

Maternal and
Newborn Health
Disparities

Mauritania



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Maternal and Newborn Health Disparities in Mauritania

Key Facts

Mauritania reference table

Demographic indicators	Year	Value
Total population (thousands) ¹	2017	4,420
Total live births (thousands) ¹	2017	149
Total Fertility Rate (number of children per woman) ¹	2017	5
Adolescent birth rate (per 1,000 women 15-19) ¹⁰	2011	71
Impact indicators		
Maternal mortality ratio (per 100,000 live births) ⁴	2015	602
Average annual rate of MMR reduction between 2000 and 2015 (%) ^{5,a}	2015	2
Lifetime risk of maternal death: 1 in x ^{4,b}	2015	36
Stillbirth rate (per 1,000 total births) ⁶	2015	27
Preterm birth rate (per 100 live births) ⁷	2015	15
Under-five mortality rate (per 1,000 live births) ³	2016	81
Under-five deaths that are newborn (%) ³	2016	43
Neonatal mortality rate (per 1,000 live births) ³	2016	34
Neonatal deaths (thousands) ³	2016	5
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level) ⁸	2012	29
Skilled health professional density (per 10 000 population) ⁹	2009	8
Physician density (per 1,000 population) ⁹	2009	0.1
Nurse and midwife density (per 1,000 population) ⁹	2009	0.7

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In 2017, approximately 149,000 babies were born in Mauritania, or around 400 every day.¹

Among young women (aged 20-24), 22 percent gave birth by age 18.²

Approximately 14 babies will die each day before reaching their first month³; 10 stillbirths occur every day.⁶

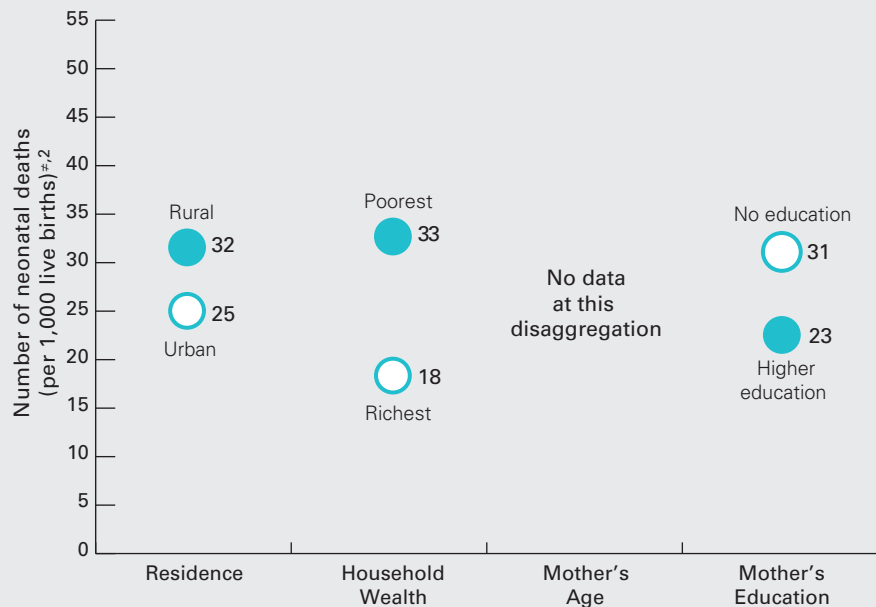
Neonatal mortality rate:

Mauritania's neonatal mortality rate (NMR)⁴ is 34 deaths per 1,000 live births.³

NMR⁵ in rural areas is 32 deaths per 1,000 live births and 25 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 0.8.²

NMR⁵ among the poorest households is 33 neonatal deaths per 1,000 live births, compared to 18 deaths per 1,000 live births among the richest households.²

Neonatal mortality rates, by background characteristics, 2015



Neonatal mortality rate by wealth quintiles



The NMR for those in the **poorest quintile** (33 per 1,000 live births) is 1.8 times higher than for the **richest quintile** (18 per 1,000 live births).²

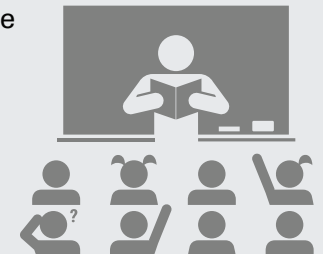
1 in 5
young women
(aged 20-24) have
given birth by age 18.²



