

Understanding Inequities in Postnatal Care Services Utilization in Low- and Middle-income Countries

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Alliance for
Health Policy and
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World Health
Organization

Burden of Morbidity & Mortality

| Geographic distribution | Maternal Mortality Ratio / 100 000 live births | Lifetime Risk of Maternal Death |
|---------------------------------|---|------------------------------------|
| Latin America and the Caribbean | 85 | 1/570 |
| Mexico | 49 | 1/900 |
| High-income countries | 16 | 1/3700 |

Source: WHO, UNICEF, WB, UNFPA (2014)

99% of maternal & neonatal mortality occur in LMICs

2/3 of maternal deaths occur **after delivery**

> 50% of infant deaths occur in the postnatal period : 42 d

Postnatal Care Services

PNC : “lowest coverage among maternal and infant health packages” ...

...even when ANC and SBA rates are high

Democratic Republic of the Congo (urban area):
93% SBA but only 35% of birthing women benefit from PNC

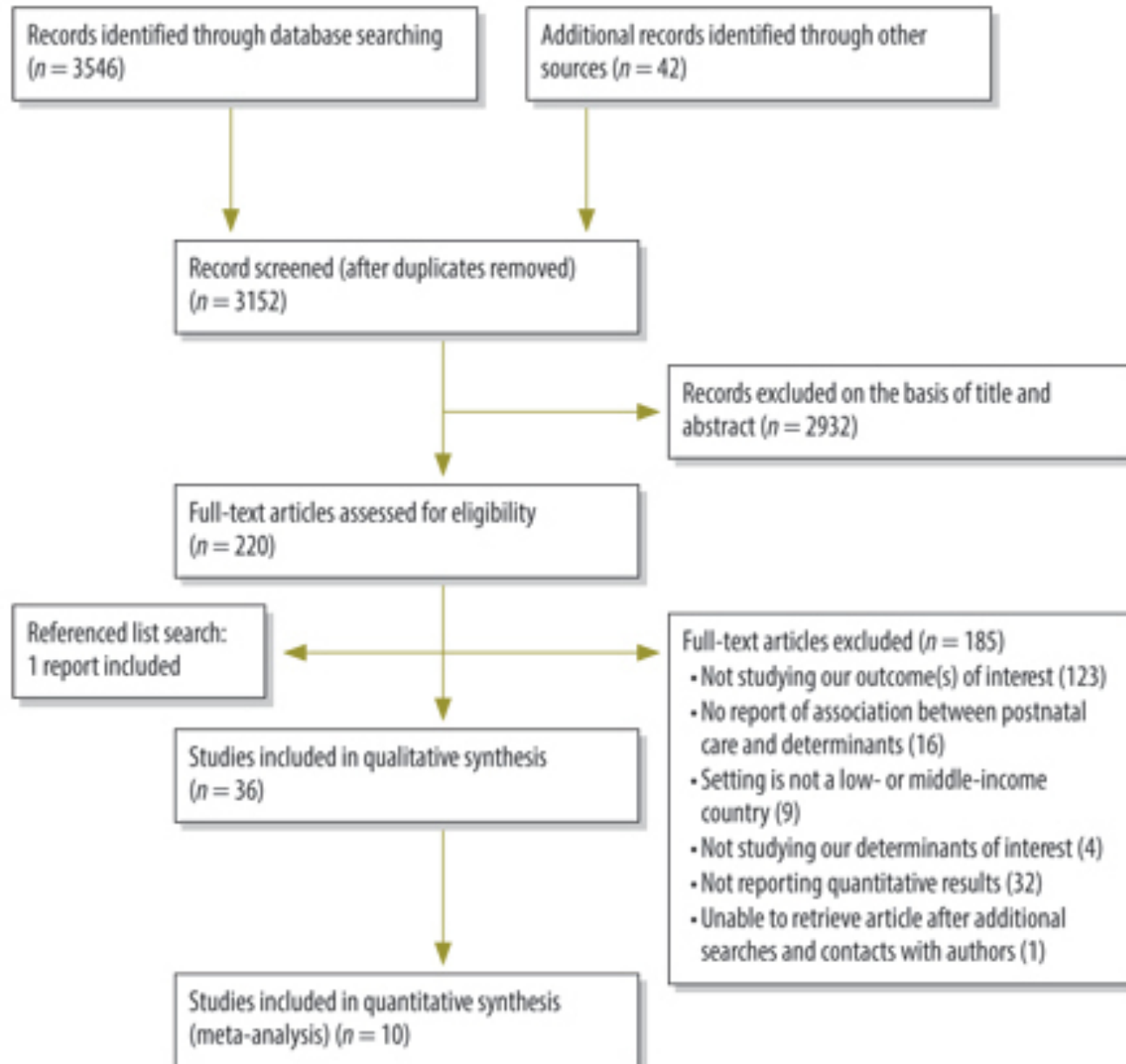
What are the determinants of access to & use of postnatal care services in LMICs?

