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Reducing Maternal Deaths in Kenya

In Kenya, an estimated 6,300 women die each year during pregnancy and childbirth, a tragic number that reflects inadequate progress toward providing essential health services to all women. According to the World Health Organization, Kenya is among the 10 countries that comprised 58 percent of the global maternal deaths in 2013, contributing 2 percent of these deaths.[1]

Preventing maternal deaths is possible with existing knowledge and technology: It involves preventing unintended pregnancies, monitoring women during their pregnancies, and managing medical complications that arise during pregnancy and delivery. Thus, the four most critical interventions are family planning, antenatal care, skilled delivery care, and postnatal care—all of which must be expanded and improved, particularly in the parts of Kenya that have highest burden of maternal deaths.

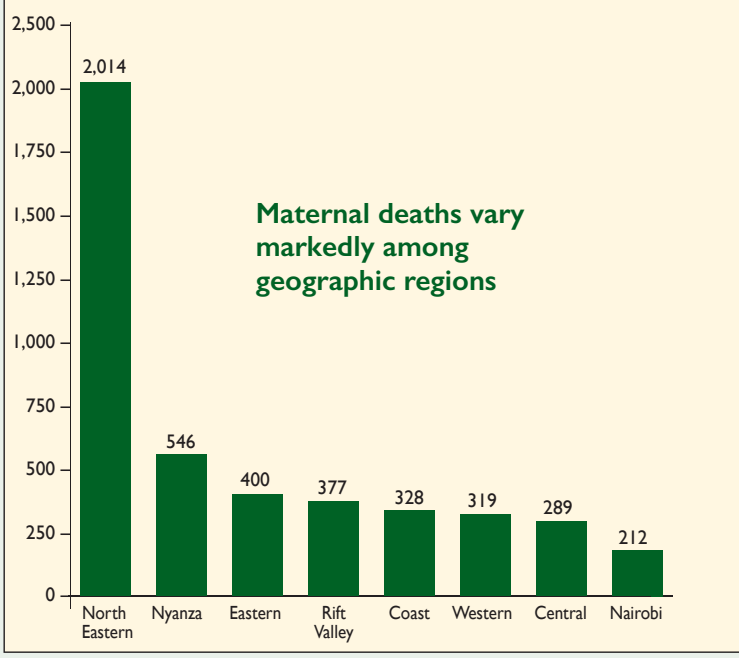
Recent Trends

Millennium Development Goal 5 calls for improving maternal health and, specifically, to reduce by three-quarters the maternal mortality ratio (number of maternal deaths per 100,000 live births) between 1990 and 2015. In Kenya, maternal mortality has remained high, at 400-600 deaths per 100,000 live births over the past decade, resulting in little or no progress being made towards achieving MDG 5. According to Kenya's Demographic and Health Survey in 2008-09, the maternal mortality ratio was 488 maternal deaths per 100,000 live births, up from 414 deaths per 100,000 live births in 2003[2] (Because of the uncertainty surrounding these estimates, the 2008-09 estimate represents no statistically significant change from the 2003 estimate.) At the current rate of progress, Kenya falls short of achieving the mortality reduction target of 147 per 100,000 live births in 2015. Similarly, the proportion of births attended by skilled health personnel (62 percent) is below the target of 90 percent by 2015.

How Does Maternal Mortality Vary Within Kenya?

Maternal deaths vary markedly among geographic regions. According to a 2009 analysis of census data, the highest maternal mortality was reported in North Eastern Province (2,014 per 100,000 live births), followed by Nyanza Province (546 per 100,000 live births) while the lowest was in Nairobi Province (212 per 100,000 live births—see Figure 1).[3]

