

Maternal and Newborn Health Care Policy Brief

INTRODUCTION

Institutional births have increased dramatically across the globe, including in sub-saharan Africa, but the places where births occur vary enormously and are poorly understood.

Countdown to 2030 analyzed maternal and newborn health data from Liberia in the last two decades. The study aims to inform the best balance of childbirth care services across facilities to adequately provide life-saving and respectful childbirth care. Data sources included DHS, HMIS, and others.

FINDINGS

Birth Attendance & Place of Delivery

The trend of neonatal mortality has increased in hospitals and home birth. Public hospitals and public clinics received the highest average of still birth. Public facilities received the highest average of still birth.

The overall highest of still birth volume in Liberia was found in public hospitals with a mean of 70, followed by private hospitals with a mean of 23.

The trend shows that home births, including those assisted by trained personals, declined since 2013 and continued into 2019, with over 80% reduction during this period

Volume and Concentration of Care

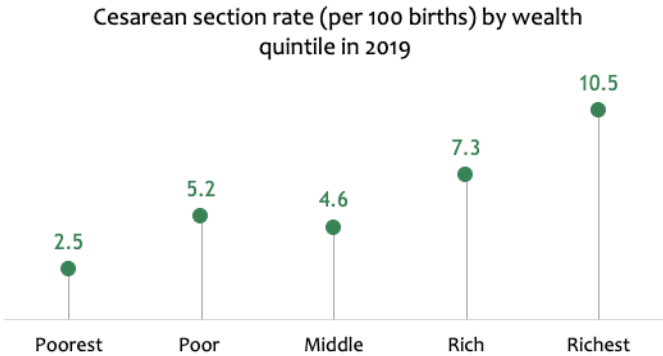
67% of public health facilities offered delivery services.

10% of the low volume facilities were catering for 32.9% of deliveries while 21.6% of high-volume facilities are rendering 2.8% of birth delivery services.

Cesarean Section

C-section show a decline at the hospital level from 2007 to 2013 and later increased in 2019 by nearly 3%. At the lower-level facility, C-section showed a decline from 2007 to2013 and show a plateau up to 2019.

C-section rates were higher among the richest compared to the poor at 8% among the poor, and at 11% among the rich.



RECOMMENDATIONS & NEXT STEPS

- ✓ Strengthen quality of care in public hospitals and clinics to handle complications during delivery.
- ✓ Increase access to skilled birth assistance at lower-level facilities thereby reducing the reliance on home births and improving birth outcomes.
- ✓ Address socioeconomic disparities in CS access for low-income women and increasing promotion on the benefits of institutional deliveries for both the wealthy and poor.

Learn More:

www.countdown.org/maternal-newborn-health

Birth Attendant and Place of Birth , 2007 - 2019

