

# A maternal and newborn health indicator developed using national health surveys from low- and middle-income countries, and its association with infant mortality

**Luisa Arroyave<sup>1</sup>**, Paulo A. R. Neves<sup>2</sup>, Fernando C. Wehrmeister<sup>1</sup>, Aluísio J. D. Barros<sup>1</sup>

*<sup>1</sup>International Center for Equity in Health, Universidade Federal de Pelotas, Pelotas, Brazil, <sup>2</sup>Centre for Global Child Health, The Hospital for Sick Children, Toronto, Canada*

*Friday, 27 September 2024*

*We thank the Bill & Melinda Gates Foundation, Countdown to 2030, Associação Brasileira de Saúde Coletiva, and Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES)*

*We have no competing interest to declare*

**WCE**

WORLD CONGRESS OF EPIDEMIOLOGY 2024



# Maternal and Newborn Health Interventions



## Stillbirth, neonatal, and maternal mortality

Decreasing globally

Higher burden of deaths: low- and middle-income countries (LMICs)



## Adequate antenatal care, delivery care, and early postnatal checks

Reduce morbidity and mortality, prevent, detect, and treat adverse outcomes



## No unique indicator able to track progress

MNH interventions are closely related

Progress has been monitored separately

# Objective



To create a composite indicator to measure coverage of MNH interventions using national surveys from low- and middle-income countries and to investigate its relationship with neonatal and post-neonatal mortality rates

# Methods



## DHS and MICS data

- Nationally representative household surveys carried out in LMICs
- Standardized data collection procedures
- Comparable across time and between surveys and countries



## Last child born

Last two years



≥2010

Latest DHS or MICS survey

DHS: Demographic and Health Surveys  
MICS: Multiple Indicator Cluster Surveys

# Maternal and Newborn Health composite indicator (MNHci)

Three related interventions on three crucial moments



MNHci: numerical count assigning one point to each intervention received, thus ranging from zero to three

# Analysis



Distribution of the MNHci at the national level  
Mean and percentages of woman-baby dyads with scores of zero and three



Distribution of the MNHci stratified by wealth deciles and place of residence



Spearman correlation coefficients between the MNHci and neonatal and post-neonatal mortality rates (per 1,000)

