Abstract

Public provision of emergency obstetric care: a case study in two districts of Pakistan

Objectives

Pakistan is one out of five countries where together half of the global neonatal deaths occur. As the provision of services and facilities is one of the key elements vital to reducing this rate as well as the maternal mortality rate, this study investigates the status of the delivery of essential obstetric care provided by the public health sector in two districts in Khyber Pakhtunkhwa in 2015 aiming to highlight areas where critical improvements are needed.

Setting

We analyzed data from a survey of 22 primary and secondary healthcare facilities as well as 85 community midwives (CMVs) in Haripur and Nowshera districts.

Participants

Using a structured questionnaire, we evaluated the performance of emergency obstetric care (EmOC) signal functions and patient statistics in public health facilities. In addition, 102 CMVs interviewed about working hours, basic and specialized delivery service provision, referral system and patient statistics. Primary outcome measures we investigate the public provision of emergency obstetric care using seven key medical services identified by the United Nations (UN).

Results

Deliveries by public health cadres account for about 30% of the total number of births in these districts. According to the UN benchmark, only a small fraction of basic EmOC (2/18) and half of the comprehensive EmOC (2/4) facilities of the recommended minimum number were available to the population in both districts. Only a minority of health facilities and CMWs carry out several signal functions. Only 8% of the total births in one of the study districts are performed in public EmOC health facilities.

Conclusions

Both districts show a significant shortage of available public EmOC service provisions. Development priorities need to be realigned to improve the availability, accessibility and quality of EmOC service provisions by the public health sector alongside with existing activities to increase institutional births.