Urban

66%

Proportion of births whose mothers are protected against neonatal tetanus

83%

Rural

Urban

81%

Antenatal care coverage for at least four visits

57%

Rural

Maternal Health Care

Urban

90%

Births attended by skilled health personnel

Rural

72%

Egypt Demographic and Health Survey 2008

Maternal Health Care in Egypt 2010

MDG Indicators

- Antenatal care coverage for at least one visit: 74%
- Antenatal care coverage for at least four visits: 66%
- Births attended by skilled health personnel: 79%

Are pregnant women receiving proper care?

Every pregnant woman hopes for an uncomplicated pregnancy and a healthy baby; however, globally 1,500 women and adolescent girls die every day from problems related to pregnancy and childbirth. Each year, about 10 million women and adolescent girls experience complications during pregnancy, many of which leave them and/or their children with infections and severe disabilities.

In order to promote and work towards safe motherhood, it is necessary to utilise **four** basic principles:

1. **Antenatal care** - to prevent complications where possible and ensure that pregnancy complications are detected early and treated appropriately;

2. **Essential obstetric care** - to guarantee that essential care for high-risk pregnancies and women with complications is made available to those who need it.

3. **Clean/safe delivery** - to ensure that all birth attendants have the knowledge, skills and equipment to perform clean and safe deliveries and provide postpartum care to the mother and baby;

4. **Family planning** - to ensure that individuals and couples have access to the proper information and services that allow for thorough family planning; especially regarding the timing, number and spacing of pregnancies;

This brochure provides information about care for pregnant women including antenatal, delivery, and postnatal care, using information from Egypt Demographic and Health Survey (EDHS).

Antenatal care

Early and regular checkups by medical providers are very important in assessing the physical status and early detection of complications a woman may experience during pregnancy.

In the 5 years prior to the 2008 EDHS, antenatal care (ANC) was provided for almost three-quarters of women who gave birth, and roughly two-thirds received 4 or more visits from health staff. This shows significant progress when comparing data from the 1995 EDHS, as that report indicates about 40 percent of mothers received antenatal care and 28 percent received only regular (at least four visits) antenatal care (Figure 1).

Disparities according to residence

Although antenatal care is higher in urban areas than rural ones, tetanus injection coverage is much higher in rural areas.

Antenatal care increased in all regions over the last two decades, though disparities still exist according to regional and urban/rural indicators. On average, 85% of women in urban Governorates received regular antenatal care, while the percentage of women in rural areas of Upper and Lower Egypt who received regular antenatal care was lower: 64% in rural areas of Lower Egypt and 49% in Upper Egypt. However, greater improvements were seen in rural Upper Egypt compared to any other area.

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Figure 1: Trends in regular ANC by residence, Egypt 1995-2008 (%)

