Maternal and newborn health

More than 350,000 women died in pregnancy or childbirth in 2008, and every year many more sustain injuries, such as obstetric fistulae, that can turn into lifelong, ostracizing disabilities. Most of the women who die or are severely injured in pregnancy or childbirth reside in sub-Saharan Africa and Asia, and most of the deaths are caused by haemorrhage, high blood pressure, unsafe abortion or sepsis. Many of these injuries and deaths can be averted if expectant mothers receive care from skilled professionals with adequate equipment and supplies, and if they have access to emergency obstetric care.

Urban settings provide proximity to maternity and obstetric emergency services but, yet again, access and use are lower in poorer quarters – not least because health facilities and skilled birth attendants are in shorter supply. Health services for the urban poor tend to be of much lower quality, often forcing people to resort to unqualified health practitioners or pay a premium for health care, as confirmed by studies in Bangladesh, India, Kenya and elsewhere.

Breastfeeding

Breastfeeding is recommended during the first six months of life as a way to meet infants’ nutritional requirements and reduce neonatal mortality by perhaps 20 per cent. There is some evidence that urban mothers are less likely than rural ones to breastfeed – and more likely to wean their children early if they do begin. An analysis of Demographic and Health Survey (DHS) data from 35 countries found that the percentage of children who were breastfed was lower in urban areas. Low rates of breastfeeding may be attributed in part to a lack of knowledge about the importance of the practice and to the reality that poor women in urban settings who work outside the home are often unable to breastfeed.

Figure 2.1. Wealth increases the odds of survival for children under the age of 5 in urban areas

Under-five mortality rate (per 1,000 live births) in urban areas in selected countries (right end of bar indicates average under-five mortality for the poorest quintile of the population; left end indicates that for the wealthiest quintile).

Source: WHO estimates and DHS, 2005–2007. Countries were selected based on availability of data.