

*The majority of maternal deaths are avoidable if pregnant women receive adequate care during pregnancy, have their deliveries in hygienic conditions with the assistance of trained medical providers, and receive appropriate and timely postpartum care. Appropriate medical care during pregnancy, at delivery and in the early postpartum period also is crucial in identifying children at greater risk of mortality.*

## HOW MANY MOTHERS IN MENYA ARE RECEIVING ANTENATAL CARE SERVICES?

### CARE DURING PREGNANCY (Tables 6.1-6.4)

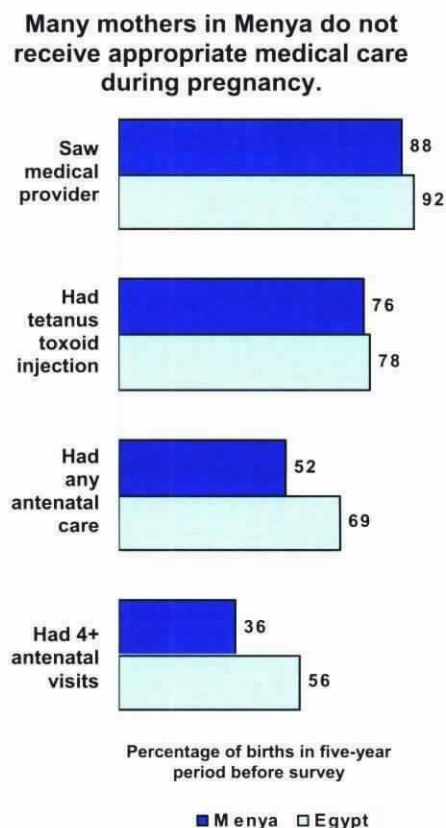
Regular antenatal checkups by a medical provider are important in assessing the physical status of women during pregnancy and in preventing complications. The World Health Organization (WHO) recommends that a pregnant woman have at least four antenatal visits to ensure proper care. A woman should have the first of these checkups early in the pregnancy and, in order to detect problems that might affect the delivery, she should also see a provider late in the pregnancy. In addition, to prevent infant deaths due to neonatal tetanus, tetanus toxoid injections are a crucial element of adequate pregnancy care.

The 2003 EIDHS results indicate that 88 percent of women in Menya saw a medical provider (almost always a doctor) at some point during pregnancy. In many cases, however, women saw the provider for care for an illness unrelated to the pregnancy or only for a tetanus toxoid (TT) injection.

Women specifically sought care for their pregnancy in around half of all births, and regular antenatal care—four or more visits—was reported for 36 percent of the births. These proportions are substantially below the levels of antenatal care reported for Egypt as a whole.

Among the women in Menya who had antenatal checkups, around two-thirds received the care from a private provider. As recommended, women who had any antenatal care typically saw a provider early; 91 percent of the women reported they had consulted a medical provider before the sixth month of their pregnancy, with almost two-thirds saying they were less than four months pregnant when they consulted a provider for the first time. Care late in the pregnancy (i.e., within the two months of delivery) was somewhat less common; 2 in 10 of the women who had some antenatal care did not see a provider in the last two months of their pregnancy.

Finally, a comparison of the proportion of women who got antenatal care (52 percent) and the proportion who had at least one tetanus toxoid injection (76 percent) suggests that



around one-quarter of women in Menya obtain the tetanus injection(s) without having a comprehensive antenatal care checkup. The MOHP emphasizes the importance of using contacts that medical providers have with pregnant women during the provision of the tetanus vaccinations to encourage regular antenatal care and to discuss the use of family planning. About 4 in 10 of the woman in Menya who got a tetanus injection were advised that they should have regular antenatal checkups, and around 1 in 4 of the women receiving a tetanus injection were given advice about family planning.

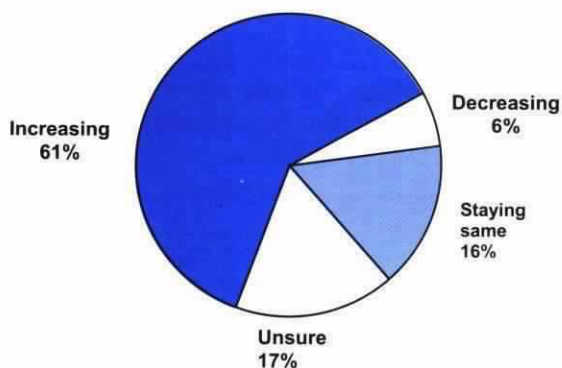
**PERCEIVED COVERAGE OF ANTENATAL CARE SERVICES** (Table 6.5)

The 2003 EIDHS data indicate that many women in Menya recognize that antenatal care services are not widely utilized in their communities. Slightly less than half of all ever-married women in Menya (47 percent) believe that most women are obtaining antenatal care services while an almost equal proportion think that only some (27 percent) or very few (12 percent) of the women in their communities obtain antenatal services. More positively, the majority believe that women's use of antenatal services is increasing.