Newborns with less educated mothers are

1.3x

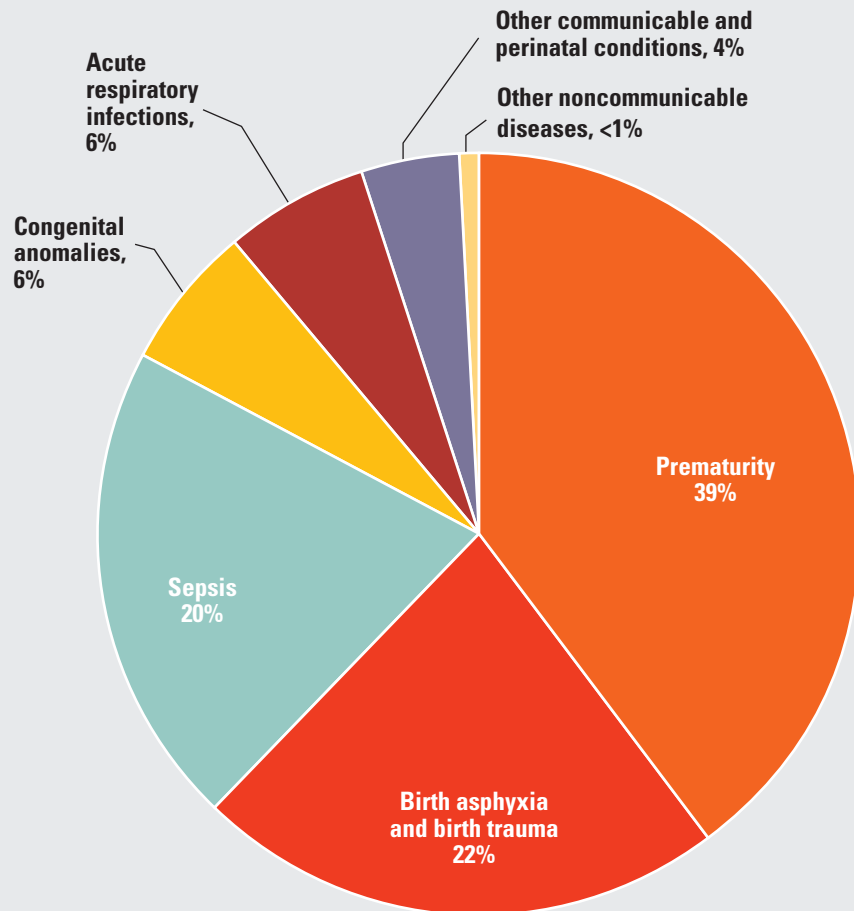
more likely to die during the first month
compared to those born to mothers
with higher education.²



Maternal and Newborn Health Disparities in Mauritania

Mauritania — Causes of Neonatal Mortality, 2016

In Mauritania, the main causes of neonatal deaths in 2016 were prematurity (39 per cent), birth asphyxia and birth trauma (22 per cent) and sepsis (20 per cent).¹¹



Source: WHO-MCEE, 2017

Maternal and newborn health coverage indicators

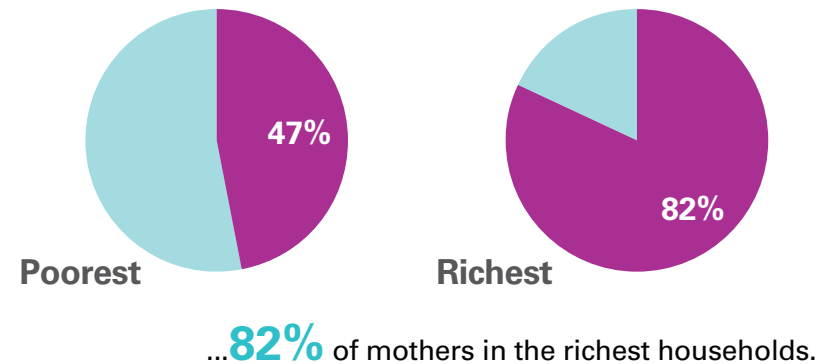
By residence:²

- In rural areas, 54 per cent of women made at least 4 antenatal care visits, compared to 73 per cent in urban areas.
- Coverage of skilled attendance at birth is 91 per cent in rural areas, compared to 52 per cent in urban areas.
- 41 per cent of newborns in rural areas receive postnatal care (PNC) within 2 days of birth, compared to 79 per cent in urban areas.

