



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.

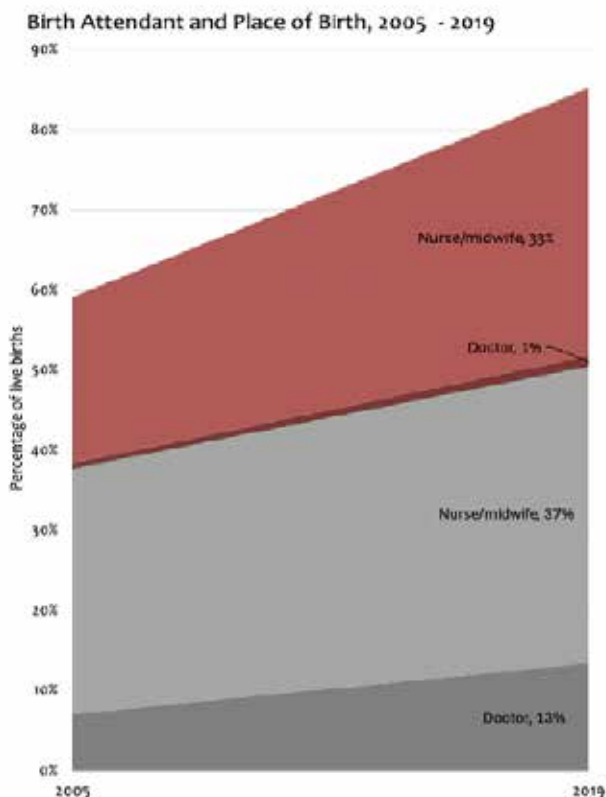
Countdown to 2030 analyzed maternal and newborn health data from Zimbabwe in the last two decades. The study aims to inform the best balance of childbirth care services across facilities to adequately provide life-saving and respectful childbirth care. Data sources included DHS, HMIS, and others.

FINDINGS

Birth Attendance & Place of Delivery

The institutional delivery rates have generally increased over time while all forms of home deliveries have been on the decline including those by other skilled attendants who are mostly traditional birth attendants.

Home deliveries with no assistance have been stagnant over time. Hospital deliveries are mostly attended by midwives with a small, though increasing proportion of representation by doctors.



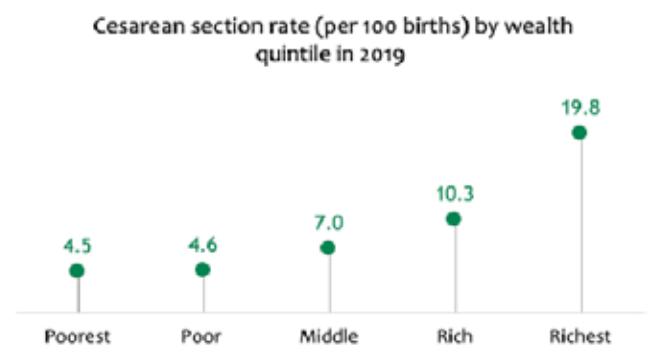
Volume and Concentration of Care

42.1% of facilities had <50 births per month.

9.7% of total births are handled at lower level facilities whilst the highest level is home to 28.4% of total live births regardless of them being only 4.6% of the total facilities.

Cesarean Section

Only 7.9% of the lowest level health facilities offered c-section and all other levels have similar numbers that offer c-section contributing between 19.1 and 27% to facilities that offer c-section.



RECOMMENDATIONS & NEXT STEPS

- ✓ Enhance availability of CS services at lower-level facilities to ensure timely emergency obstetric care.
- ✓ Address equity gaps in access to institutional delivery to reduce disparities in institutional deliveries, especially among women in lower socioeconomic quintiles and rural areas.

Learn More:

www.countdown.org/maternal-newborn-health