



# 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.

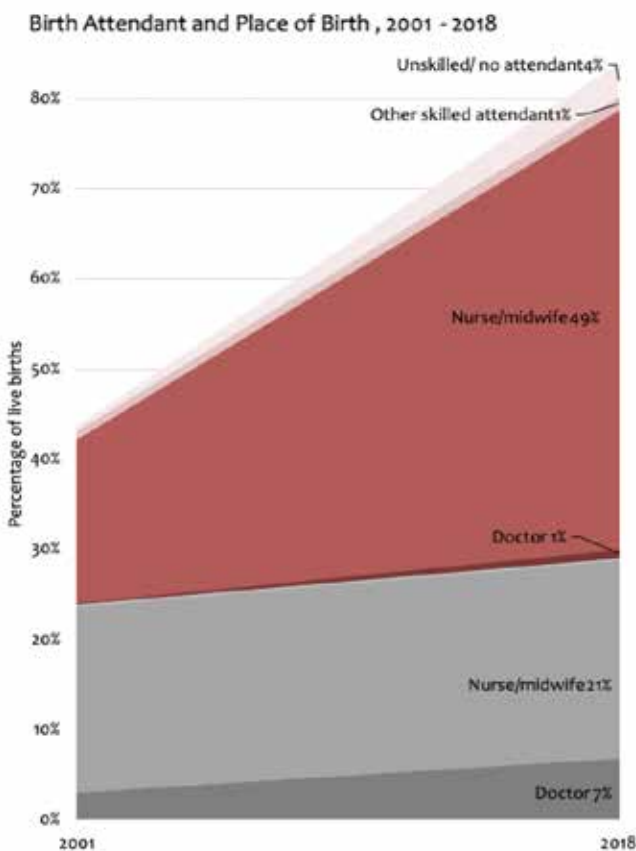
Countdown to 2030 analyzed maternal and newborn health data from Zambia in the last two decades. The study aims to inform the best balance of childbirth care services across facilities to adequately provide life-saving and respectful childbirth care. Data sources included DHS, HMIS, and others.

## FINDINGS

### Birth Attendance & Place of Delivery

Institutional deliveries doubled from 2001 to 2018, with home births accounting for less than 15% of deliveries in 2018. Deliveries by a nurse/midwife at lower level facilities increased the most.

In 2018, a wealth gap remained for delivery care. Women in lower quintiles had lower proportions of institutional deliveries by skilled personnel as compared to women in higher wealth quintiles.



### Volume and Concentration of Care

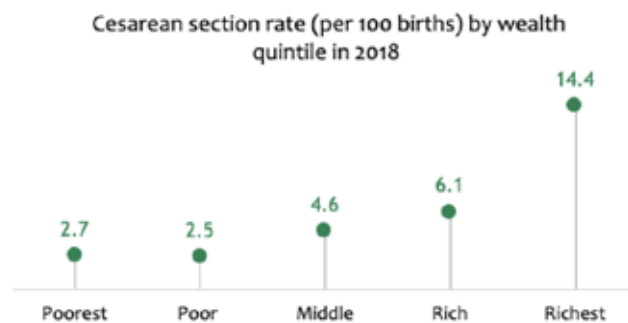
**30%** of health facilities recorded only 1-49 (low volume) deliveries each.

**6.1%** of health facilities recorded 400 or more deliveries each in 2022.

**6%** high volume facilities are doing 400 or more yearly births accounts for nearly a third of all births per year.

### Cesarean Section

The national c-section rate was 2.3% in 2001 and 6.2% in 2018, with notable disparities by wealth quintile.



## RECOMMENDATIONS & NEXT STEPS

Develop and update policies and guidelines to cover CEmONC referrals and quality improvements to further address birth/newborn complications and emergencies.

Ensure that lower level facilities are more equipped to provide skilled BEmONC, and ensure increased access and quality services, especially to the women in the poorer wealth quintiles.

### Learn More:

[www.countdown.org/maternal-newborn-health](http://www.countdown.org/maternal-newborn-health)



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