

## Meeting the Need for Maternal and Newborn Care in the Developing World—Estimates for 2012

- In the last two decades, steady gains have been made in increasing women's access to medical care during pregnancy and delivery. Still, tens of millions of women and newborns in the developing world do not receive adequate care, often with tragic consequences.

- In 2010, an estimated 284,000 women in developing countries died from complications related to pregnancy and child-birth—the large majority of these deaths were preventable.

- About three million babies die during the first 28 days of life—forty-three percent of all deaths under age five. Three-quarters of newborn deaths occur in the first week of life, and 25%–45% of these occur in the first 24 hours.

- Only a handful of countries in the poorest regions of the world are on track to meet both Millennium Development

Goals 4 and 5, which call for reducing child mortality by two-thirds and maternal mortality by three-quarters, respectively, between 1990 and 2015.

### USE OF MATERNAL AND NEWBORN HEALTH SERVICES

- In 2012, there were an estimated 122 million births in developing regions. All women who gave birth needed antenatal, delivery and postnatal care for themselves and their newborns.

- Only 55% of developing-country women who gave birth in 2012 received four or more antenatal visits—as recommended by the World Health Organization—and many of these did not obtain the screening and services that they needed to ensure a healthy pregnancy.

- Only 64% of women who gave birth delivered in a health facility. This proportion varied greatly, from lower than 50%

in Eastern and Western Africa to 99% in Eastern Asia.

- Between 2008 and 2012, a modest improvement occurred in the proportion of women receiving adequate antenatal care—an increase of approximately one percentage point annually. The proportion of women delivering in health facilities increased at a faster pace, by 2.3 percentage points per year.

### UNMET NEED FOR MATERNAL AND NEWBORN HEALTH SERVICES

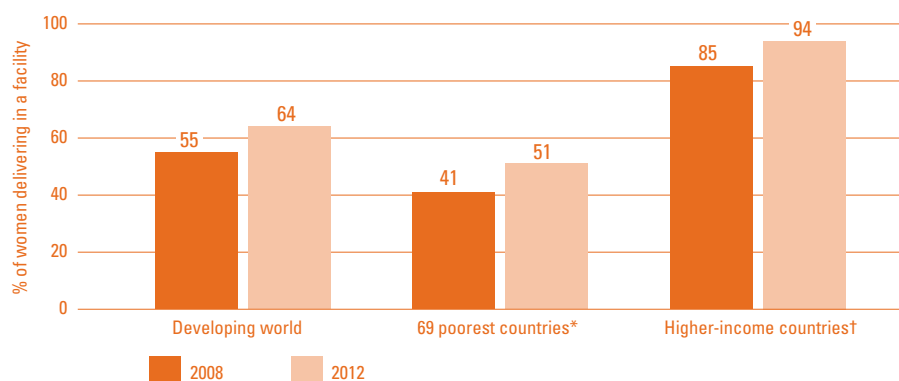
- Between 2008 and 2012, the number of pregnant women in developing countries with an unmet need for antenatal care decreased slightly, from 60 million to 55 million; the number of women who did not deliver in a health facility dropped from 55 million to 44 million.

- Substantial declines in unmet need for antenatal and delivery care occurred in Asia and Latin America and the Caribbean between 2008 and 2012, but were more modest in Africa where expanded use of services over the period barely kept up with rising numbers of women giving birth.

- Between 2008 and 2012, the numbers of women with unmet need for antenatal care in Eastern, Middle and Western Africa actually increased, as rising levels of service did not keep pace with rising numbers of women giving birth each year. These subregions did see progress, however, in terms of declining numbers of women with unmet need for delivery care.

### Delivery in a Health Facility

Substantial gains can be seen in the proportion of women delivering in health facilities in 2008–2012



\*Defined as having a per capita gross national income of \$2,500 or less in 2010. †Countries in developing regions with per capita gross national income of more than \$2,500 in 2010.

- In the developing world, Sub-Saharan Africa and South Asia account for about four-fifths of all unmet need for adequate antenatal and delivery care—44 million out of the 55 million women with unmet need for antenatal care and 36 million out of the 44 million with an unmet need for delivery in a health facility.

- In 2012, 30 million women experienced obstetric complications, but the large majority of these women—about seven in 10—did not receive the care they needed. Forty-six million newborns experienced complications, such as infections, breathing difficulties and low birth weight; more than half of these (56%) did not receive needed care.

- Many health facilities lack the equipment, supplies or skilled medical personnel necessary to treat complications among mothers and children.

#### **WHY ARE WOMEN AND NEWBORNS NOT GETTING CARE?**

- Much of the unmet need for maternal and newborn care reflects a lack of access to and the poor quality of maternal and newborn health care, along with the prevalence of beliefs that delivering a baby in a health facility is not necessary.

- According to data from 22 Demographic and Health Surveys conducted in all major regions, two important reasons women give for not delivering in a health facility are cost and distance or lack of transportation.

- Other responses reveal social and cultural attitudes that prevent women from seeking modern health care for pregnancy and delivery. Two common reasons given were that it is not customary and it is not necessary to deliver in a facility.

#### **RECOMMENDATIONS**

- Increased funding is key.

In the developing world as a whole, the cost of providing the recommended levels of care to all pregnant women and their newborns is an estimated \$24 billion annually—more than double the \$11 billion currently spent on providing these services. Like current costs, the additional costs would be shared among national governments, donor agencies and households.

- The additional investment would provide immediate returns in terms of saving lives and reducing disability among women and newborns. They would also bring wider, long-term benefits, such as helping to strengthen health systems.

- In addition to increased funding, more efficient allocation of resources within health systems is necessary to address the urgent and time-sensitive needs of the most vulnerable women and newborns, especially in the poorest communities.

- Other factors that hamper access and use of maternal and newborn health services must also be addressed. This includes ensuring that adequate numbers of trained staff are available to deliver high quality and respectful services, and educating women and families about the benefits of having skilled care before, during and after a birth.

The information reported in this fact sheet is drawn from the following report, which contains information on data sources and estimation methodology: Singh S, Darroch JE and Ashford LS, *Adding It Up: The Need for and Cost of Maternal and Newborn Care—Estimates for 2012*, New York: Guttmacher Institute, 2013. The full report is available at [www.guttmacher.org](http://www.guttmacher.org)

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