First systematic review on PNC determinants &
Inequities in LMIC settings

Evidence to inform policies and programmes
towards UHC for maternal & newborn health

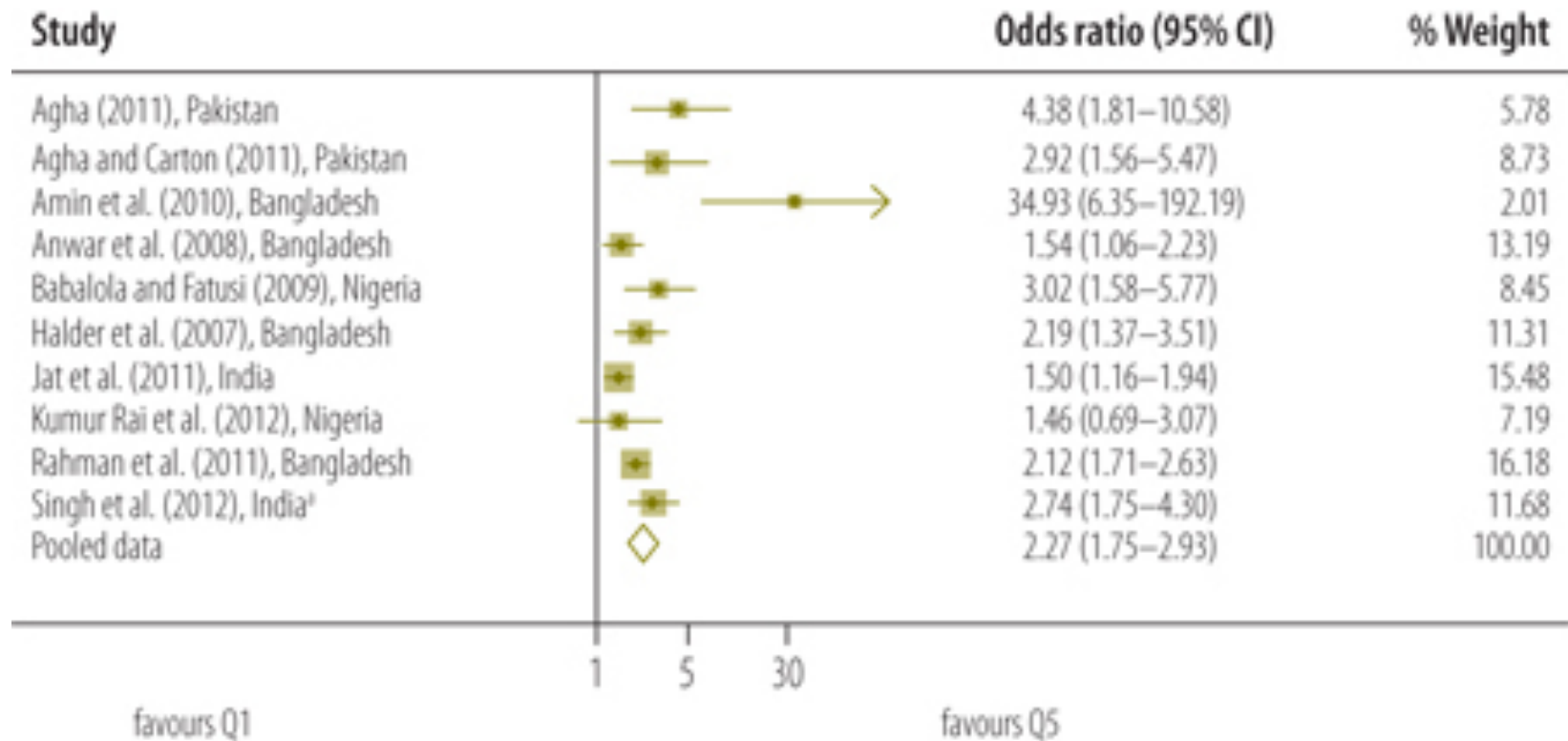


Systematic Review - Flowchart



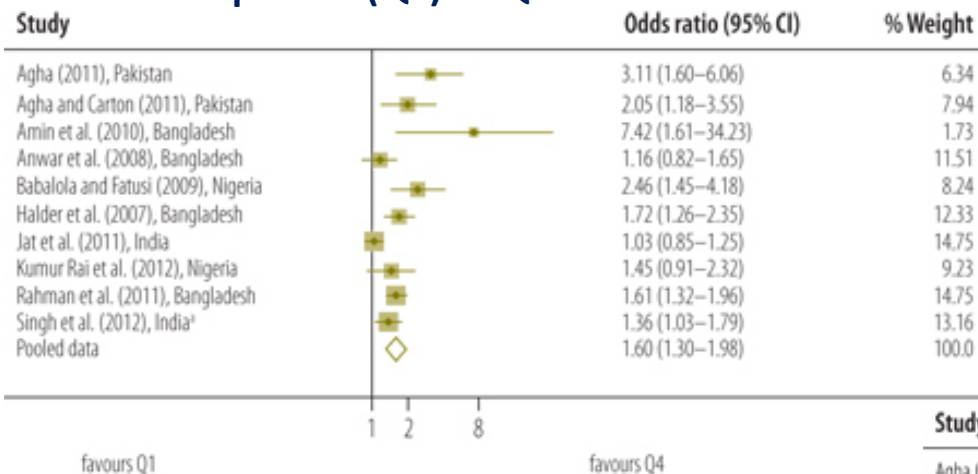
Socioeconomic Inequities

Highest (Q5) vs Lowest (Q1) SES quintile

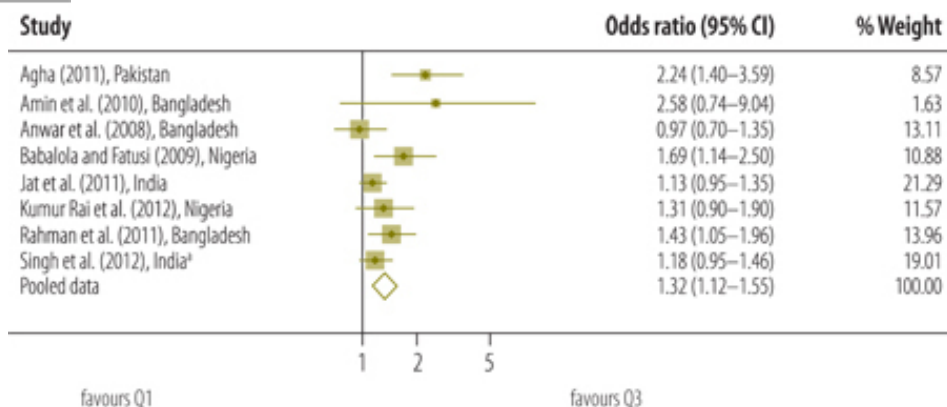


Socioeconomic Gradient in Use of PNC

