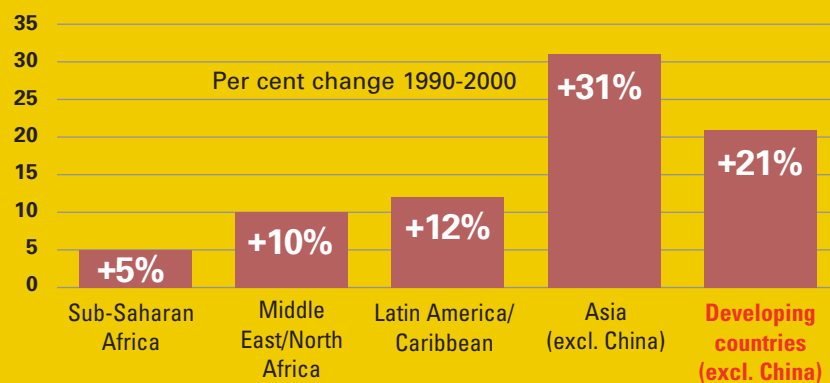


## Goal

Access by all pregnant women to prenatal care, trained attendants during childbirth and referral facilities for high-risk pregnancies and obstetric emergencies

### Improvements in antenatal care\*, 1990-2000



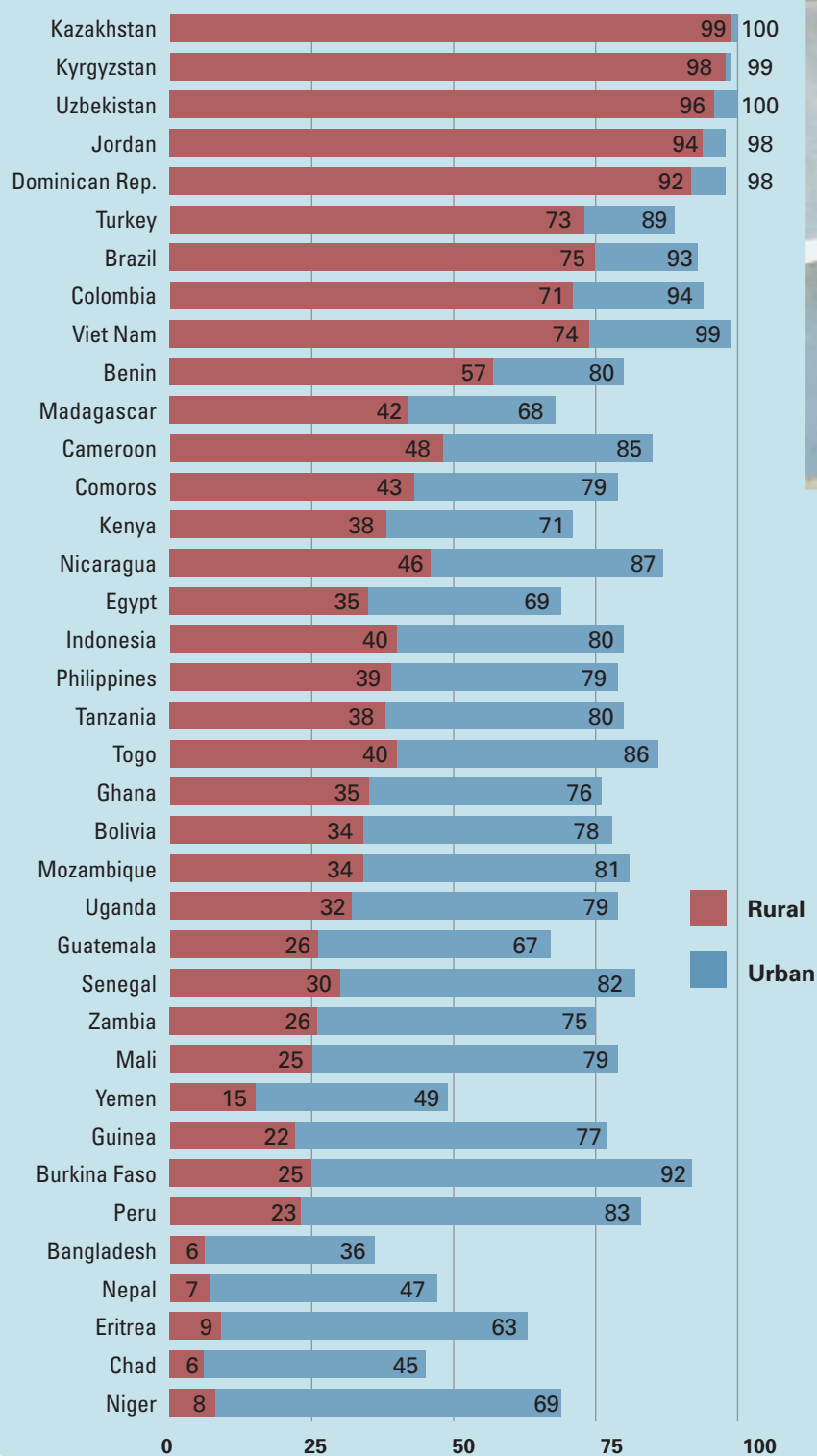
\*Based on 45 developing countries with trend data.

