PREGNANCY AND BIRTH

Antenatal care, delivery attended by skilled health professionals and access to health facilities for delivery are important for the health of both mothers and their babies as they reduce the risk of birth complications and infections (see indicators "Reproductive health", "Preterm births and low birthweight" and "Infant and young child feeding" in Chapter 4). WHO currently recommends a minimum of four antenatal visits, and antenatal care coverage has been monitored to ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes by 2030 (Sustainable Development Goal 3.7).

In Asia-Pacific, only two in three pregnant women – on average – received the recommended four visits in lower middle and low income countries, but access to antenatal care varies across countries (Figure 5.16, left panel). DPR Korea, Sri Lanka, Brunei Darussalam, Fiji, Thailand and the Republic of Korea have nearly complete coverage of over 90% of four antenatal visits. At the other end, in Bangladesh, Pakistan and Lao PDR, the coverage of four antenatal care visits is less than 40%.

Only three women in four had births attended by a skilled health professional in lower-middle and low income Asia-Pacific countries, whereas almost all births were attended by a skilled health professional such as a doctor, nurse or midwife in high and upper-middle income countries (Figure 5.16, right panel). Less than one birth in two in Bangladesh, Lao PDR and Papua New Guinea is attended by a skilled health professional, with most deliveries assisted by *dais* or untrained birth attendants. Traditional birth attendants are important in several other countries including Cambodia, India, Indonesia, Myanmar, Pakistan and the Philippines, especially in rural settings.

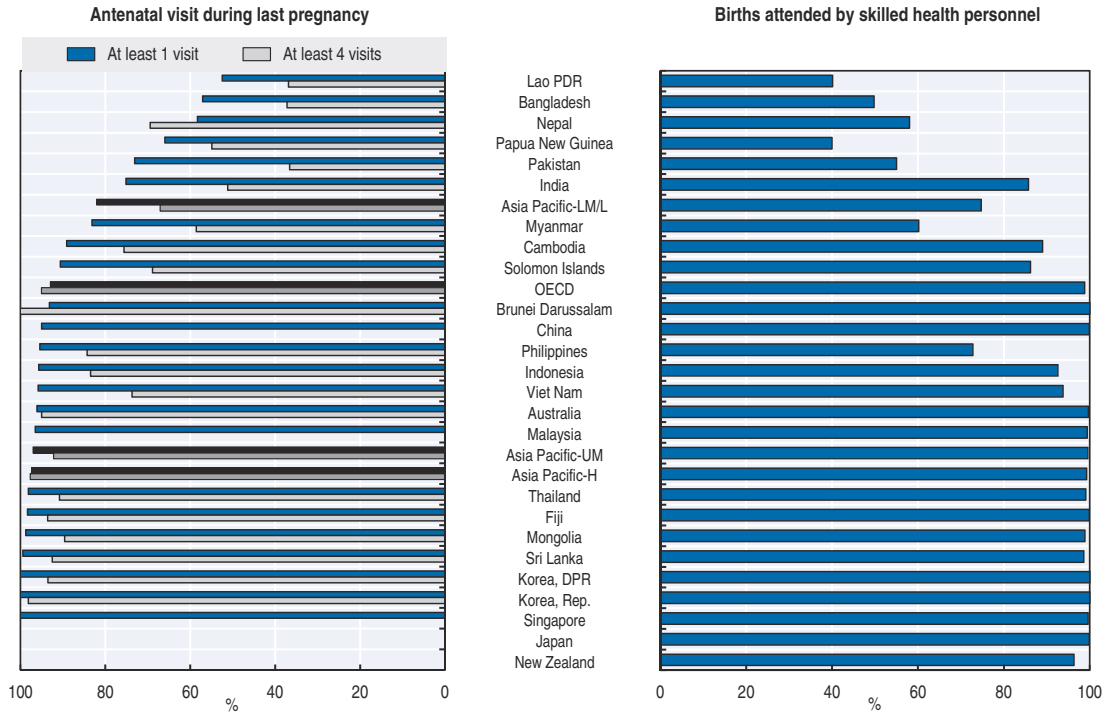
Delivery in health facilities varies across countries (Figure 5.17). In Australia, Thailand, Mongolia, Sri Lanka and Viet Nam, almost all deliveries take place at a health facility. On the other hand, in Bangladesh and India, most deliveries occur at home and only less than 40% of births take place in a health facility. Across countries, deliveries in health facilities are more common among mothers giving birth for the first time, or those who have had at least four antenatal visits, as well as among mothers living in urban regions and those with higher education and wealth.

