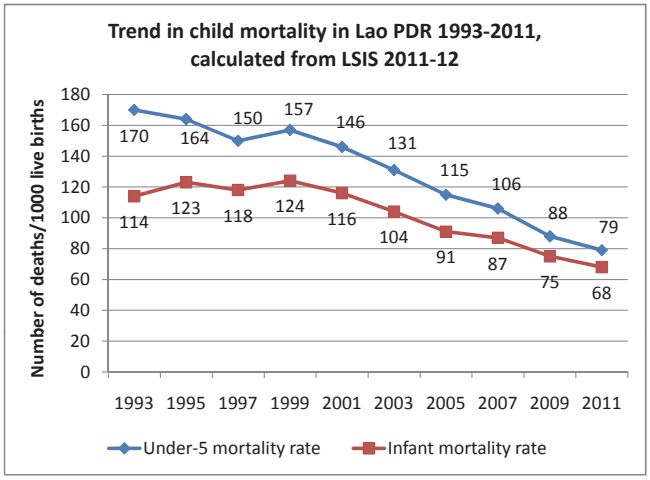
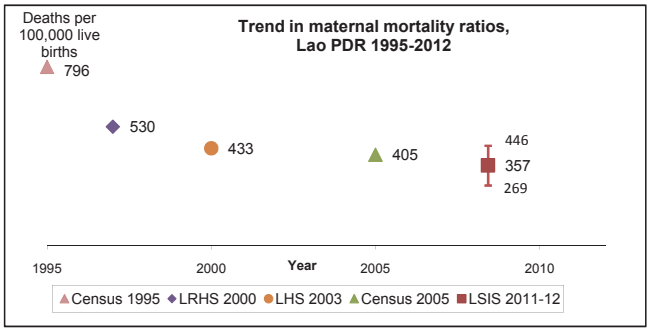
Lao Social Indicator Survey (LSIS)
Maternal, Newborn and Child Health

MDG targets are likely to be achieved for child mortality but maternal mortality progress is still off track

The Millennium Development Goals call for reductions in the infant mortality rate and under-five mortality rate of two thirds between 1990 and 2015, and a three-quarter reduction in the maternal mortality ratio by 2015. If the decline in child mortality continue at the same pace (over 4 percentage points per year), Lao PDR is likely to achieve MDG 4. Despite this impressive decline, the country has the highest child mortality level in South-East Asia, and there is marked variation in child mortality rates according to wealth quintiles, ethno linguistic groups, provinces, and the educational level of mothers. Furthermore, progress on neonatal mortality is slower than on other components of child mortality, and is now responsible for an estimated 43 per cent of all deaths among under-fives.

Despite much progress being made in improving health of women and mothers, the ambitious targets agreed to attain MDG 5 are some of the most off-track. The maternal mortality ratio (MMR) is declining, but a calculation based on the seven year period preceding the LSIS survey shows that it remains one of the highest in the region at 357 deaths per 100,000 live births (confidence intervals: 269 to 446).





The continuum of care approach is critical to the health of both women and the newborn child

In Lao PDR, maternal, newborn and child health is being addressed in the context of the Maternal, Newborn and Child Health Package, a unified strategy and planning framework to guide stakeholders in designing, implementing and evaluating maternal, neonatal and child health services, and nutrition programmes under stronger government leadership. The Package aims to provide a continuum of care for life, as well as care from household and community level to the formal health facility network, including referral hospitals for those in need. The continuum of care includes integrated service delivery for mothers and children from pre-pregnancy to delivery, during the immediate postnatal period, and through childhood. This care is provided by families and communities, through outpatient and outreach services, clinics and other health facilities.

