

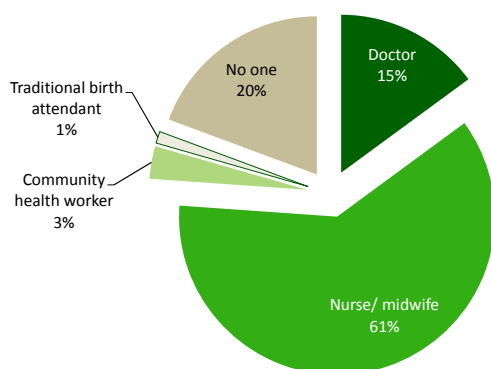


Providing adequate care during pregnancy and childbirth is important for the health of mother and baby. Reproductive health covers antenatal, childbirth and postnatal care, in addition to access to general health care services. Gathering reproductive health information will help identify problems with the level of care provided and groups of the population whose health needs are underserved throughout pregnancy and childbirth.

## Antenatal care

Most pregnant women in Vanuatu receive antenatal care. Regardless of whether a woman lives in an urban area or in a rural area that is difficult to access, she has over 70% chance of accessing a health professional during a pregnancy. The 2013 Vanuatu DHS indicates that a doctor or a nurse/midwife most commonly provides antenatal care (76%) (Fig. 1).

Figure 1: Providers of antenatal care



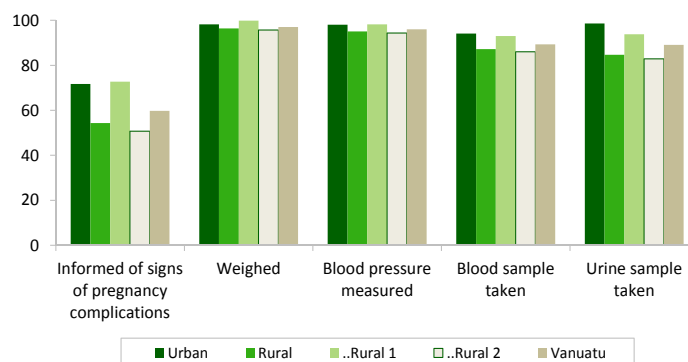
The reassuring findings concerning the widespread access to antenatal care are carried through into the findings about how many antenatal visits a pregnant woman receives. Almost 50% of women in urban and over 50% in rural areas received more than four antenatal visits, the minimum number recommended by the World Health Organization. Most women have their first antenatal visit in the fifth month of their pregnancy. A higher proportion of women in urban than rural areas was reported to access antenatal care in their first trimester.

## Quality of antenatal care

The 2013 Vanuatu DHS confirms that the quality of antenatal care provided in Vanuatu is high, with almost all women reporting they had been weighed (97%) and had their blood pressure (96%) and urine (89%) checked. However, only 60% reported they had been informed about the signs and symptoms of pregnancy complications (Fig. 2).

Tetanus toxoid (TT) immunisation is given to pregnant women to prevent neonatal tetanus – a leading cause of neonatal death in developing countries. For full protection, a pregnant woman needs two injections of TT during pregnancy. If a woman was immunised before her pregnancy, she may require one or no TT injections, depending on when she had that pre-pregnancy immunisation.

Figure 2: Selected services received by women attending antenatal care for their most recent birth (Women aged 15–49 who had a live birth in the 5 years preceding the survey)



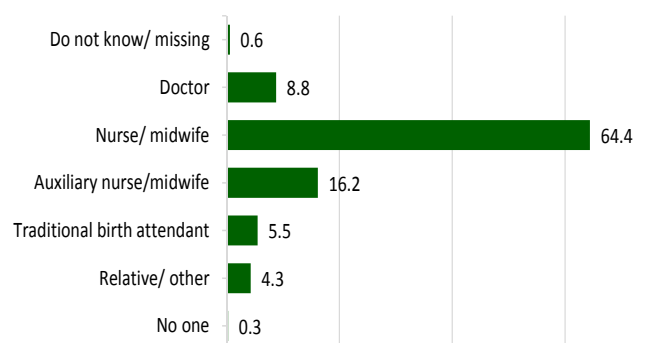
The survey results show that less than a third (30%) of expectant women received two or more TT injections during their last pregnancy and that 13% were already protected by virtue of prior injections. This meant that only 43% of women were protected, a matter of concern for Vanuatu, which is trying to improve immunisation rates.

## Childbirth care

According to the 2013 DHS, the majority of births take place in a public health facility (87%), mostly an urban facility. Ten per cent of women deliver at home and 1.5% deliver in a private facility. This homebirth delivery rate is high compared to many other Pacific Island countries, but low compared to Papua New Guinea and Solomon Islands.

