Abstract S6C.2

Maternal health care utilization in Nairobi and Ouagadougou: Evidence from Urban-based HDSS

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Introduction: High rates of maternal morbidity and mortality in sub-Saharan Africa have been attributed to poor access to quality obstetric care especially during delivery. This study seeks to assess levels of antenatal care utilization, place of delivery and skilled-assisted delivery in urban slum settings of Nairobi and Ouagadougou.

Data and Methods: We use data from 3422 women aged between 13 and 49 years, and 4516 women resident in Nairobi and Ouagadougou informal settlements respectively, who recorded births during the study period.

Preliminary results: There is a near universal utilization of antenatal care, with 96% of women reporting at least one antenatal visit during the most recent pregnancy in Nairobi and Ouagadougou and were seen by a skilled professional during those visits. Majority of the women (67.7%) attended antenatal clinic between three and six times in Nairobi. In Ouagadougou, only 30% attended antenatal clinics during the first trimester, with 22% attending at least four visits. On place of delivery, 72.2% of women in delivered a Nairobi health facility, 26.3% delivered at home or the home of a traditional birth attendant (TBA).

In Ouagadougou, 95% of women delivered in a health facility; 2.8% at home and 0.4% at the home of a TBA. In Nairobi, only 21% of women reported doctor-assisted delivery, 53.3% were assisted by a nurse/midwife/clinical officer. TBAs assisted 16.2% of the deliveries, while 7.1% of births were assisted by relatives, neighbors or friends.

Conclusion/Recommendations: While the levels of antenatal care utilization are high, the proportion of delivery in health facilities needs further improvement. The persistence of home births and the use of TBAs in the slums need to be understood to guide interventions.