

Pakistan



Maternal Mortality Survey 2019 Key Findings: Balochistan



Preface

The 2019 Pakistan Maternal Mortality Survey (PMMS) is the result of the dedicated efforts of several individuals and organizations. The survey was conducted under the aegis of the Ministry of National Health Services, Regulations and Coordination (M/oNHSR&C) and implemented by the National Institute of Population Studies (NIPS). The United States Agency for International Development (USAID), the United Nations Population Fund (UNFPA), the Bill and Melinda Gates Foundation (BMGF) and Foreign, Commonwealth & development office (FCDO) provided financial support for the survey. The Pakistan Bureau of Statistics (PBS) assisted in the selection of the sample and the household listing for the sampled primary units.



The technical support provided by ICF was invaluable during all stages of the survey. The technical assistance and contributions of the National Committee for Maternal and Neonatal Health in reviewing verbal autopsies and coding causes of death using the ICD-10 to identify maternal deaths were commendable. NIPS is indebted to these organizations.

NIPS fully acknowledges the hard work put in by the survey field teams, who collected data under tough and hazardous circumstances, and the quality control interviewers for their efficient follow-up and monitoring of the overall fieldwork.

The efforts of Mr. Tauseef Ahmed, PhD, Principal Investigator, Dr. Farid Midhet, Team Leader DAFPAK, Palladium Group are highly acknowledged for the continuous support throughout the survey. Moreover, the contribution of research team of NIPS especially Dr. Aysha Sheraz, Senior Fellow, Mr. Ali Anwar Burriro, Fellow and Ms. Rabia Zafar, Fellow in successful completion of survey is also admirabl

The services of Dr. Nasser Mohiuddin, (former DG Health, M/o NHSR&C), are praiseworthy who facilitated and contributed for developing presentations, and policy brief for the seminar and remained associated with NIPS for organizing this event.

A handwritten signature in black ink, appearing to read 'Azra Aziz'.

Mrs. Azra Aziz
Director (Research & Survey)
Team Leader PMMS

Overview

The survey was conducted by the National Institute of Population Studies (NIPS) under the Ministry of National Health Services, Regulations and Coordination, Islamabad, Pakistan. The ICF provided technical assistance through the DHS Program, a project funded by the United States Agency for International Development (USAID) that provides worldwide support and technical assistance to conduct population and health surveys. The Department for International Development (DFID), United Nations Population Fund (UNFPA), and Bill & Melinda Gates Foundation (BMGF) also played a major role to assist the NIPS for this successful survey.

About PMMS 2019

The Pakistan Maternal Mortality Survey (PMMS) 2019 is designed to provide reliable estimates for maternal mortality, maternal health and morbidity that can be used by the policy makers and program managers to evaluate, design programs & strategies for improving the maternal health situation in Pakistan. It is the first ever conducted nationwide survey on maternal mortality based on 2016 WHO standardized instrument of verbal autopsy and using ICD-10 code categories to determine the causes of death.

Sample Design

The 2019 PMMS used a multistage and multiphase cluster sampling methodology based on the updated sampling frames from the 2017 Population and Housing Census. The design for the 2019 PMMS provides estimates at the national level (urban and rural areas separately), four provinces including Punjab (combined with Islamabad Capital Territory), Sindh, Khyber Pakhtunkhwa (combined with FATA), and Baluchistan. Azad Jammu and Kashmir (AJK) and Gilgit Baltistan (GB) have also been made part of the survey.

In the first phase, all households were asked about births and deaths during the three-year period before the survey, including deaths among ever-married women age 15-49. Detailed verbal autopsies were conducted among households that reported at least one death of a woman age 15-49. In the second phase, a subsample of households was randomly selected to provide information on women age 15-49 including a complete pregnancy history.

Who All Participated?

A nationally representative sample of 11,859 ever-married women aged 15-49 in 108,766 households were interviewed. The response rate was overwhelmingly high at around 97% of ever-married women. Overall, 1177 verbal autopsy interviews were conducted with a response rate greater than 99%. The Results of the household, individual, and verbal autopsy interviews for Pakistan, AJK, and GB have been analyzed in the post survey report.

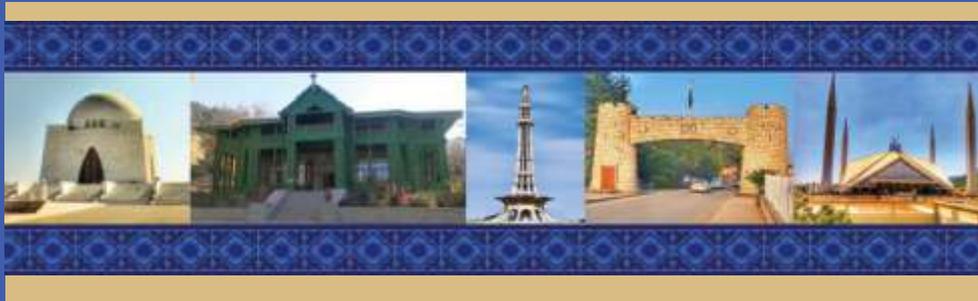
Methodology Used

Six questionnaires were used in the 2019 PMMS:

- Short Household Questionnaire
- Long Household Questionnaire
- Woman's Questionnaire
- Verbal Autopsy Questionnaire
- Community Questionnaire
- Fieldworker Questionnaire

A Technical Advisory Committee was established to solicit comments on the questionnaires from various stakeholders including representatives of government ministries and agencies, non-governmental organizations, and international donors. The survey protocol was reviewed and approved by the National Bioethics Committee, the Pakistan Health Research Council, and the ICF Institutional Review Board. After the English version was finalized, the questionnaires were translated into Urdu and Sindhi. The 2019 PMMS used paper-based questionnaires for data collection, while computer-assisted field editing (CAFE) was used to edit questionnaires in the field.

Introduction and Methodology



Key Findings: Balochistan

2019 Pakistan Maternal Mortality Survey (PMMS)

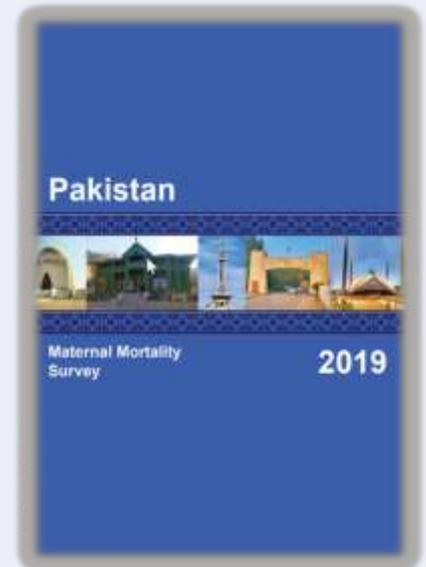


The **2019 Pakistan Maternal Mortality Survey (2019 PMMS)** was implemented by the **National Institute of Population Studies (NIPS)** under the aegis of the **Ministry of National Health Services, Regulations and Coordination (NHSR&C)** from 15th January 2018 through 30th September 2019. Funding for the PMMS was provided by the United States Agency for International Development (**USAID**), the United Nations Population Fund (**UNFPA**), Department for International Development (**DFID**) and the **Bill and Melinda Gates Foundation**. The **ICF** provided technical assistance through The DHS Program, a USAID-funded project providing support and technical assistance in the implementation of population and health surveys in countries worldwide. The **Pakistan Bureau of Statistics (PBS)** assisted in the selection of the sample and the household listing for the sampled primary units.



The PMMS Survey

Pakistan Maternal Mortality Survey (2019 PMMS) is the First exclusive Maternal Mortality Survey conducted during 2019 by the National Institute of Population Studies (**NIPS**) along with four **Pakistan Demographic and Health Surveys (PDHS)** carried between 1990-91 and 2017-18 as part of The DHS Program



The PMMS Survey

- The PMMS 2019 Survey is designed to provide estimates at the National level, urban and rural areas, for four Provinces including **Punjab** (combined with Islamabad Capital Territory), **Sindh**, **Khyber Pakhtunkhwa** (combined with ex-FATA), and **Balochistan**; and for two Regions including **Azad Jammu and Kashmir** (AJK) and **Gilgit-Baltistan** (GB)
- The National totals for indicators do not include **AJK** and **GB**



PMMS Objective



- Main Objective of the Country wide 2019 PMMS is to provide **Reliable Estimates of the Indicators** for:
 - **Maternal Health,**
 - **Maternal Morbidity and**
 - **Maternal Mortality**
- This information is essential for the Policy makers and the Program Managers **to evaluate and design programs and strategies for improving the maternal health situation** in Pakistan (All the Provinces and Regions)

PMMS Aims

- **To estimate national and regional levels of maternal mortality** for the 3 years preceding the survey and determine whether the MMR has declined substantially since 2006-07
- **To identify medical causes of maternal deaths and the biological and sociodemographic risk factors** associated with maternal mortality
- **To assess the impact of maternal and newborn health services,** including antenatal and postnatal care and skilled birth attendance, on prevention of maternal mortality and morbidity
- **To estimate the prevalence and determinants of common obstetric complications and morbidities** among women of reproductive age during the 3 years preceding the survey

Sample Design (HH Selection)

Sampling Frame: Derived from Pakistan 6th Population & Housing Census-2017

Sampling Universe: Consisted of 11 Domains comprising of urban and rural areas of the four Provinces (Punjab including ICT, Sindh, KP including ex-FATA and Balochistan) and AJK, and GB

Sampling Methodology: Multistage and multiphase cluster sampling approach applied:

- **First Stage:** Total 1,396 Clusters/ PSUs (656 urban and 740 rural) selected including 180 Clusters from Balochistan (90 urban and 90 rural)
- **Second Stage:** 110 households per Cluster/ PSU selected randomly; Overall, 153,560 households were selected (81,400 rural and 72,160 urban) including 19,800 households from Balochistan (9,900 urban and 9,900 rural)

Sample Design (Data Collection)

In First Phase: All the 110 households in each PSU were asked about births and deaths during the previous three years, including female deaths in the reproductive age (15-49 years)

- Households that identified with at least one death of a woman of reproductive age were then visited to conduct detailed verbal autopsies

In Second Phase: A subsample of households was randomly selected to provide information on women of reproductive age (15-49 year) including a complete pregnancy history

PMMS Questionnaires

Six (06) Questionnaires have been used in the 2019 PMMS:

- **Short Household** Questionnaire
- **Long Household** Questionnaire
- **Woman's** Questionnaire
- **Verbal Autopsy** Questionnaire
- **Community** Questionnaire
- **Fieldworker** Questionnaire

Questionnaires were translated from English to **Urdu** and **Sindhi**

Household Questionnaire

- **Lists** usual members and visitors to identify eligible individuals
- Basic demographic characteristics of each person in the household (age, sex, education, marital status, etc.)
- Housing characteristics (drinking water source, toilet/ sanitation facilities, etc.) ownership of assets and various durable goods
- **Collected information** on births and deaths in the household in the 3 years prior to the survey date to identify female deaths in the household to conduct verbal autopsies

Woman's Questionnaire

To Collect Information from all eligible ever-married women of reproductive age (15-49 year) on:

- Background characteristics (age, education, literacy, etc.)
- Pregnancy History
- Antenatal care, Delivery and Postnatal care
- Use of Family Planning
- Maternal Morbidity
- Health Service Utilisation

Verbal Autopsy Questionnaire

Based on 2016 WHO standardised Instrument, asking details on:

- Background characteristics
- Birth and Pregnancy information
- Narrative of illness/events leading to death
- General signs/symptoms
- Deceased illness history
- Antenatal care and characteristics of last pregnancy
- Deaths during labour, delivery or 40 days after
- History of injuries/accidents
- Care Seeking Behaviour

Survey Staff Trainings

Pre-Test PMMS Protocol:

- Training from 19 November to 6 December 2018 with 40 trainees to undertake pre-testing in Lahore, Sukkur, Peshawar, Rawalpindi & ICT

Household Listing and Mapping Training:

- First week of December 2018 with 67 two-membered teams along with 15 field supervisors

Main Survey Field Staff Training:

- Training from 17 December 2018 to 6 January 2019 with 158 enumerators/ interviewer trainees

Verbal Autopsy Cause of Death Workshop:

- Orientation for VA reviewers from 29 July to 2 August 2019

Fieldwork and Data Processing

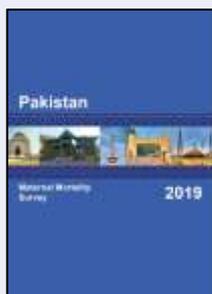
- Total of **41 teams**: 1 Supervisor, 1 Field Editor, 4 Female Interviewers
- Fieldwork conducted from **Jan-Sep/ Oct, 2019**
- Cause of death certification and coding exercise in **August 2019**
- Electronic files collected by the computer-assisted field editing (CAFE) were received via IFSS at the NIPS, Islamabad
- Data processing and editing were carried out using **CSPRO**.

Results of Household and Individual Interviews

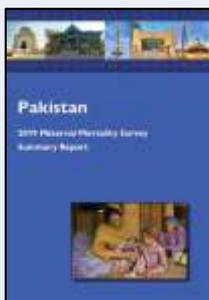
Household Interviews	Pakistan
Households selected	116,169
Households occupied	110,483
Households interviewed	108,766
Response rate	98%
Ever-married Women	
Eligible women	12,217
Women interviewed	11,859
Response rate	97%
Verbal Autopsies (VA)	
Number of deceased women selected	944
Number of VA interviews	940
Eligible VA response rate	>99%

PMMS Materials, Data, and Digital Tools

Final Report



Summary Report

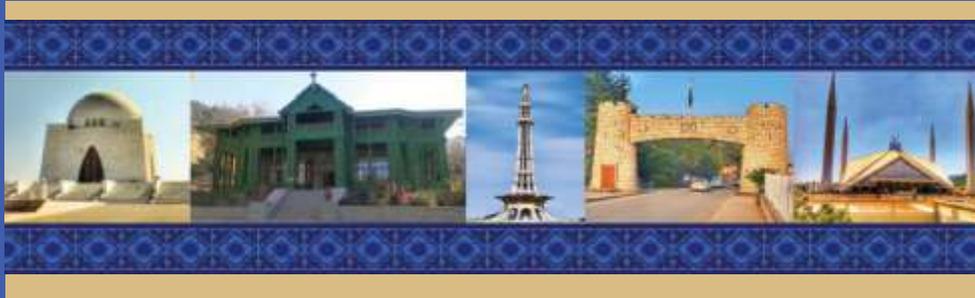


Dataset available at www.DHSprogram.com



Publications & the National Data Archive
available at www.nips.org.pk

Household and Respondent Characteristics



2019 Pakistan Maternal Mortality Survey (PMMS)

- **Household Characteristics**
 - Household size
 - Ownership of goods
 - Wealth index
 - Availability of social Services:
 - Health Facilities
 - Education Facilities
- **Respondent Characteristics**
 - Education



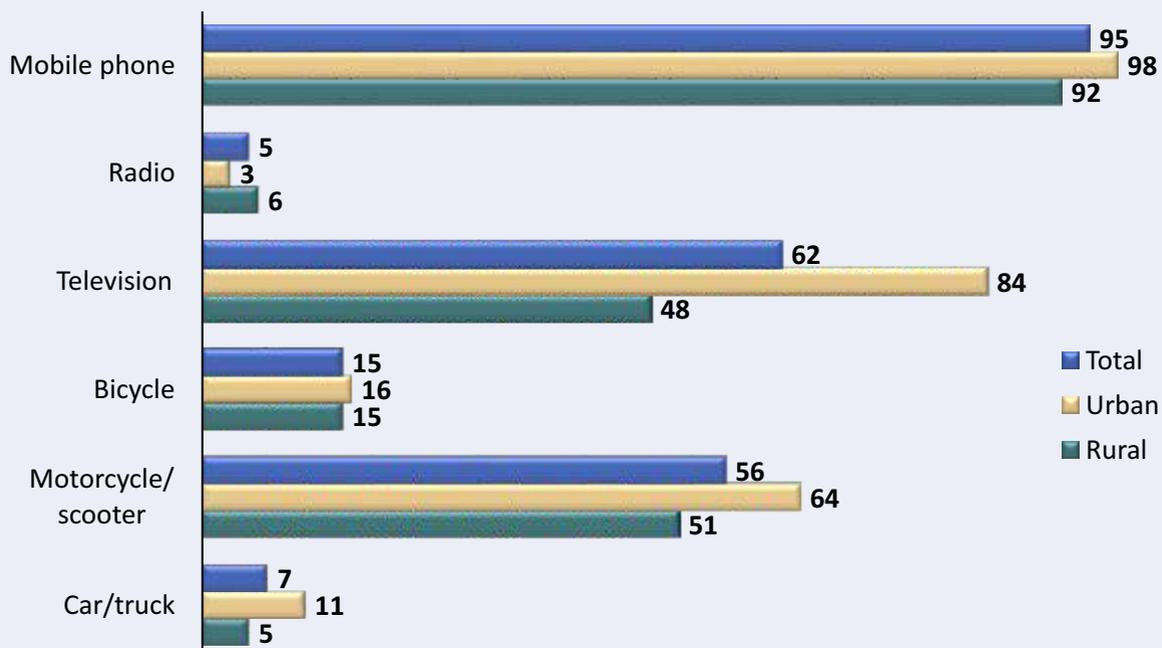
©2007 Asad Zaidi, UNFPA

Household Size and Population by Age

- **In Pakistan**, households have an average of **6.7 persons** and **74% of households have more than 4 persons**
 - Mean HH size in rural (6.9) is larger than urban (6.3) areas
- **At National level**, **40%** of the population is **under 15** years of age and **4%** is age **65+**, and **56 % is between 15-64 years**
- **In Balochistan**, **46%** of population is **below 15** years of age, and **2.7%** is above **65** years of age whereas **51 % is between 15-64 years**

Household Durable Goods and Possessions by Residence

Percent of households with:



Wealth Index

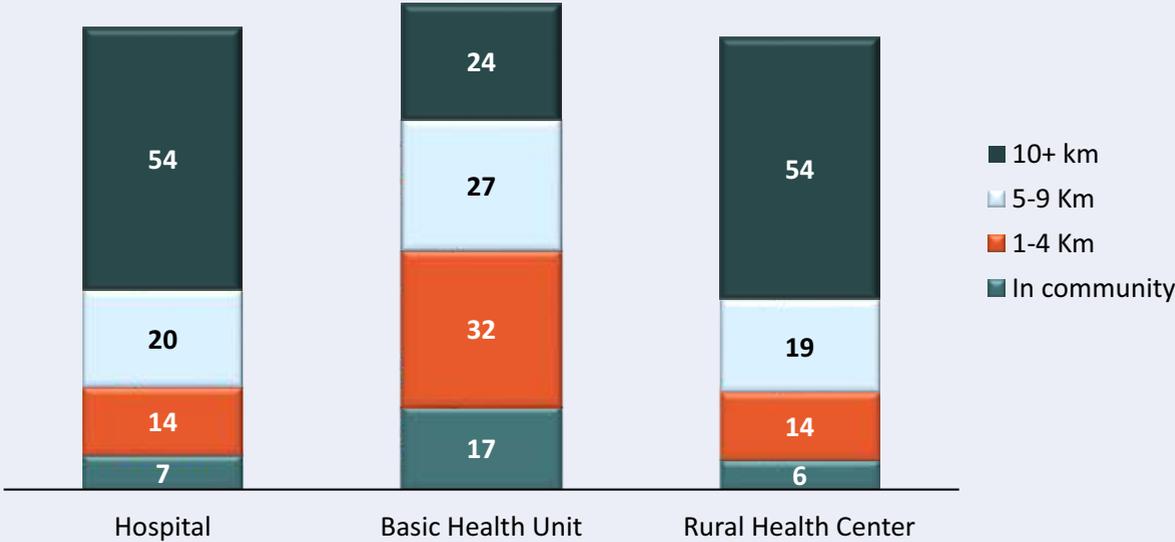
- Wealth is determined by scoring households based on a set of characteristics including access to electricity and ownership of various consumer goods
- Households are then ranked, from lowest to highest score
- This list is then separated into 5 equal pieces (or quintiles) each representing 20% of the population
- Therefore, those in the highest quintile may not be “rich” but they are of higher socioeconomic status than 80% of the Balochistan (True for Pakistan in terms of the National data)

Wealth Index

		Lowest	2 nd	Middle	4 th	Highest
National	Urban	3%	8%	19%	29%	41%
	Rural	30%	27%	21%	15%	8%
Balochistan	Urban	18%	23%	30%	18%	11%
	Rural	54%	19%	13%	11%	3%

