

**Maternal and
Newborn Health
Disparities**

Congo

Maternal and Newborn Health Disparities in Congo

Key Facts

Congo reference table

Demographic indicators	Year	Value
Total population (thousands) ¹	2017	5,261
Total live births (thousands) ¹	2017	180
Total Fertility Rate (number of children per woman) ¹	2017	5
Adolescent birth rate (per 1,000 women 15-19) ¹⁰	2009	147
Impact indicators		
Maternal mortality ratio (per 100,000 live births) ⁴	2015	442
Average annual rate of MMR reduction between 2000 and 2015 (%) ^{5,a}	2015	3
Lifetime risk of maternal death: 1 in x ^{4,b}	2015	45
Stillbirth rate (per 1,000 total births) ⁶	2015	15
Preterm birth rate (per 100 live births) ⁷	2015	17
Under-five mortality rate (per 1,000 live births) ³	2016	54
Under-five deaths that are newborn (%) ³	2016	39
Neonatal mortality rate (per 1,000 live births) ³	2016	21
Neonatal deaths (thousands) ³	2016	4
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level) ⁸	2016	87
Skilled health professional density (per 10 000 population) ⁹	2007	10
Physician density (per 1,000 population) ⁹	2007	0.1
Nurse and midwife density (per 1,000 population) ⁹	2007	0.9

Maternal and Newborn Health Disparities in Congo

In 2017, approximately 180,000 babies were born in Congo, or around 500 every day.¹

Among young women (aged 20-24), 26 percent gave birth by age 18.²

Approximately 10 babies will die each day before reaching their first month³; 7 stillbirths occur every day.⁶

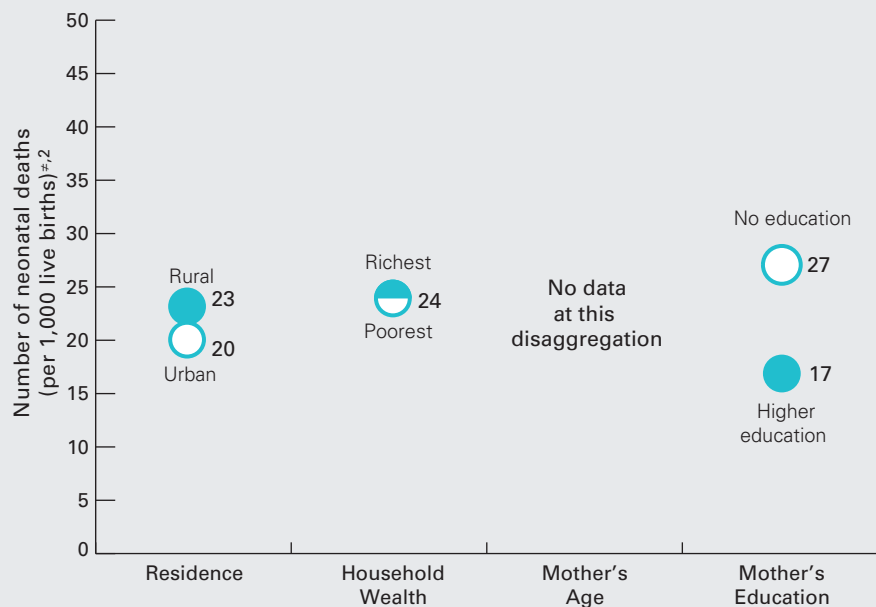
Neonatal mortality rate:

Congo's neonatal mortality rate (NMR)⁴ is 21 deaths per 1,000 live births.³

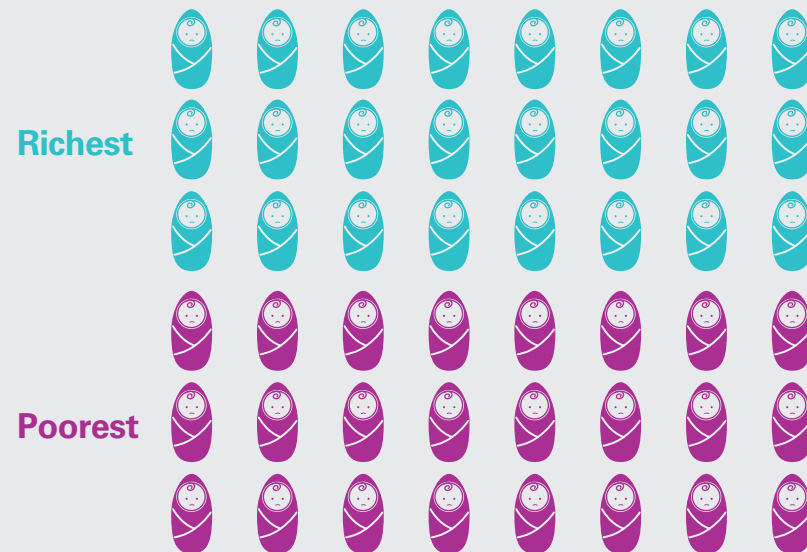
NMR⁵ in rural areas is 23 deaths per 1,000 live births and 20 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 0.9.²