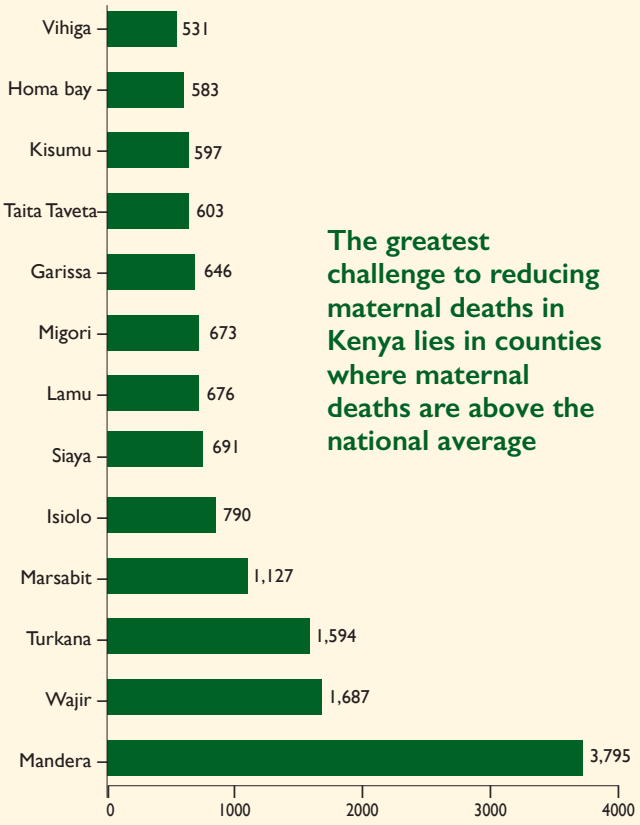
Figure 1: Maternal deaths per 100,000 live births over the past decade, by region



Source: NCPD and UNFPA, *Kenya Population Situation Analysis, 2013*.

The greatest challenge to reducing maternal deaths in Kenya lies in counties where maternal deaths are above the national average. As shown in Figure 2, these counties include Mandera, which has the highest mortality, at 3,795 deaths per 100,000 live births, followed by Wajir and Turkana, which have maternal mortality ratios of 1,683 and 1,594 respectively. Counties in the Coast and Nyanza regions also have high maternal mortality ratios.

Figure 2: Counties with high maternal mortality rate–maternal deaths per 100,000 live births



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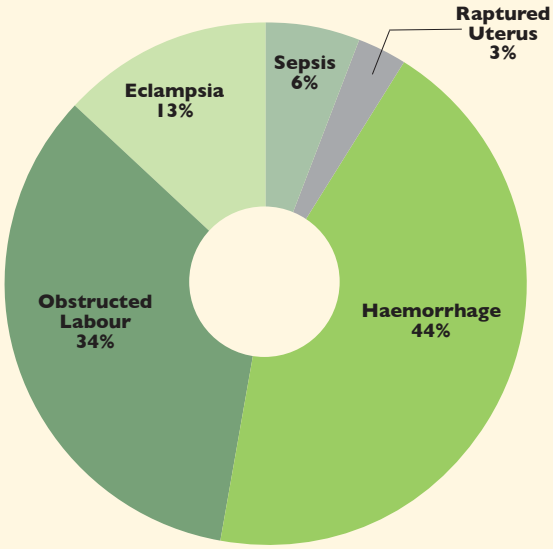
Source: NCPD and UNFPA, *Kenya Population Situation Analysis, 2013*.

The government has heightened awareness of maternal mortality, leading to increased commitment in the counties. In 2014, governors from the counties with the highest burden of maternal deaths signed a communiqué committing to reduce these deaths by improving access to quality health care for women, newborns, and children, among other strategies.

Causes of Maternal Deaths

Causes of maternal deaths are divided into direct and indirect causes. Most maternal deaths result from one or more direct causes—that is, they result directly from complications of pregnancy. The leading direct causes of maternal deaths in Kenya are shown in Figure 3. Three of these causes—haemorrhage (severe bleeding), obstructed labor, and eclampsia (hypertension)—account for the vast majority of deaths. These can be readily treated with existing medical or surgical interventions such as blood transfusions and cesarean sections, provided that skilled professionals are available and health facilities are adequately equipped.

Figure 3: Percentage of the leading direct causes of maternal deaths in Kenya



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Source: NCPD and UNFPA, *Kenya Population Situation Analysis, 2013*.