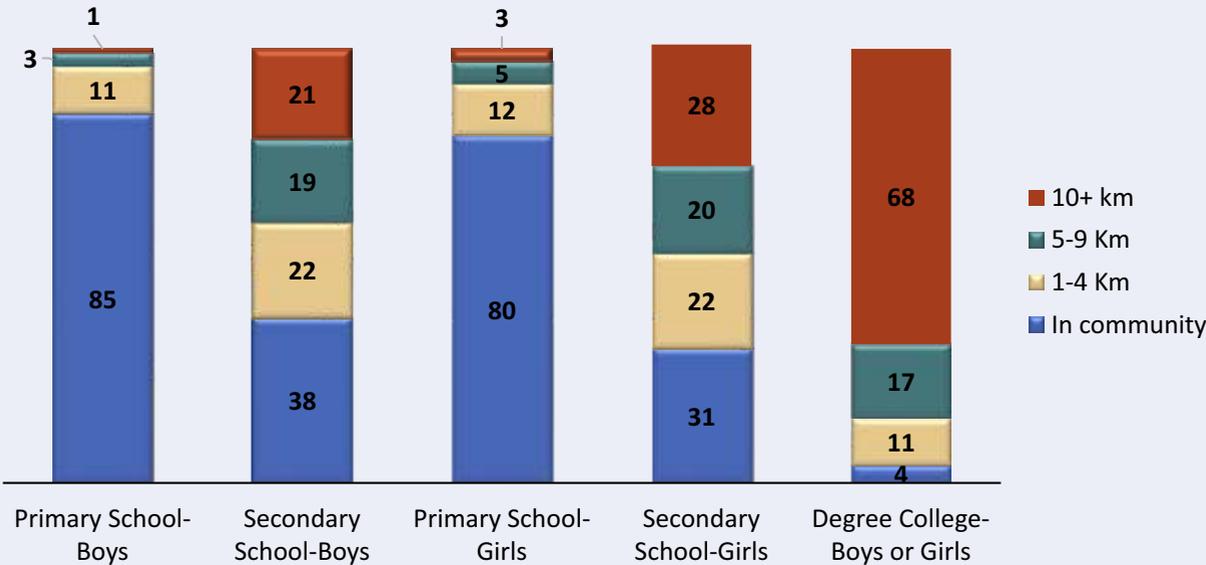
Availability of Social Services in Rural Areas: Health Facilities

Rural households by distance to health services



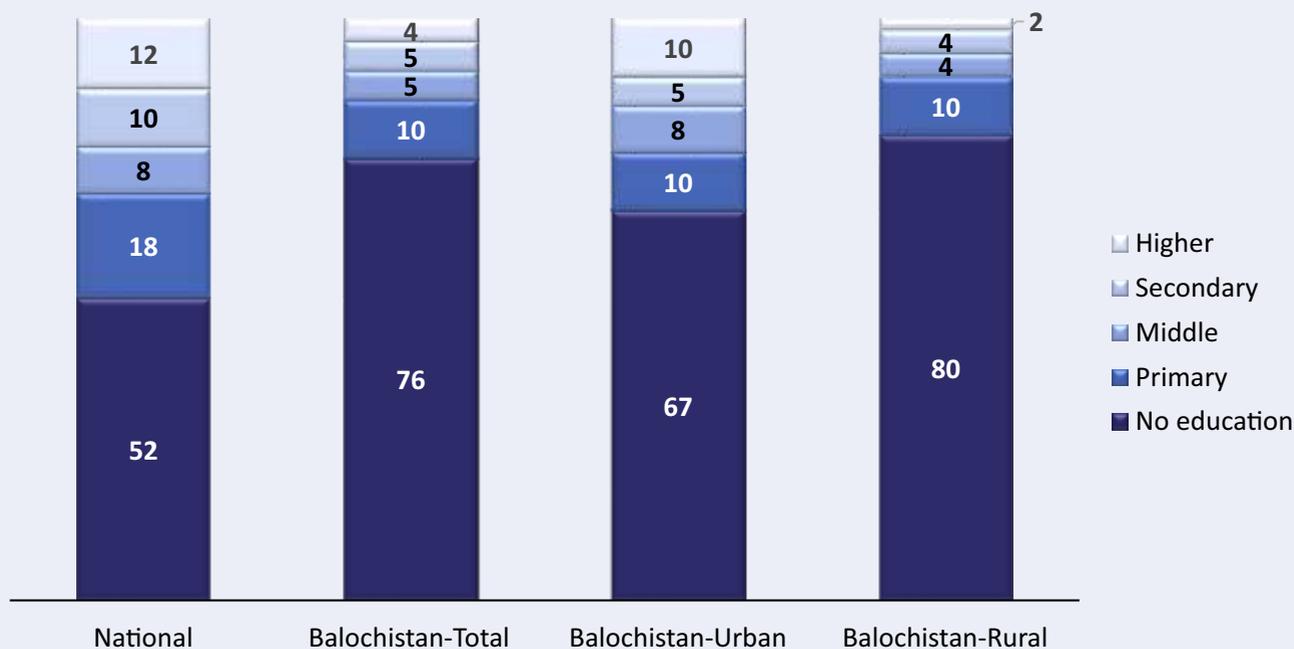
Availability of Social Services in Rural Areas: Educational Facilities

Rural households by distance to Educational Facilities



Education: National and Balochistan

Percent distribution of ever married women age 15-49 by highest level of education



Key Findings

- **22% Hospitals and 21% RHCs** are situated in community/ 1-4 km
- **48% Functional BHUs** are within community/ within 1-4 km
- **Primary Schools (Boys & Girls)** are mostly situated in community
- **In Balochistan, 76%** of women have **never attended school**
- 18% in urban households are in the poorest quintile, while **3% of rural households are in the wealthiest quintile**

Mortality



2019 Pakistan Maternal Mortality Survey (PMMS)

- **Adult mortality**
- Pregnancy-related and maternal mortality



© Photo by Asad Zaidi, UNFPA

Adult Mortality Rates (15-49 Years of Age)

Adult Mortality Rate indicators can be used to **assess the health status and life expectancy** of a population

In **Pakistan**, mortality rate in 3-year period before the survey:

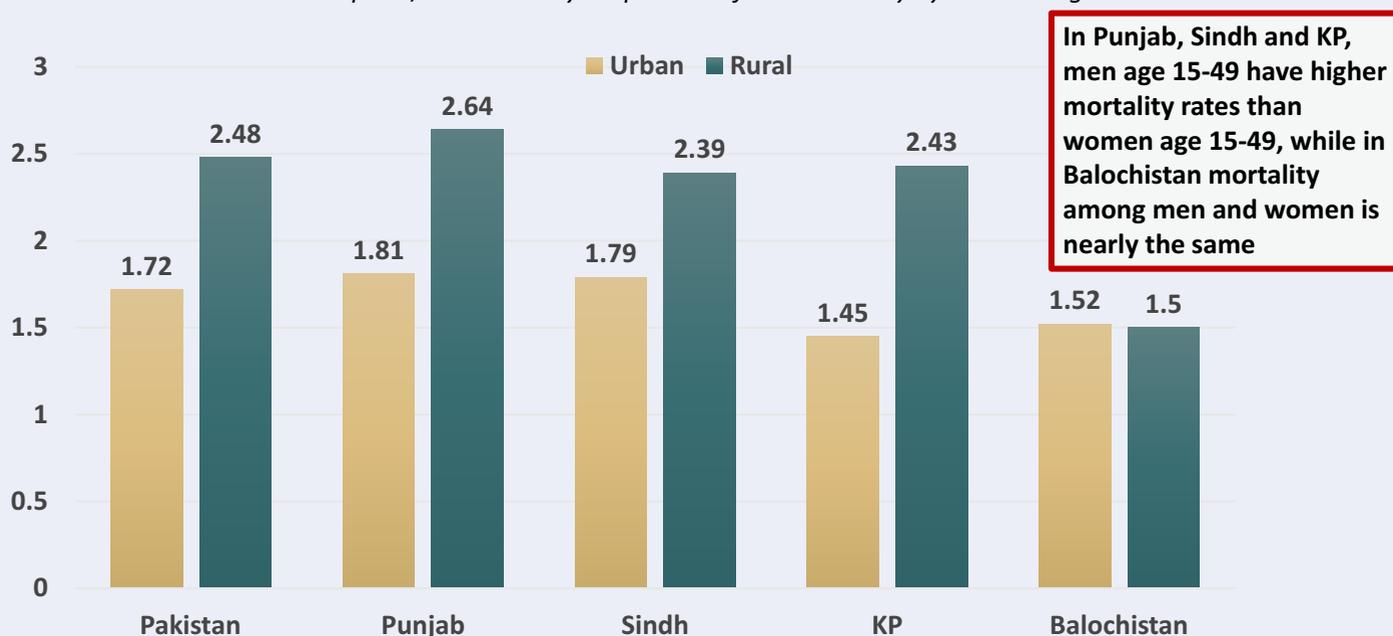
- **1.72** women (15-49 years age) died for every 1,000 women per year
- **2.48** men (15-49 years age) died for every 1,000 men per year

In **Balochistan**, mortality rate during 3-year before the survey:

- **1.50** women (15-49 years age) died for every 1,000 women per year
- **1.50** men (15-49 years age) died for every 1,000 men per year

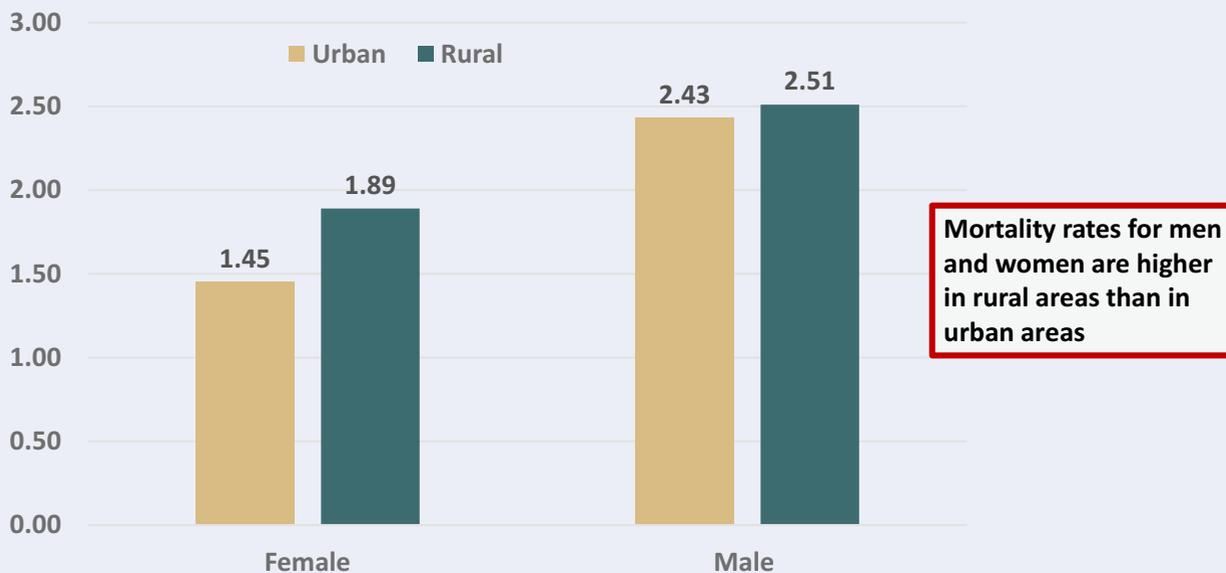
All Causes Adult Mortality Rates (15-49 Years)

Adult deaths per 1,000 in the 3-year period before the survey by sex and regions



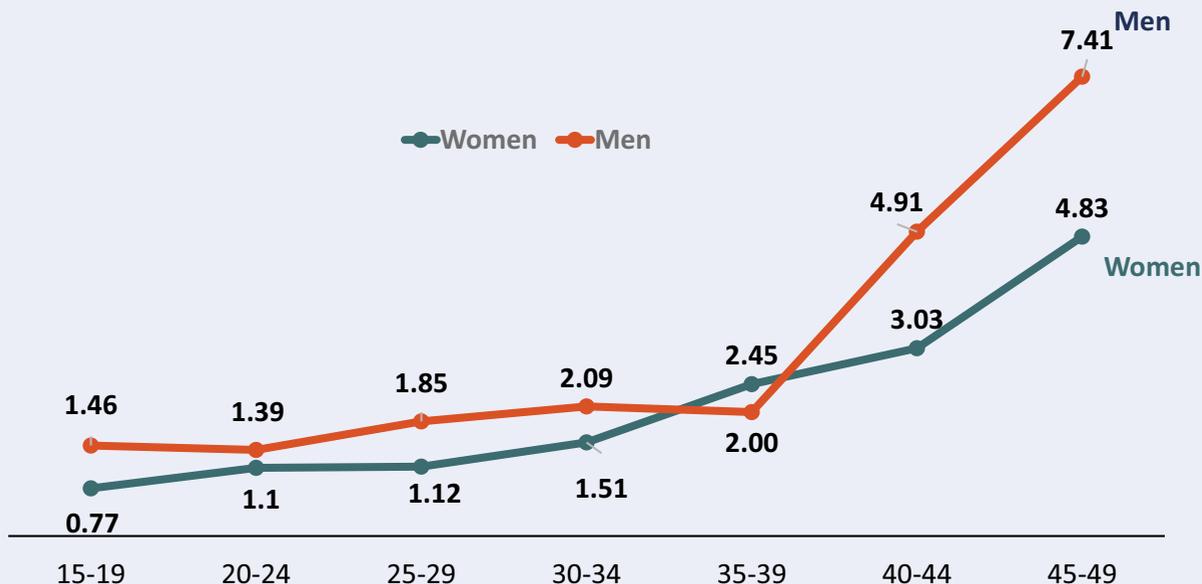
All Causes Adult Mortality Rates (15-49 Years)

Adult deaths per 1,000 in the 3-year period before the survey by sex and residence



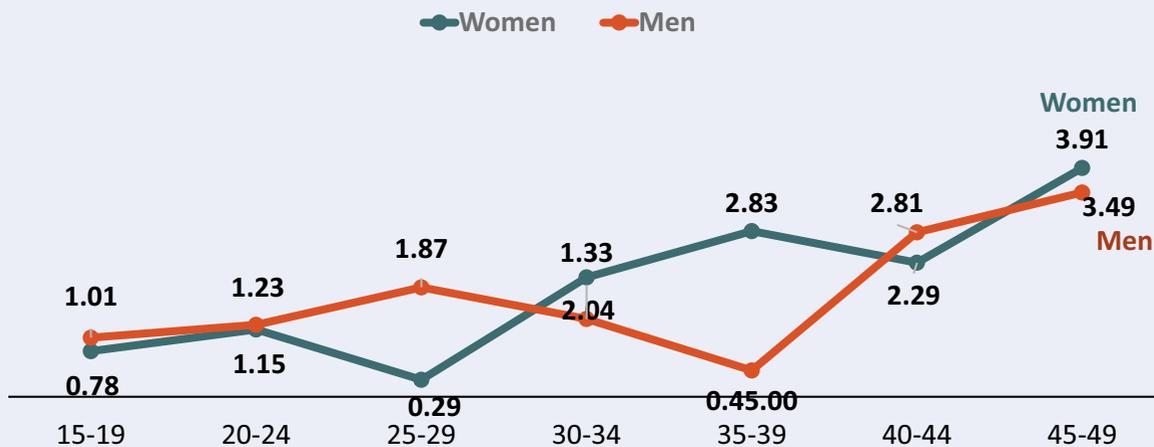
Pakistan: All-cause Adult Mortality Rate

Mortality rates per 1,000 population for the 3 year period before the survey



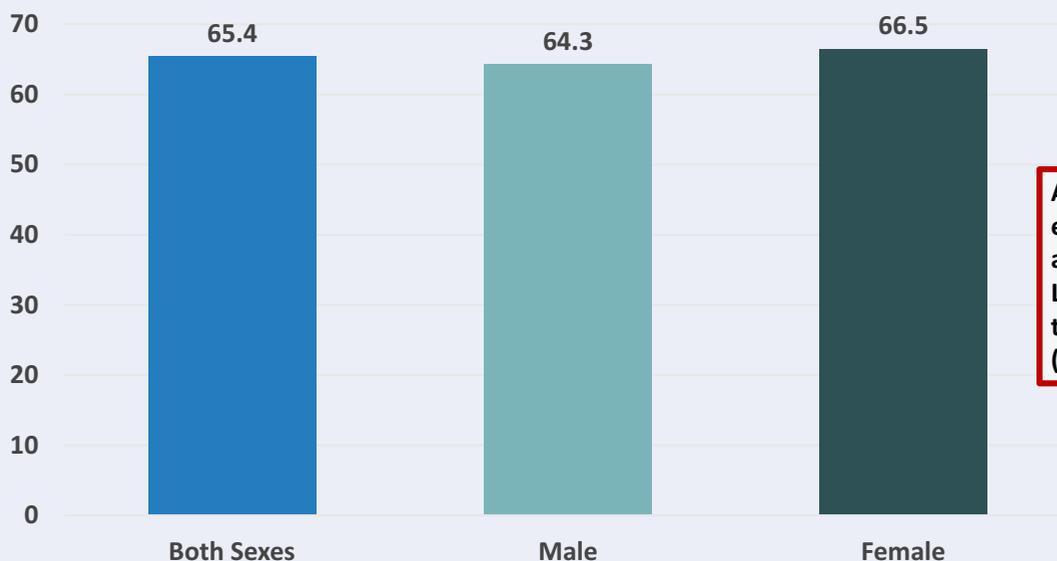
Balochistan: All-cause Adult Mortality Rate

Mortality rates per 1,000 population for the 3 year period before the survey



Life Expectancy: Sex-specific

Based upon the data for the 3-year period before the survey



A newborn Girl is expected to live approximately 2-Years Longer (66.5 years) than a newborn Boy (64.3 years)

- Adult mortality
- **Pregnancy-related and maternal mortality**



© Photo by Asad Zaidi, UNFPA

Definitions: Pregnancy-related Mortality and Maternal Mortality Estimates

Pregnancy-related mortality includes all deaths that occur to women **during pregnancy or childbirth**

- Includes deaths up to **2 months** after birth
- Irrespective of the cause of death

Maternal mortality includes all deaths that occur to women **during pregnancy or childbirth**

- Includes deaths within **42 days** after birth
- Excludes deaths from accidents or violence

Maternal Mortality

Maternal Mortality Ratio (MMR) for the 3-year period before the survey:

- **National:**

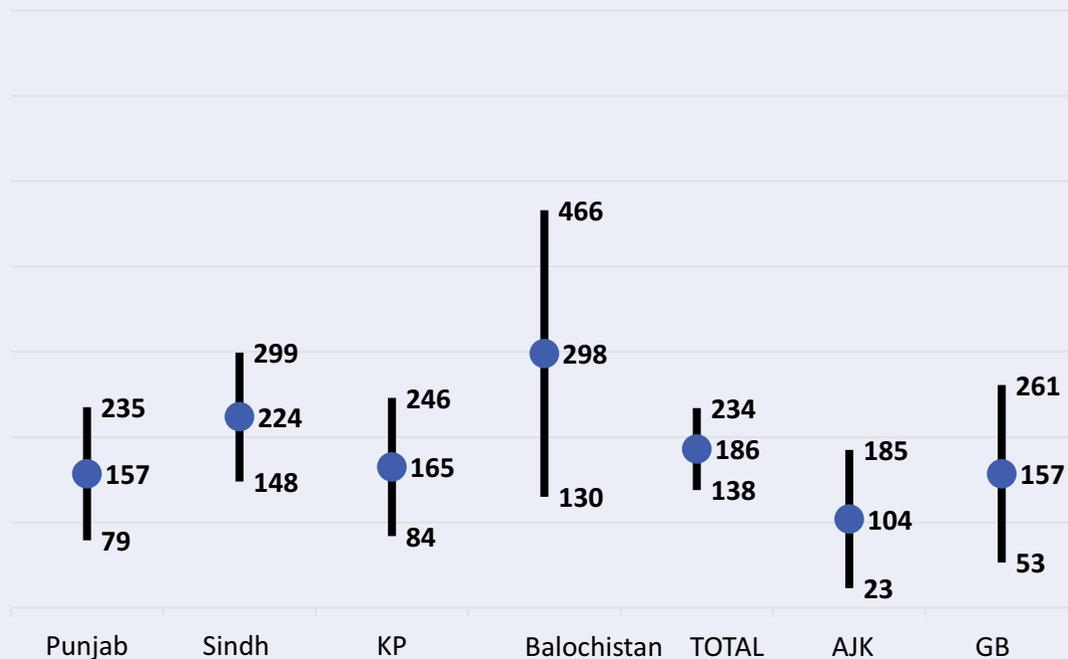
186 Deaths per 100,000 live births
(confidence interval: 138-234)

