

Pregnancy and birth

The health of both mothers and their babies benefit from antenatal care delivered by skilled health professionals and access to health facilities for delivery, as they reduce the risk of birth complications and infections (see indicators “Family planning” and “Infant and young child feeding” in Chapter 4) (Measure Evaluation, 2019^[1]). The Sustainable Development Goal 3.7 aims to ensure universal access to sexual and reproductive healthcare services, including for family planning, information and education, and the integration of reproductive health into national strategies and programs by 2030.

In LAC countries, most pregnant women receive the recommended four visits, but access to antenatal care varies across countries and across socio-economic groups. Countries such as Honduras, Paraguay, Mexico, and El Salvador have nearly complete coverage for the population belonging to the highest income quintile (over 97.5% of mothers have four antenatal visits), but inequalities exist: mothers in the lowest income quintile had around 10 and 18 percentage points lower coverage, respectively, compared to mothers in the highest income quintile. At the other end, in Haiti, the average coverage of four antenatal care visits is less than 50% in the lowest income quintile. Furthermore, Haiti has the largest inequality amongst countries with data, with 38 percentage points of difference between mothers in the lowest and the highest income quintile. In contrast, Costa Rica shows a high coverage and the lowest income inequality (Figure 5.11).

Most women in LAC had births assisted by a skilled health professional such as a doctor, nurse, or midwife. However, less than 14% of women from the lowest income quintile in Haiti were assisted by a skilled health professional, with most deliveries assisted by untrained birth attendants. Traditional birth attendants are important in several other countries especially in rural settings. Inequalities between mothers in the lowest and the highest income quintile are the largest in Haiti and Guyana, showing a difference of 68 and 20 percentage points of higher coverage, respectively, in favour of the richest group. The lowest inequality is found in Suriname and the Dominican Republic, with a similar high coverage across all socio-economic groups (Figure 5.12).

Delivery in health facilities varies across countries (Figure 5.13). In LAC13 countries with data, 91.9% of deliveries occurred in established healthcare facilities. In Cuba, Argentina, and Colombia over 99% of deliveries take place at a health facility. In Haiti, most deliveries take place at home (59.5%), while Honduras and Guyana are the only other countries with available data in the region having a rate of deliveries taking place at home above 5%.

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.

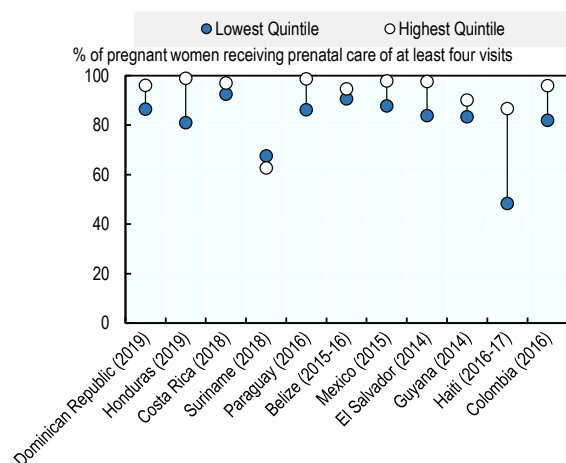
The income inequality data on antenatal care and skilled birth attendance was obtained from the Health Equity and Financial Protection Indicators (HEFPI) dataset compiled and maintained by the World Bank.

References

Measure Evaluation (2019), *Indicator Compendium - Antenatal Care Coverage*,
<https://www.measureevaluation.org/rbf/indicator-collections/service-use-and-coverage-indicators/antenatal-care-coverage>.

[1]

Figure 5.11. Provision of care during pregnancy and birth, first and fifth income quintile, latest year available



Source: DHS and MICS surveys.


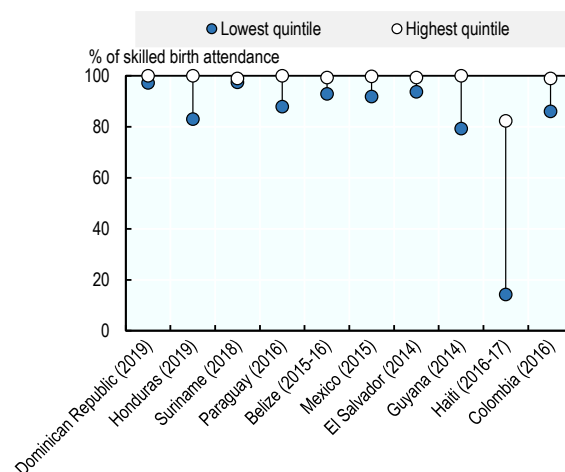
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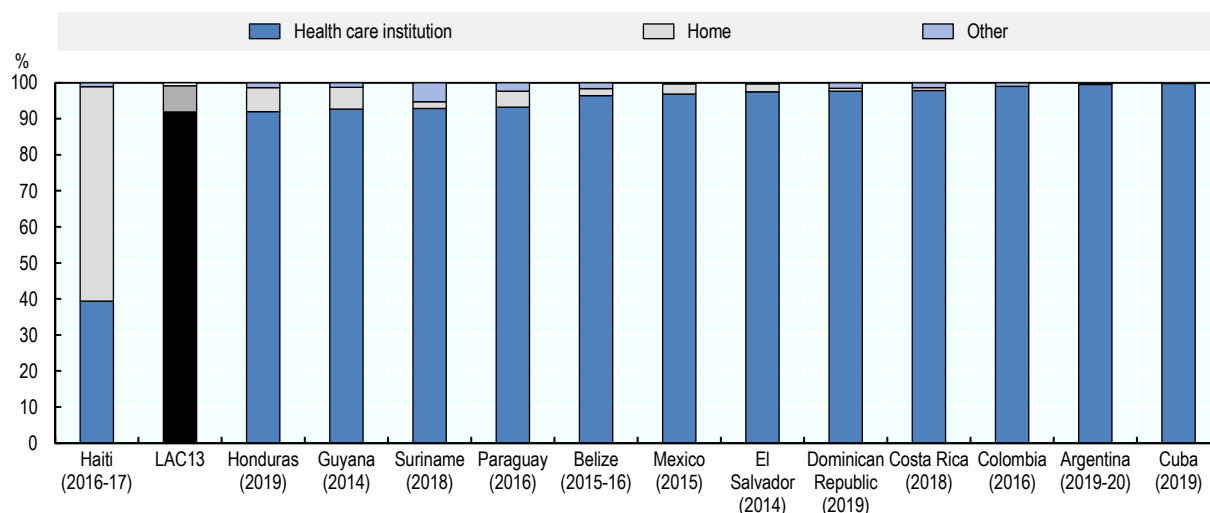
Figure 5.12. Births assisted by skilled health professionals, first and fifth income quintile, latest year available



Source: DHS and MICS surveys.


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Figure 5.13. Place of delivery, latest year available



Note: Values for "other" category are the difference between a 100% and the deliveries taking place at healthcare institutions or at home.

Source: DHS and MICS surveys.

StatLink  <https://stat.link/4ywi5z>



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