NMR⁵ among the poorest households is 24 neonatal deaths per 1,000 live births, compared to 24 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 both the highest and lowest quintiles are almost the same (24 per 1,000 live births).²

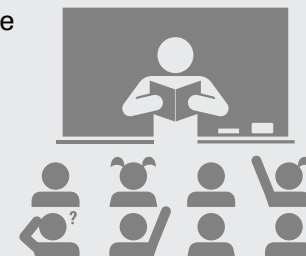
1 in 4
young women
(aged 20-24) have
given birth by age 18.²



Newborns with less educated mothers are

1.5x

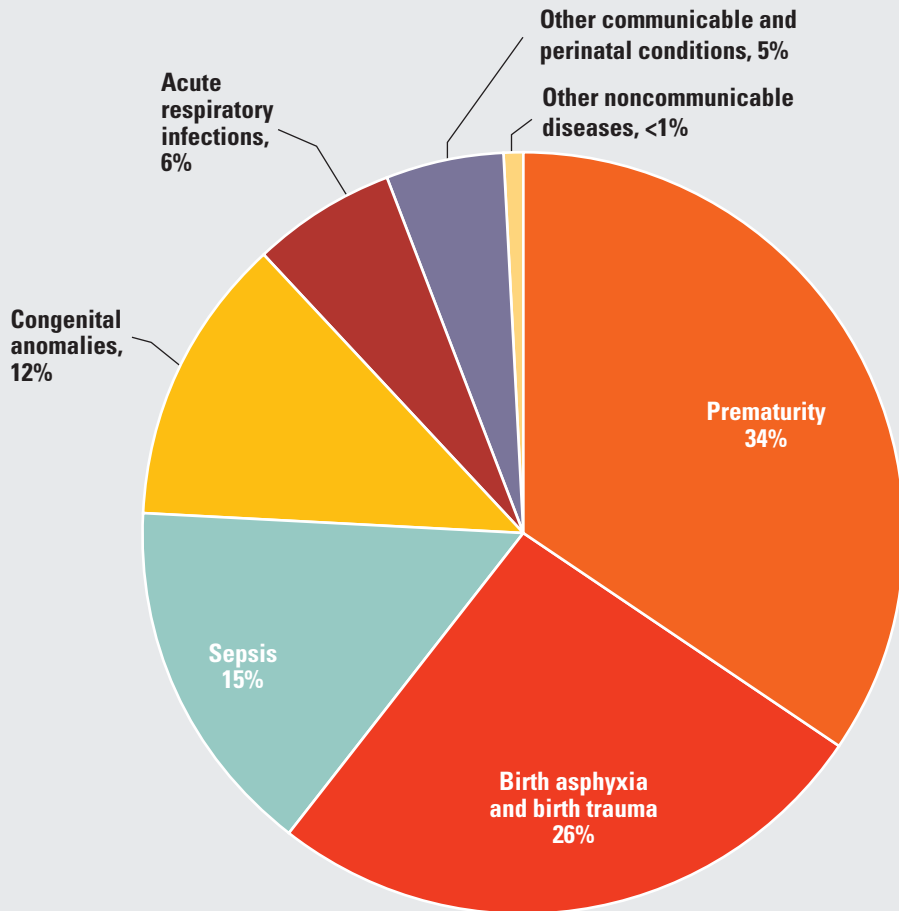
more likely to die during the first month
compared to those born to mothers
with higher education.²



Maternal and Newborn Health Disparities in Congo

Congo — Causes of Neonatal Mortality, 2016

In Congo, the main causes of neonatal deaths in 2016 were prematurity (34 per cent), birth asphyxia and birth trauma (26 per cent) and sepsis (15 per cent).¹¹



Source: WHO-MCEE, 2017

Maternal and newborn health coverage indicators

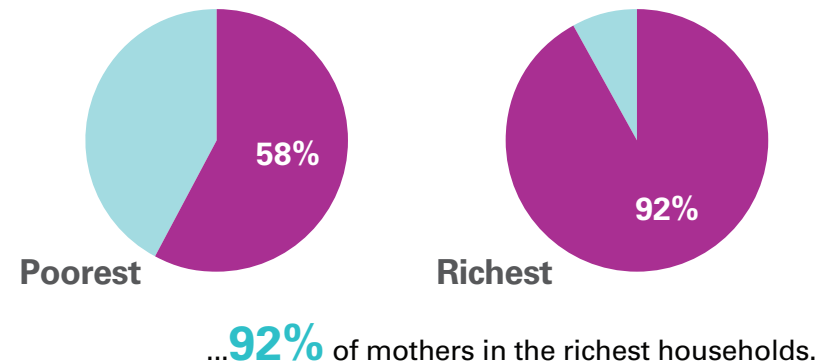
By residence:²

- In rural areas, 63 per cent of women made at least 4 antenatal care visits, compared to 89 per cent in urban areas.
- Coverage of skilled attendance at birth is 99 per cent in rural areas, compared to 87 per cent in urban areas.
- 73 per cent of newborns in rural areas receive postnatal care (PNC) within 2 days of birth, compared to 94 per cent in urban areas.