- **Balochistan:**

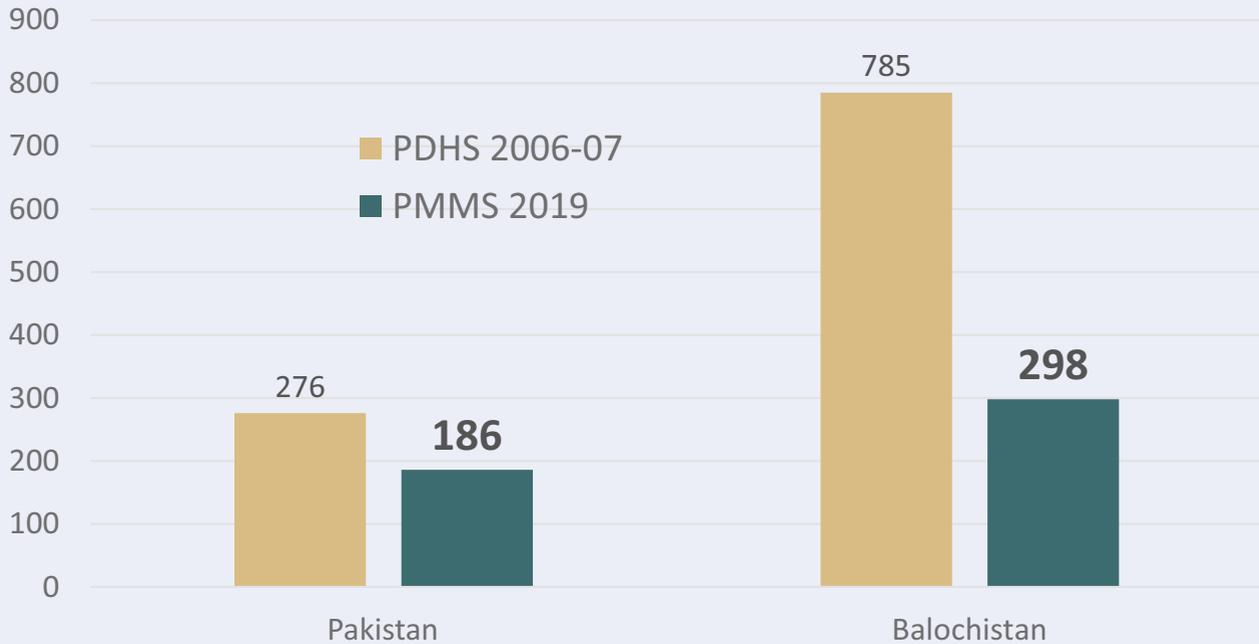
298 Deaths per 100,000 live births
(confidence interval: 130-466)

Maternal Mortality Ratio (MMR) by Regions

Maternal deaths per 100,000 live births for the 3-year period before the survey

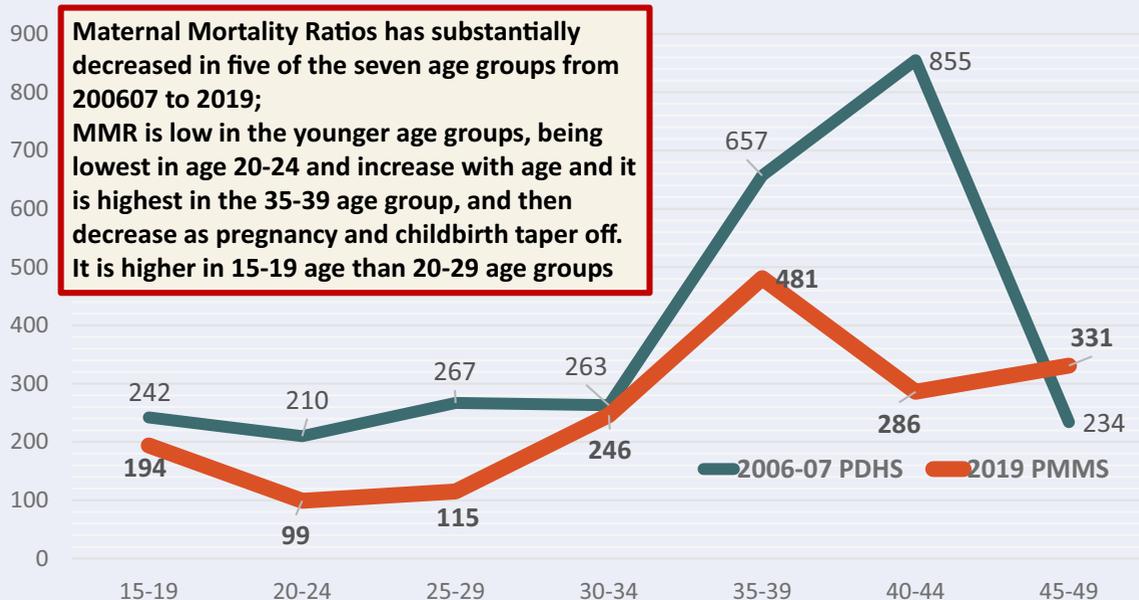


Decline of MMR – Pakistan and Balochistan PDHS 2006-07 and PMMS 2019



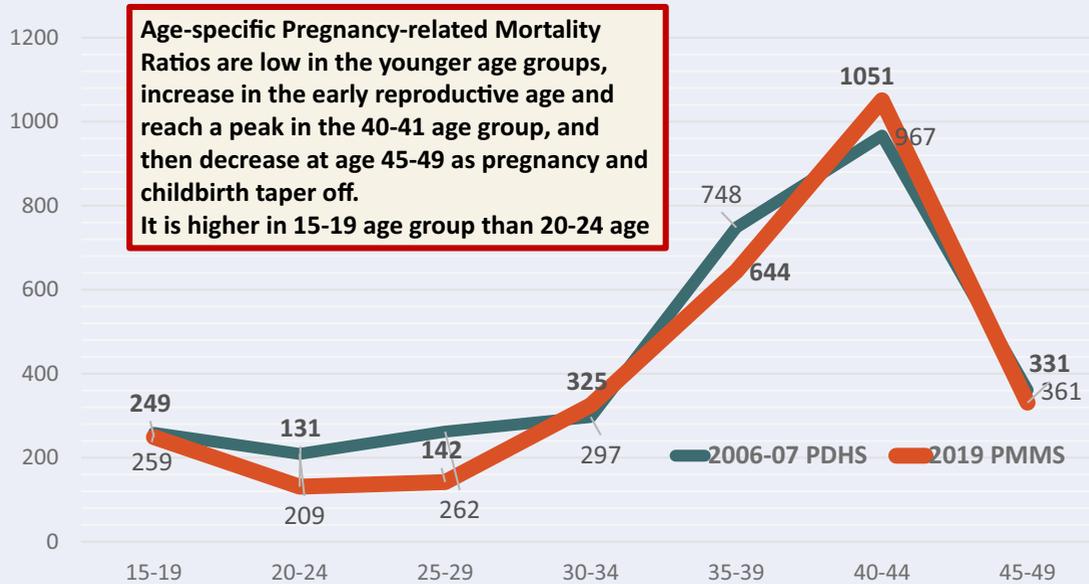
Age-specific Maternal Mortality Ratio-MMR Trends, PDHS 2006-07 and PMMS 2019

Age-specific maternal mortality ratios per 1,000 live birth for the 3 year period before the survey



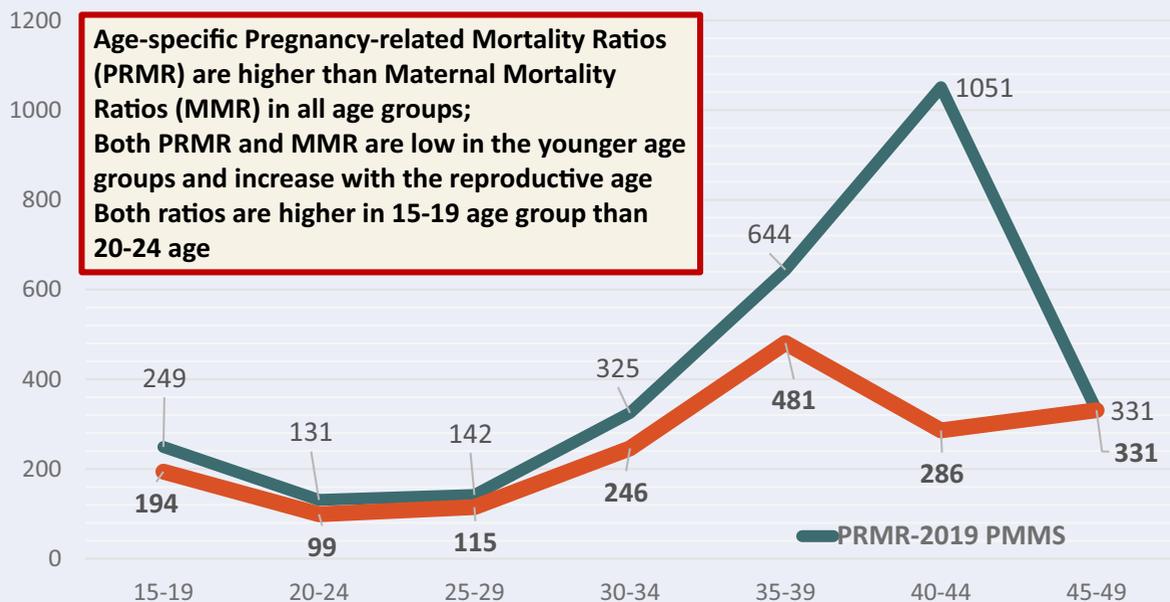
Age-specific Pregnancy-related Mortality Ratio PRMR Trends, PDHS 2006-07 and PMMS 2019

Age-specific Pregnancy-related mortality rates per 1,000 live birth for the 3 year period before the survey

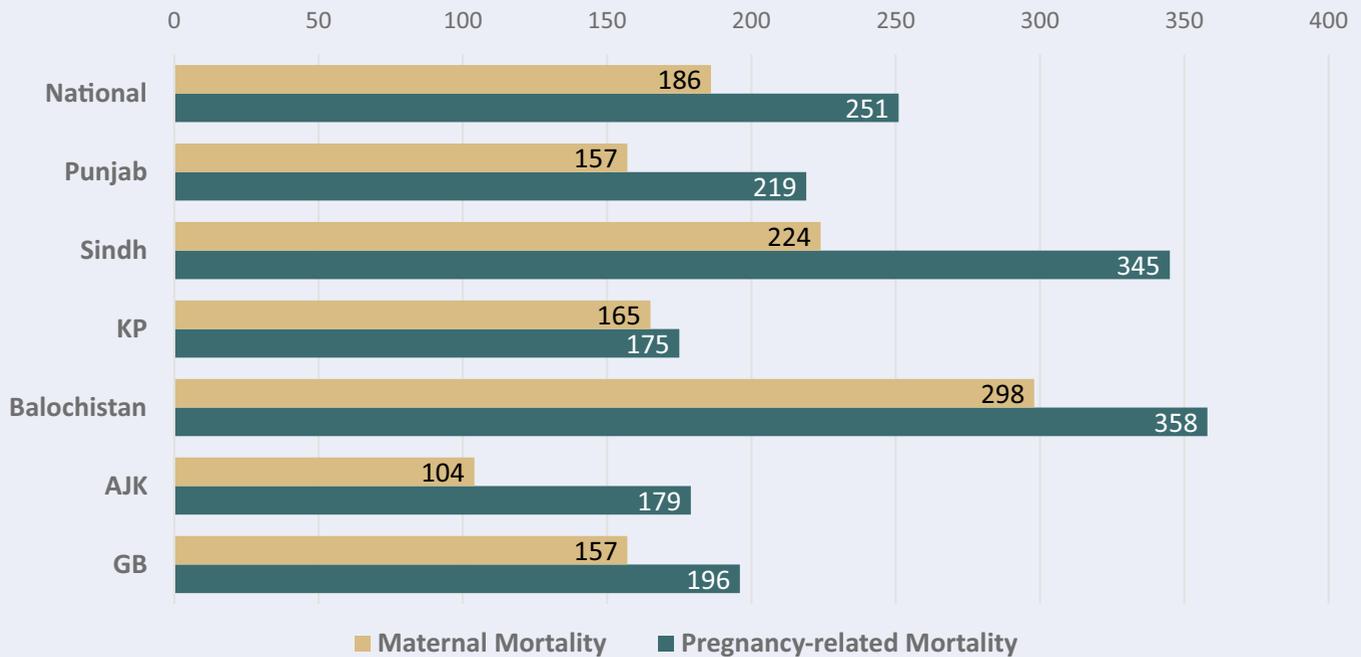


Age-specific PRMR and MMR Trends: 2019 PMMS

Age-specific PRMR and MMR per 1,000 live birth for the 3 year period before the survey



Direct Estimates of Maternal and Pregnancy-related Mortality by Region



Key Findings

National MMR is **186** deaths per 100,000 live births (excluding AJK and GB)

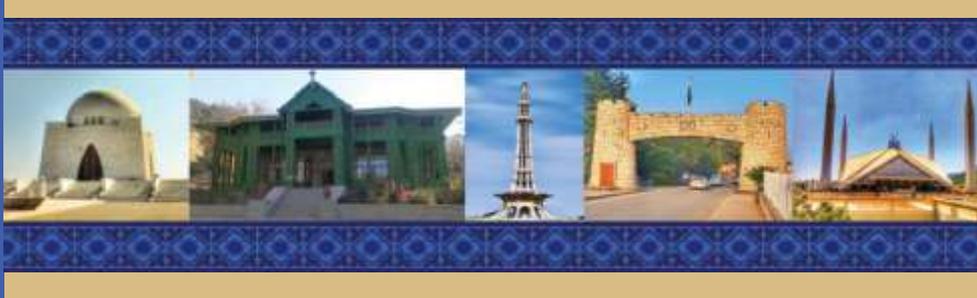
- **Balochistan MMR** is **298** deaths/100,000 live births (**Highest in the Country**)

National Pregnancy-related Mortality Ratio is **251** deaths per 100,000 live births (excluding AJK and GB)

- **Balochistan Pregnancy-related Mortality Ratio** is **358** deaths per 100,000 live births (**Highest in the Country**)

Pregnancy and Childbearing at Older Age are riskier; resulting in **Higher MMR** especially in women in 35-44 years age

Cause of Deaths



2019 Pakistan Maternal Mortality Survey (PMMS)

- **Verbal Autopsy**
- Causes of death



© Photo by Asad Zaidi, UNFPA

Verbal Autopsy Questionnaire-VAQ

- Verbal Autopsy Questionnaire was administered in households with the **death of a female resident age 15-49 who had died since January 2016**
- Questionnaire is based upon the *2016 WHO standardized Verbal Autopsy Instrument adapted to country specific context and to preserve comparability with 2006-07 PDHS*
- ICF's health experts provided inputs and the questionnaire finalized in accordance with *WHO ICD-10*
- Questionnaire included both structured (pre-coded) and unstructured (open-ended) questions

Verbal Autopsy Questionnaire: Scope

- Background characteristics
- Birth and pregnancy information
- Narrative of illness/events leading to death
- General signs/symptoms
- Deceased illness history
- Antenatal care and characteristics of last pregnancy
- Deaths during labour, delivery or 40 days after
- History of injuries/accidents
- Care seeking behaviour

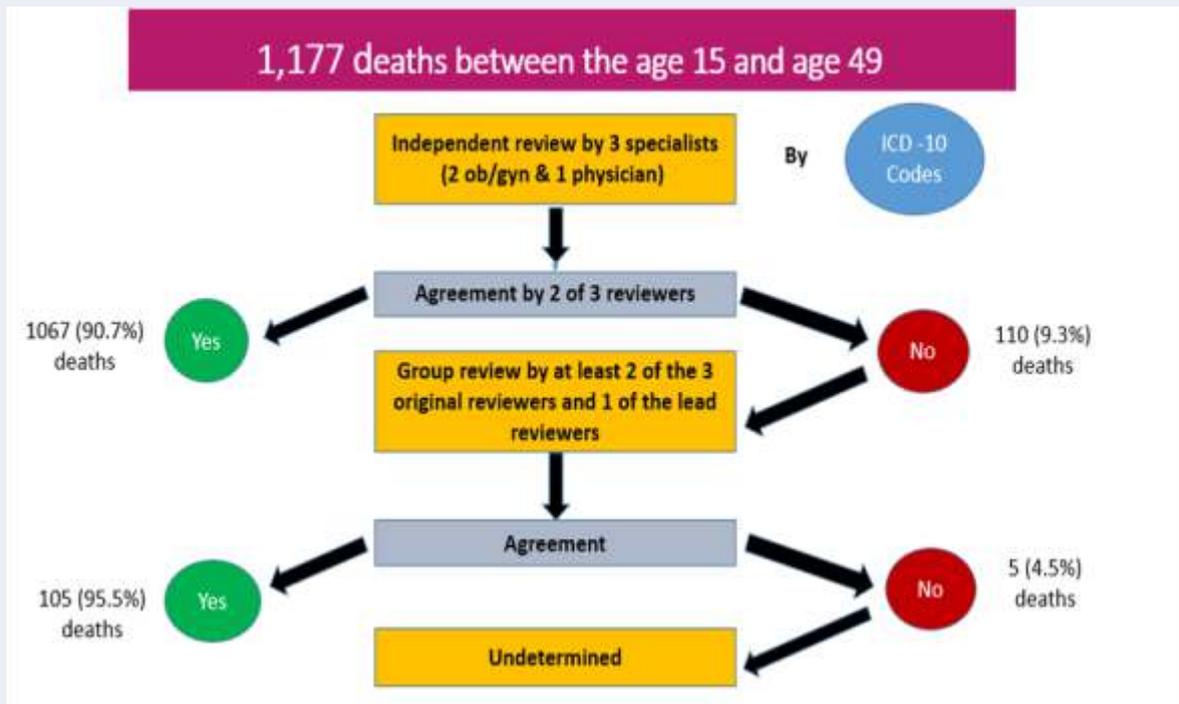
Verbal Autopsy Data Collection

- Fieldwork teams visited all households where a female of age 15-49 had died during 3 years before the survey
- A respondent/ caretaker with detailed knowledge of the woman's death was interviewed to record information on the circumstances surrounding the event(s) that led to the death, the cause of death and the health services sought
- During fieldwork, a national total of **1,177** verbal autopsies (**497 urban and 680 rural**) have been completed in all provinces and regions of Pakistan with overall **eligible verbal autopsy response rate as 99.6%**

Cause of Death Certification

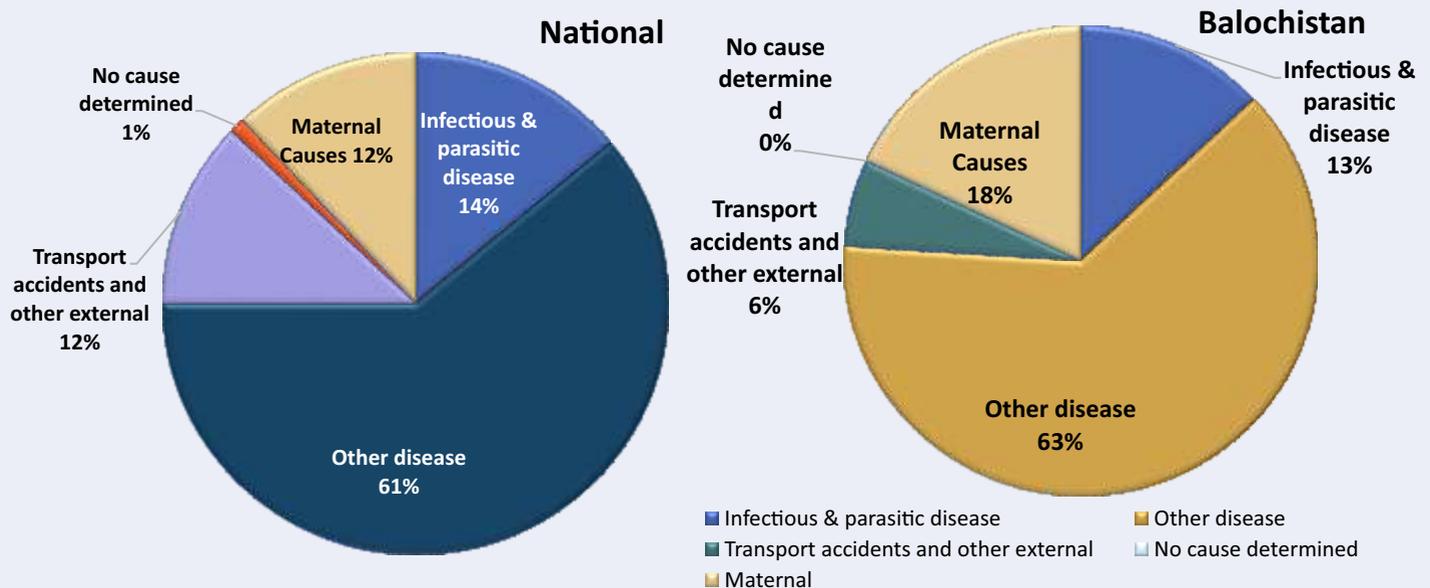
1. **Three panels of 3 reviewers** (2 obstetrician/gynecologists) and 1 specialist physician) were created
2. Each physician interpreted VA result and produced **WHO-style cause of death certificate**
3. If at least 2 of the 3 reviewers agreed on the category and underlying cause of death, it was accepted as the category and underlying cause of death for that VAQ
4. Final underlying cause of death determined by **WHO ICD-10 guidelines**

Review Process for VAs



All Cause-specific Mortality

Percent distribution of causes of death among women age 15-49 in the 3 years before the survey