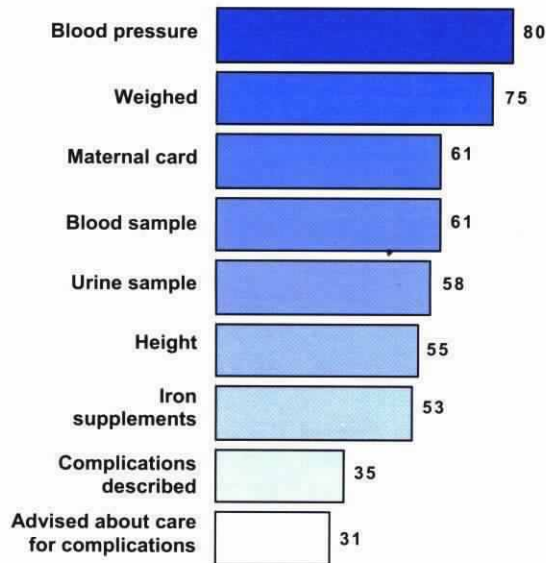
**CONTENT OF CARE DURING PREGNANCY** (Table 6.6)

In order for pregnancy care to be effective, providers should perform a number of routine screening procedures, and they should inform women of signs of pregnancy complications for which they should seek care. Many of the women in Menya who had regular antenatal care (i.e., women with four or more antenatal visits) did not receive many of the basic elements of good pregnancy care. Women who had regular antenatal care were most likely to report that they had had their blood pressure taken (80 percent) and that they had been weighed (75 percent). They were least likely to report receiving information from a provider about signs of pregnancy complications (35 percent) and about what action to take if they had any of those problems (31 percent).

**Women in Menya believe that use of antenatal care services is increasing in their communities.**



**In Menya, even women who have regular antenatal care visits frequently do not receive key components of care.**



Percentage of births to women receiving regular antenatal care during the five-year period before the survey

**EXPOSURE TO SAFE PREGNANCY MEDIA CAMPAIGN** (Table 6.7)

Media messages intended to increase awareness of the danger signs during pregnancy are part of an information, education and communication effort to promote safe pregnancy. This campaign has had some impact in Menya. Overall, more than 4 in 10 ever-married women had received information on the signs of pregnancy complications, with three-quarters most recently hearing about the danger signs through television.

*The majority of women in Menya do not receive optimal maternal health care. Nearly one in two do not see a medical provider for antenatal care, two-thirds deliver at home primarily with a daya s assistance, and only around one-quarter receive any postpartum care.*

**HOW MANY MOTHERS IN MENYA ARE RECEIVING DELIVERY AND POSTPARUM CARE?**

Hygienic conditions and proper medical assistance at the time of delivery can reduce the risk of complications and infection for both the mother and the child. Proper care after delivery also is essential in order to detect problems that may lead to illness or death problems. It is recommended that mothers and infants receive the first postnatal checkup within two days of delivery.

**DELIVERY CARE** (Tables 6.8-6.9)

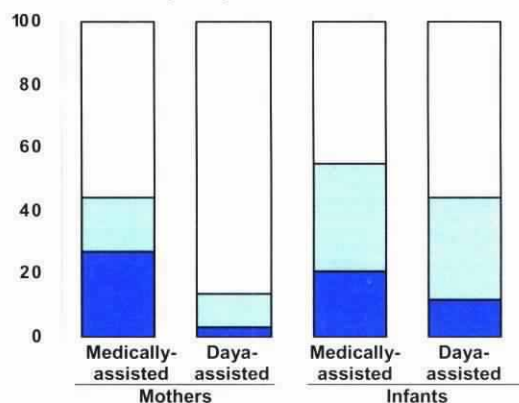
The 2003 EIDHS findings show that 44 percent of births are assisted by medical personnel in Menya compared to 69 percent nationally. Among the women in Menya who deliver in facilities, the majority (61 percent) deliver in private hospitals or clinics, which is similar to the national pattern.

