Refugee Maternal Mortality in 10 Countries

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Refugee camps than in host populations should be interpreted with caution. The deaths of women who die at home, particularly from abortion-related complications, may be less likely than deaths that occur in facilities to be captured in the health information system. Nonetheless, our results are consistent with findings from a variety of locations that maternal outcomes are better in stable camp settings than in host populations.11,12 One study found that refugee women in Kenya had better access to emergency obstetric care than did local women, and subsequently had better surgical outcomes and shorter hospital stays after cesarean sections.19 Refugees in rural Uganda had better access to health care, higher rates of obstetrical intervention and lower rates of maternal mortality than did rural host populations.20 Within refugee camps, antenatal care is widely provided at primary care facilities by midwives or nurse-midwives. These facilities are located close to women’s place of residence, and providers often follow up with women who had an initial antenatal care visit but did not show up for subsequent visits. However, even with these advantages, some camps still face challenges in reaching the UNHCR’s coverage goal of providing four or more antenatal care visits for 90% of pregnant women. Data from the UNHCR’s health information system show that antenatal care coverage among the refugee populations in Bangladesh, Ethiopia, Tanzania, Sudan and Nepal exceeded 90% in 2010.31

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 inadequate treatment (i.e., staff made a correct diagnosis but failed to follow protocol) was the most commonly mentioned factor (6%). In addition, there were three cases (4%) of inadequate or no resources (in one case no qualified staff member was available to perform a caesarean section, in another there was no intensive care facility and in the third no personnel were available for postoperative monitoring).

**DISCUSSION**

Our findings are consistent with those from other studies showing that refugees receiving targeted humanitarian aid appear to have better reproductive health outcomes than do local populations. Maternal mortality ratios were lower among refugees than among the host population for every country but Bangladesh, where the refugee maternal mortality ratio fell within the uncertainty range of the host country estimate. Ratios may be lower among refugees than among the host country’s population for numerous reasons; for example, compared with the host population, refugees may have better access to care (through provision of free services), to transportation to referral hospitals (which can perform caesarean sections) and to facilities with sufficient equipment and supplies and with staff who have received training in emergency obstetric care.

It is important to note, however, that because maternal deaths were likely underreported in the study locations, the finding that maternal mortality ratios were lower in refugee camps than in host populations should be interpreted with caution. The deaths of women who die at home, particularly from abortion-related complications, may be less likely than deaths that occur in facilities to be captured in the health information system. Nonetheless, our results are consistent with findings from a variety of locations that maternal outcomes are better in stable camp settings than in host populations.11,12 One study found that refugee women in Kenya had better access to emergency obstetric care than did local women, and subsequently had better surgical outcomes and shorter hospital stays after cesarean sections.19 Refugees in rural Uganda had better access to health care, higher rates of obstetrical intervention and lower rates of maternal mortality than did rural host populations.20

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