Most women who delivered in Vanuatu (89%) were attended by a skilled professional (Fig. 3). Regardless of their background, where they lived, or their age, the majority (64%) are more likely to be attended by a nurse/midwife rather than a doctor. The number of deliveries attended by a traditional birth attendant was a low at 5%.

Figure 3: Assistance during childbirth (%)



With the national rate of caesarean sections reported at 12% in the 2013 Vanuatu DHS, the corresponding estimate for young mothers (less than 20 years) was slightly higher at 14%.

## Postpartum care

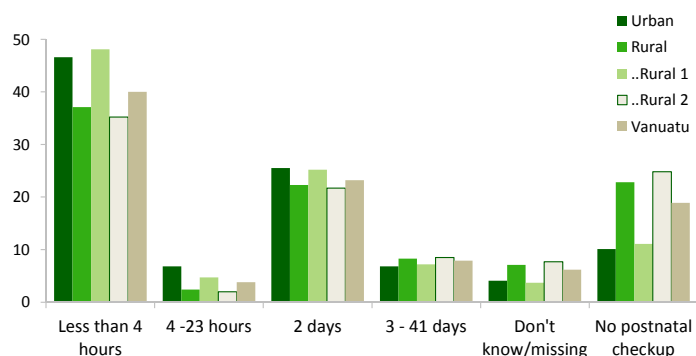
Postpartum care is important. It checks on possible



complications after delivery and provides mothers with important information on caring for herself and her child. The crucial period is the two days after delivery when most complications arise. During that period, 40% of women reported having been attended to by a skilled health worker within four hours after delivery, an additional 3.8% within 24 hours, and a further 23.2% reported having received such attention during the second day (Fig 4).

Notwithstanding these high coverage rates, it should not be ignored that 19% of women reported not having had any post-natal check-up at all. This affected 1 in 4 women in the remote rural areas (24.8%), compared to 10% and 11% of urban women and women residing in peri-urban areas; it also affected women with none or only primary education, and those in the lowest wealth quintile to a larger extent than more educated women and those in higher wealth quintiles.

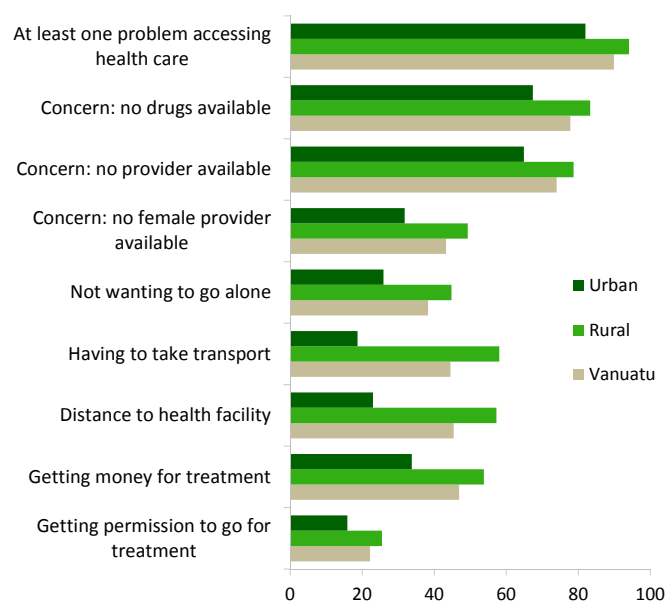
Figure 4: Timing of first postpartum check-up



### General problems accessing health care

Nine in ten ni-Vanuatu women (90%) reported at least one problem experienced with accessing health care (Fig. 5). The most common concerns raised were that no drugs or no provider would be available when needed. Getting money for treatment and distance to health services were two other problems commonly raised by many women, but particularly by younger women with no children, never married, not employed, living in remote rural areas, with low education and most likely to live in the lowest to middle wealth quintile households.

Figure 5: General problems accessing health care



### Policy note

Survey results indicate that Vanuatu's public health system is providing comprehensive maternal care, as illustrated in the high number of women reported receiving good quality care during their pregnancies.

About 50% of urban and rural women reported to have benefitted from the full recommended four antenatal visits, while 19% have never taken up this opportunity. This should be of concern to Vanuatu health authorities.

A further reproductive health policy challenge would be to ensure that most women have their first antenatal visit earlier than half-way through their pregnancy to allow antenatal providers to carry out appropriate screening and discuss ways that can have a positive impact on a healthy pregnancy, such as diet.

Despite a reported high quality antenatal care (over 90% of women reporting were weighed, had their blood pressure checked and urine tested), only 60% of women reported having been informed about signs and symptoms of pregnancy complications. This is an area RH providers might wish to have a closer look at.

The same might be said regarding improving tetanus coverage, and addressing the current situation where 57% of women are not completely protected against tetanus.

\*For more detailed information on reproductive health, see chapter 9 in the 2013 Vanuatu DHS report.