Maternal Causes of Death

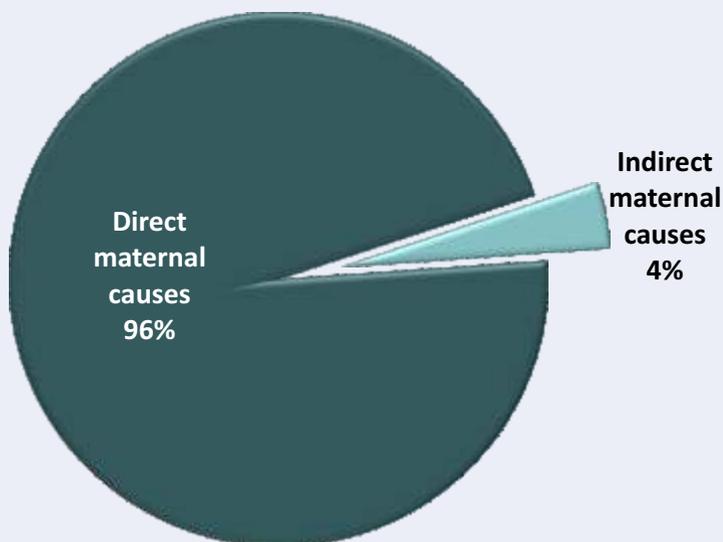
Percent distribution of causes of death among women age 15-49 in the 3 years before the survey

Direct Causes:

- Pregnancy with abortive outcome
- Hypertensive Disorder
- Obstetric Hemorrhage
- Pregnancy-related Infection
- Other Obstetric Complications

Indirect Causes:

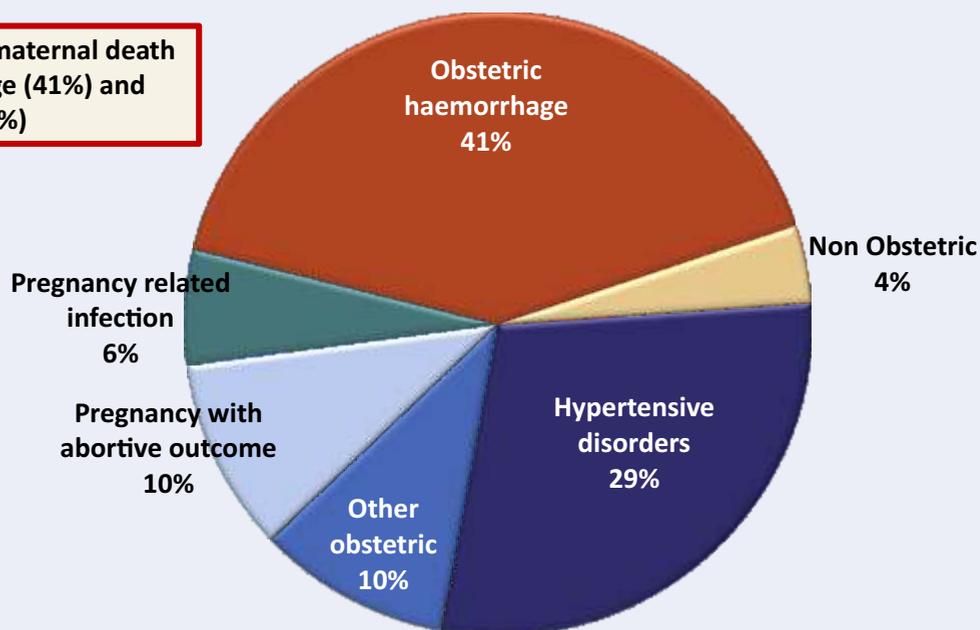
- Non-obstetric Complications



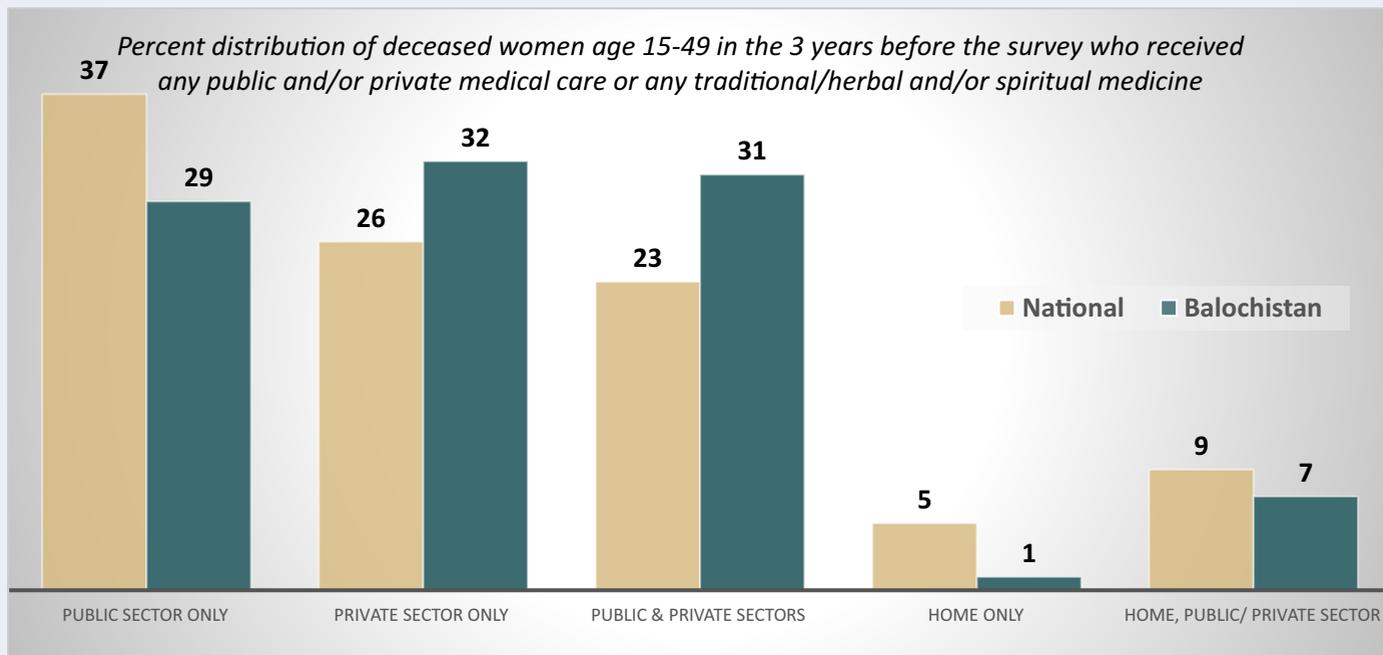
Maternal Causes of Death

Percent distribution of causes of death among women age 15-49 in the 3 years before the survey

Most common causes of maternal death were obstetric hemorrhage (41%) and hypertensive disorder (29%)

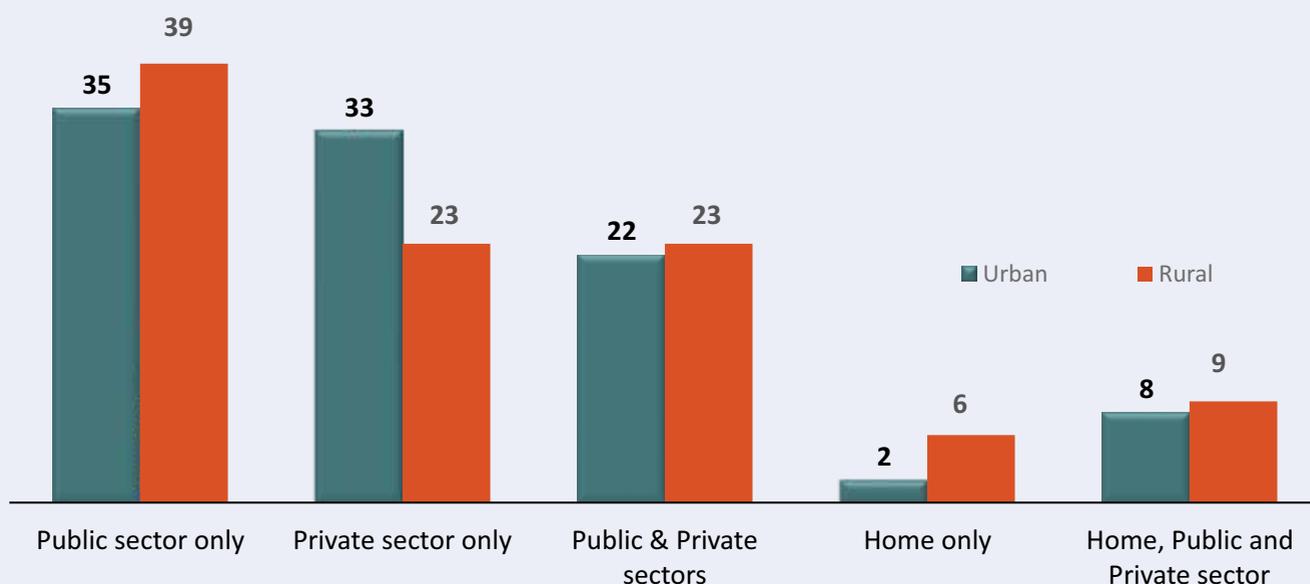


Treatment Received for Deceased Women: Place of Care

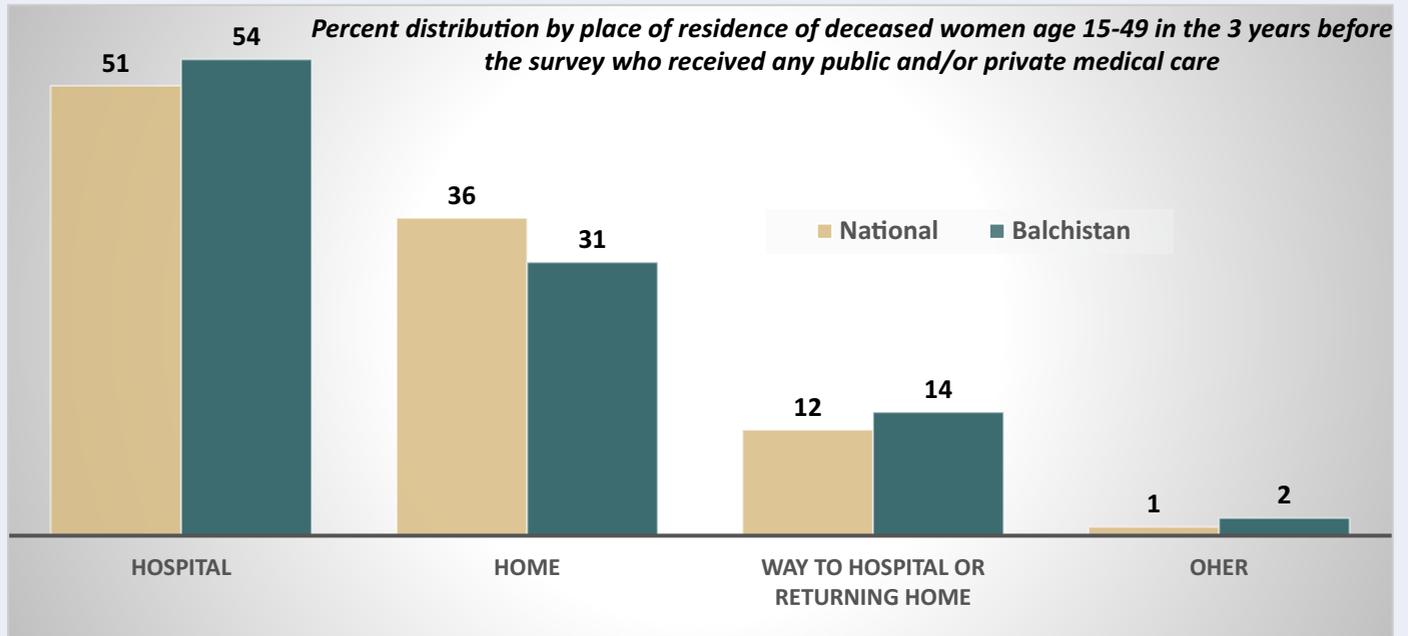


Treatment Received for Deceased Women: By Household Residence

Percent distribution by place of residence of deceased women age 15-49 in the 3 years before the survey who received any public and/or private medical care

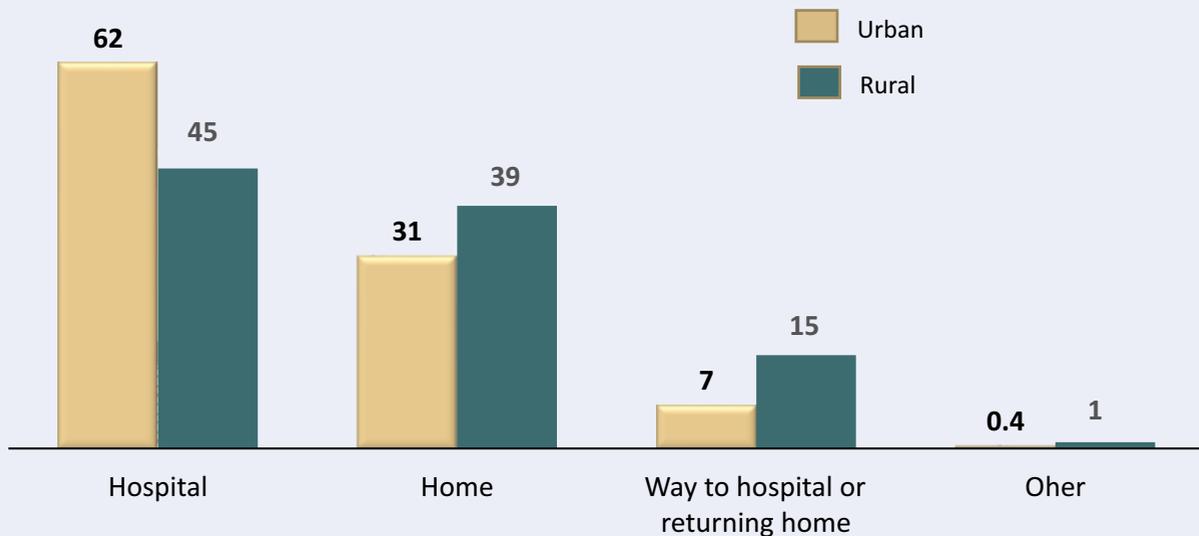


Deceased Women's Place of Death: By Household Residence



Deceased Women's Place of Death: By Household Residence

Percent distribution by place of residence of deceased women age 15-49 in the 3 years before the survey who received any public and/or private medical care



Key Findings

- Among maternal deaths **96%** were direct maternal deaths, **4%** indirect maternal deaths
- **Obstetric hemorrhage (41%) and Hypertensive disorder (29%)** are the most common direct causes of maternal mortality
- **In Balochistan**, the most common (**63%**) causes of death included **other diseases** such as conditions of the nervous, digestive, and respiratory systems in addition to **infectious and parasitic disease (13%)**
- **In Balochistan, Maternal deaths** accounted for **18%** of all-cause deaths
- **29%** of women who died in the three years before the survey sought medical care at a **public sector health** facility while **31%** sought care a private sector health facility; **1%** of women received care at home

Maternal Health Care



2019 Pakistan Maternal Mortality Survey (PMMS)

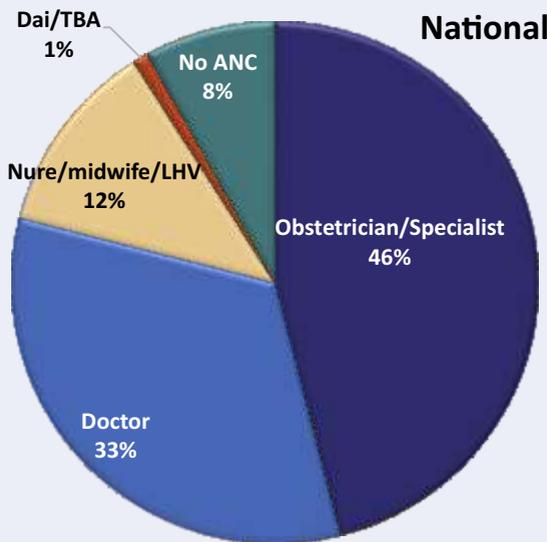
- **Antenatal care**
- Delivery and postnatal care
- Other health issues



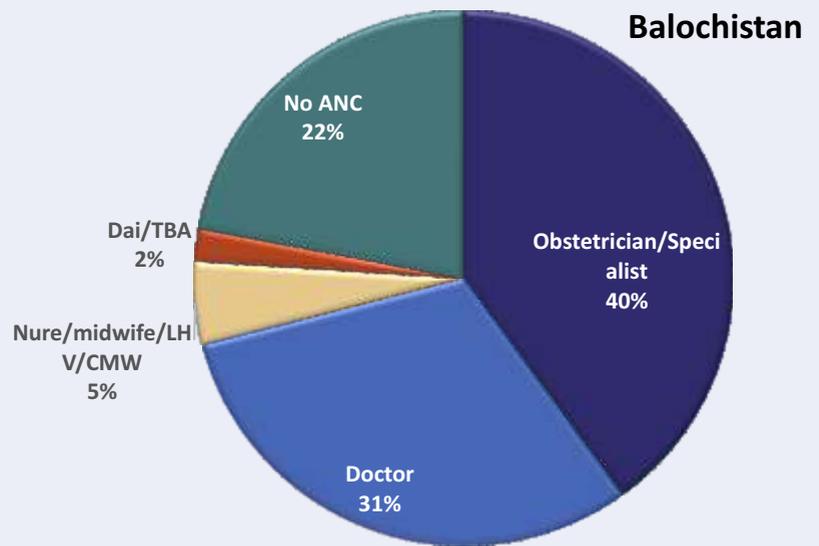
© Photo by Asad Zaidi, UNFPA

Antenatal Care (ANC) by Provider

Percent distribution of ever-married women age 15-49 with a live birth or stillbirth in the 3-year period before the survey



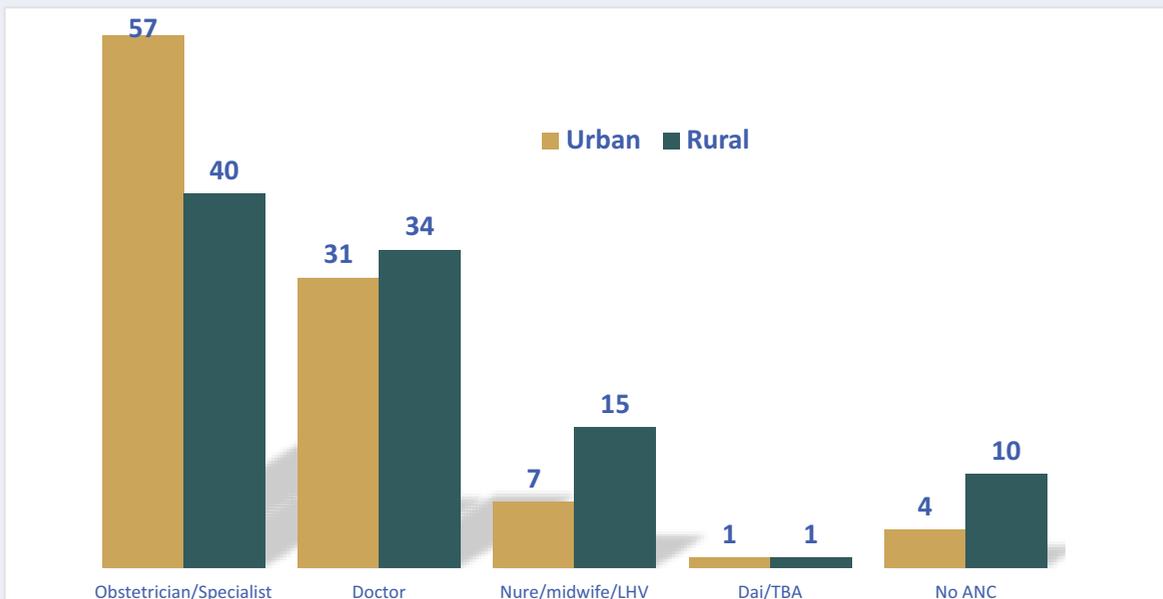
91% of women received ANC from a skilled provider*



