The maternal mortality ratio in Burkina Faso is 400 deaths per 100,000 live births, according to the most recent data available. This figure has declined 49 percent since 1990, but is well short of the target set for all countries in the Millennium Development Goals: to reduce maternal mortality by 75 percent by 2015.

Like the majority of sub-Saharan African countries, Burkina Faso's maternal mortality ratio is far higher than the global average of 126 deaths per 100,000 live births in 2013. Most maternal deaths are caused by severe obstetric complications that could have been prevented by adequate treatment and care. Some pregnancy-related crises end in a “near miss,” a situation in which a woman survives a crisis but would have died without urgent medical intervention and may have an unresolved illness or injury.

Poverty limits access to emergency obstetric care that can help avert maternal or infant death. In Burkina Faso, nearly half of residents live below the poverty line and over 80 percent live on less than US$2 per day; user fees make health care unaffordable for many. Pregnancy-related outcomes can be dire if health care is unavailable, inaccessible, or unaffordable.

Findings From the Research

Women and their households may experience adverse effects for years following a pregnancy-related crisis. Maternal illness or injury may interfere with the social, emotional, physical, and financial well-being of women and their families. Maternal illness also contributes to lost work productivity and expenditures that disrupt household economics. Even a small expenditure on health care may force an already impoverished household to reduce food consumption, drain savings, borrow money, or sell assets—all potential contributions to further impoverishment. A maternal death can have an even greater impact due to the loss of a caregiver and/or income earner. Thus, maternal health is central to the well-being of women, families, and communities.

MATERNAL ILLNESS OR INJURY AFFECTS WOMEN’S WELL-BEING

Pregnancy-related illnesses influence Burkinabe women’s lives in various ways: Their physical and mental health, social standing, economic productivity, and financial security can all change as a result of a pregnancy-related crisis.

• Near-miss events are associated with depression, isolation, abandonment, and diminished social status as a result of lingering health issues, such as urinary incontinence or obstetric fistula in affected women. Infertility resulting from a crisis may also adversely affect a woman’s well-being. A woman who does not bear children is at risk of abandonment by her partner, a likely source of financial security.

• Women who survive a pregnancy-related crisis may have a reduced capacity to perform work they did before the crisis. Diminished physical productivity can result in reduced social standing, reduced earnings, and an increased risk of abuse or abandonment when illness delays or prevents a woman’s return to regular household and income-generating activities.

• Women who experience a near-miss event, and their children, are significantly more likely to die within four years than women with uncomplicated deliveries. Social vulnerability, lack of access to care, or insufficient care provided by a weak health care system may contribute to this ongoing risk of death.

• Seventeen percent of women who have a near miss are not fully recovered when they are discharged from the hospital. Some leave the hospital prematurely because they can no longer afford to pay for care or remain absent from their regular activities, possibly contributing to further health complications and death.
MATERNAL OUTCOMES INFLUENCE CHILDREN’S HEALTH AND HUMAN CAPITAL

The detrimental economic consequences following a near-miss event directly affect the well-being of the children in that household. Research from Burkina Faso shows that the effects of a crisis can last for years.11

- Even four to five years after such complications, households spent significantly less money per school-age child than those who had uncomplicated deliveries.
- Households where women experienced a near miss were significantly less likely to eat relatively expensive foods such as rice, an essential component of the diet in Burkina Faso.
- When researchers looked at child height—an indicator of child development—they found that the children of women who experienced a near miss were shorter than those of women with uncomplicated deliveries.

ECONOMIC EFFECTS OF A PREGNANCY-RELATED CRISIS LINGER

Maternal deaths and near-miss events can be catastrophic in the life of an individual or family, particularly for those who are already living in poverty.

- Women who experience a near-miss event pay more than double what their counterparts with uncomplicated deliveries are charged for medical care, leaving the near-miss households significantly worse off financially (see Table).12
- After a maternal death, surviving infants may be sent to live with another family member. Similarly, women who experience illness or injury—and subsequently experience lost productivity, social stigma, or abandonment—may return to their parental household.13 Thus, financial responsibility shifts from one household to another and affects larger networks of families and communities.

Policy Implications

In 2006, the government of Burkina Faso began subsidizing 80 percent of the cost of deliveries and emergency obstetric care, and fully exempted the poorest women from paying for care. In 2010, the president of Burkina Faso announced there would be no charges for emergency obstetric care. The policy does not cover costs for ongoing or follow-up care—something that can be critical for women’s recovery. The subsidy policy is scheduled to end in 2015. Action by the government of Burkina Faso could increase health care access, improving the health and economic well-being of women, families, and communities.

- Extending the delivery and emergency obstetric care subsidy would help impoverished women access care and avoid financial shocks. Reduced costs for delivery and follow-up health care for the most vulnerable women could help households avoid further impoverishment.
- Strengthening the health system to increase access to follow-up care, essential medicines, and family planning services is critical for women to maintain and improve their health.
- Increasing access to voluntary family planning services is important because contraception empowers women to decide when to become pregnant. Women can avoid potentially life-threatening pregnancies, space births to allow for physical recovery between deliveries, and delay pregnancy until their households are financially equipped to better address health care costs or financial shocks.

References


6 Ilboudo, Russell, and D’Exelle, “The Long Term Economic Impact of Severe Obstetric Complications for Women and Their Children in Burkina Faso.”


9 Storeng et al., “Mortality After Near-Miss Obstetric Complications in Burkina Faso.”

10 Storeng et al., “Mortality After Near-Miss Obstetric Complications in Burkina Faso.”

11 Ilboudo, Russell, and D’Exelle, “The Long Term Economic Impact of Severe Obstetric Complications for Women and Their Children in Burkina Faso.”

12 Ilboudo, Russell, and D’Exelle, “The Long Term Economic Impact of Severe Obstetric Complications for Women and Their Children in Burkina Faso.”

13 Murray, Akoum, and Storeng, “Capitals Diminished, Denied, Mustered, and Deployed.”

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TABLE

Near-Miss Events Place Financial Burdens on Households

<table>
<thead>
<tr>
<th>Cost of Delivery by Type, 2004/2005 (in West African CFA Francs)</th>
<th>TRANSPORT COST</th>
<th>DELIVERY COST</th>
<th>TOTAL COST</th>
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<tbody>
<tr>
<td>Uncomplicated Delivery</td>
<td>1,000</td>
<td>17,000</td>
<td>18,000</td>
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<tr>
<td>Near Miss With Early Pregnancy Loss</td>
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<td>34,000</td>
<td>35,500</td>
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<tr>
<td>Near Miss With Perinatal Death</td>
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<tr>
<td>Near Miss With Live Birth</td>
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