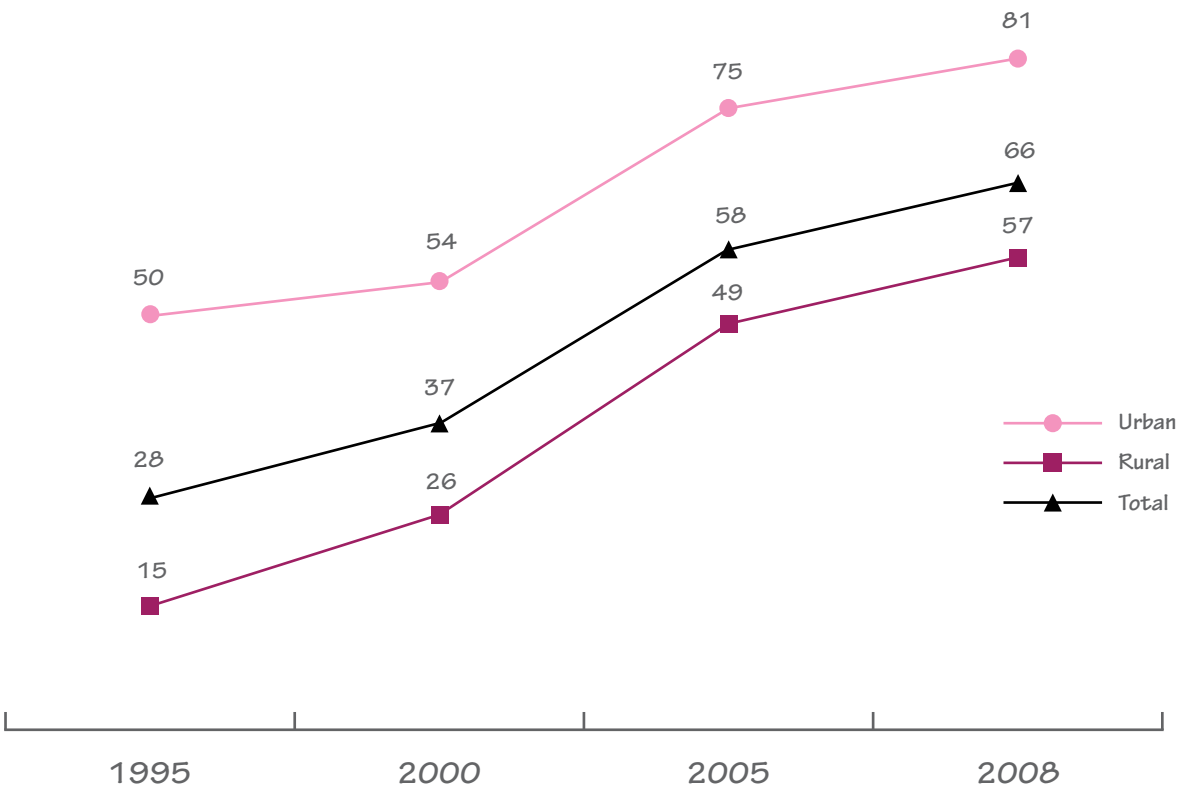


Table 1: Trends in antenatal care (ANC) by residence, Egypt 1995-2008 (%)

Antenatal care	Urban	Rural	Urban Governorates	Lower Egypt			Upper Egypt			Frontier Governorates	Total
				Total	Urban	Rural	Total	Urban	Rural		
Any antenatal care (at least one visit)											
1995	58.3	27.2	59.2	41.9	65.2	34.5	28.6	51.2	20.8	41.4	39.1
2000	70.4	41.9	74.1	53.5	71.2	47.2	44.3	65.1	36.9	44.6	52.9
2005	82.2	62.1	84.0	78.0	88.4	74.7	57.5	75.8	50.6	68.1	69.6
2008	85.0	66.9	89.2	75.0	82.8	72.8	65.9	81.8	59.9	71.0	73.6
Regular antenatal care (at least four visits)											
1995	50.0	14.9	55.1	27.9	52.0	20.2	17.9	40.6	10.1	n/a	28.3
2000	53.9	25.9	56.0	38.9	56.2	32.8	27.2	49.8	19.2	28.5	36.7
2005	74.8	49.2	78.9	66.7	80.8	62.2	45.0	65.8	37.3	59.1	58.5
2008	80.5	57.4	85.1	67.7	79.9	64.2	56.4	75.4	49.2	64.7	66.0