Indirect causes of maternal deaths include illnesses that are aggravated by pregnancy, including HIV and AIDS, anaemia, cardiovascular causes, and malaria.[4]

Factors that Contribute to Maternal Deaths

Several factors increase women's risk of dying from maternal causes. In Kenya, these factors include: limited availability of health services; poor access to and low utilization of skilled birth attendance during pregnancy, childbirth, and the postnatal period; limited availability of basic emergency obstetric care, which can save women's lives in the event of serious medical complications; delay in seeking skilled care; and limited national commitment of resources for maternal health.[5]

Access to Skilled Care

One critical strategy for reducing maternal mortality is ensuring that every baby is delivered with the assistance of a skilled health attendant. Skilled care at birth—that is, by a midwife, nurse, or doctor—is critical for saving the lives of women and their newborns, particularly because most maternal and neonatal deaths occur around the time of delivery.[6] About 60 percent

of maternal deaths in Sub-Saharan African countries occur during childbirth and the immediate postpartum period, with 50 percent of these deaths occurring within the first 24 hours after delivery.

In Kenya, delivery care has improved notably over the last five years. Between 2009 and 2014, the proportion of births attended by skilled health personnel increased from 44 percent to 62 percent. Similarly, about two-thirds of all births (61 percent) now take place in a health facility.[7]

Nevertheless, delivery at home is still a common practice, and the use of skilled attendance at birth remains low in many places because of cultural reasons and because health facilities are inaccessible or services are perceived to be of poor quality. Figure 4 provides estimates in selected counties.

Access to emergency services during delivery is necessary to ensure the health of the mother and newborn and to avoid maternal deaths. Currently, only 15 percent of health facilities are able to provide basic emergency obstetric care (BEmOC).[6]

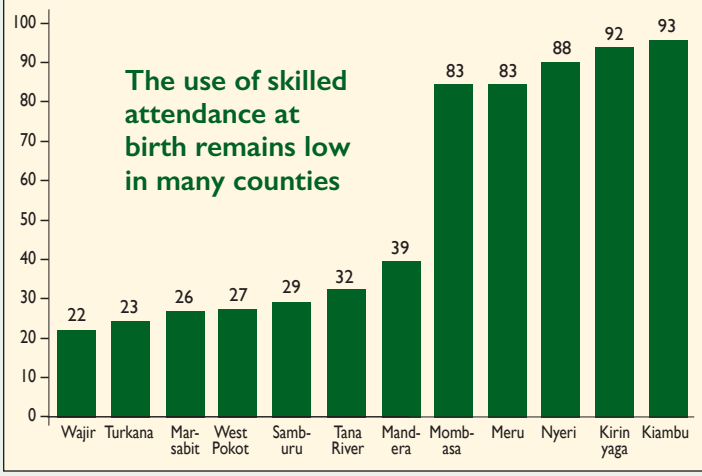
The government has recently begun taking an increasingly visible role in national efforts to reduce maternal mortality. Important steps to increase access to skilled obstetric care nationwide include removing financial barriers to care through the free maternity provision policy, introduced in 2013. As a result, more women are expected to deliver at health facilities nationwide. The "Beyond Zero" Campaign, launched in 2013 by Kenya's First Lady under the slogan, "No woman should die while giving life," is aimed at strengthening emergency services for mothers and children by providing fully equipped mobile clinics to the counties with the highest burden of maternal mortality.

Family Planning

Family planning is one of the four most critical maternal mortality interventions identified by the World Health Organization. Others include antenatal care, delivery by skilled birth attendants, and access to emergency obstetric care.