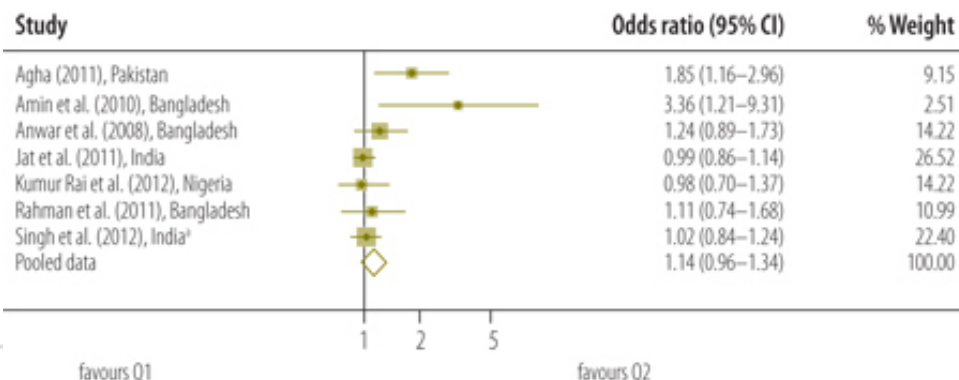
4th SES quintile (Q4) vs Q1



3rd SES quintile (Q3) vs Q1



2nd SES quintile (Q2) vs Q1



Education and Demographic Determinants

Education

- Marked variations according to level of education of women
- No formal education < primary education < secondary school
- Duration of maternal schooling : positively correlated with PNC use
- Independent effect of husband schooling (completed secondary school)