Access to skilled birth attendants varies by socio-economic factors (Figure 5.18). Mongolia, Thailand and Sri Lanka have a high coverage of births attended by skilled health professionals among mothers with different education and income levels, and living in different geographical locations. However, in other countries, the coverage of births attended by skilled health professionals is highly unequal among women of different income and education levels. For example, in the Philippines and Lao PDR, access differs by more than five-fold between mothers of the lowest education level versus mothers of the highest levels. Disparity by household income is largest in Lao PDR, with a 8-fold difference between the highest and lowest income quintiles respectively, and in Pakistan with a 4-fold difference. In contrast, differences in access to skilled care at birth remain relatively small between urban and rural areas across countries (except for Lao PDR).

Definition and comparability

The major source of information on care during pregnancy and birth are health interview surveys. Demographic and Health Surveys (DHS), for example, are nationally representative household surveys that provide data for a wide range of indicators in the areas of population, health, and nutrition. Standard DHS Surveys have large sample sizes (usually between 5 000 and 30 000 households) and typically are conducted every five years, to allow comparisons over time. Women who had a live birth in the five years preceding the survey are asked questions about the birth, including how many antenatal care visits they had, who provided assistance during delivery, and where the delivery took place.

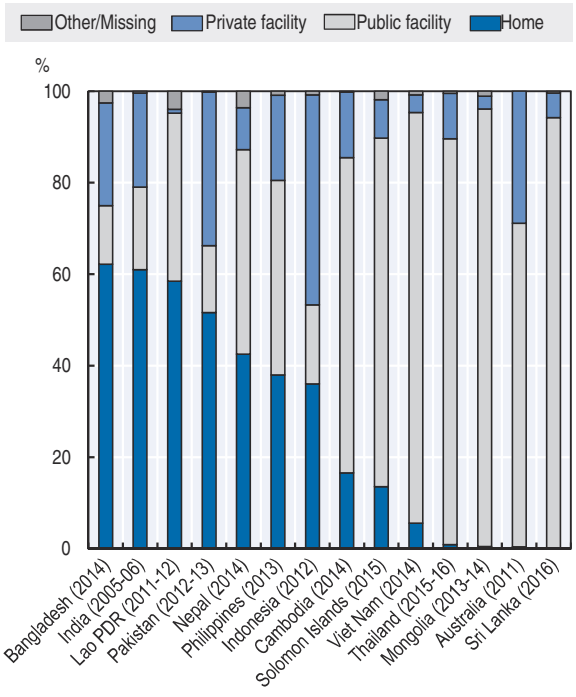
5.16. Provision of care during pregnancy and birth, 2016 or latest year available



Source: WHO GHO (2018).

StatLink http://dx.doi.org/10.1787/888933868386

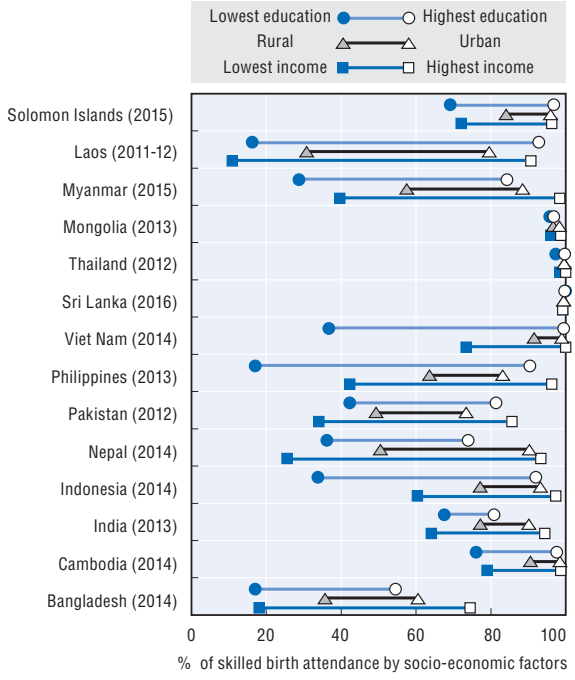
5.17. Place of delivery, latest year available



Source: DHS and MICS surveys, various years.

StatLink http://dx.doi.org/10.1787/888933868405

5.18. Births attended by skilled health professionals, by socio-economic and geographic factor, latest year available



Source: DHS and MICS surveys, various years.

StatLink http://dx.doi.org/10.1787/888933868424