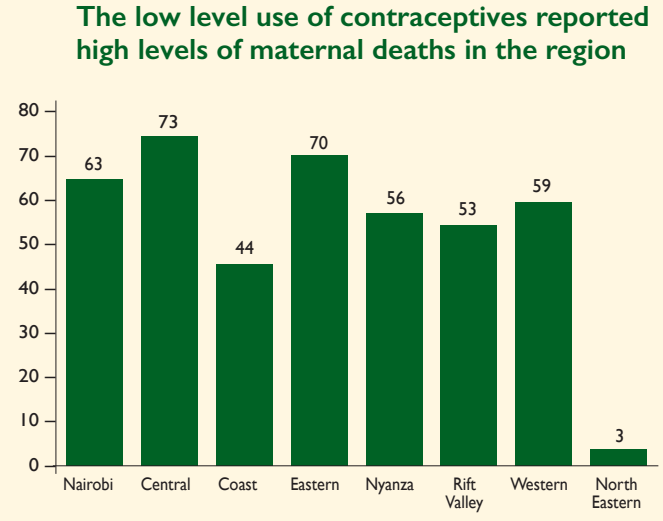
Preventing unintended pregnancies is a first step to preventing maternal deaths. Modern methods of contraception, such as pills, injectables, and sterilization, allow women to plan and space their pregnancies, thereby reducing the health risks associated with pregnancy. In Kenya, 58 percent of married women use contraception: 53 percent use a modern method, while 5 percent use a traditional method.[7] There are regional variations in the use of contraceptives, with low levels reported in regions with high maternal deaths. Use of modern contraception in North Eastern region, for example, remains extremely low at 3 percent, as shown in Figure 5. Rift Valley and Coast regions also have low levels of contraceptive use.

Figure 4: Percentage of births attended by skilled health professionals in selected counties



Source: KNBS and ICF Macro, *Kenya Demographic and Health Survey 2008-09*.

Figure 5: Percentage of married women ages 15-49 using a contraceptive method, by region



Source: KNBS and ICF Macro, *Demographic and Health Survey 2008-09*.

Large differences in contraceptive use can also been seen among counties. Mandera, Wajir, and Garrissa counties lag far behind the national average: Only between 2 percent and 6 percent of married women use contraception. The highest rates of contraceptive use were reported in Kirinyaga County (81 percent), Makueni County (80 percent), and Meru County (78 percent). Counties in Nyanza and Western region have contraceptive use rates above 40 percent.

NCPD is a semi-autonomous government agency that formulates and promotes population policy and coordinates related activities for sustainable development in Kenya.

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Taking Action to Improve Maternal Health

Kenya faces maternal health challenges that can be resolved through well-coordinated efforts and additional investments. Actions must be taken on several fronts to improve maternal health:

1. Increase access to care. Reducing maternal deaths will require the government to provide quality, accessible, and affordable maternal health services, especially in counties with the highest burden of maternal deaths, and to provide adequate resources for training of midwives, effective supervision, and logistics.

2. Ensure sustainable financing to strengthen health systems. Poorly financed health systems, including weak referral systems, prevent women from receiving the care they need. Financial resources available for health are insufficient relative to the need for health interventions. The country spends approximately 5.4 percent of gross domestic product (GDP) on health, accounting for 4.6 percent of government expenditures. The government needs to provide additional funds for improving infrastructure overall and for expanding coverage of maternal health services in the counties.

3. Collect county-specific data and information. Quality data on maternal health is lacking, which undermines planning and responding to maternal health issues. This must be resolved in light of the increasing devolution of health services to the county level. The county and national governments should improve the collection and analysis of vital registration data to serve as an integral source of data on maternal deaths. The Ministry of Health should enhance collection of maternal health statistics by health facilities in all counties to help identify and monitor health trends. Additional research on factors that contribute to high maternal mortality in different counties should also be conducted.

4. Expand access to good quality family planning options. Expanding access to good quality family planning options for women will enable individuals to determine if and when they want to have children and hence reduce the numbers of unplanned pregnancies and maternal deaths. This will require increased availability of service delivery outlets, skilled staff, and a range of family planning methods from which women can choose.

Conclusion

The critical health services for reducing maternal deaths include family planning, antenatal care, skilled attendance during labor and delivery, and postnatal care. Referral services are also needed so that women with complications can gain timely access to emergency obstetric care. The main priority should be to improve the quality of delivery care and encourage women to seek care. Timely access to care is crucial, and therefore the physical, cultural, and financial barriers to using the services must be addressed. Both political will and a sustainable source of funding for maternal health will be key to ensure the success of programs.

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