Occupation

Income-earning occupations of women & husbands

Religion

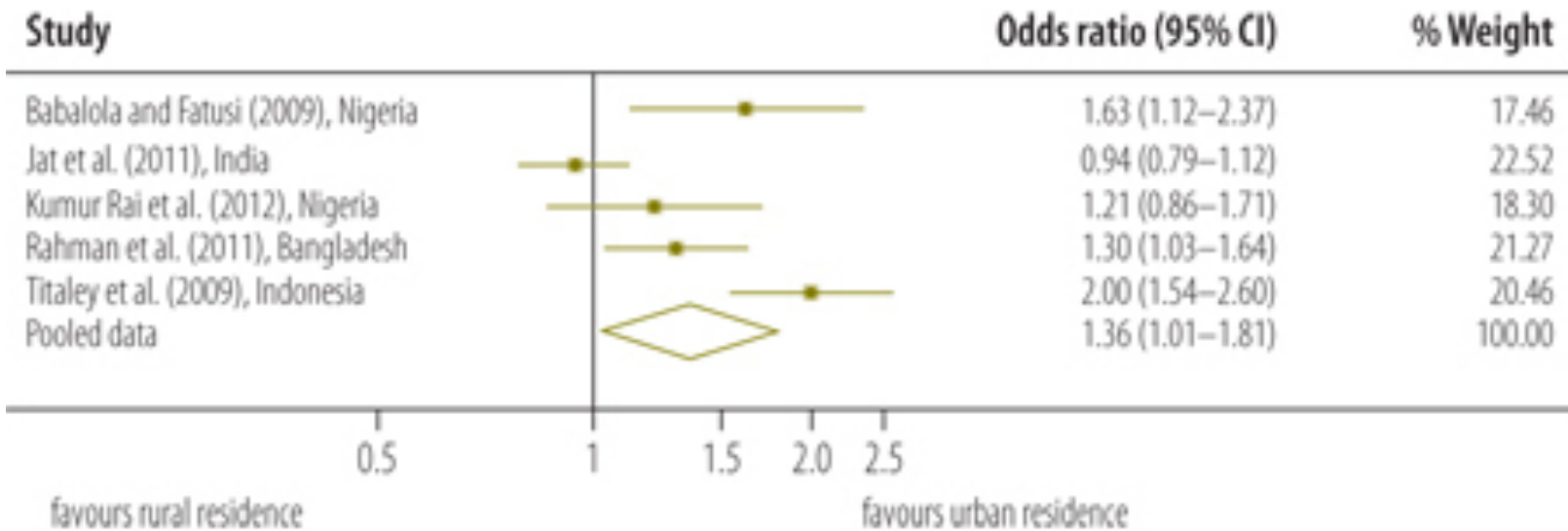
No clear trend in use of PNC

Social Group/Ethnicity/Migration Status

Minority vs. majority group: no clear trend in PNC use

India: scheduled castes, scheduled tribes or backward classes: less likely to use PNC vs. upper castes

Geographic Inequities



India: Public transport ↑ PNC

Towards Increased PNC Coverage

Importance of PNC should be fully recognized in policy & practice

Opportunity for better integrated care for mothers and babies

- ✓ **Community-level interventions**
- ✓ **Strengthening health system delivery of PNC**
 - Implement WHO Recommendations
 - Alleviate/abolish user fees
 - Develop capacities of health care professionals
 - Promotion of PNC use
 - Monitor/improve/maintain quality of care
- ✓ **Empowering women**



