

Financial Burden: Emergency Maternal Care

Key facts

- Northern Nigeria has one of the highest maternal mortality ratios in the world – approximately 1,000 women die per 100,000 live births (i.e. 1%)
- Approximately 7,100 pregnant women die each year in Jigawa, Katsina, Yobe and Zamfara (1% of 710,000 live births per year)
- 15% of all pregnancies worldwide result in a maternal emergency
- On average, households spent N15,400 when seeking treatment for a maternal emergency
- The average cost of a maternal complication was more than the average monthly income of 78% of household heads

Overview

Why do pregnant women seek care? What do communities see as a maternal emergency?

Danger sign for which care is sought

Main sign	%
Heavy bleeding	28
Prolonged labour	27
Fever	12
Persistent unbearable pain	10
Fitting	8
Retained placenta	6
Hand or foot arrived first	3
Others	8



Many pregnant women delay in seeking help for maternal emergencies

What does it cost?

Cost of components of treatment

Item	Average cost (Naira)
Laboratory investigations	990
Drugs	3,840
Consumables	1,150
X-ray	660
Ultrasound scan	800
Intravenous fluids	1,200
Blood transfusion	7,000
Caesarean section	6,000
Fuel for generator	1,300
Fuel for ambulance	1,800
Gifts to hospital staff	720
Bed fees	470
Registration	50

On average, households spent N15,400 when seeking treatment for a maternal emergency.

Complicated cases (i.e. those requiring a caesarean section or blood transfusion and a hospital stay) are much more costly



What treatment is provided?

Maternal emergency: Type of treatment given

What treatment was given?	%
Intravenous fluids	70
Injection	88
Blood transfusion	38
Removal of placenta	13
Assisted vaginal delivery	17
Caesarean section	12
Drugs	90

It is worth noting that:

- 61% of the population in the North West and 65% of the population in the North East are categorised as poor. 22% of household heads earned a monthly income that was greater than the average cost of dealing with a maternal emergency (N15,400). For those individuals who paid more than the

average cost of a maternal emergency, affordability was even lower.

- Any health care expenditure that forces a household to reduce its expenditure on food, on schooling, or on other essential items over time can be defined as catastrophic (i.e. likely to deepen a family's poverty). Thus, for many people a maternal emergency is a financial catastrophe.
- Many households used a mix of strategies to pay for a maternal emergency, including use of personal savings, sales of livestock, farm produce or land, and borrowing money from family, friends or money lenders.

But, it also means that pregnant women delay in seeking help for maternal emergencies

Options – What can be done?

a. Most states are committed to free MCH programmes but these need to be adequately funded by the states, and their provisions clearly communicated to the public. Often assistance is required to cost different options (e.g. free antenatal care services, free caesarean sections) so that what is offered is within available resources. Often states will phase in free MCH services (i.e. start with a smaller package and then gradually increase the package of free services).

b. State intervention is also required to address the indirect costs (transport, feeding, fuel etc) as well as the direct costs of emergency maternal health care. The indirect costs add substantially to the financial burden on families. Careful consideration will be needed as to what strategies can be used to this end. Options include blood donor groups, subsidized emergency transport schemes (with the involvement of National Union of Road Transport Workers), and community loan and saving schemes. All of these have been

piloted in the north of Nigeria and need state support for roll out.

c. The average cost of a blood transfusion and a caesarean section is N7,000 and N6,000 respectively. The average cost of transport to a facility for a maternal emergency is N1,800. Government can use these figures to determine what services to offer and then scale up as other resources become available (e.g. from the National Health Insurance Scheme).

For more information, please email Dr Fatima Adamu (fladamuy@yahoo.com) or call her on 08036154788. To obtain the Financial Burden of Emergency Maternal Health Care Survey report, please email info@prinn-mnch.org.