# Results

- **Surveys 2010-2022**  
48 DHS & 49 MICS

97

- **Woman-baby dyads**  
Last child born

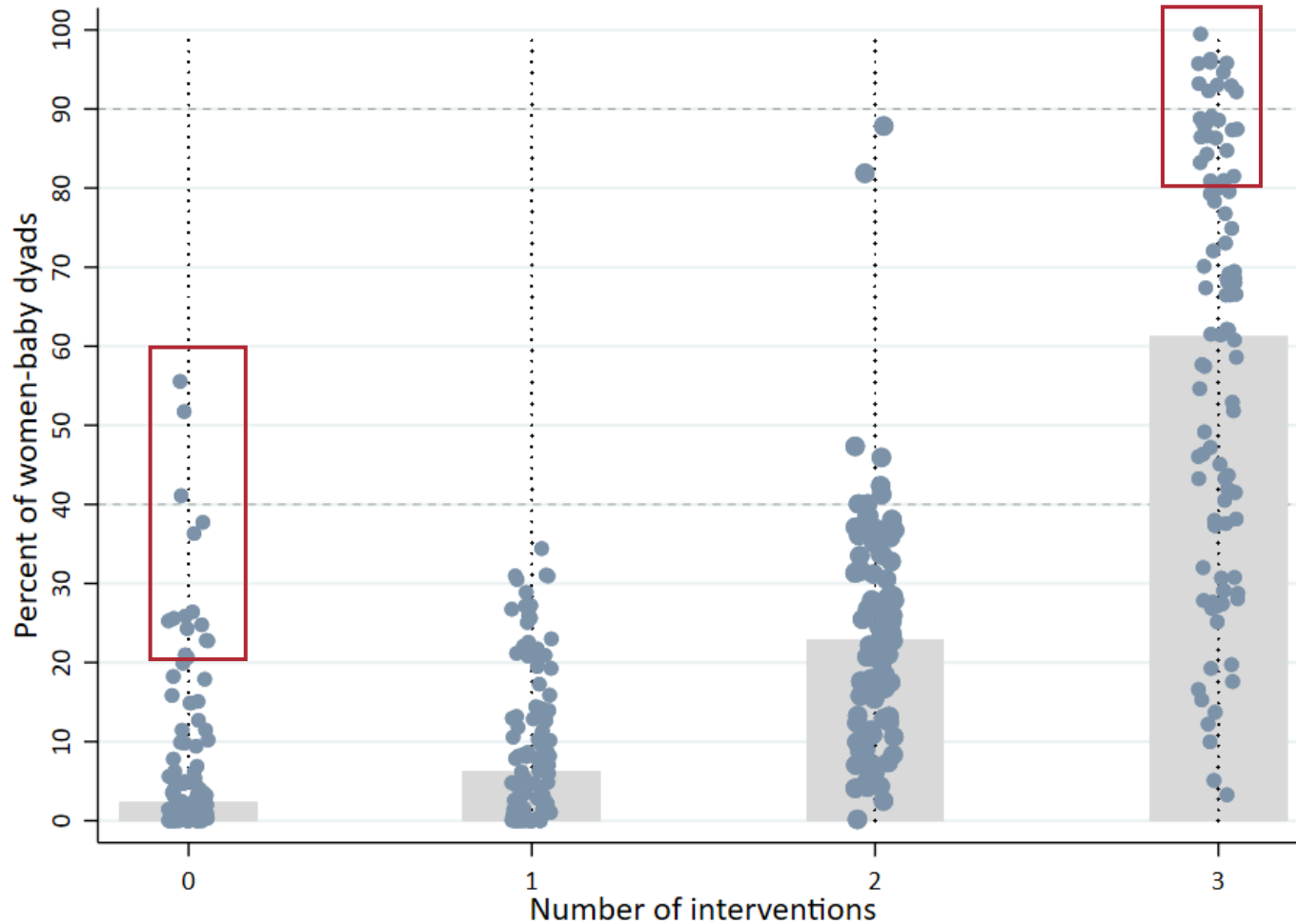
397,930

- **Highest coverage**  
Postnatal care women-baby within two days of delivery

88.3%



# Wide variation in the number of interventions received



All interventions **61%**  
Woman-baby dyads

> **80%: all 3 interventions**  
29 out of 97 countries

> **20%: no interventions**  
15 out of 97 countries

**WCE**

WORLD CONGRESS OF EPIDEMIOLOGY 2024