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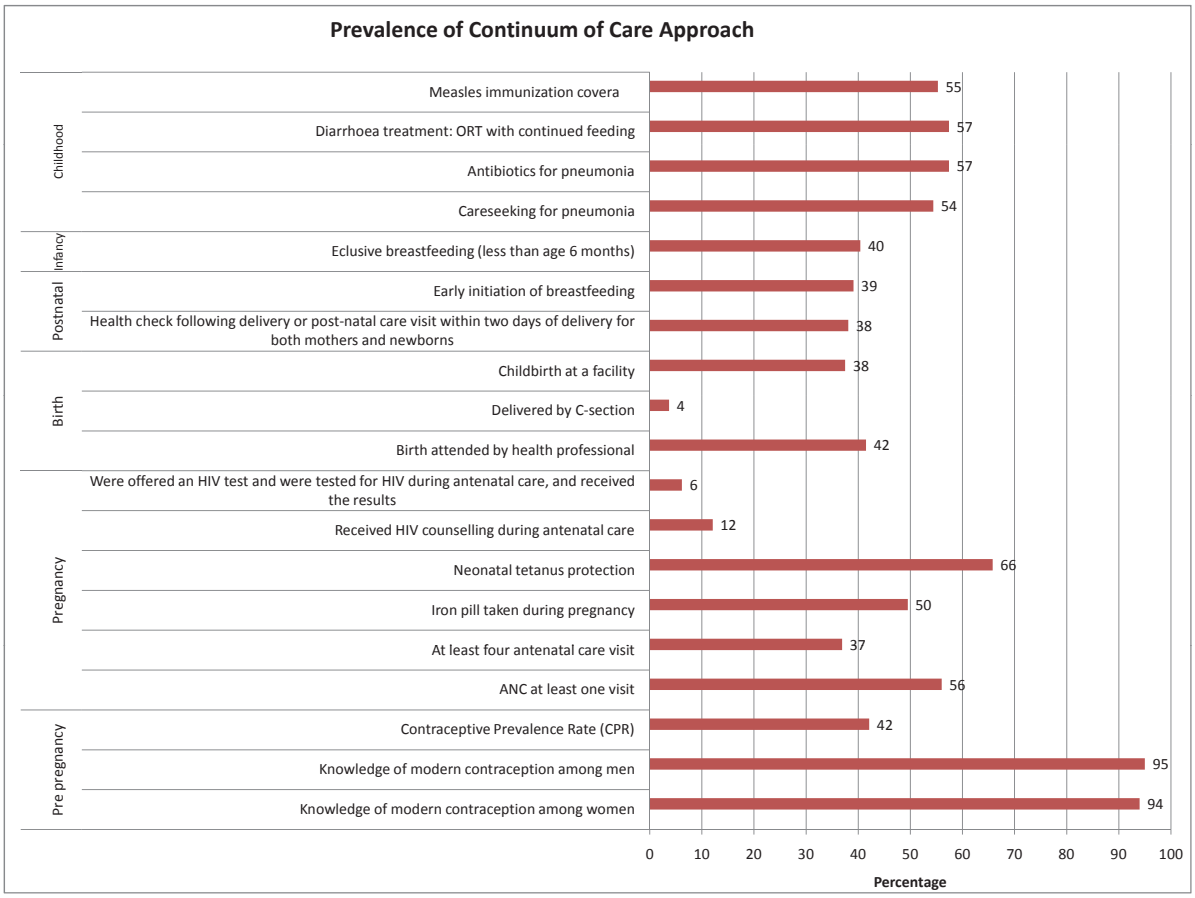
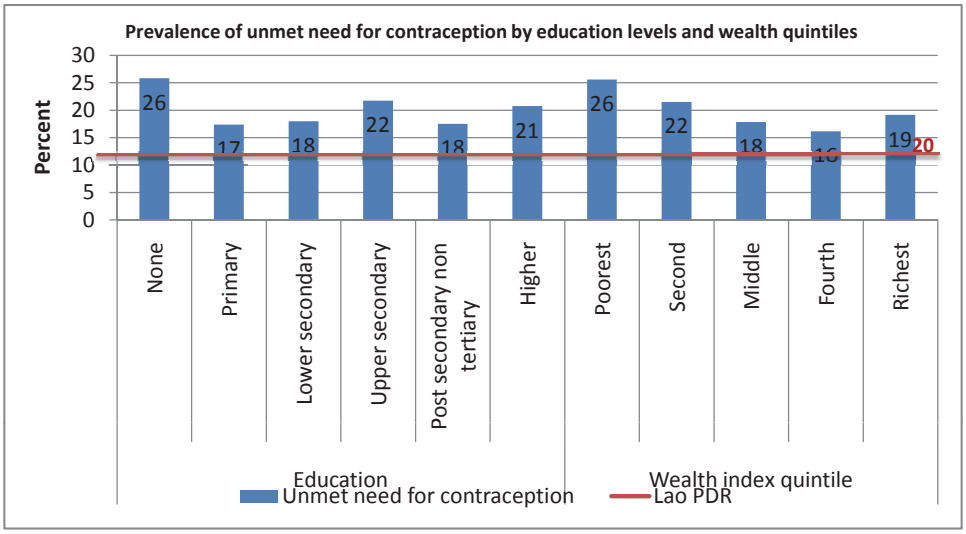
The Continuum of Care principle recognizes that safe childbirth and quality preventive and promotive health interventions are critical to the health of both women and the newborn child – and that a healthy start in life is an essential step towards a sound childhood and a productive adult life.