By household wealth:²

- Most mothers among richest households (82 per cent) made at least 4 antenatal care visits, compared to 47 per cent of mothers from the poorest households.
- Only 30 per cent of mothers in the poorest households had a skilled attendant at birth, compared to 96 per cent of mothers in the richest households.
- 85 per cent of newborns in the richest households receive PNC within 2 days of birth, compared to 24 per cent among the poorest households.

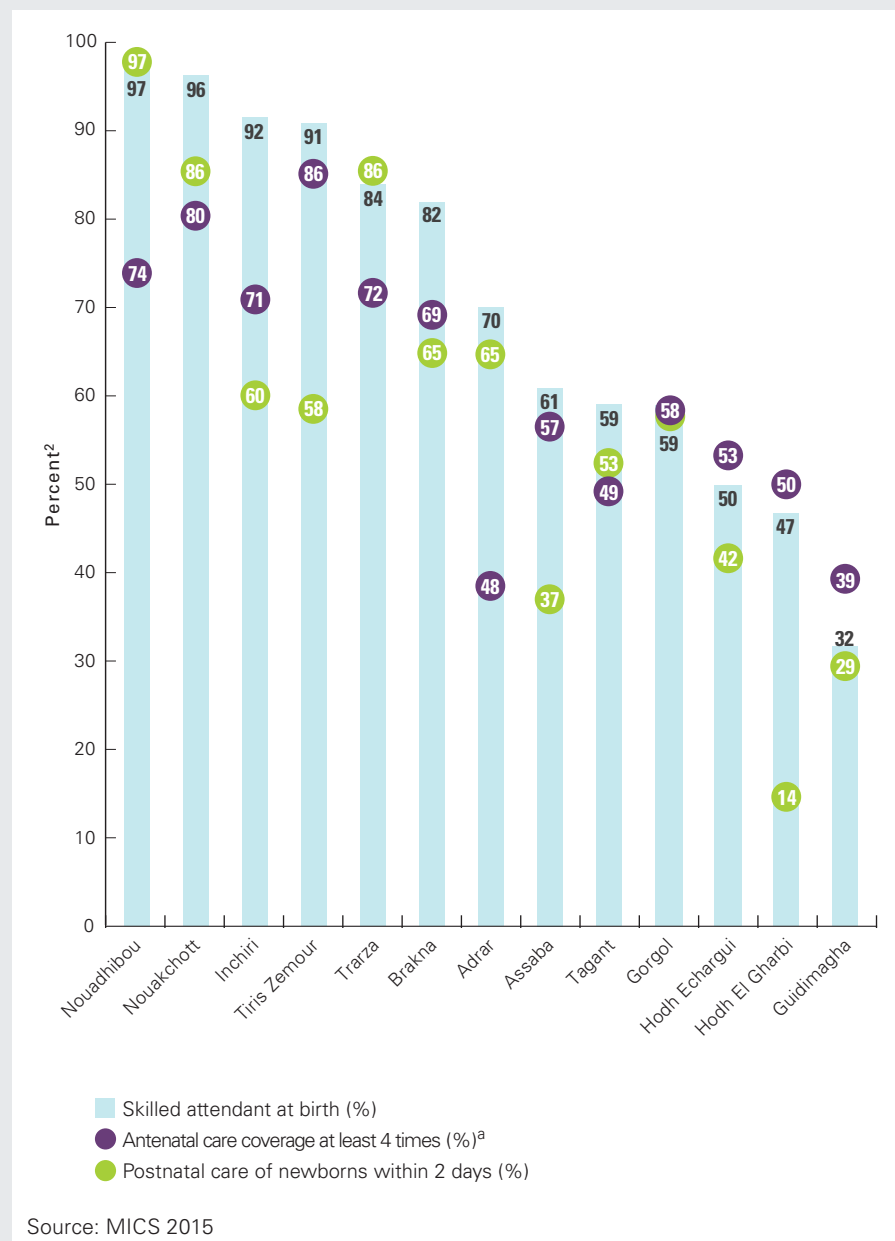
Only **47%** of mothers in the poorest households have **4 antenatal care visits** compared to...