Source: UNICEF, 2001.

# » Maternal Care

### Rural/urban differences in skilled attendants at delivery, 1995-2000

Urban rates on average are more than twice as high as rural



Source: Demographic and Health Surveys, 1995-2000.



## Result

Apart from sub-Saharan Africa, where maternal mortality is highest, antenatal and delivery care have improved significantly in all regions, though not all countries have shared equally in such improvements.

## ... but

Delivery care coverage is 37 per cent in sub-Saharan Africa and 29 per cent in South Asia; essential obstetric care coverage is even lower. Countries with the lowest levels of care for pregnant women need to invest in programmes that will give women accelerated access to antenatal delivery care.

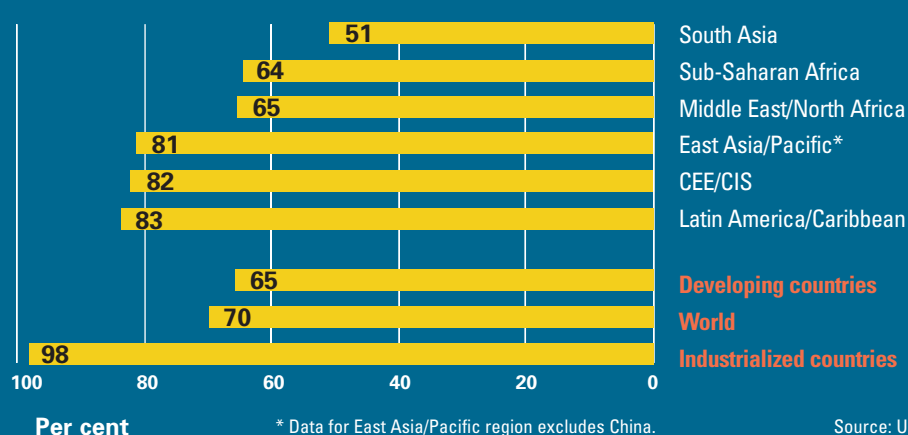
## Issue

Regular contact with a doctor, nurse or midwife during pregnancy allows women to receive advice on tetanus immunizations, good nutrition, hygiene and rest and allows health workers to detect potential complications. It is also an opportunity to provide services to help prevent mother-to-child HIV transmission, prevent and treat malaria and distribute micronutrient supplementation.

Labour and delivery, too, should be supervised by doctors, midwives or nurses who have the skills to safely handle normal deliveries and to recognize the onset of complications requiring emergency care.

### Antenatal care, by region. Only half of women in South Asia receive antenatal care

Percentage of women aged 15-49 attended at least once during pregnancy by a doctor, nurse or midwife



\* Data for East Asia/Pacific region excludes China.

Source: UNICEF, 2001.