

STATE OF MATERNAL HEALTH CARE IN PUNJAB

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Maternal Health

Women’s health during pregnancy, childbirth and the post-partum period¹



300/100,000 live births

Maternal Mortality rate in Punjab

Source: Punjab Health Department³

Millennium Development Goals



Punjab was unable to meet the **MDG 5:**

- “Direct obstetric causes such as post partum hemorrhage, sepsis and complications of abortion are responsible for **50%** of maternal deaths”⁴
- “These maternal deaths are avoidable by provision of **prenatal, delivery** and **post natal services**”⁵

Figure 1: Millennium Development Goal 5: Target and Status

Millennium Development Goals Indicators	Target	National		Punjab	
		Status	Remarks	Status	Remarks
Goal 5: Improve Maternal Health					
Maternal Mortality Ratio	140	276 (2006-07)	Off Track	227 (2006-07)	Off Track
Proportion of births attended by Skilled Birth Attendants	>90	52 (2012-13)	Off Track	53 (2012-13)	Off Track
Contraceptive Prevalence Rate	55	35.4 (2012-13)	Off Track	41 (2012-13)	Off Track
Total Fertility Rate	2.1	3.8 (2012-13)	Off Track	3.8 (2012-13)	Off Track
Proportion of women 15-49 who had given birth during last 3 years and made at least one antenatal consultation	100	69 (2012-13)	Off Track	73 (2012-13)	Off Track

Source: UNDP Pakistan²

KEY COMPONENTS OF MATERNAL HEALTH CARE PROVISION



1 PRE-NATAL CARE

Post natal health checkup including components such as blood pressure, urine sample, blood sample and weight as well as neonatal tetanus protection

2 DELIVERY CARE

Skilled birth attendants and place of delivery

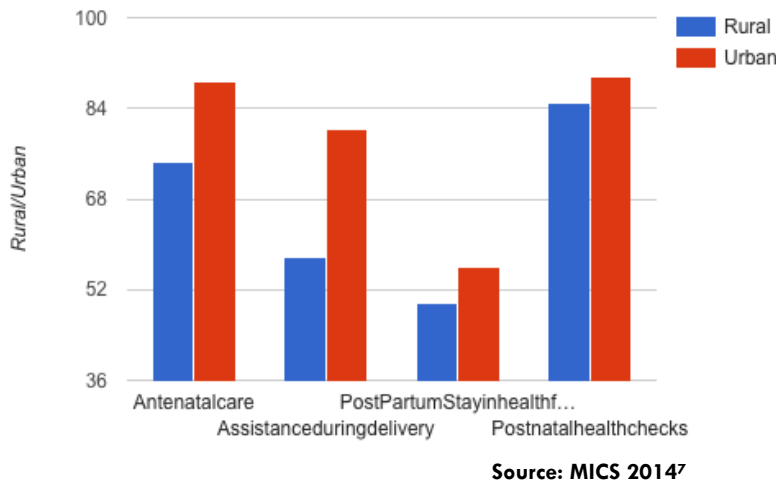
3 POST NATAL CARE

Stay in a health care facility for 12 hours or more and post-natal health checkups of the mother

Source: MICS 2014⁶

RURAL/URBAN differences in access to maternal health facilities

Figure 2: Rural/Urban access to maternal health facilities in Punjab



Maternal mortality is higher in **rural** areas and among poorer communities

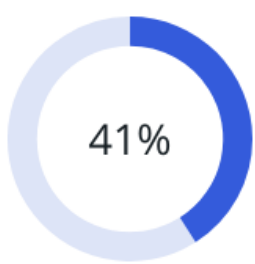
- In the rural areas of Punjab, access to maternal health care facilities is still far behind compared to urban Punjab (See Figure 2)
- **74%** of women in Punjab receive **only one** antenatal care visit from skilled birth attendants during pregnancy¹⁰

+ 1099/2613

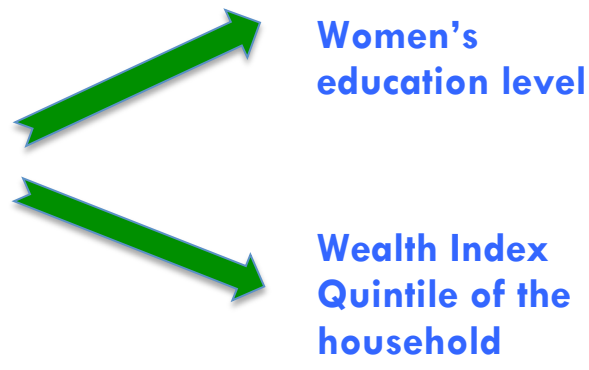
Government sanctioned posts of Medical officers and Women medical officers for Rural Health Clinics and Basic Health Units have been vacant⁸

- The lack of maternal health provisions poses a serious problem in rural Punjab, but **demand side factors** also affect women's access to maternal health care facilities.