Source: MICS 2015

Maternal and Newborn Health Disparities in Mauritania

Selected maternal and newborn health indicators, by region, 2015



Maternal and newborn health coverage indicators

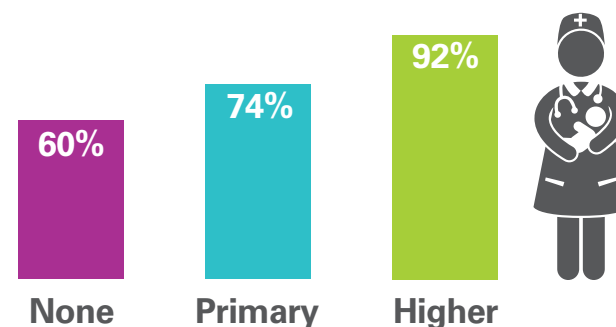
By mother's age:²

- 65 per cent of mothers aged 20-34 made at least four ANC visits, compared to 56 per cent among younger mothers (aged less than 20).
- Mothers aged 20-34 and younger mothers have similar levels of skilled attendance at birth (71 per cent and 66 per cent, respectively).
- Their newborns receive low levels of postnatal care: 60 per cent and 55 per cent, respectively.

By mother's education:²

- 80 per cent of mothers with higher education made at least four ANC visits, compared to 57 per cent of mothers with no education.
- 60 per cent of mothers with no education had a skilled attendant at birth, compared to 74 per cent with primary education and 92 per cent for mothers with higher education.
- 51 per cent of newborns are checked within 2 days of birth if their mothers have no education, compared to 62 per cent of mothers with a primary education and 80 per cent of mothers who received higher education.

The better educated the mother is, the more likely she will receive critical **maternal health services**



Percentage of women having a skilled birth attendant relative to their education level

Maternal and Newborn Health Disparities in Mauritania

Disparities in key maternal and newborn health interventions

	Coverage – care for mothers						Coverage – care for newborns								Other
	Demand for family planning satisfied by modern methods (%)	Antenatal care coverage at least 4 times (%)*	Skilled attendant at birth (%)	Institutional delivery (%)	Delivered by caesarean section (%)	Postnatal care of mothers within 2 days (%)	Postnatal care of newborns within 2 days (%)	Newborn weighed at birth (%)	Early initiation of breast-feeding (%)	Exclusive breast-feeding (<6 months) (%)	BCG vaccine for newborn (%)	DPT 1 vaccination received (%)**	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%)*,a
National estimate	35	63	69	69	5	57	58	36	62	41	90	88	53	66	22
Region															
Hodh Echargui	29	53	50	51	2	39	42	17	72	51	85	79	44	49	25
Hodh El Gharbi	31	50	47	49	2	15	14	24	62	38	89	87	47	55	25
Assaba	28	57	61	61	4	37	37	23	67	56	87	85	43	58	29
Gorgol	17	58	59	56	1	58	59	35	69	56	83	82	59	53	28
Brakna	30	69	82	74	4	63	65	23	57	45	95	92	46	73	23
Trarza	33	72	84	88	6	87	86	50	36	25	93	93	54	73	15
Adrar	39	48	70	69	4	59	65	37	50		94	89	47	69	20
Nouadhibou	46	74	97	99	11	97	97	69	71	47	100	100	59	80	12
Tagant	21	49	59	58	3	52	53	27	53	11	93	88	45	53	17
Guidimagma	19	39	32	33	1	30	29	18	71	52	79	78	47	44	38
Tiris Zemour	48	58	91	96	15	90	86	72	45		95	93	54	82	14
Inchiri	58	71	92	100	8	53	60	68	32				68	82	
Nouakchott	54	80	96	98	11	85	86	61	57	21	96	95	64	90	14

Key for tables:

0-24%

25-49%

50-74%

75-100%

Data not available

Source: MICS 2015

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Disparities in key maternal and newborn health interventions