76% of women received ANC from a skilled provider*

Antenatal Care (ANC) by Provider

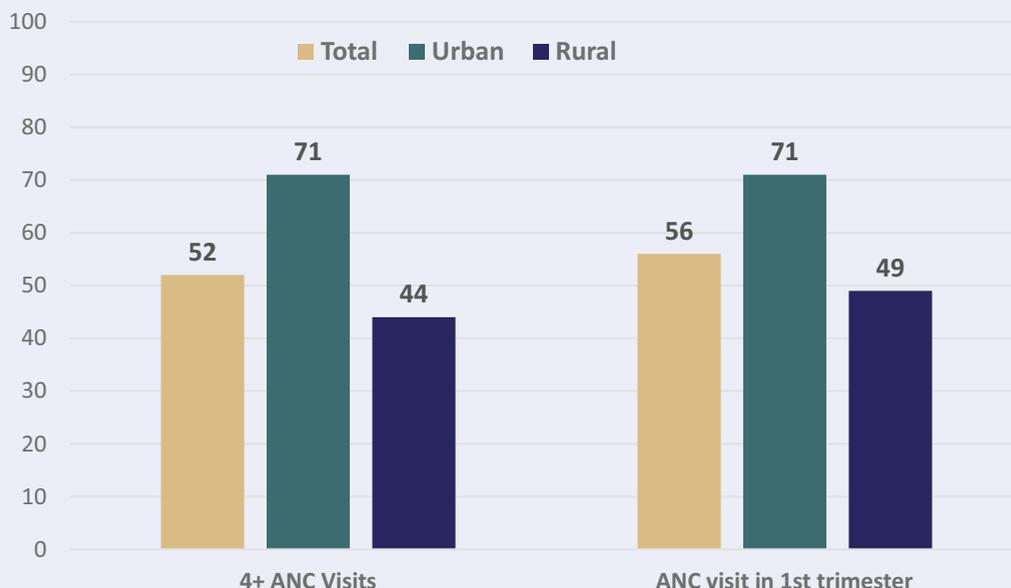
Percent distribution of ever-married women age 15-49 with a live birth or stillbirth in the 3-year period before the survey



95% of urban and 89% of rural women received ANC from a skilled provider*

Timing and Number of ANC Visits by Residence

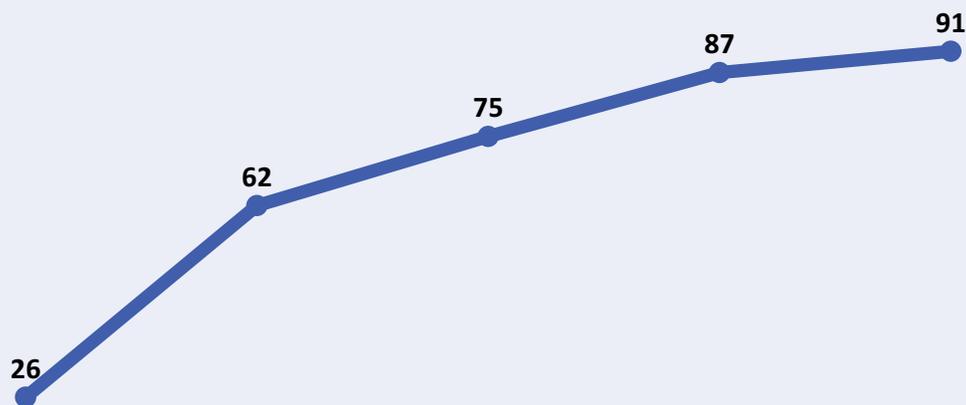
Percent of ever-married women age 15-49 with a live birth or stillbirth in the 3-year period before the survey for most recent live birth or stillbirth



Urban women are more likely to receive an early and frequent Antenatal Care

Historic Trends in ANC Coverage

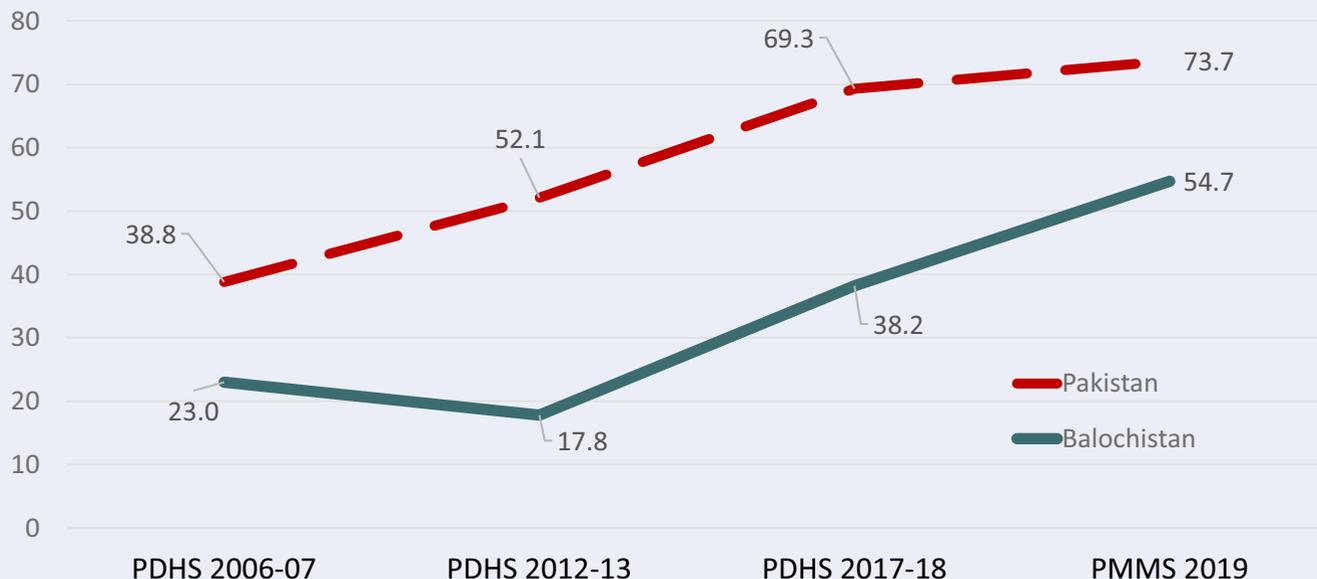
Percent of ever-married women age 15-49 who received ANC from a skilled provider in the 3 years before the survey



1990-91 PDHS 2006-07 PDHS 2012-13 PDHS 2017-18 PDHS 2019 PMMS

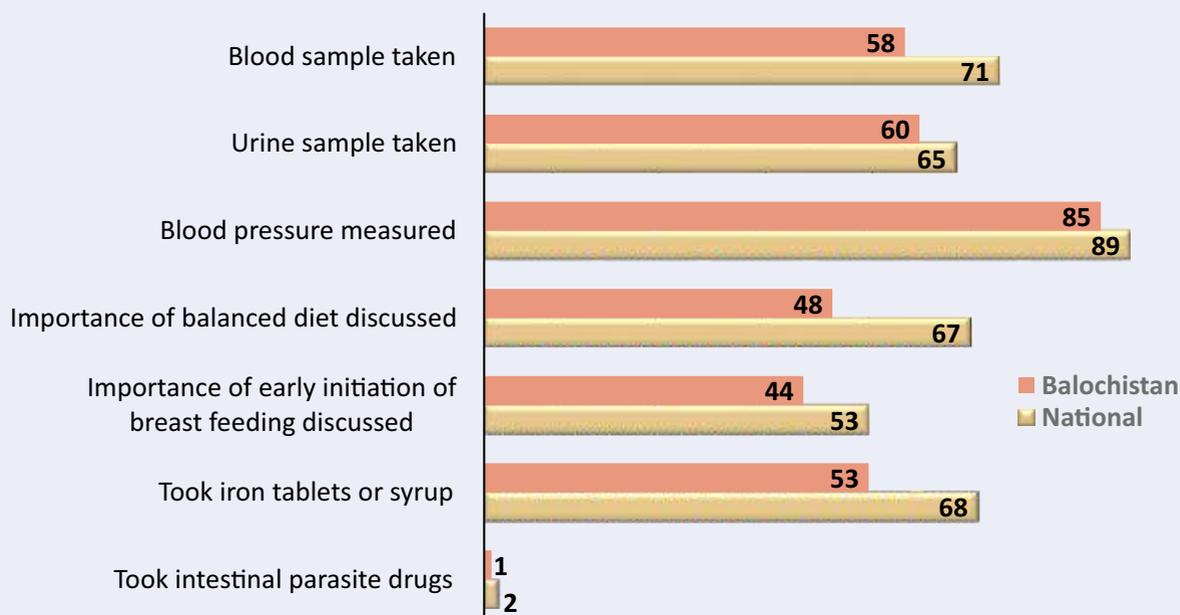
Trend of Delivery by Skilled Birth Attendants Pakistan and Balochistan

Percent of ever-married women 15-49 who reported delivery by a skilled provider in the 3 years before the survey



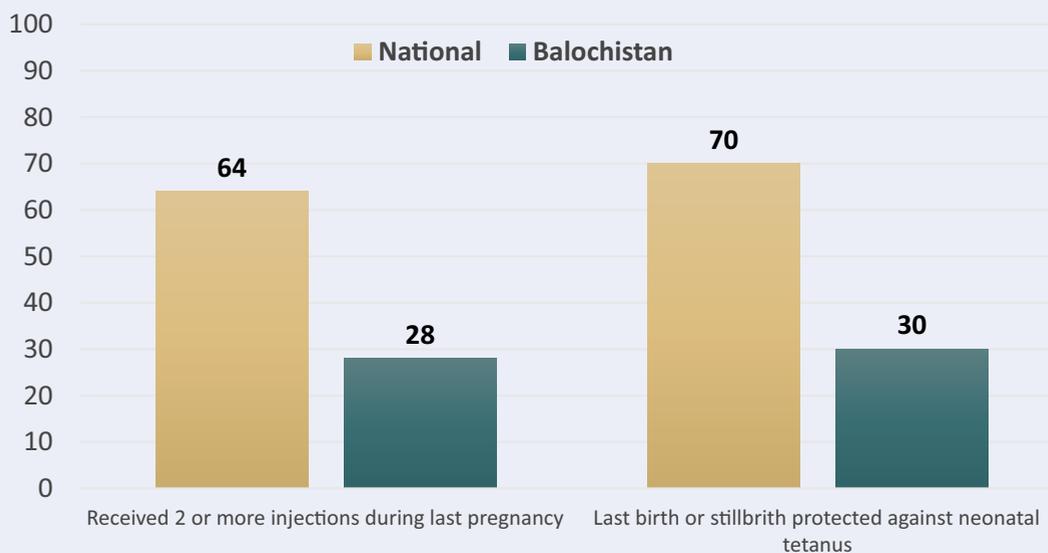
Components of ANC: National and Balochistan

Among ever-married women age 15-49 who received ANC for most recent live birth or stillbirth in the past 3 years, percent who received the following services:



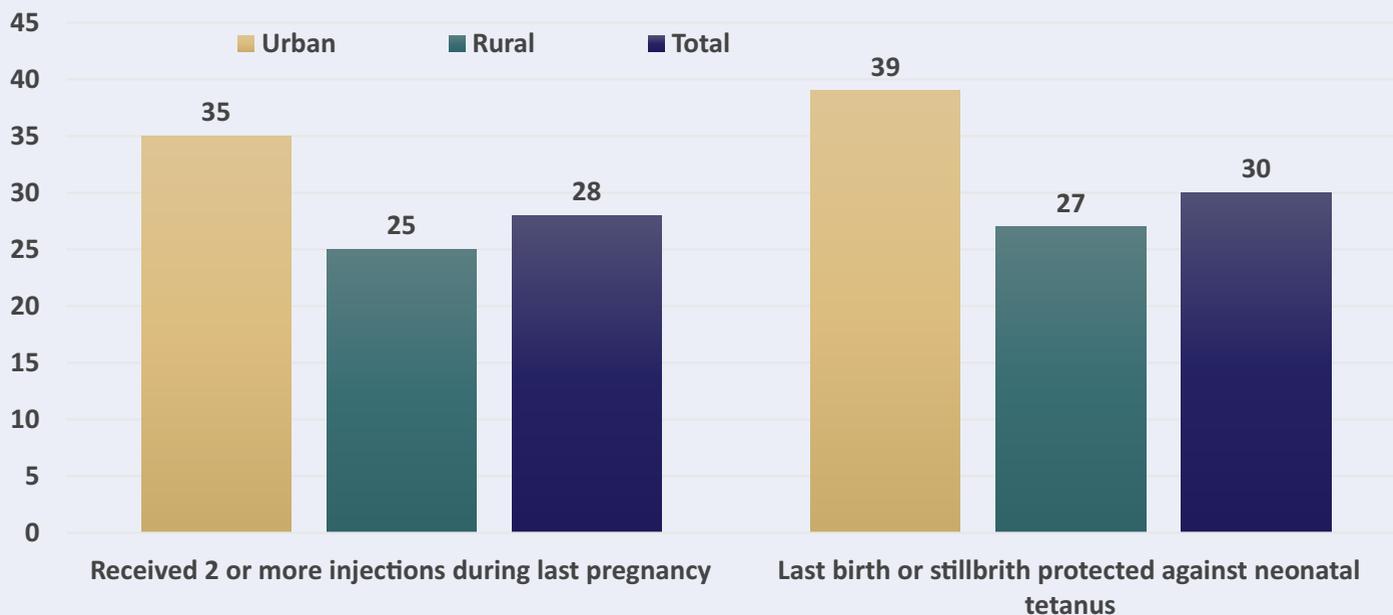
Tetanus Toxoid Vaccination: National and Balochistan

Percent of mothers age 15-49 with a live birth or stillbirth and percent whose most recent live birth or stillbirth was protected against neonatal tetanus in the 3-year period before the survey



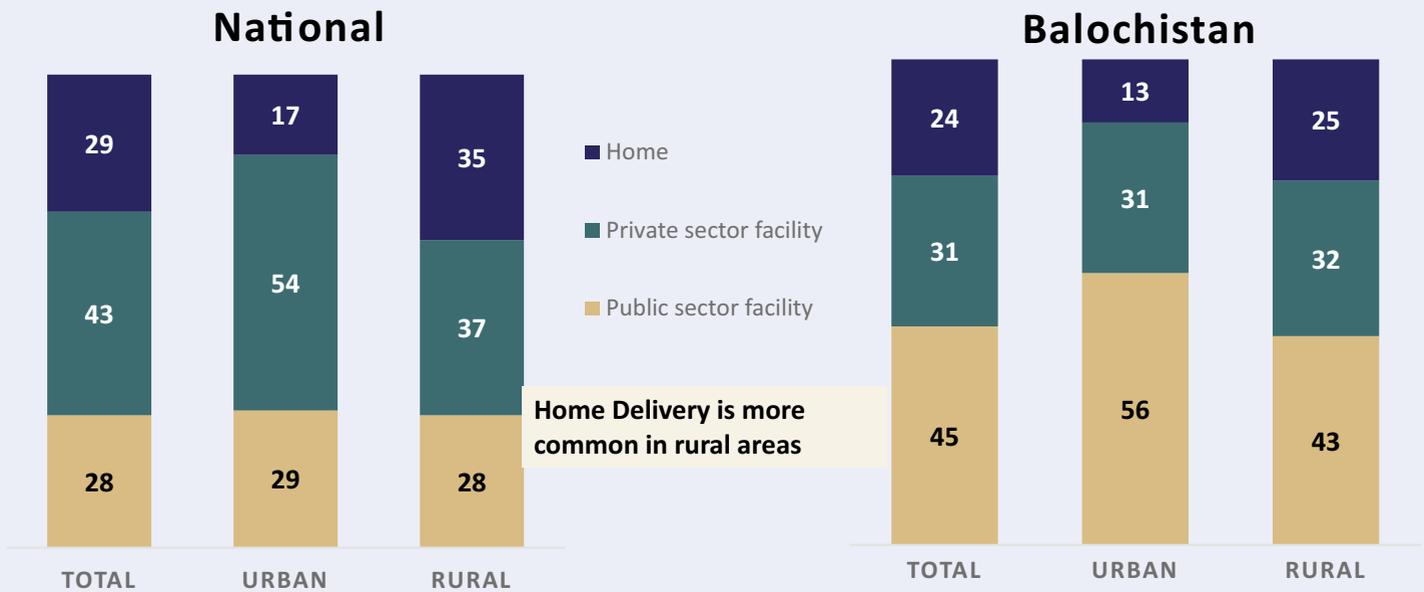
Tetanus Toxoid Vaccination: Balochistan

Percent of mothers age 15-49 with a live birth or stillbirth and percent whose most recent live birth or stillbirth was protected against neonatal tetanus in the 3-year period before the survey



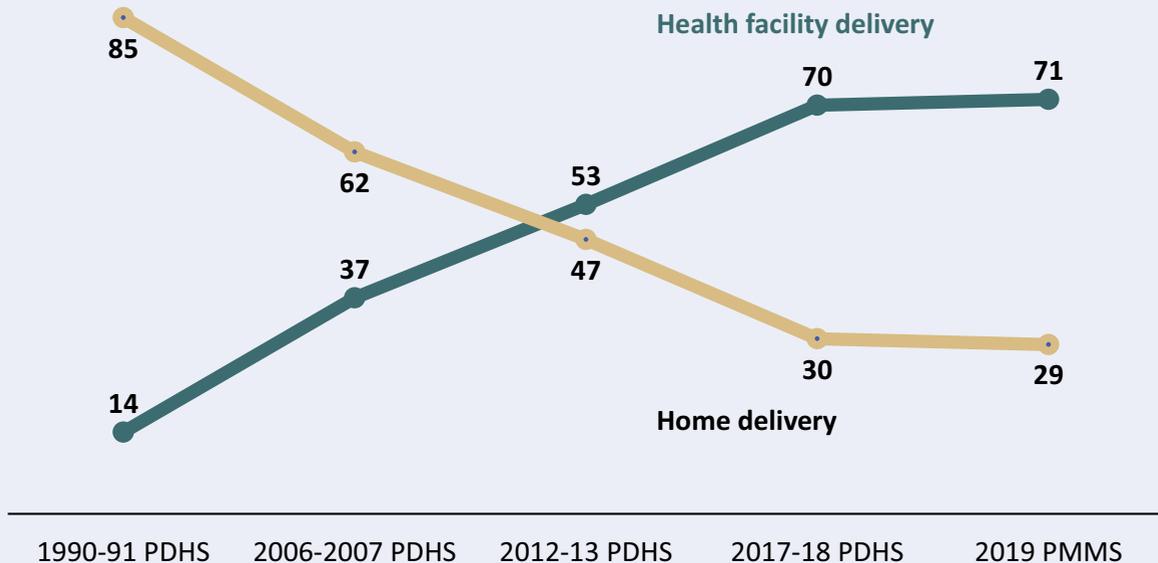
Place of Delivery

Percent distribution of most recent live births in the 3-year period before the survey



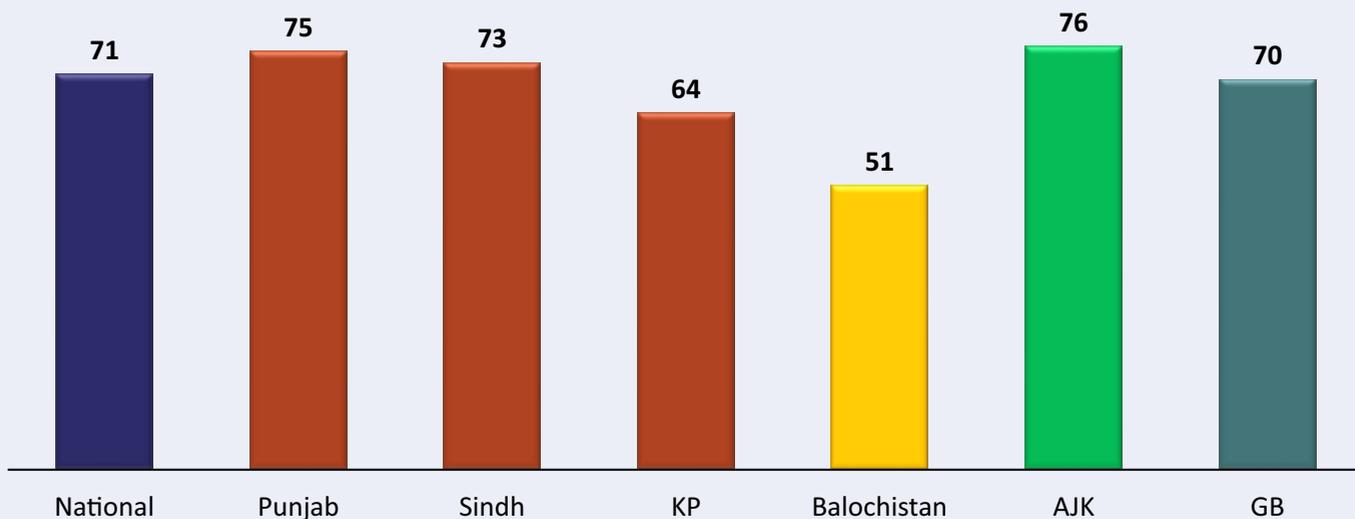
Trends in Place of Birth

Percent of most recent live births in the 3 years before the survey



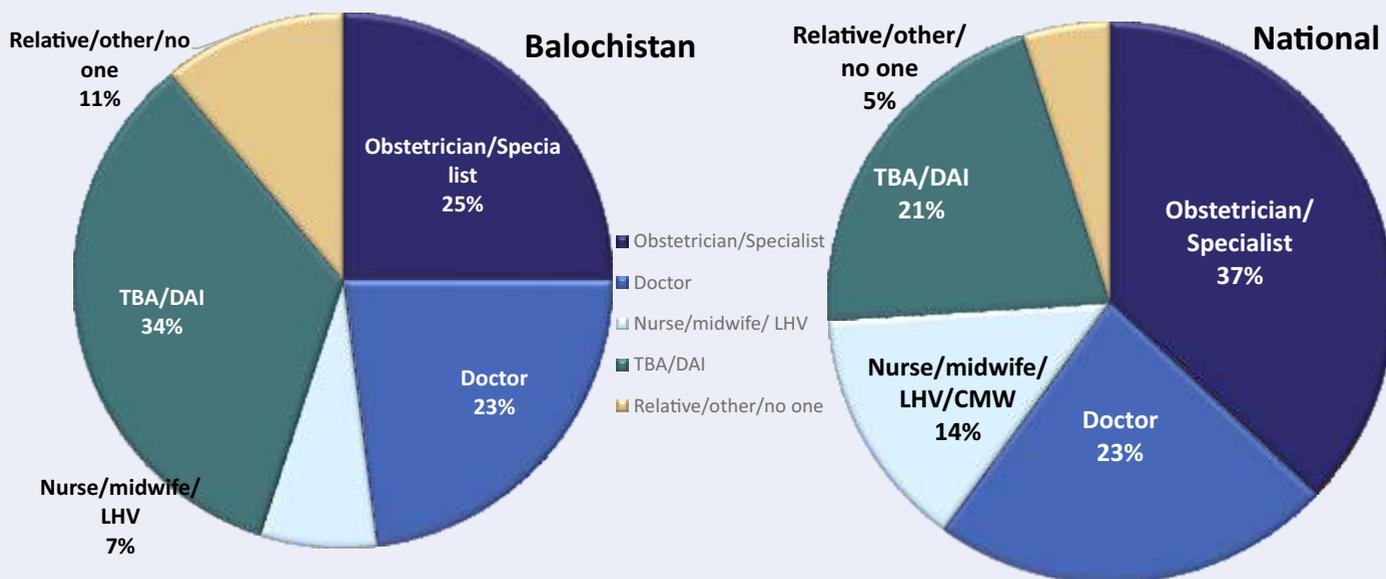
Health Facility Delivery by Region

Percent of most recent live births in the 3 years before the survey delivered in a health facility