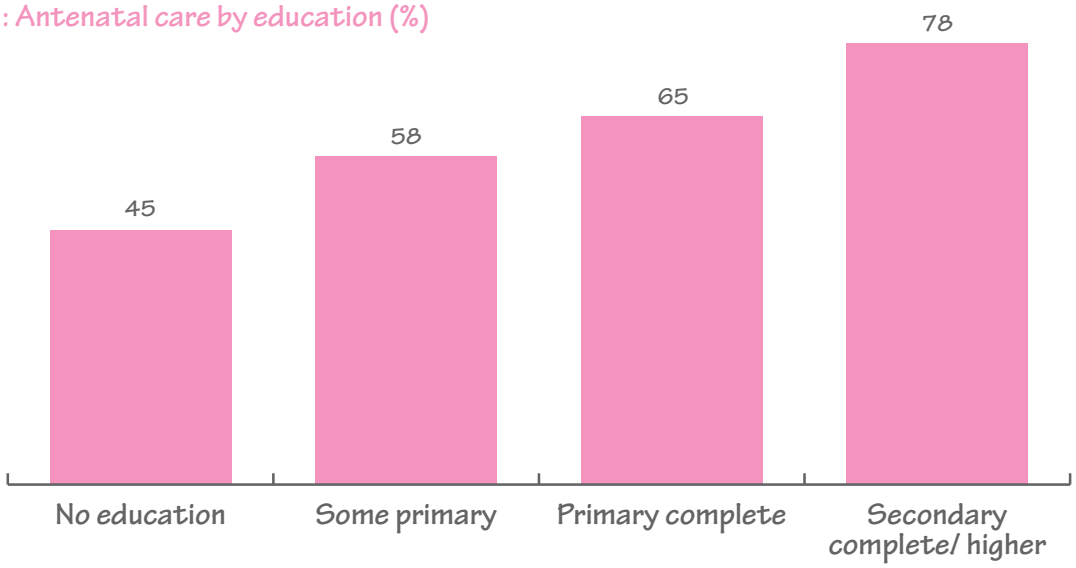
Education levels

Data indicates that highly educated women were more likely to receive regular antenatal care than uneducated women (78% and 45% respectively) (Figure 2).

Wealth Quintiles

Additionally, mothers who gave birth during the 2003 – 2008 period in the highest wealth quintiles are more likely to receive regular antenatal care than women from the lowest (90% and 41% respectively).

Figure 2: Antenatal care by education (%)



The content of care pregnant women receive

The content of antenatal care provided to pregnant women is important. Even though around 87% of women were weighed and had their blood pressure taken during at least one visit, only 44% of women received iron tablets/syrup during these same antenatal care visits. **Iron supplementation during pregnancy is recommended to prevent iron deficiency anaemia, which is a common problem among pregnant women.**

Additionally, the number of women who were informed about pregnancy complications was

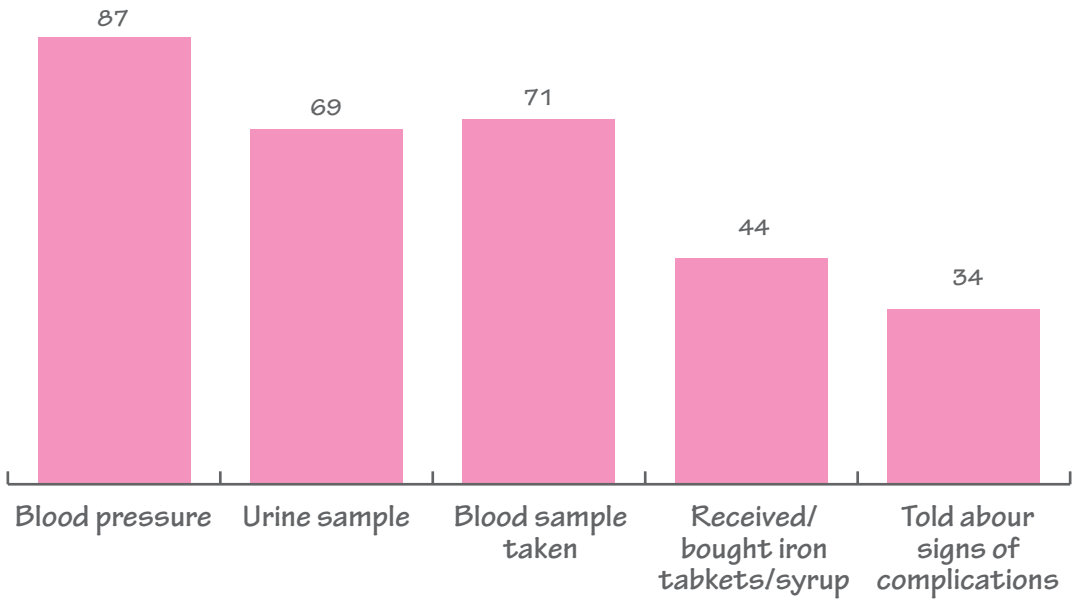
roughly one-third (34%). These numbers suggest that antenatal services provided to pregnant women should be strengthened, especially in rural areas (Table 2).

Around 28 percent of deliveries reported in the 2008 EDHS were caesarean; an increase from 18 percent in 2000.

Table 2: Content of antenatal care by residence (%)

	Urban Governorates	Lower Egypt		Upper Egypt		Frontier Governorates
		Urban	Rural	Urban	Rural	
Blood pressure measured	92	93	88	89	79	84
Urine sample	85	67	63	77	64	73
Blood sample	85	66	65	77	68	71
Received/bought iron tablets/syrup	63	36	35	53	42	42
Told about signs of complication	53	30	25	50	30	40

Figure 3: Content of antenatal care



Delivery care

Hygienic conditions and proper medical assistance at the time of delivery can reduce the risk of complications and infection for both mother and child. For all births between 2003 and 2008, EDHS collected information on the place of birth and whether the mother was assisted by trained medical personnel.