		Coverage – care for mothers					Coverage – care for newborns									Other
		Demand for family planning satisfied by modern methods (%)	Antenatal care coverage at least 4 times (%) ^a	Skilled attendant at birth (%)	Institutional delivery (%)	Delivered by caesarean section (%)	Postnatal care of mothers within 2 days (%)	Postnatal care of newborns within 2 days (%)	Newborn weighed at birth (%)	Early initiation of breast-feeding (%)	Exclusive breastfeeding (<6 months) (%)	BCG vaccine for newborn (%)	DPT1 vaccination received (%) ^{**}	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) ^{a,a}
National estimate		35	63	69	69	5	57	58	36	62	41	90	88	53	66	22
Residence	Urban	48	73	91	93	9	78	79	54	61	28	94	93	59	81	16
	Rural	22	54	52	50	2	40	41	22	63	50	86	83	48	54	28
Residence ratio (urban to rural)		2.2	1.3	1.8	1.9	4.3	1.9	1.9	2.4	1.0	0.6	1.1	1.1	1.2	1.5	0.6
Household Wealth	Richest	52	82	96	98	14	85	85	64	59	26	97	97	62	91	13
	Poorest	16	47	30	28	1	24	24	10	65	58	83	78	45	46	33
Household wealth ratio (richest to poorest)		3.3	1.7	3.2	3.5	20.3	3.5	3.6	6.3	0.9	0.4	1.2	1.2	1.4	2.0	0.4
Mother's age	Less than 20	20	56	66	69	4	55	55	30							
	20-34		65	71	70	5	59	60	38							
	35-49		59	67	67	5	54	55	33							
Mother's education	No education	27	57	60	56	3	51	51	27	67	48	85	81	50	57	33
	Primary	38	64	74	75	4	61	62	40	59	39	90	90	54	67	27
	Secondary or Higher	46	80	92	94	13	79	80	59	55	29	97	96	62	89	7
Mother's education ratio (highest to lowest)		1.7	1.4	1.5	1.7	4.6	1.6	1.6	2.1	0.8	0.6	1.1	1.2	1.2	1.5	0.2

Key for tables: 0-24% 25-49% 50-74% 75-100% Data not available

Source: MICS 2015

Sources:

- 1 United Nations, Department of Economic and Social Affairs, Population Division (2017). World Population Prospects: The 2017 Revision.
- 2 Mauritania Multiple Indicator Cluster Survey 2015.
- 3 United Nations Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, United Nations Population Division and the World Bank).
- 4 United Nations Maternal Mortality Estimation Inter-agency Group (WHO, UNICEF, UNFPA, United Nations Population Division and the World Bank).
- 5 Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division.
- 6 Trends in maternal mortality: 1990 to 2015: estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division. Lawn JE, Blencowe H, Waiswa P, et al, for The Lancet Ending Preventable Stillbirths Series study group with The Lancet Stillbirth Epidemiology investigator group. Stillbirths: rates, risk factors, and acceleration towards 2030. Lancet 2016; published online Jan 18. [http://dx.doi.org/10.1016/S0140-6736\(15\)00837-5](http://dx.doi.org/10.1016/S0140-6736(15)00837-5).
- 7 Blencowe H, Cousens S, Oestergaard M, Chou D, Moller AB, Narwal R, Adler A, Garcia CV, Rohde S, Say L, Lawn JE. National, regional and worldwide estimates of preterm birth rates in the year 2015 with time trends since 1990 for selected countries: a systematic analysis and implications.
- 8 Averting Maternal Death and Disability, United Nations Children's Fund, and United Nations Population Fund special data compilation, 2015.
- 9 Global Health Workforce Statistics database, World Health Organization, Geneva. (<http://www.who.int/hrh/statistics/hwfstats/>).
- 10 United Nations, Department of Economic and Social Affairs, Population Division (2015). 2015 Update for the MDG Database.
- 11 WHO-MCEE estimates for child causes of death, 2000-2016.

Notes:

- a MMR estimates have been rounded according to the following scheme: < 100 rounded to nearest 1; 100–999 rounded to nearest 10; and ≥ 1000 rounded to nearest 10.
 - b Life time risk has been rounded according to the following scheme: < 100 rounded to nearest 1; 100–999 rounded to nearest 10; and ≥ 1000 rounded to nearest 100.
- ^ Reference period: five years preceding the survey.
≠ Reference period: ten years preceding the survey.
Births by age 18 among 20-24 year olds.
- () Based on small denominators (typically 25-49 unweighted cases). No data based on fewer than 25 unweighted cases are displayed.

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