Assistance during Delivery: Live Births

Percent distribution of most recent live births in the 3-year period before the survey

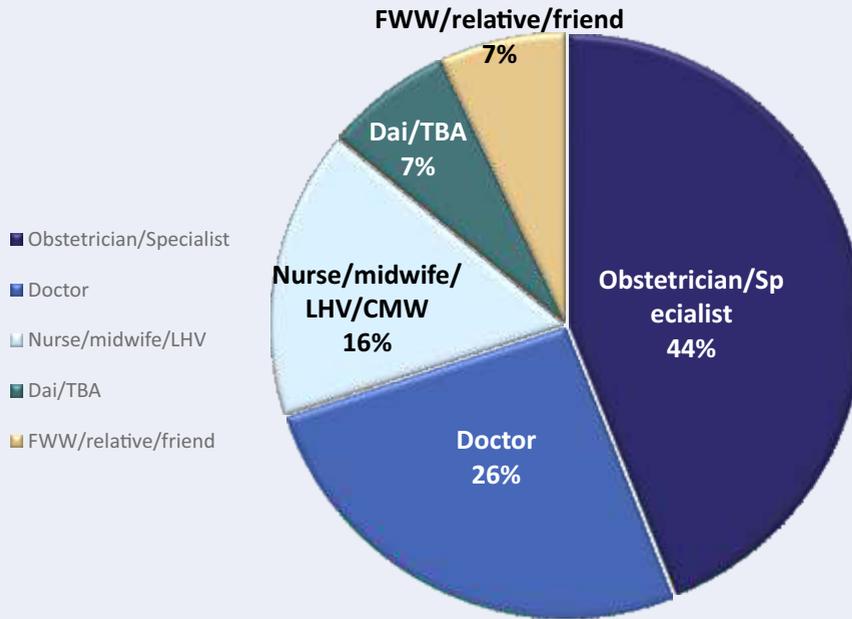


55% of births are delivered by a skilled provider*

74% of births are delivered by a skilled provider*

National: Assistance during Delivery: Still births

Percent distribution of still births in the 3-year period before the survey

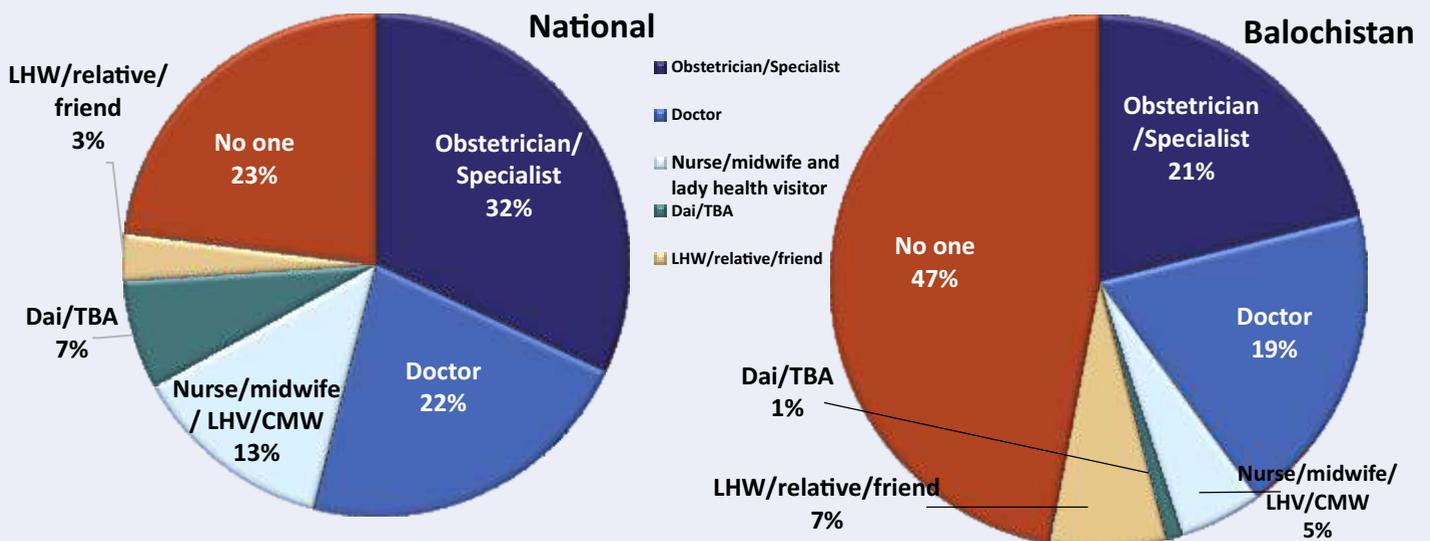


86% of still births are delivered by a skilled provider*

**obstetrician specialist, doctor, nurse/midwife, lady health visitor or community midwife*

Assistance during Delivery: Abortions and Miscarriages

Percent distribution of abortions or miscarriages in the 3-year period before the survey

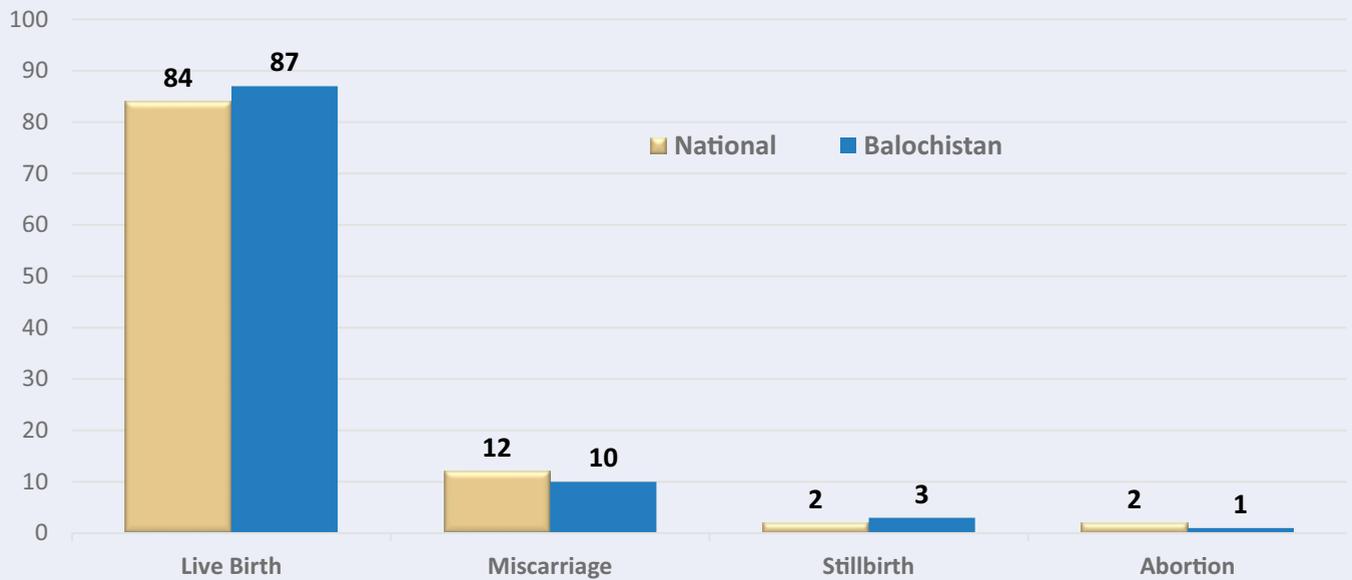


67% of abortions/ miscarriages are delivered by a skilled provider*

45% of abortions/ miscarriages are delivered by a skilled provider*

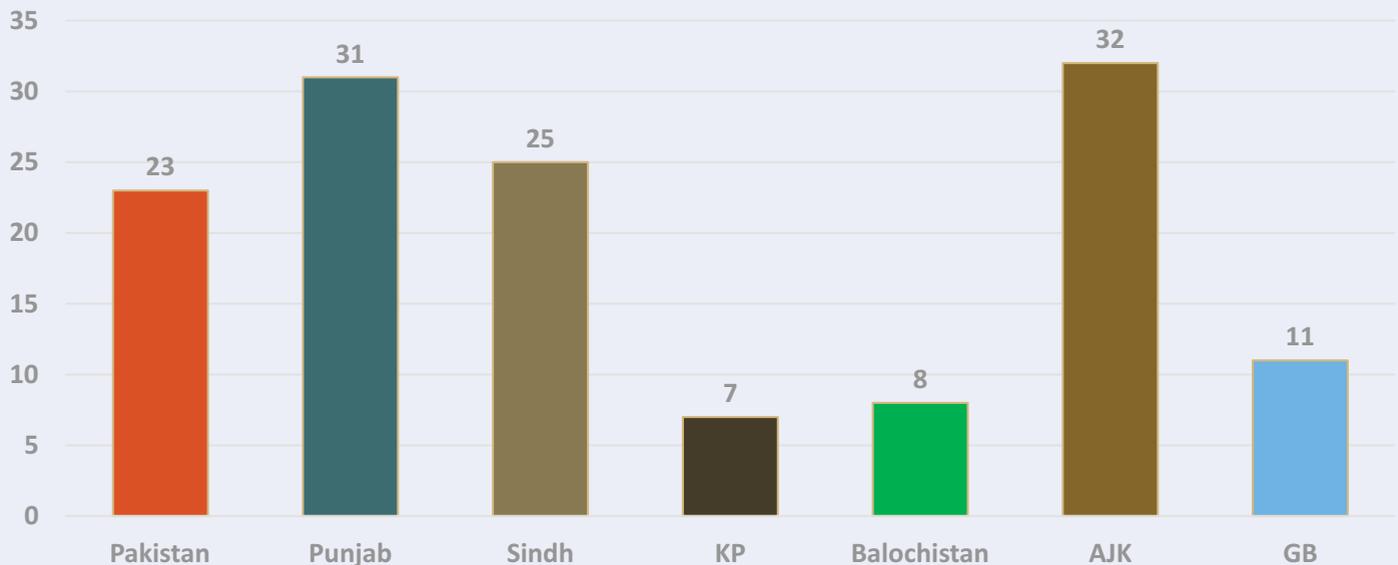
Pregnancy Outcomes: National and Balochistan

Percent distribution of pregnancies ending in the 3 years preceding the survey by pregnancy outcome



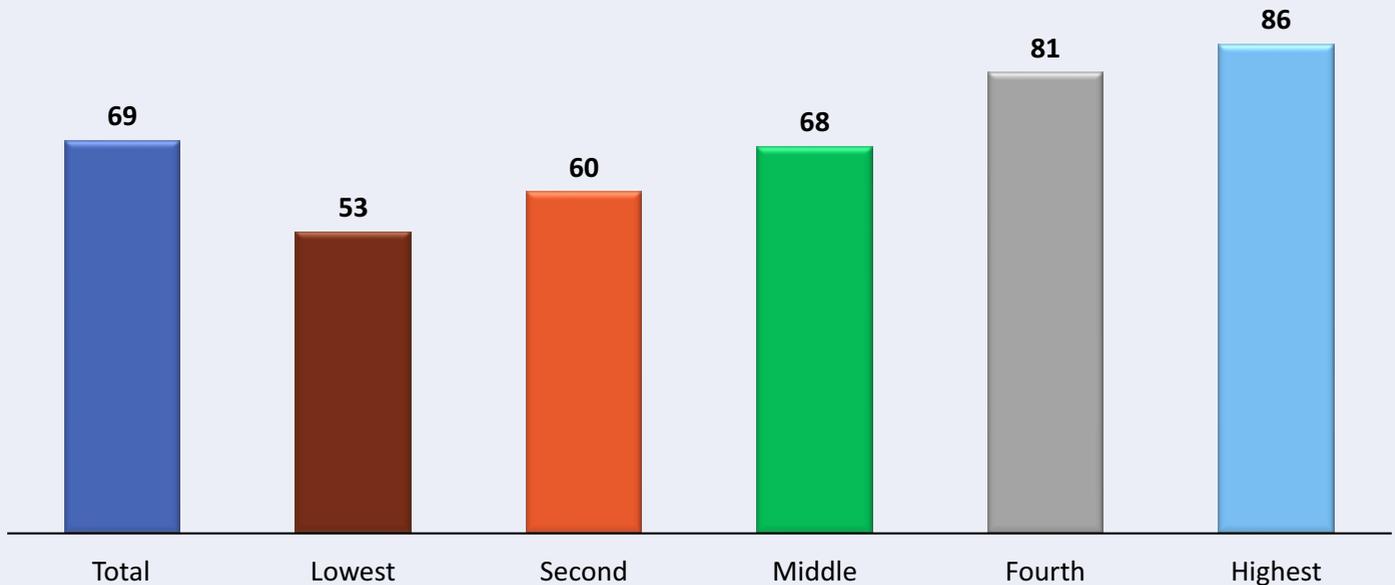
Caesarean-Deliveries by Region

Percent of most recent live births in the 3 years before the survey delivered in a health facility



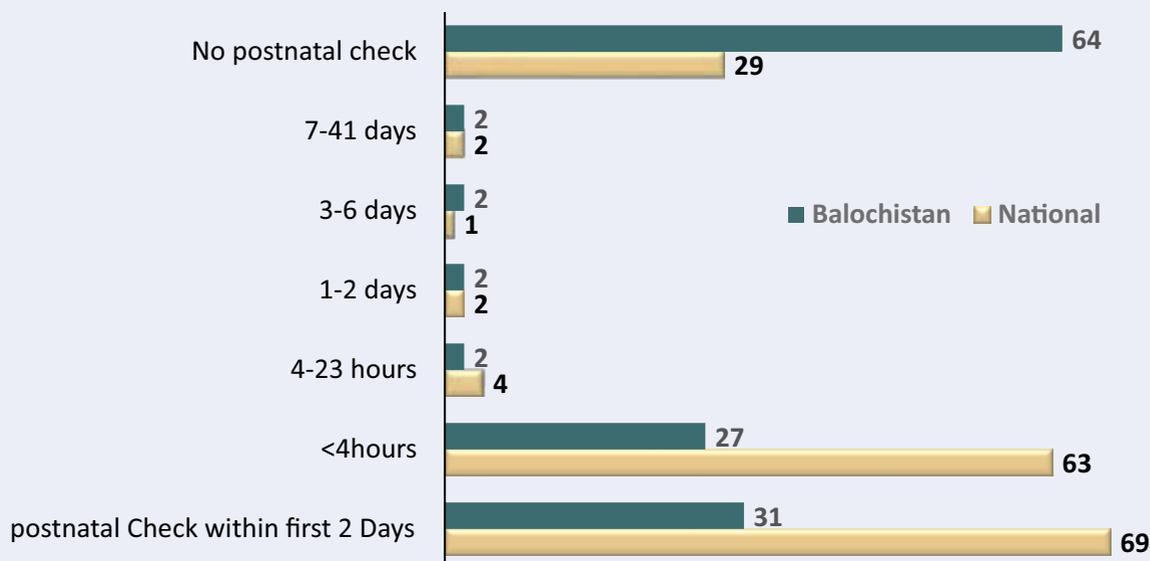
Postnatal Care (PNC) for Mothers and New-borns by Wealth

Percent of live births in the 2-year period before the survey with PNC within 2 days of delivery



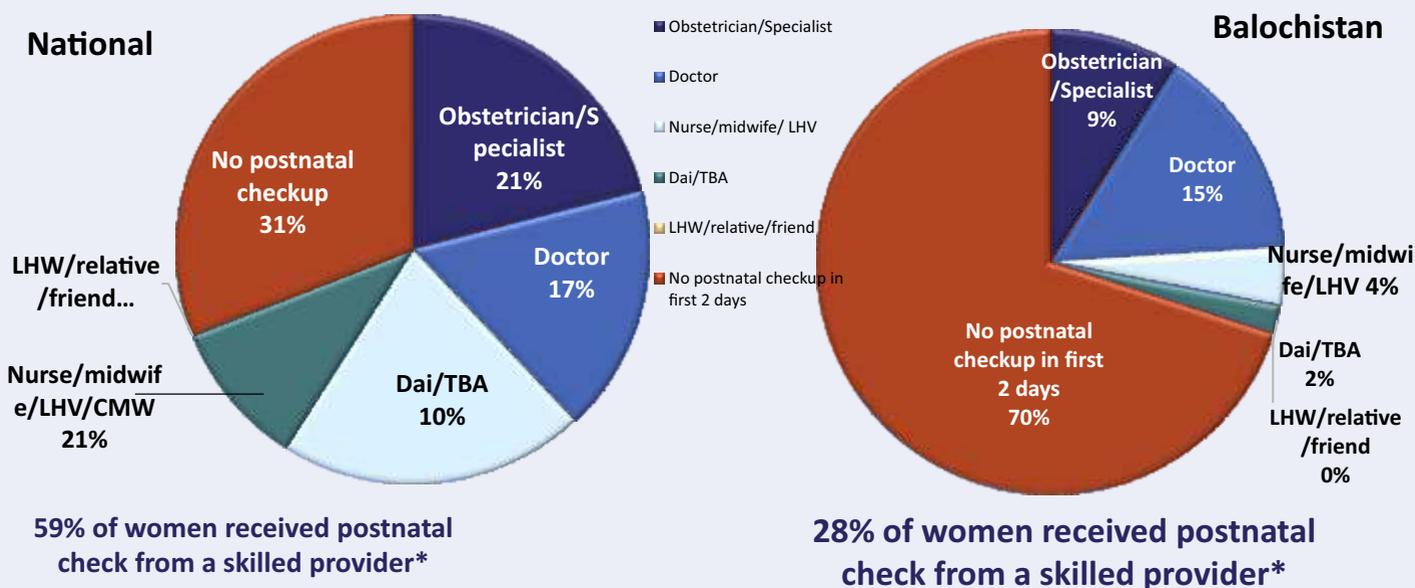
Timing of 1st Postnatal Checkup of Mother: National and Balochistan

Percent of lever-married women age 15-49 giving birth in the 2-year period before the survey with PNC within 42 days of delivery