Contraception

Although women and men's knowledge of modern contraception is as high as 94 and 95 per cent respectively, only 42 per cent of married women are using a modern method of family planning, as well as preventing the risk of unwanted pregnancy. Increasing the interval between births and delaying first pregnancy through family planning has been shown to be a low-cost, high-impact intervention on the health outcomes and socio-economic status of women and children. Overall, 20 per cent of women have an unmet need for contraception. Unmet need is highest among young women, women with no education and the poorest women.



Antenatal and Neonatal Care

Only 54 per cent of women age 15-49 years received antenatal care and screening for pregnancy-related complications from a health professional during their last pregnancy. Antenatal care visits provide an important opportunity for a range of interventions and information, including health education, promotive health interventions, and helping to recognize and take early action to address complications. Nearly half of women (48%) did not take iron pills during their pregnancy and only 18 per cent of pregnant women received a blood and urine test and had their blood pressure measured. Only 12 per cent received HIV information during antenatal care, and only 6 per cent were offered an HIV test. The prevention of maternal and neonatal tetanus requires all pregnant women to receive at least two doses of tetanus toxoid vaccine. In Lao PDR, only 66 per cent of women were protected against tetanus, with a slight difference between women from urban and rural areas.

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Providing skilled attendance at all births is recognized as one of the most effective strategies to reduce maternal and neonatal mortality

Although increased substantially from 2005 survey only 42 per cent of women were assisted during and at the time of birth by a health professional. Only 38 per cent of births in Lao PDR in the year preceding the survey took place in a health facility, the majority of which were in public sector facilities.

The majority of complications leading to serious and sometimes permanent ill health or death occur immediately after birth and during the first few weeks of life. It is recommended that all women and newborns receive care from a competent health provider at least once in the first two to three days, or immediately after birth and once again before the end of the six-week postnatal period. Only 38 per cent of newborns and mothers surveyed received either a healthcare or post-natal care visit within two days of delivery. The majority did not receive a post-natal check at all.

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Newborn babies should be exclusively breastfed for the first 6 months of life

Despite increases in breastfeeding, only 39 per cent of babies are breastfed within one hour of birth and only 40 per cent of babies younger than six months are exclusively breastfed. Early exclusive breastfeeding is the best way to protect the health of newborns, and the early breast milk provides vital protective agents and plays an important role in preventing allergies later in childhood. Formula feeding has more than tripled, increasing by 15 percentage points in urban areas.

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Pneumonia and diarrhea are the leading causes of child mortality with little or no improvement in the past six years


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Administering antibiotics to children with suspected pneumonia is a key intervention. Some 3 per cent of children age 0-59 months were reported have had symptoms of pneumonia and 62 per cent were taken to a public or private health facility. Only 57 per cent of children suspected of pneumonia received antibiotics. There has been no change in the prescription of antibiotics for pneumonia since 2006 (MICS 2006).

Diarrhea is the second leading cause of death among children aged under-five worldwide. Most diarrhea related child mortality is due to dehydration from loss of large quantities of water and electrolytes from the body in liquid stools. Management of diarrhea through oral rehydration salts (ORS) or a recommended home fluid (RHF) can prevent of many deaths. In Lao PDR, nearly half of all children (48%) with diarrhea receive ORS or RHF. There has been no progress in this area since 2006 (MICS 2006).


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Immunization plays a key role in reducing child mortality. Some 77 per cent of children aged 12-23 months receive a BCG vaccination by the age of 12 months. Measles immunization coverage is 55 per cent. Vaccination coverage varies according to mothers' education level and wealth. Children living in rural areas without roads, in poor families, those from Chinese-Tibetan and Hmong-Mienheaded households and those whose mothers have no education are 2 to 2.5 times less likely to receive at least three doses of DPT-HepB-HiB.