DEMAND SIDE FACTORS THAT DETERMINE WOMEN'S ACCESS TO MATERNAL HEALTH CARE PROVISIONS⁹



41% of births attended by **unskilled attendants** increase delivery related complications¹¹



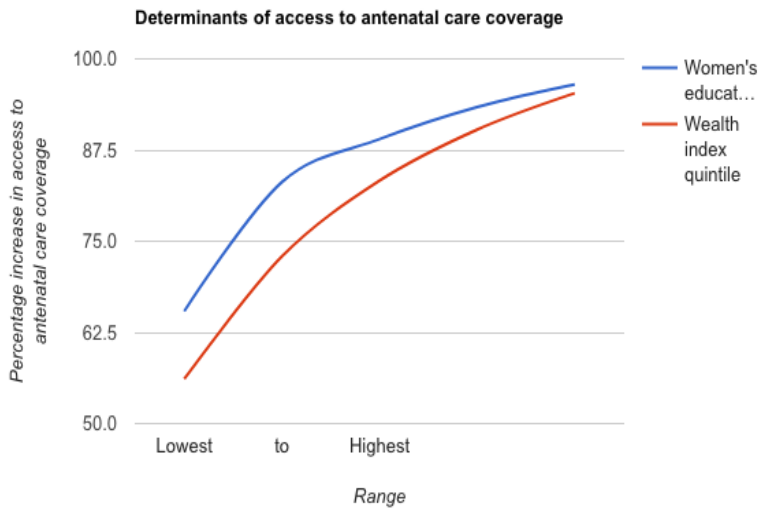


Figure A (Source: MICS 2014¹²)

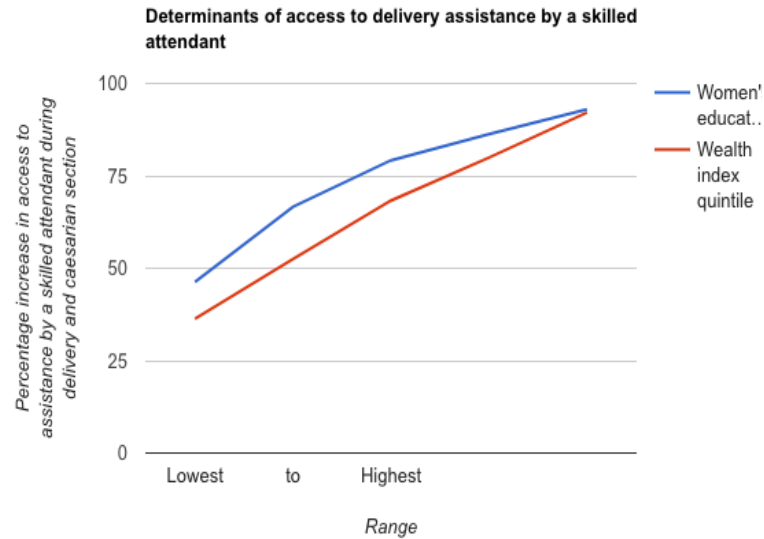


Figure B (Source: MICS 2014¹²)

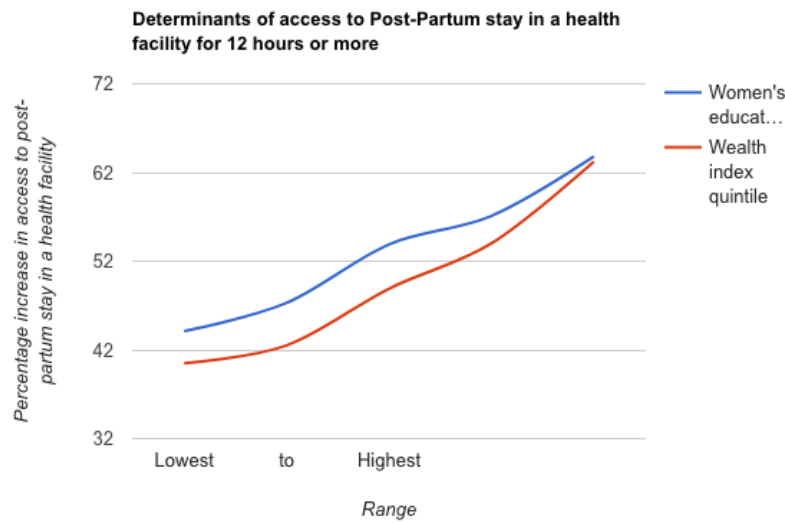


Figure C (Source: MICS 2014¹²)

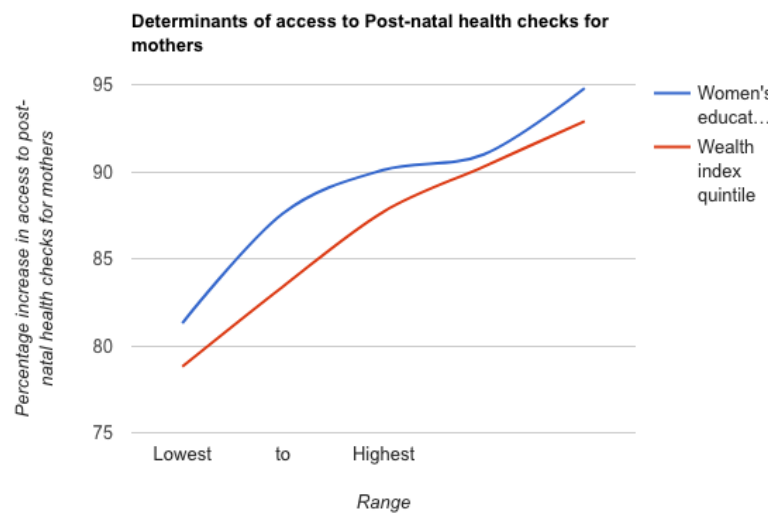


Figure D (Source: MICS 2014¹²)

- As **women's education level** and **wealth index quintile** of the household increases, their access to maternal health care facilities also increases.

References

- ¹Maternal Health (2017). World Health Organization (WHO) <http://www.who.int/topics/maternal_health/en/>
- ² Punjab MDG Status: A District wise overview of MDG status 2012-2013 (2014). Islamabad: United Nations Development Programme Pakistan (UNDP).
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- ^{4,5,8,10,11}Chaudhry, Asif. (2015, May 16). 41 PC births handled by unskilled staff in Punjab. Dawn News.
- ^{6,7,9,12}Multiple Indicators Cluster Survey (MICS) (2014). Bureau of Statistics Punjab.