



Reproductive health covers women's use of prenatal, delivery and postnatal care, and general access to health care services. This information helps identify population groups who are underserved with respect to sexual and reproductive health care services. The information also highlights those periods during prenatal and postnatal care where additional medical assistance needs to be provided to pregnant and postnatal women.

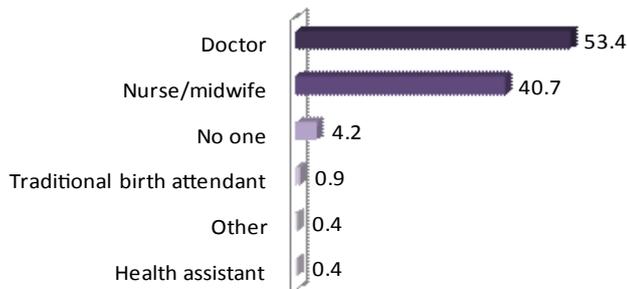
Antenatal care

Although almost all women reported having received some antenatal care from a skilled provider, only four in ten women reported having the recommended four or more antenatal visits. A high number of women (40%) were unsure of how many antenatal visits they had.

The low number of antenatal visits could be contributed to by the fact that less than one in five women (17%) reported having their first antenatal visit in the first trimester of their pregnancy. Seventy-five per cent had their first antenatal visit in the second or third trimester of their pregnancy.

World Health Organisation (WHO) guidelines provide that the first antenatal visit should take place in the first trimester. By waiting until their pregnancy has progressed into the second or even third trimester, many Nauruan women miss the opportunity to diagnose and treat problems early.

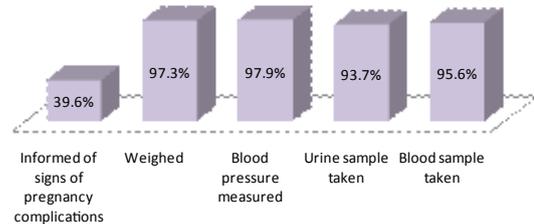
Providers of antenatal care



Quality of antenatal care

Although the vast majority of women who attended antenatal care reported receiving all routine care, only 40% reported being given information about the signs of complications of pregnancy. The fact that women do not appear to be systematically provided with information about signs of complications should be of concern. If these signs are not acted on promptly, the lives of both the mother and the baby may be put at risk. This information should be provided routinely.

Selected services received by women who attended antenatal care for their most recent birth



Tetanus toxoid (TT) immunisation is given to pregnant women to prevent neonatal tetanus — one of the leading causes of neonatal death in developing countries. For full protection, a pregnant woman needs two doses of TT during pregnancy. A woman may not require TT injections if she was immunised prior to becoming pregnant.

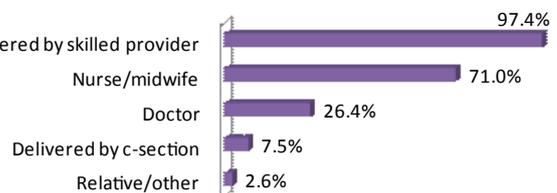
Less than one in five women (19%) claim to have received two or more TT injections during their last pregnancy, and overall one in four women (24%) reported their last pregnancy was protected against neonatal tetanus due to either current or previous immunisations. Protection against tetanus dropped for second and subsequent pregnancies.

Childbirth care

The vast majority of births occurred at health facilities either on Nauru or overseas (98.7%). Considering that the only health facility in Nauru is the Republic of Nauru Hospital, those who gave birth in a private facility (6%) would have done so overseas.

Not surprisingly, virtually all births (97.4%) were attended by a skilled health provider. A high number of women reported that a nurse or midwife had assisted during the birth (71%). The likelihood of a nurse or midwife (rather than a doctor) assisting increased for second and subsequent births.

Assistance during childbirth



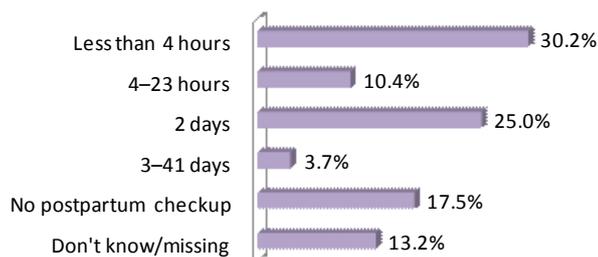


Postpartum care

Postpartum care is important to follow up on any complications from the delivery, as well as to give the mother important information on caring for herself and her child. The crucial period is during the first two days following delivery as this is when most maternal and neonatal deaths occur.

Despite 98.7% of women reporting that they gave birth in a health facility, less than one in three women reported having a postnatal check-up within four hours of delivery. One in six women did not receive a postpartum check-up.

Timing of first postpartum check-up

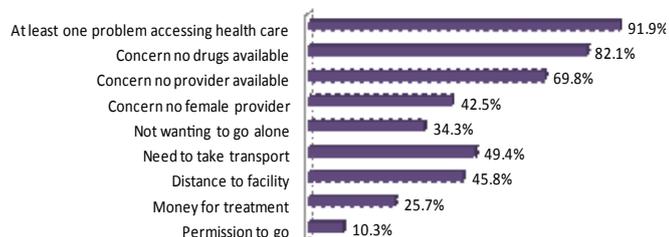


General problems in accessing health care

It appears that most women experience problems when trying to access health care in Nauru. Most women were concerned that drugs or a health provider would not be available (82%). There was little variation to this trend across wealth quintiles. Distance to health facilities was cited as a problem by nearly half of all respondents (46%).

When developing strategies to improve women's access to pre- and postpartum health care, these concerns must be considered. Only when women feel that it is easy and beneficial to monitor their health during and after pregnancy will the rate of women accessing health care improve.

General problems in accessing health care



Policy note:

Despite the relative ease of access to Nauru's main health facility, the DHS revealed a very low rate of antenatal visits, with visits often commencing when women's pregnancies have significantly progressed. This should be a major concern to policy-makers and health providers, as many pregnancy-related problems won't be able to be picked up in time to adequately be addressed. This, and the fact that many women reported not being advised on signs of likely complications, ought to give rise to a re-evaluation of current organisation and management of antenatal care.

While compared to other countries, a low rate of tetanus toxoid immunisation has been reported, this may well be offset by the fact that the vast majority of babies are delivered in the Nauru hospital. Because the main risk of tetanus occurs when deliveries take place at home or in places where hygiene conditions may be poor, the public health risk may not be particularly high. However, if considered appropriate, procedures could easily be established to ensure better levels of immunisation against neonatal tetanus.

Considering that the DHS also reported a low overall rate of postpartum check-ups, Nauru health authorities may wish to have a closer look at the underlying reason why women seem to miss out on timely medical follow-ups, in order to develop appropriate strategies to improve overall reproductive health service access and delivery. The urgency of this matter is further compounded by the fact that 90% of women reported having experienced some problems accessing health care services.

*For more detailed information on reproductive health see chapter 9 in the full Nauru 2007 DHS report.