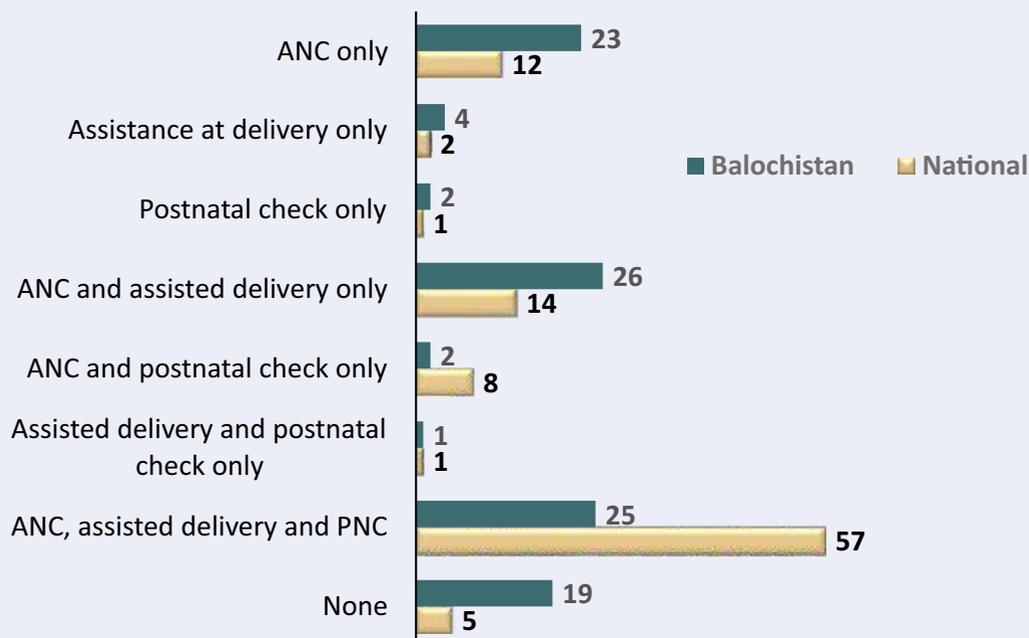
Type of Provider for 1st PNC Check

Percent distribution of ever-married women with live/ still birth in the 2-year period before the survey, by type of health provider for mother's first postnatal check up



Combination of ANC, Assisted Delivery & PNC

Percent of women who received ANC, assistance at delivery and postnatal check for the most recent live births/stillbirths during the last 3 years preceding survey:



Key Findings

- **76%** of women received **ANC** for a skilled provider at least once
- **Obstetricians/ Specialists and Doctors** are the main providers of ANC
- **22% women received no ANC and only 28%** had 2 or more TT Injections
- **55%** of births are **delivered by a skilled provider**
- **24%** of the births are **delivered at home**
- **35%** of births are **conducted by a TBA/ DAI** and **11% by relative/none**
- **28%** of women received PNC from skilled provider and **64% had No PNC**
- **25%** of ever married women received ANC, assisted delivery and PNC and, **19% received none of the ANC, assisted delivery or the PNC**

Maternal Morbidities



2019 Pakistan Maternal Mortality Survey (PMMS)

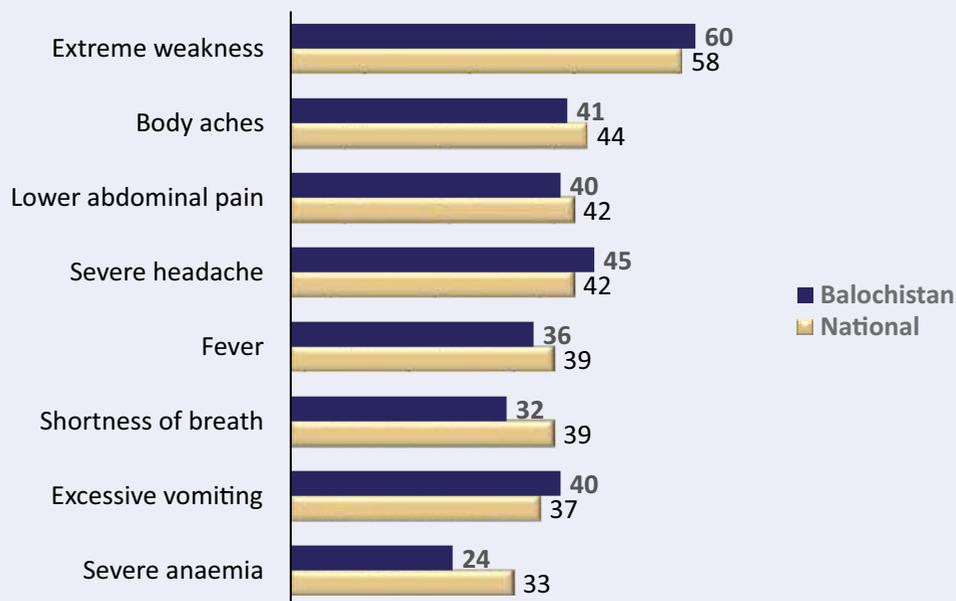
- **Morbidities during pregnancy, delivery, or postpartum**



©2008 Asad Zaidi, UNFPA

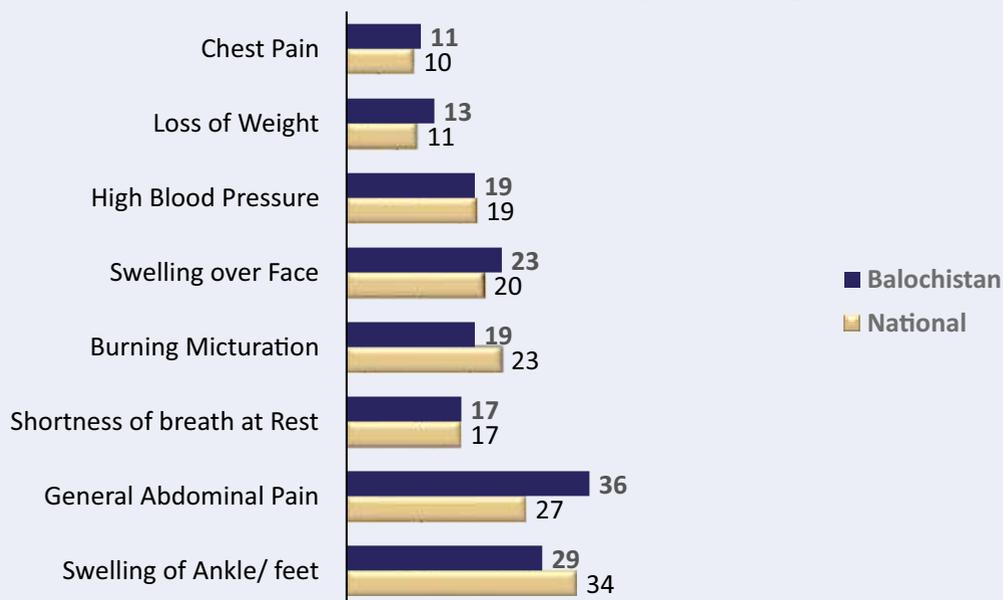
Maternal Complications during Pregnancy: Self-Report National and Balochistan

Percent of live births/stillbirths/miscarriages/abortions for which women self-reported morbidities/ complications during the last pregnancy:



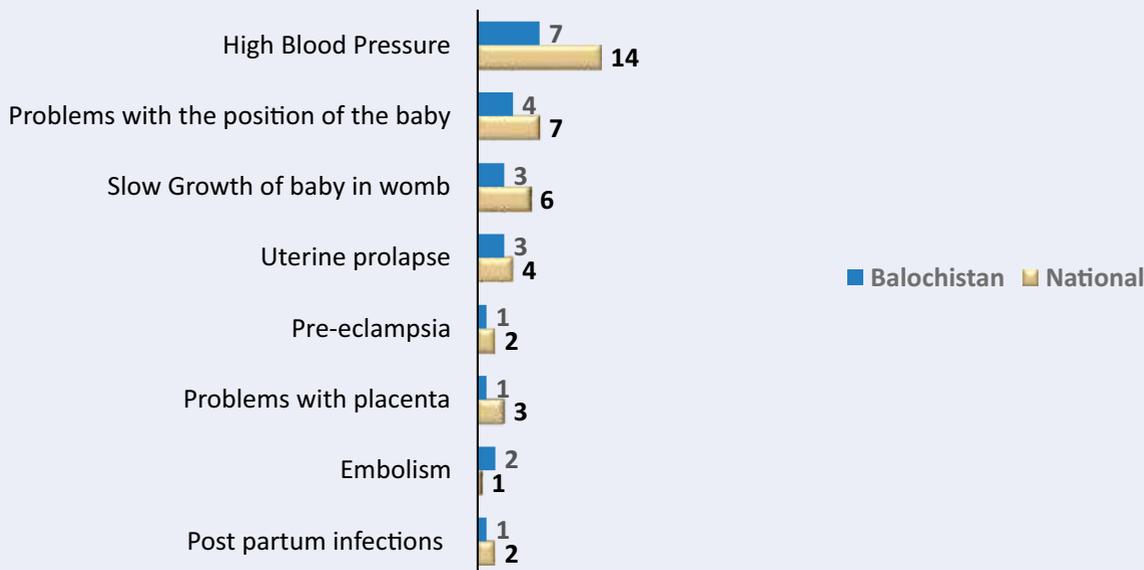
Maternal Complications during Pregnancy: Self-Report National and Balochistan

Percent of live births/stillbirths/miscarriages/abortions for which women self-reported morbidities/ complications during the last pregnancy:



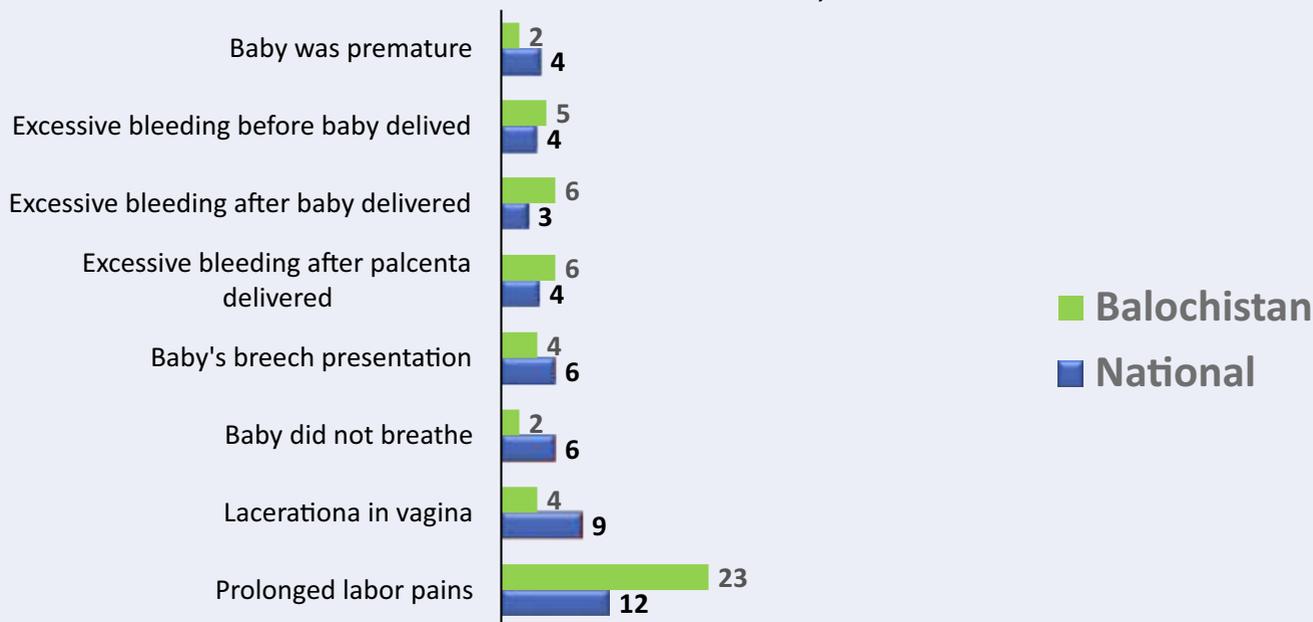
Maternal Health Complications during Pregnancy: Informed by Health Provider

Percent of live births/stillbirths/miscarriages/abortions for which women were informed of complications by a provider:



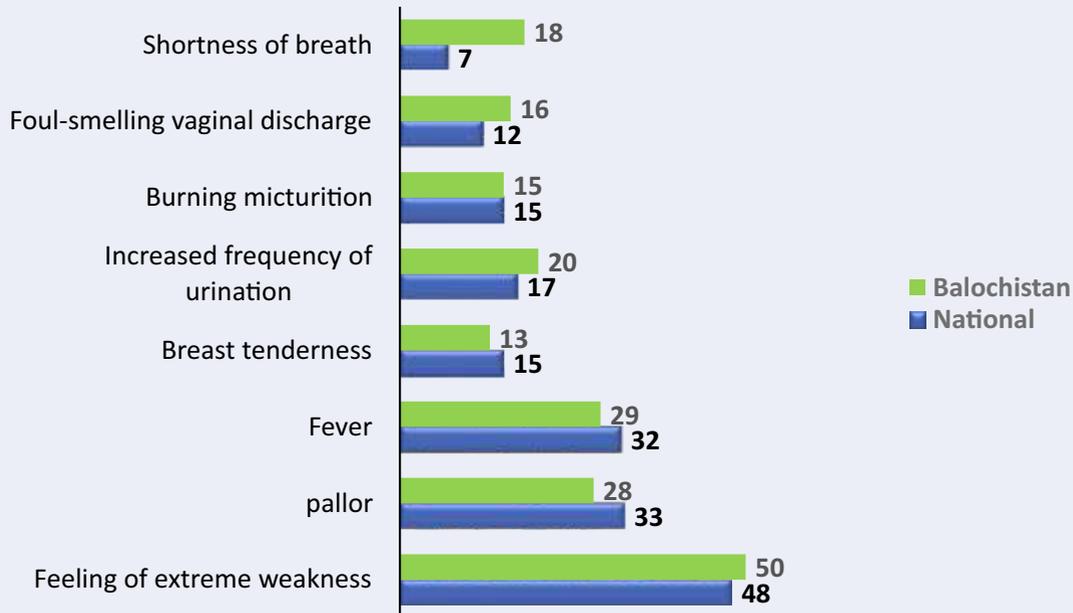
Complications during Last Delivery: Self-Report National and Balochistan

Percent of live births/stillbirths for which women self-reported morbidities/ complications during the last the last delivery:



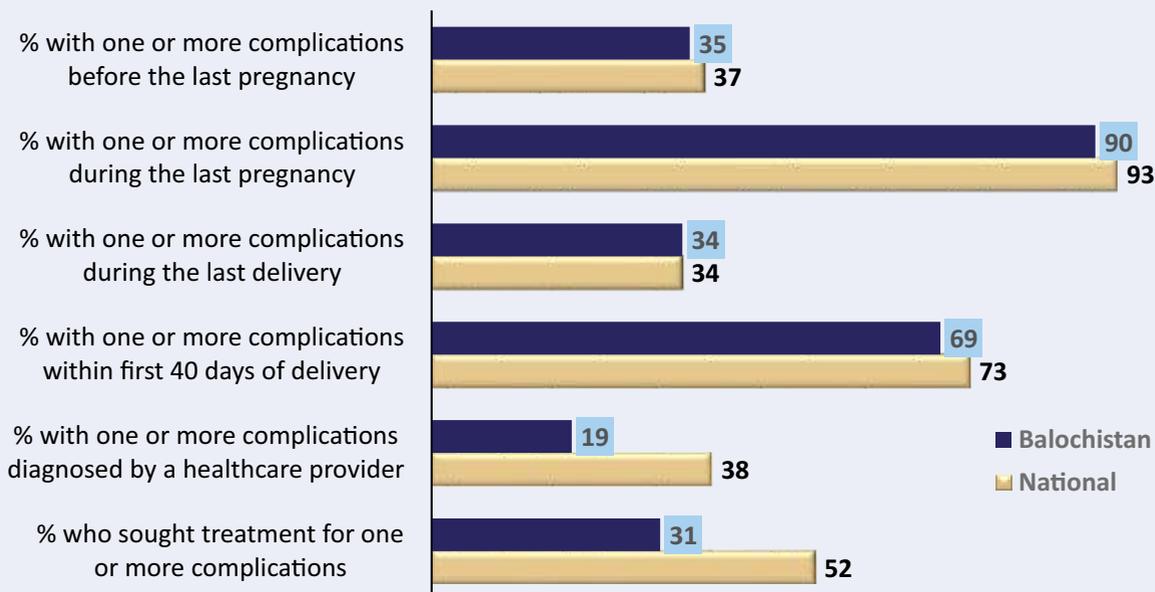
Complications during Postpartum Period: Self-Report National and Balochistan

Percent of women's self-reported morbidities/ complications during the first 40 days after live birth/ stillbirth/ miscarriage/abortion in the 3 years preceding the survey:



Maternal Complications/ Morbidities: Overall Situation National and Balochistan

Percent of morbidities/ complications during pregnancy/ during delivery/ after delivery among women who had live births/ stillbirths/ miscarriage/ abortion during 3 years preceding survey:



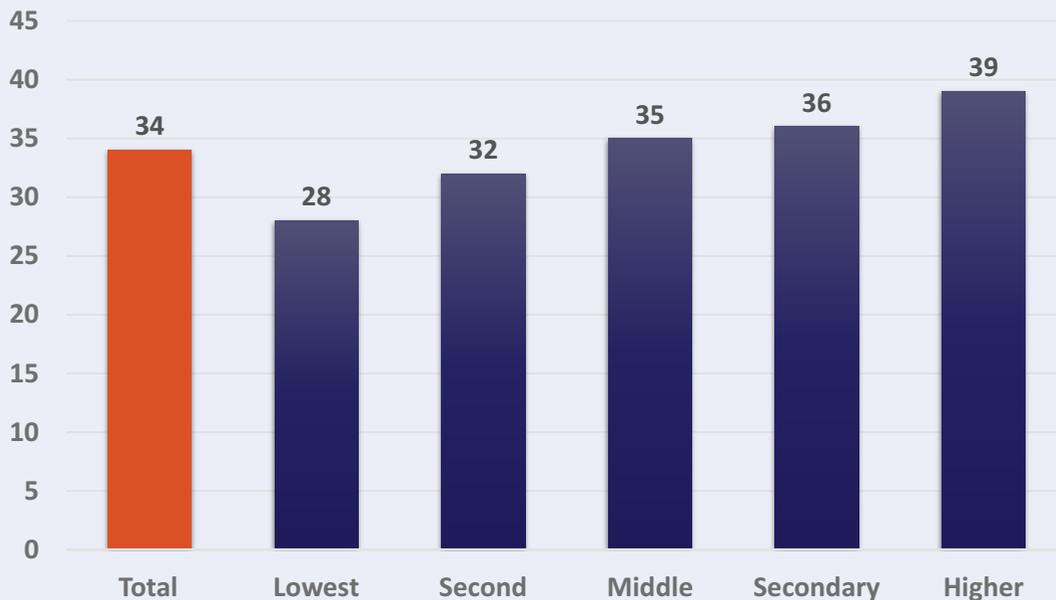
Complications during Delivery by Birth Order

Percent of ever-married women 15-49 with a live birth/stillbirth/miscarriage or abortion in the 3 years before the survey who were informed by a health care provider that they had at least 1 delivery complication



Maternal Morbidities by Household Wealth

Percent of ever-married women 15-49 with a live birth/stillbirth/miscarriage or abortion in the 3 years before the survey who were informed by a health care provider that they had at least 1 complication



Postpartum Complications by Household Wealth

Percent of ever-married women 15-49 with a live birth/stillbirth/miscarriage or abortion in the 3 years before the survey who had one or more complications within the first 40 days of delivery



Key Finding

- There are more chances of having one or **more complications during the pregnancy period** as compared to the delivery/ child birthing process and the postnatal period
- Chances of having one or more maternal complications/ morbidities are **highest for the first pregnancy** and then for the 5+ pregnancies
- In Pakistan, **52%** of women received treatment for one or more complications they experienced during pregnancy, delivery, or the postpartum period, whereas, **in Balochistan similar health seeking behaviour is poor (31%)**