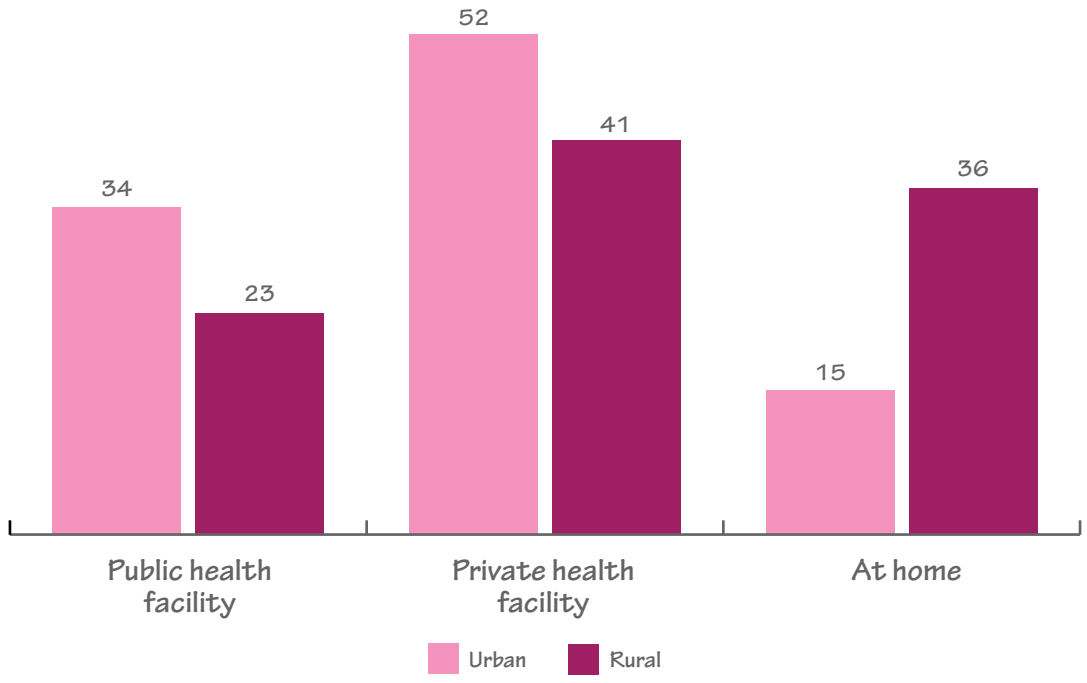
The place of delivery varies according to the place of

residence, and 89% of women in urban governorates delivered in a health facility. Out of those women, 49% delivered in a private facility and 40% in public facility. In addition to this, the percentage of home deliveries is roughly 50% in rural areas of Upper Egypt. About one-fourth of the deliveries in frontier governorates, rural areas of Lower Egypt and urban areas in Upper Egypt occurred at home (Table 3).

Table 3: Place of delivery according to place of residence (%)

