• “The detection, treatment, or prevention of adverse maternal, fetal, and infant outcomes as well as interventions to address psychosocial stress, detrimental health behaviors such as substance abuse, and adverse socioeconomic conditions.”

Advantages of prenatal care

• Better fetal outcomes in terms of normal delivery, optimum birth weight and timely development.

• Conducting timely screenings and educating mothers will help in making timely decision and avoiding serious medical complications.


• Complications during pregnancy can be significantly reduced by making at least four visits to antenatal care clinics.

• Educated to opt for a skilled birth attendant during delivery, which proves to be beneficial.

Along with improved physical outcomes, improves mental health outcomes of the mothers.

Increased self-esteem, decreased stress, decreased social conflict in the third trimester and decreased rates of depression.

Barriers to Prenatal Care
Five important factors associated with access to health care

- Affordability
- Availability
- Accessibility
- Accommodation
- Acceptability

<table>
<thead>
<tr>
<th>Demand side</th>
<th>Example of barrier</th>
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<tbody>
<tr>
<td>1) Information on health care choices/providers</td>
<td>Lack of knowledge of providers</td>
</tr>
<tr>
<td>2) Education</td>
<td>Low ability to assimilate health choices and negotiate access to appropriate providers</td>
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<td>3) Indirect consumer costs</td>
<td>Long and slow travel to facilities</td>
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<tr>
<td>• distance cost</td>
<td>Need for patient and carer to stop working for long periods in order to seek care</td>
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<tr>
<td>• opportunity cost</td>
<td>Asymmetric control over household resources</td>
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<td>4) Household preferences</td>
<td>Reluctance to seek health care for women outside home; community</td>
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<td>5) Community and cultural preferences, attitudes and norms</td>
<td>resistance to using modern medical care to assist with pregnancy</td>
</tr>
<tr>
<td>6) Price and availability of substitute products and services</td>
<td>Patients seek treatment through providers that are inappropriate for their condition such as drug sellers</td>
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<td>Demand and supply interaction</td>
<td>High cost of services</td>
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<td>Direct price of service of a given level of quality (including informal payment)</td>
<td>Large unofficial payments to staff</td>
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<td>Quantity rationing</td>
<td>Long waits to see medical staff</td>
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<td>Supply side</td>
<td>Absenteeism, staff not attracted to the area</td>
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<tr>
<td>1) Input prices and input availability</td>
<td>Scarcity of supplies, weak cold chain</td>
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<td>• Wages and quality of staff</td>
<td>Inability to treat disease with given technology</td>
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<td>• Price and quality of drugs and other consumables</td>
<td>Poor quality of management training, lack of management systems</td>
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Cultural and social barriers

- Lack of empowerment of women
- Early marriages
- Lack of decision making ability and power
- Poorly spaced pregnancies and pressure of bearing a male child
- Traditions such as ‘evil eye’ lead to concealment of pregnancy until second trimester

• Belief that pregnancy is a natural phenomenon and that they do not need additional support in terms of screenings, medications, nutrition and education.

• Belief that prenatal visits will take up a lot of time from their household chores, thereby making it their second priority.

• Reluctance to visit male health professionals.

• Unmarried women with unintended pregnancies are less likely to utilize prenatal care services due to the social stigma associated with it.


Overcoming the Burden
• Countries like Malaysia and Sri Lanka among other developing countries have successfully reduced their maternal mortality rates to levels much comparable to developed countries.

• They shifted their strategies from focusing on expanding their services in underserved areas to increasing utilization and improving quality of services provided.

• Both countries focused on reducing the financial barrier by making prenatal care services affordable to women.

• Thailand has successfully reduced their maternal mortality ratios from 400 deaths per 100,000 live births in 1960 to 50 per 100,000 live births in 1984.

These successes are mainly attributed to improvements in midwifery training, increased hospital referrals, and providing free care services.

Egypt and Honduras have also halved their maternal mortality ratios in less than 7 years to around 200 deaths per 100,000 live births.

• Substantial decline in maternal mortality rates have been observed in a rural area called Matlab in Bangladesh from 600 deaths per 100,000 live births in 1976 to 200 per 100,000 in 2001.

• Increased access to emergency obstetric care, reduced abortion related deaths, and overall improvement in the health of women.

Successful Interventions
• India

• Brazil

• Rural Ethiopia
Conclusion

• Maternal mortality is a huge burden in many countries especially in the developing world and the biggest challenge is the availability of adequate healthcare services.

• The best way to overcome this burden is to integrate health care services and public health interventions.