Health Care Seeking Behaviour



2019 Pakistan Maternal Mortality Survey (PMMS)

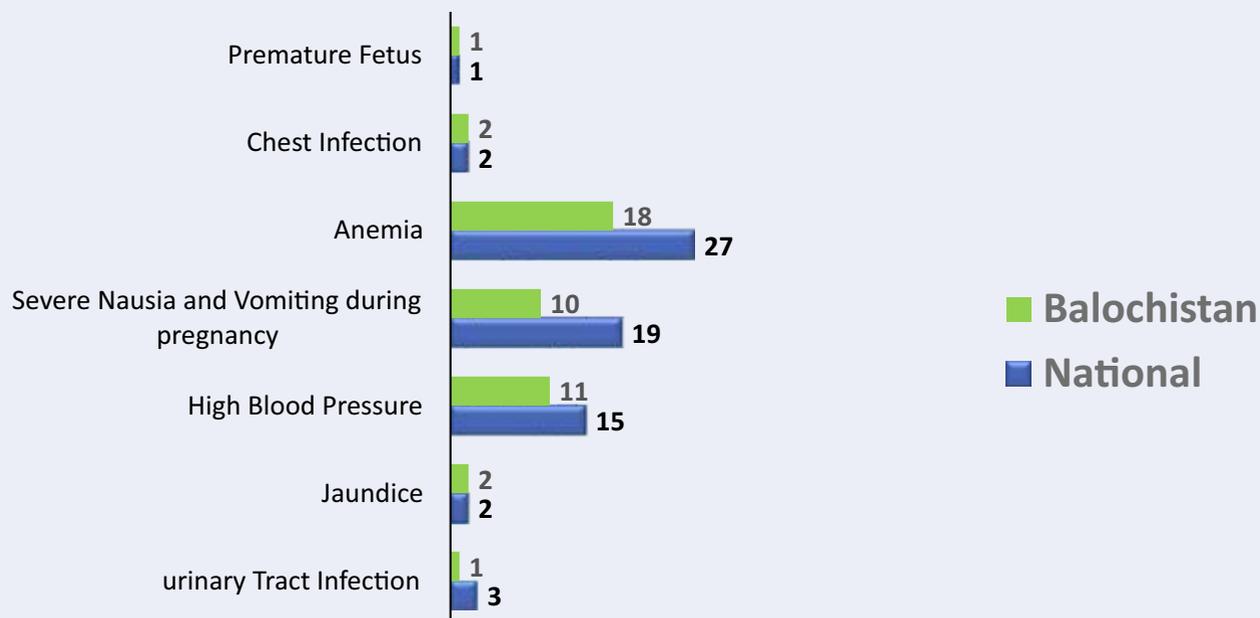
- Treatment for complications



©2007 Asad Zaidi, UNFPA

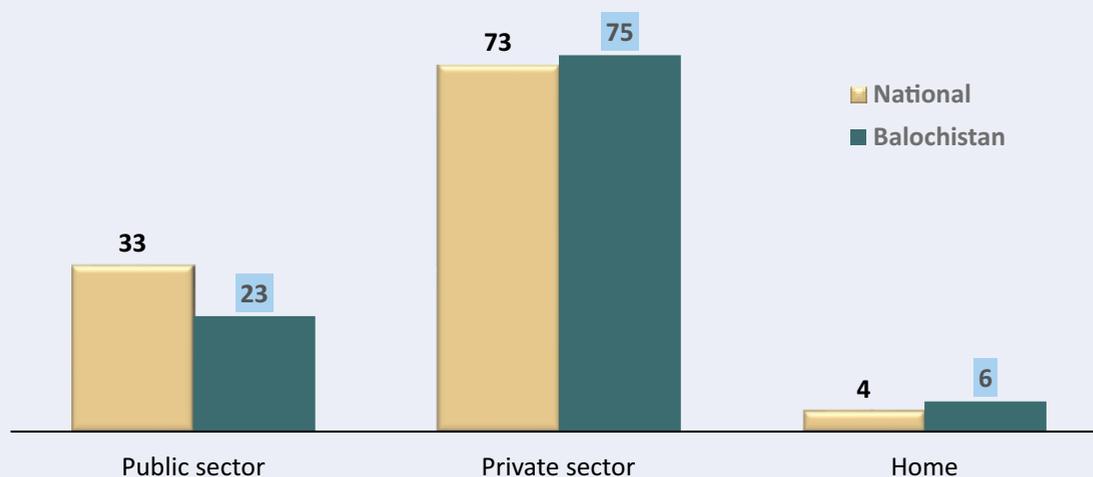
Treatment for Maternal Complications/ Morbidities: Overall Situation: National and Balochistan

Percent of morbidities/ complications during pregnancy/ delivery/ after delivery among women who had live births/ stillbirths/ miscarriage/ abortion during 3 years preceding survey:



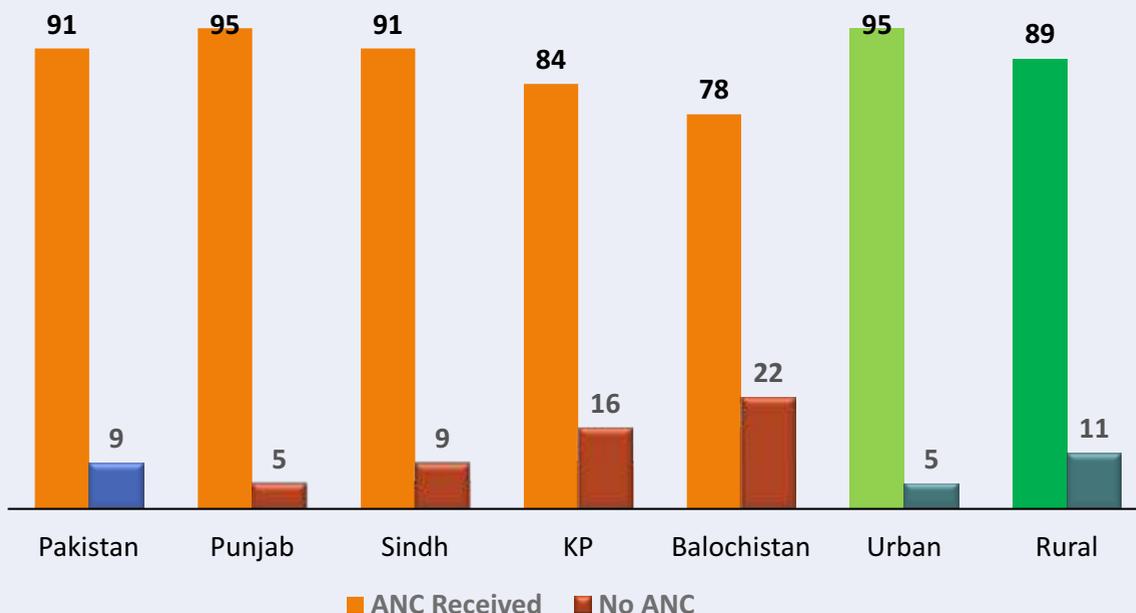
Place Where ANC Received: National and Balochistan

Percent of women age 15-49 with a pregnancy in the 3 years before the survey



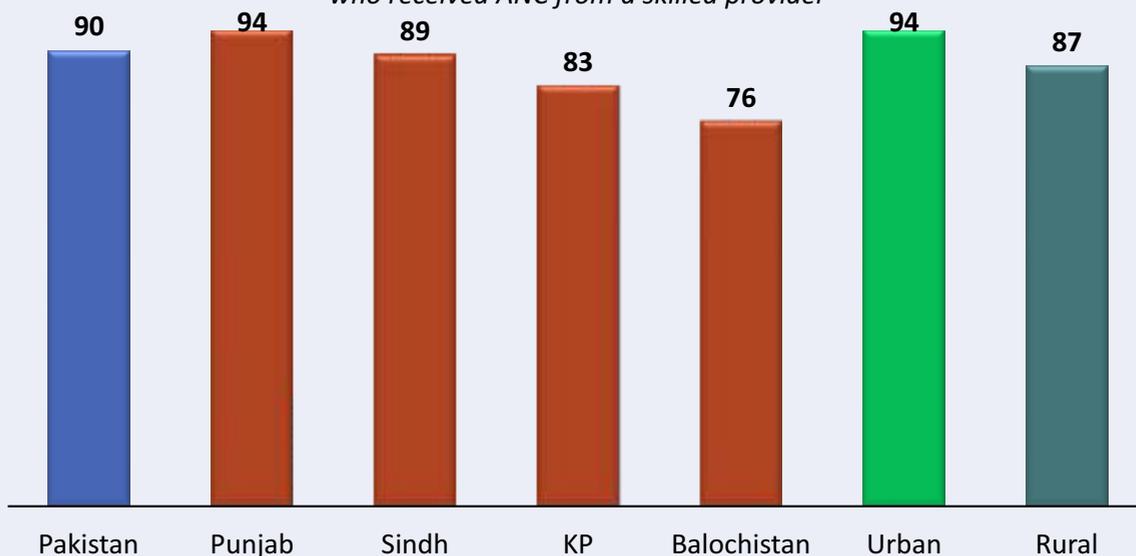
Pregnancy Complications and ANC by Region

Percent of ever-married women age 15-49 with a pregnancy in the 3 years before the survey who reported pregnancy complications and did not receive ANC from a skilled provider



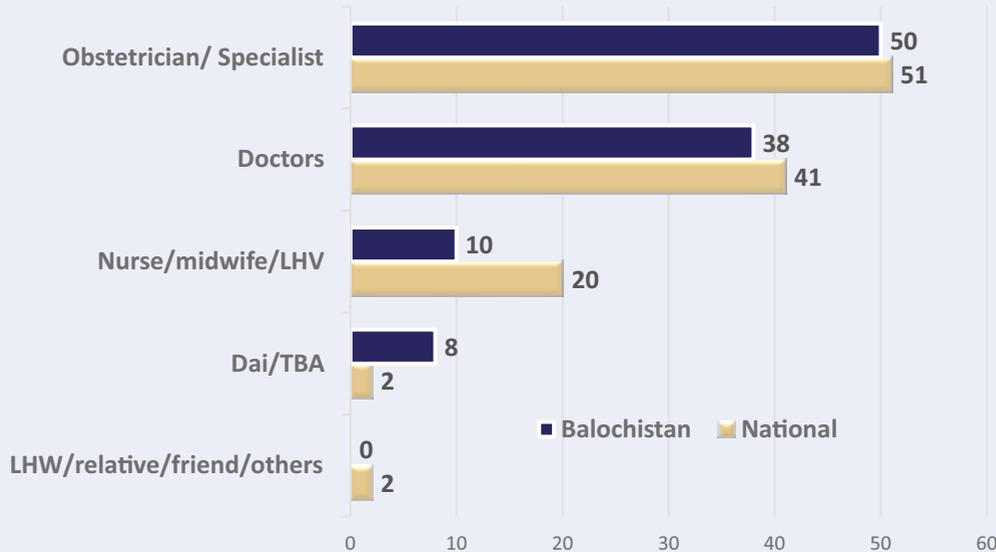
ANC Seeking from Skilled Provider by Region

Percent of ever-married women age 15-49 with a pregnancy in the 3 years before the survey who received ANC from a skilled provider



Health Care Provider for Pregnancy Complications: (Antenatal Period) National and Balochistan

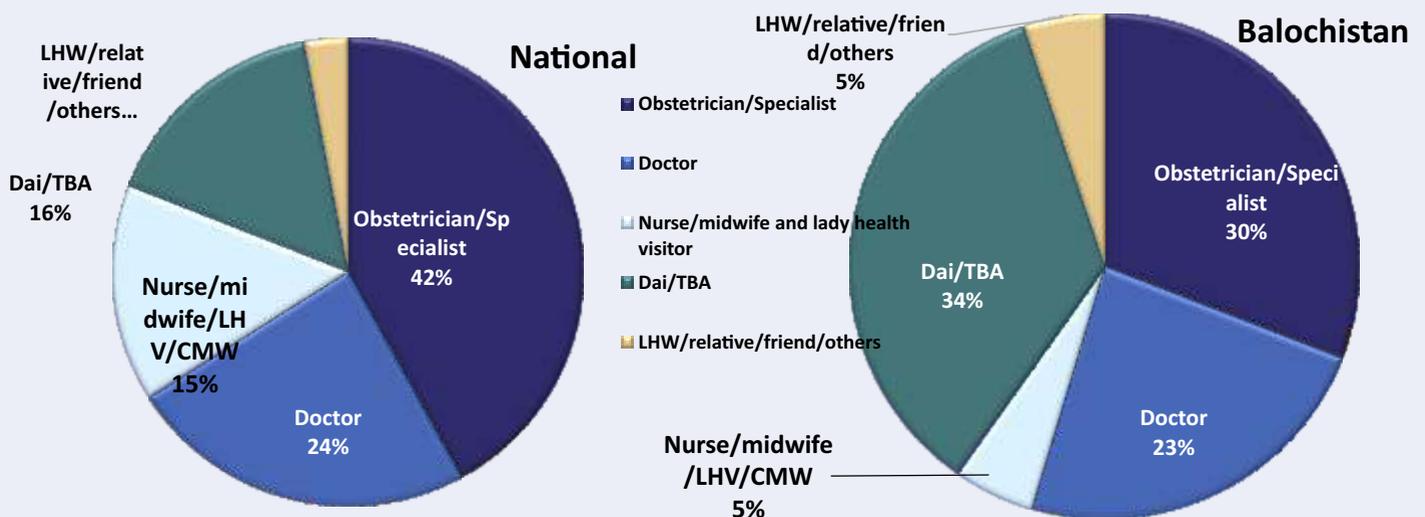
Percent distribution of ever-married women with pregnancy in the 3-year period before the survey, by type of health provider for Treatment of complication during pregnancy:



Majority of women received ANC for Pregnancy Complications from a skilled provider*

Health Care Provider for Delivery Complications

Percent distribution of ever-married women with livebirth/ stillbirth in the 3-year period before the survey, by type of health provider for Treatment of complication during Delivery:

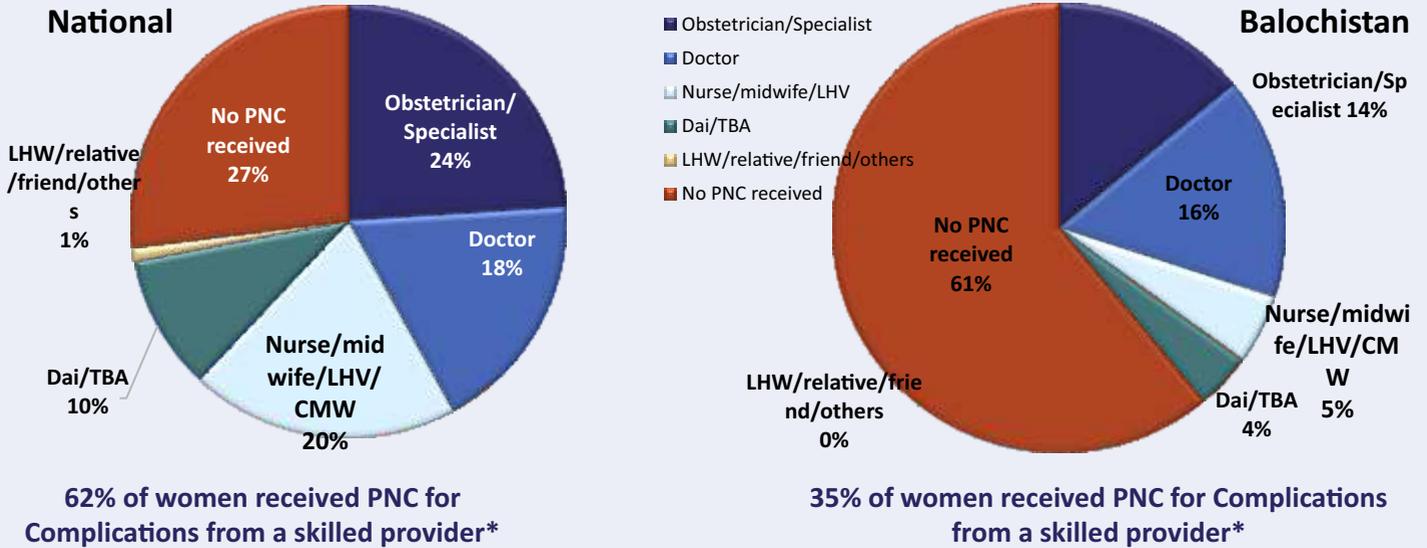


81% of women received care for Delivery Complications from a skilled provider*

58% of women received care for Delivery Complications from a skilled provider*

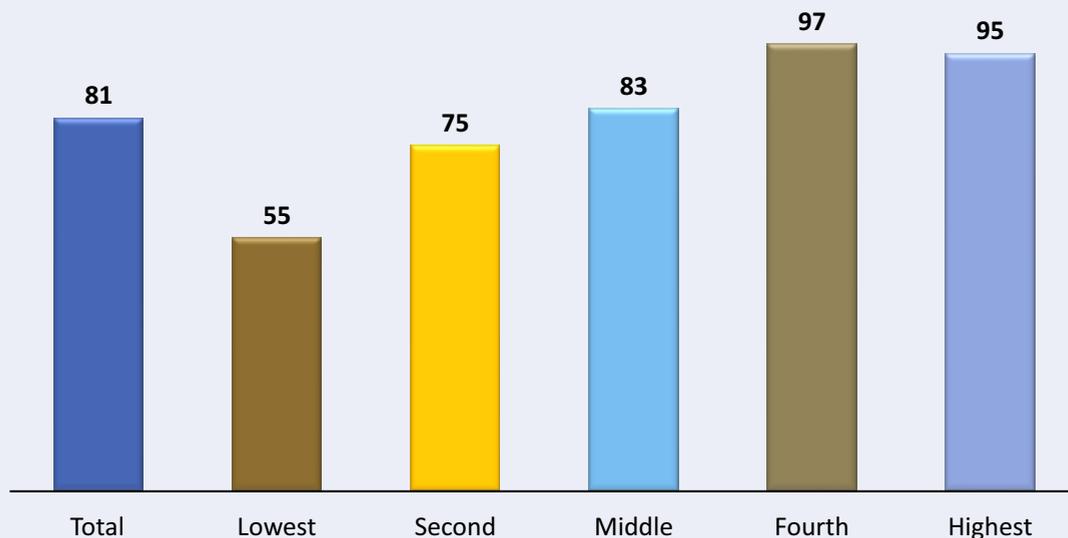
Health Care Provider for Postpartum Complications: (Postnatal Period)

Percent distribution of ever-married women with livebirth/stillbirth/miscarriage/abortion in the 3-year period before survey, by type of health provider for Treatment of complication during postnatal period:



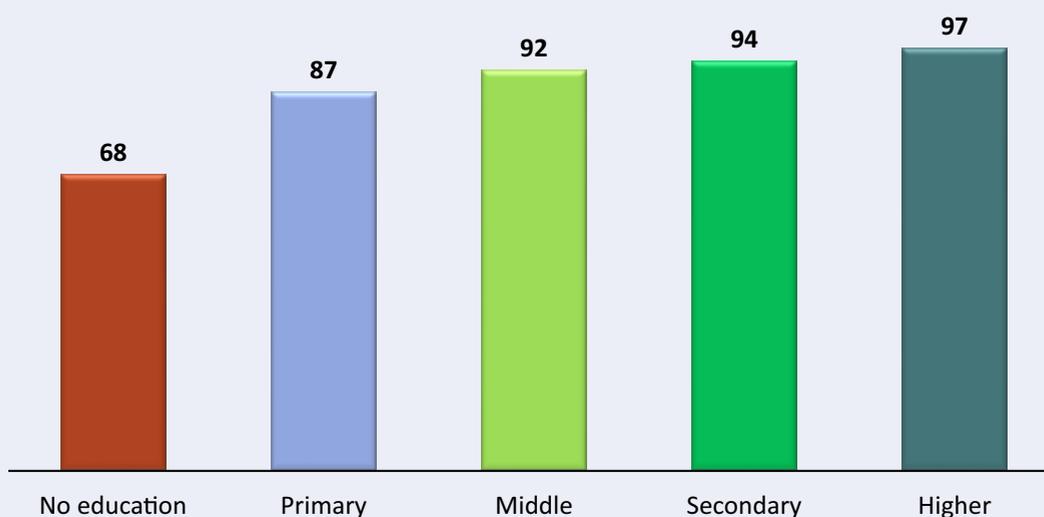
Skilled Assistance for Delivery Complications by Wealth

Percent of ever-married women with a delivery in the 3 years before the survey who reported complications



Skilled Assistance during Delivery Complications by Education

Percent of ever-married women with a delivery in the 3 years before the survey who reported complications



Key Findings

In Balochistan:

- **75%** of women age 15-49 with pregnancy in the 3 years preceding the survey sought ANC from a private health facility while **23%** used a public sector facility; **22% did not receive any ANC from anywhere**
- **58%** of women age 15-49 with **complications during delivery** in the 3 years before the survey received health care from a skilled provider whereas, **34% received assistance from TBA/ DAI**
- **61%** of women age 15-49 who had **postpartum complications** in the 3 years before the survey **did not receive any PNC**
- Obstetrician/ Specialist and Doctors are the major health care providers for ANC, delivery and PNC complications

ABOUT US

National Institute of Population Studies (NIPS) is a premier research organization established by the Government of Pakistan since 1986 and currently, it is working under umbrella of the Ministry of National Health Services, Regulations & Coordination (NHSR&C). The NIPS is mandated to act as a technical arm of the Government for undertaking high quality research and to produce evidence-based data, information for utilization by the public sector and others agencies for policy formulation, strategic planning and making references in the spheres of demography, population & development and health.

Mandate:

NIPS mission is to undertake high quality research, collect statistically reliable data and disseminate to a wide array of internal and external stakeholders, engaged in policy formulation, program management and research in demography, health, population & development sectors.

Vision:

To become a world renowned research institute, in areas of demography, health, population & development, providing baseline and projected population reliable statistics to national and global policy makers, researchers, planners and program managers, to suggest optimal planning, in the wake of fast depleting resources.

Objectives:

- To conduct high quality research, surveys and evaluations in the field of demography, population & development and health;
- To disseminate the research findings to the policy and decision makers for policy formulation, strategic planning and improving quality of service delivery components;
- To provide technical assistance to the M/o NHSR&C, other governmental and non-governmental organizations by providing robust data in the field of demography, population & development and health;
- Continuous professional development of NIPS personnel through capacity building and training for concurrent human resource development.

Collaborators:

Inner City Fund (ICF)

United States Agency for International Developments (USAID)

United Kingdom Agency for International Development (UKAID)/

Foreign Common Wealth Development Office (FCWDO)

United Nations Population Fund (UNFPA)

World Health Organization (WHO)

Bill & Melinda Gates Foundation (BMGF)