By household wealth:²

- Most mothers among richest households (92 per cent) made at least 4 antenatal care visits, compared to 58 per cent of mothers from the poorest households.
- Only 83 per cent of mothers in the poorest households had a skilled attendant at birth, compared to 99 per cent of mothers in the richest households.
- 95 per cent of newborns in the richest households receive PNC within 2 days of birth, compared to 67 per cent among the poorest households.

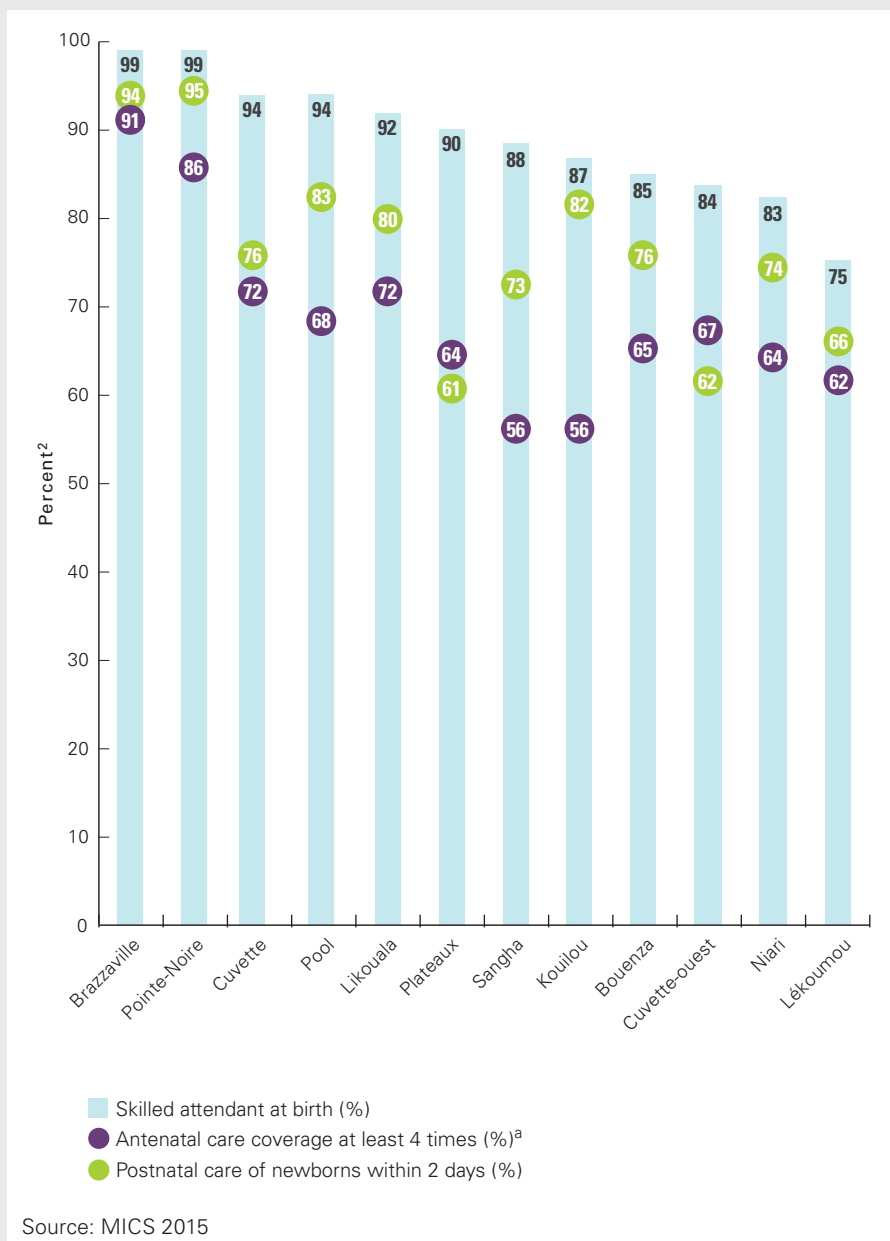
Only **58%** of mothers in the poorest households have **4 antenatal care visits** compared to...