Respectful care is key!



Childbirth experience:
predictor of PNC use

Neglectful care related to
health systems failures

- Lack of training on gender sensitive care
- Underfunding & dearth of resources and shortage of HRH
- Lack of accountability

Need for more evidence on PNC period

Unpack the black box of PNC services delivery



- Evidence on number and timeliness of PNC check-ups
(When? Where? Who?)
- Importance of implementation research/delivery science
Acceptability?
Adaptation vs fidelity of PNC Recommendations?

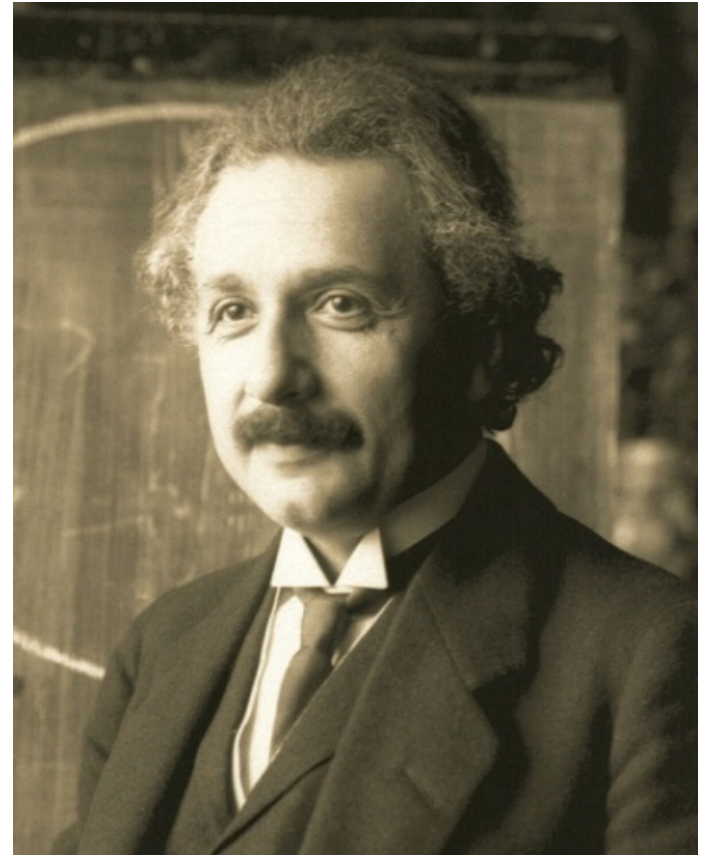
Think differently

“ We cannot solve our problems with the same thinking we used when we created them. ”

(Albert Einstein)

PNC is a key element of reproductive rights!

Due consideration to PNC in continuum of care towards UHC



Many thanks

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