Bangladesh Demographic and Health Survey (BDHS) 2007

Policy Brief
Maternal Health

Mahbub Elahi Chowdhury
ICDDR,B
Available estimates on MMR for MDG5 target in Bangladesh

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>MDGs: Bangladesh Progress Report 2005</td>
<td>574</td>
<td>(baseline)</td>
<td></td>
<td>143</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(target)</td>
</tr>
<tr>
<td>Available estimates on MMR (maternal death per 100,000 live births)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>BMMS 2001</td>
<td></td>
<td>320</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample Vital Registration System 2007, BBS</td>
<td>320</td>
<td>351</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Based on available information we cannot draw firm conclusions on national progress in achieving the MDG 5
Low use of Antenatal Care (ANC) continues

This can be improved through health communication programs
There has been an increase in facility delivery but no improvement in skilled attendance at home delivery.

Programs targeted for skilled delivery need to be evaluated and improved.
Inequity continues in use of skilled attendance at birth in 2004 and 2007

Maternal Health Voucher Scheme to address inequity in pregnancy and delivery services should be evaluated
Large investments in facilities have not been rewarded with expected increases in facility deliveries in the public sector.

There is a need to understand why women are not going to public facilities for delivery.
Public sector facilities are also under utilized for Cesarean Section (CS) delivery. Initiatives should be taken for posting and retention of providers in facilities and to improve quality of care.
There has been some reduction in inequity in cesarean section delivery but still the level of inequities are very high

Indications of cesarean sections (maternal and neonatal) to be monitored in both public and private facilities to control unnecessary CS
Interventions need to be strengthened for major causes of maternal deaths

Hemorrhage, the major cause

- Active Management of Third Stage of Labor (AMTSL) at facility
- Oral misoprostol at community level

Eclampsia, the second major cause

- Magnesium sulphate, a low-cost and simple intervention

Source: BMMS 2001
Conclusions

Program targeted to offer skilled attendance at home delivery to be evaluated for improvement

Renewed emphasis should be given for increased utilization of public sector facilities through addressing a) human resources b) quality of care

Maternal health voucher programs should be evaluated and expanded to address inequity issues

Interventions for a) management of PPH and b) eclampsia at community and facility to be reinforced