Source: MICS 2015

Maternal and Newborn Health Disparities in Congo

Selected maternal and newborn health indicators, by region, 2015



Maternal and newborn health coverage indicators

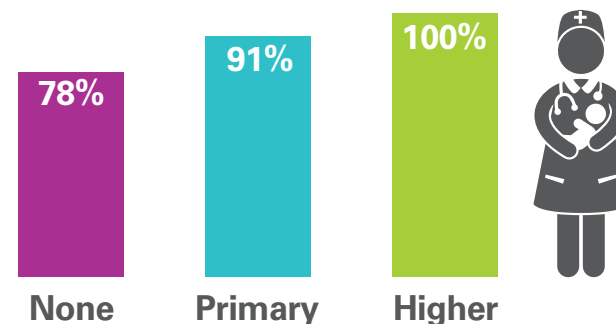
By mother's age:²

- 82 per cent of mothers aged 20-34 made at least four ANC visits, compared to 76 per cent among younger mothers (aged less than 20).
- Mothers aged 20-34 and younger mothers have similar levels of skilled attendance at birth (96 per cent and 93 per cent, respectively).
- Their newborns receive low levels of postnatal care: 88 per cent and 84 per cent, respectively.

By mother's education:²

- 93 per cent of mothers with higher education made at least four ANC visits, compared to 52 per cent of mothers with no education.
- 78 per cent of mothers with no education had a skilled attendant at birth, compared to 91 per cent with primary education and 100 per cent for mothers with higher education.
- 65 per cent of newborns are checked within 2 days of birth if their mothers have no education, compared to 80 per cent of mothers with a primary education and 95 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 Congo

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	19	79	94	92	5	80	86	90	25	33	92	87	75	96	26
Kouilou	16	56	87	82	2	74	82	79	25	10	89	84	65	94	44
Niari	9	64	83	76	6	70	74	80	17	17	87	86	63	96	34
Lékoumou	24	62	75	68	6	63	66	68	32	8	73	66	49	90	38
Bouenza	16	65	85	81	2	72	76	79	17	18	87	85	59	93	34
Pool	16	68	94	90	2	76	83	86	24	26	93	82	70	92	51
Plateaux	18	64	90	82	2	51	61	70	19	18	81	59	56	89	44
Cuvette	18	72	94	88	4	66	76	82	8	25	84	79	71	94	41
Cuvette-ouest	16	67	84	74	3	55	62	61	22	28	69	58	54	95	35
Sangha	14	56	88	78	2	59	73	76	27	20	85	73	63	90	37
Likouala	11	72	92	88	2	71	80	83	34	45	90	75	73	89	39
Brazzaville	24	91	99	99	9	87	94	99	33	47	100	95	82	98	23
Pointe-Noire	16	86	99	99	3	94	95	99	20	31	94	92	88	99	19

Key for tables:

0-24%

25-49%

50-74%

75-100%

Data not available

Source: MICS 2015

Maternal and Newborn Health Disparities in Congo

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 breastfeeding (%)	Exclusive breastfeeding (<6 months) (%)	BCG vaccine for newborn (%)	DPT1 vaccination received (%) ^{**}	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%) ^{#,a}
National estimate		19	79	94	92	5	80	86	90	25	33	92	87	75	96	26
Residence	Urban	20	89	99	98	6	89	94	99	28	39	97	93	84	99	21
	Rural	16	63	87	81	2	66	73	76	21	23	85	76	62	91	42
Residence ratio (urban to rural)		1.2	1.4	1.1	1.2	2.7	1.4	1.3	1.3	1.3	1.7	1.1	1.2	1.3	1.1	0.5
Household Wealth	Richest	20	92	99	99	8	91	95	100	25	44	98		58	100	8
	Poorest	13	58	83	75	2	59	67	68	23	21	83	72	84	88	44
Household wealth ratio (richest to poorest)		1.5	1.6	1.2	1.3	3.9	1.5	1.4	1.5	1.1	2.1	1.2		0.7	1.1	0.2
Mother's age	Less than 20	20	76	93	91	3	78	84	89							
	20-34		82	96	93	7	82	88	92							
	35-49															
Mother's education	No education	14	52	78	70	3	57	65	64	33	23	81	70	55	86	48
	Primary	15	70	91	86	4	74	80	83	23	26	88	82	66	94	34
	Secondary	20	82	97	96	5	83	89	95	25	35	95	91	79	95	34
	Higher	21	93	100	98	7	89	95	99	25	40	96	91	85	99	12
Mother's education ratio (highest to lowest)		1.5	1.8	1.3	1.4	2.8	1.6	1.5	1.5	0.1	1.8	1.2	1.3	1.6	1.2	0.3

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 Congo Enquête par Grappes à Indicateurs Multiples (MICS5) 2014-2015
- 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 1; 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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