**POSTPARTUM CARE** (Tables 6.10-6.13)

The great majority of new mothers in Menya do not receive any postpartum care. Mothers in Menya reported receiving postpartum care for 27 percent of births during the five years prior to the EIDHS. This compares to a national figure of 43 percent. Among women who do obtain postpartum care, around half go for the first checkup within the recommended two days following delivery

Women who deliver with the assistance of a medical provider are three times as likely to have postpartum care as women who are assisted by a daya; however, even among these mothers, more than half do not have a checkup following the delivery.

**In Menya, the majority of mothers and infants are not receiving adequate postpartum care.**



Percentage of births in the five-year period before the survey  
 ■ PP visit within two days □ PP visit later □ No care

Infants are more likely than their mothers to have a checkup in the postpartum period. Forty-four percent of infants in Menya are taken after delivery for a checkup and, among those who are taken to a provider, about one-quarter have a checkup within two days of the delivery.

Like their mothers, infants in Menya are more likely to have a postpartum checkup if the delivery was assisted by a medical provider.

### **HAVE KEY MATERNAL HEALTH CARE INDICATORS SHOWN RECENT IMPROVEMENT IN MENYA?**

Earlier DHS surveys had much smaller samples from Menya governorate than the 2003 EIDHS. Nevertheless, the data from the earlier surveys can be compared to the 2003 results in order to obtain an overall perspective on the changes that have been occurring in the governorate.

These comparisons suggest that there has been a steady improvement in the maternal health situation in Menya. The proportions of births in which women have received regular antenatal care, for example, has nearly tripled since 1995, and the proportion of medically-assisted deliveries doubled during the period.

Indicator	1995	2000	2003
Antenatal care			
Any	20	33	52
Regular	13	20	36
Tetanus toxoid injection	69	63	76
Medically-assisted delivery	22	38	44

Note: Indicators refer to percentage of births during the five-year period prior to the survey.

### **HOW DOES USE OF MATERNAL HEALTH CARE SERVICES VARY AMONG WOMEN IN MENYA?**

Utilization of maternal health care services varies substantially in Menya. For example, mothers delivering their sixth child were only half as likely as women delivering their second or third child to have had regular antenatal care. This is of concern since the likelihood of morbidity and mortality for the mother and child is greater for high parity births.

Women delivering their first child also are at greater risk of pregnancy-related complications. These women were more likely than the average pregnant woman to have used maternal health care services. However, less than half of first-time mothers saw a medical provider for regular care during the pregnancy, three in five were assisted at delivery by a medical provider, one-third had a postnatal checkup for themselves, and 59 percent reported their new baby had any postnatal care.

As expected, residence and socio-economic status are both strongly related to the likelihood of using most maternal health services. For example, regular antenatal care is almost twice as common for urban births as for rural births. Highly educated mothers are much more likely to use all maternal health services than are less educated mothers.

<b>Differentials in Levels of Use of Maternal Health Care Services, Menya 2003</b>						
Background characteristic	Antenatal care		One or more tetanus toxoid injections	Medically-assisted delivery	Postnatal checkup	
	Any	Regular			Mother	Child
<b>Birth order</b>						
1	66	49	85	60	33	59
2-3	56	40	79	41	28	42
4-5	43	27	73	38	26	43
6+	36	21	58	33	19	36
<b>Residence</b>						
Urban	73	58	72	64	37	59
Rural	48	32	76	40	25	41
<b>Education</b>						
No education	39	23	73	31	22	37
Primary	46	29	73	39	22	44
Secondary/higher	76	60	82	65	39	56
<b>Work status</b>						
Working for cash	63	50	74	58	44	51
Not working for cash	51	34	76	42	25	43
<b>Wealth index</b>						
Lowest quintile	40	24	73	32	22	37
Second quintile	56	38	79	40	26	41
Middle quintile	62	43	80	55	34	53
Fourth/highest quintiles	82	73	74	82	49	64
Total	52	36	76	44	27	44

Except for tetanus toxoid injections, the proportion of births in which the mother reported use of maternal health care services increased directly with the wealth index quintile. Differences across wealth categories in the proportions of medically-assisted deliveries births were particularly large, with more than 80 percent of the births to women in the highest wealth categories assisted by a medical provider compared to somewhat less than one-third in the lowest wealth category.