# Wide gap between the poorest and wealthiest deciles

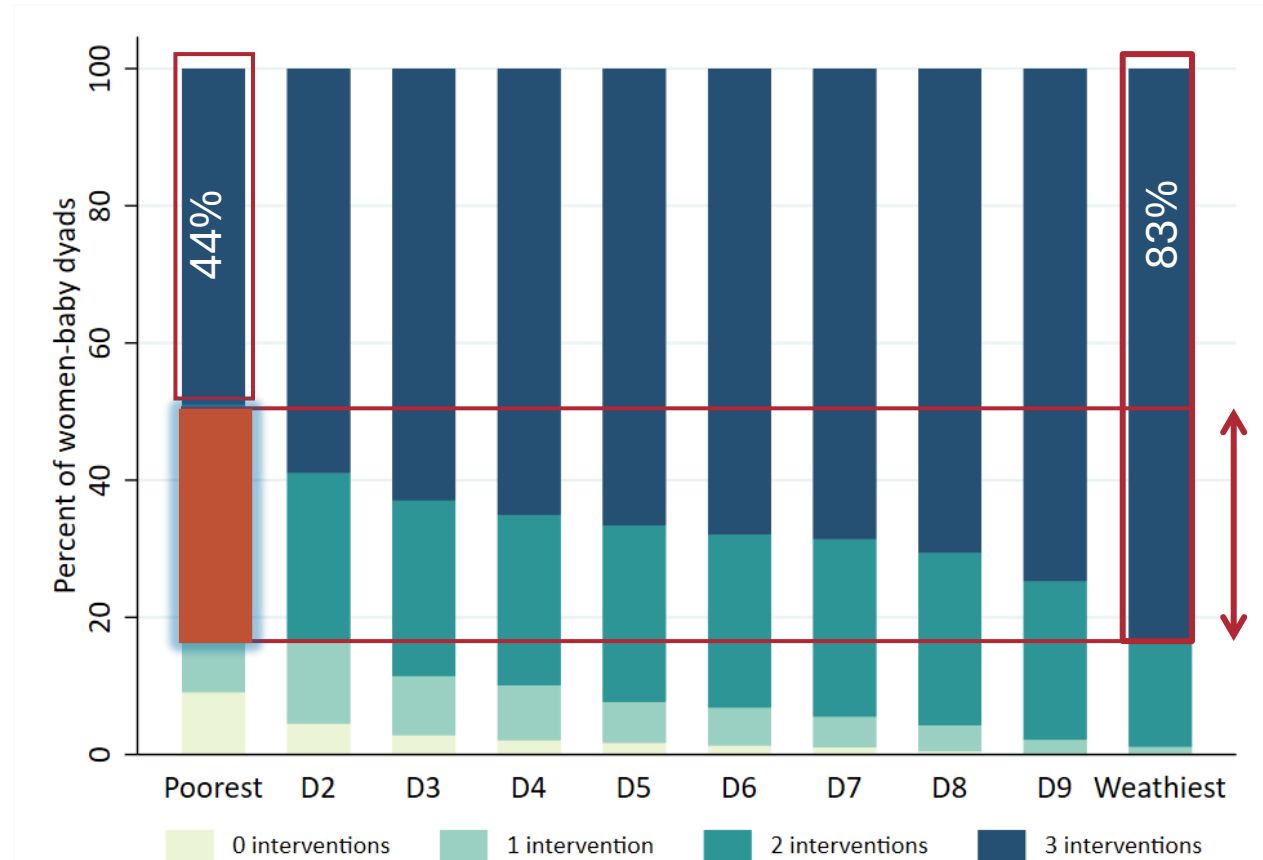
- Poorest

**44%** of woman/baby dyads received all three interventions

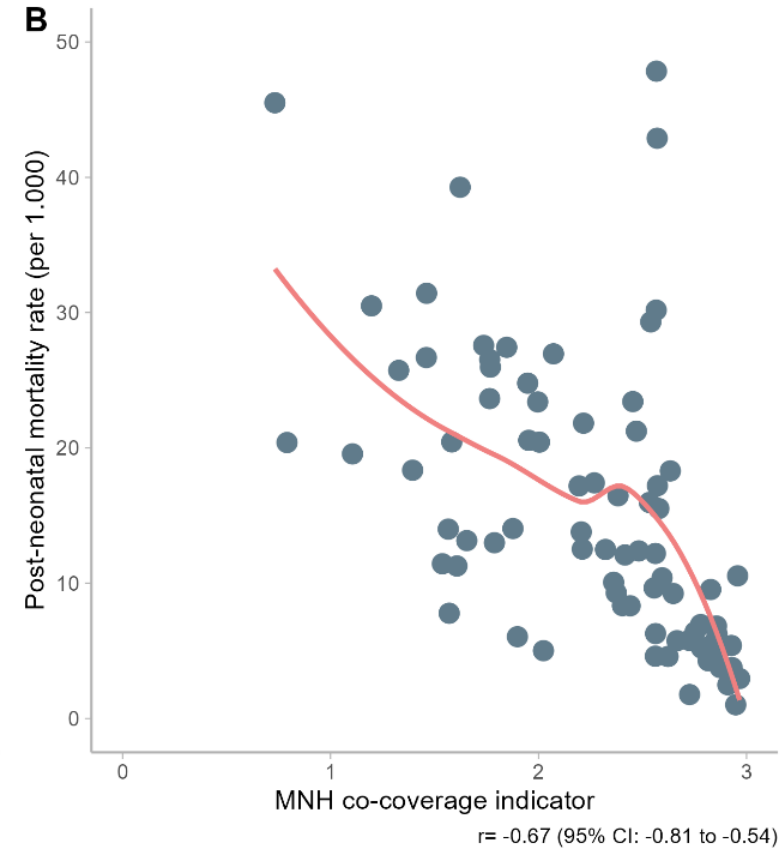
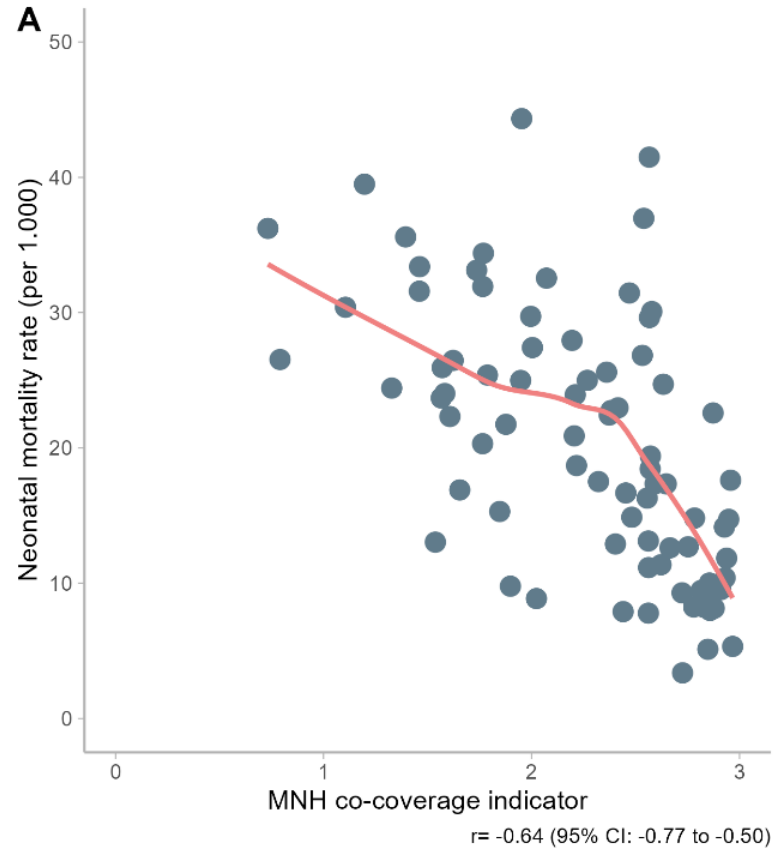
- Wealthiest

**83%** of woman/baby dyads received all three interventions

**39 percentage points difference!**



# Inverse correlation with neonatal and post-neonatal mortality rates



Data on mortality were available for 80 LMICs

# Conclusions

## MNHci

- Simple, easily interpretable, standardized, comparable, and meaningful measure
- Comparisons between and within countries
- Useful for assessing MNH intervention coverage, adequacy, and inequalities in monitoring exercises in LMICs

# Acknowledgements

- All the women who participated in the surveys
- Bill & Melinda Gates Foundation
- Countdown to 2030
- Associação Brasileira de Saúde Coletiva
- Coordenação de Aperfeiçoamento de Pessoal de Nível Superior (CAPES)



Thank you!

[larroyave@equidade.org](mailto:larroyave@equidade.org)

[arroyave.lf@gmail.com](mailto:arroyave.lf@gmail.com)