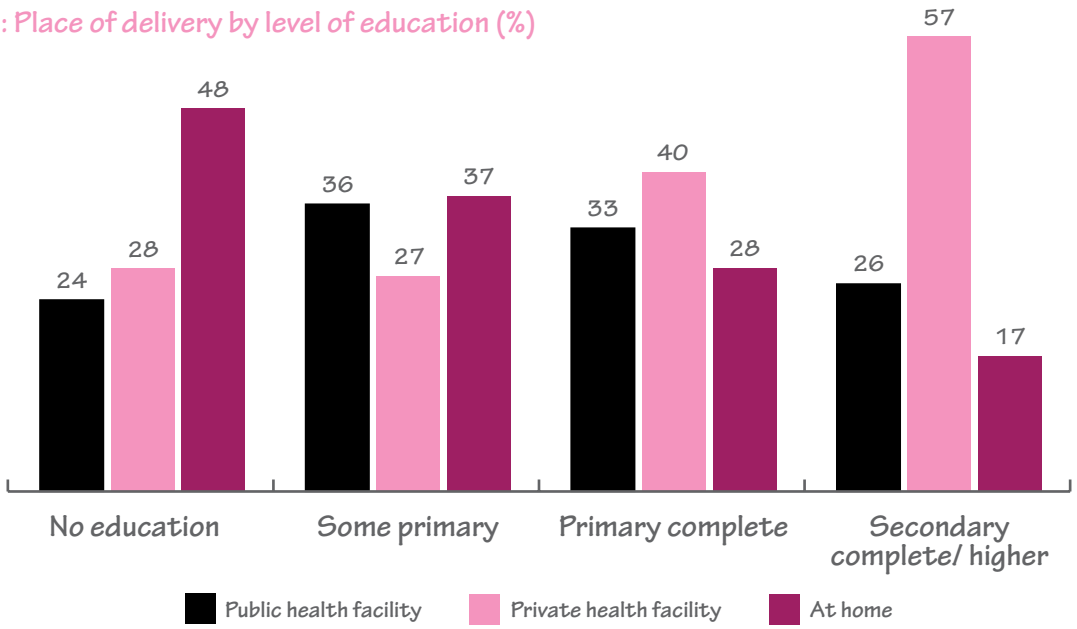
Place of residence	At health facility		At home
	Public	Private	
Urban Governorates	40	49	11
Lower Egypt	23	55	22
Urban	25	63	13
Rural	23	53	24
Upper Egypt	25	32	42
Urban	31	48	22
Rural	23	26	50
Frontier Governorates	43	30	27
Total	27	45	28

Figure 4: Place of delivery by urban/rural (%)



The percentage of women who delivered at home varied according to educational level with 48% of uneducated mothers and 17% of highly educated mothers delivering their babies at home (Figure 5).

Figure 5: Place of delivery by level of education (%)

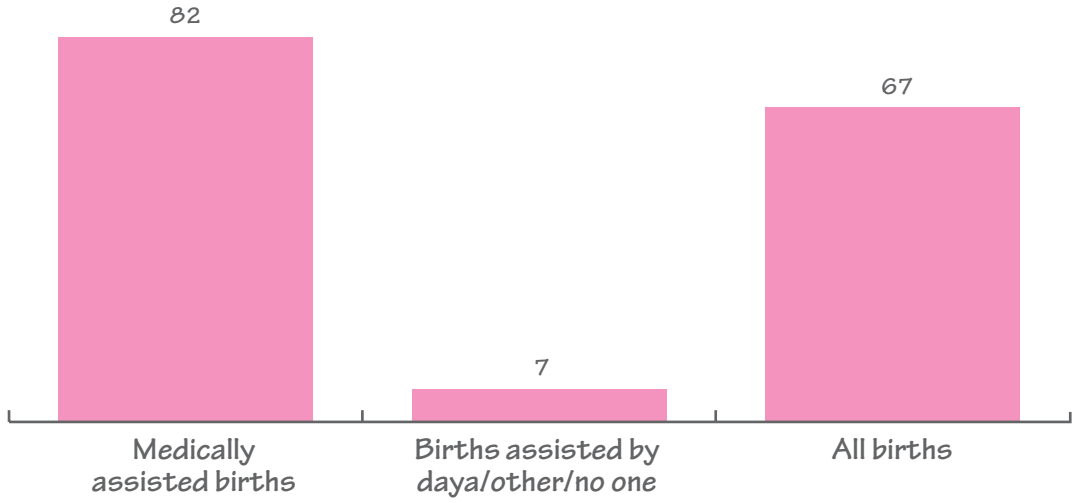


Postnatal care

Care after delivery is critical for both mother and child, especially in regard to home deliveries. Egyptian women who delivered at home rarely reported receiving postnatal care, and only 7% of those who delivered at home reported receiving postnatal care compared with over 80% of those who delivered in health facility (Figure 6).

Women in the lowest wealth quintile are less likely to receive postnatal care than women in the highest wealth quintile (43% versus 91%).

Figure 6: Women who had any postnatal care (%)



Key challenges

- The provision of regular antenatal care is still low in rural Upper Egypt (only 50%). Awareness raising about the importance of antenatal visits need to be promoted.
- The quality of care women receive during antenatal care visits need to be strengthened. Around 4 in 10 pregnant women received or bought iron tables, and one–third were told about signs of complications.
- The number of caesarean sections performed is quite high and further investigation is needed about the reasons for the phenomenon.

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