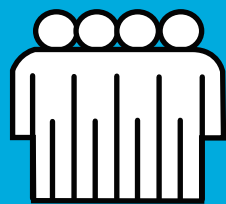
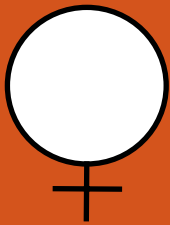
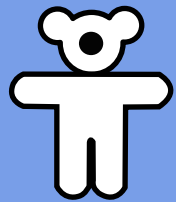


Goal 5

Improve Maternal Health



Target one: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Indicators:

- Maternal Mortality Ratio
- Proportion of birth attended by skilled health personnel
- Ratio of using contraceptive methods (taken from Goal six)
- Ratio of teenage-mothers (new indicator)

Target 2: Guarantee the access of everyone to reproduction health services by 2015

Indicators:

- Ratio of access to pre-delivery services
- Ratio of unmet demand to family organization services

Goal five was concerned with improving maternal health, and was restricted – when it was first formulated in 2000 – to one target which is reducing the ratio of maternal mortality ratio by three-quarter, on condition that the achievement is to be measured according to two indicators. The first is direct which is the maternal mortality ratio (for every 1000 alive newborn), while the second is indirect and pertains to the ratio of births attended by skilled health personnel.

Over the subsequent years, some criticism was directed at the targets and indicators which were regarded as partial and insufficient. Thus, the professional committees suggested expanding the content of this goal, so it covers other issues related to maternal health and sexual health. Hence, another target was added with its both indicators (ensuring everyone's access to sexual health services). New indicators were also adjoined to the first target, particularly the ratio of teenage-mothers. The above frame includes the old and new targets and indicators.



The 2003 MDG conforms to the currently adopted indicators, and the current report will rely on the same indicators and levels of achievement. However, it will more broadly address new alternative and helping indicators when necessary, but inside the same direct frame of Goal five. The report will also try to introduce the values of the new indicators if data on them was available in Bahrain.

What has been achieved of Goal five?

Target: Reduce maternal mortality rates by three quarters between 1990 and 2015

As for Bahrain, there is a controversy related to calculating maternal mortality rates due to the low sized population, and the relatively low number of newborns (this ratio is calculated by the number of maternal mortality for every 1000 newborns), and particularly since the number of mortalities is very low, which renders its statistical direct use not feasible, the thing that will be clarified as we process. The other indicators are able to be calculated, but they are not a direct measure for the demanded accomplishment, which is the maternal mortality ratio.

Indicator 1: Maternal mortality rates for every 1000 newborn

Data available on Bahrain is:

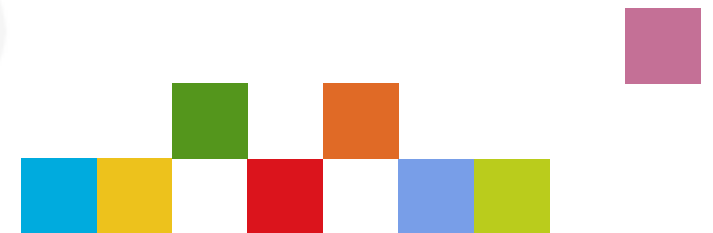
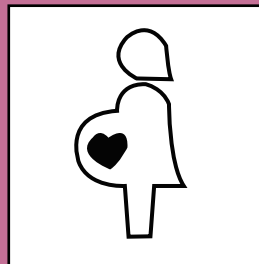


Table 1: Maternal mortality cases and number of newborns

Years	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006
Number of maternal mortality cases	4	2	3	2	-	-	3	3	1	2
Number of newborns	13383	13381	14280	13531	-	-	14568	14915	15123	15034

Source: Ministry of Health, Correct statistics 2003, 2006.

As the above table shows, over the past decade, the number of newborns fluctuates between 13 thousand and 15 thousand per year. Mortality numbers fluctuate between one and four death cases.

Indicator 2: Proportion of births attended by skilled health personnel

Available health statistics since 1995 show that the proportion of births attended by skilled health cadre has surpassed 99% over the past years. The skilled health personnel include doctors and midwives. This proportion has increased from 99.2% in 1995 to 99.4 in 2006. Thus, Bahrain reached the peak at the level of this indicator.

Table 2: Proportion of births attended by skilled health personnel

1995	2000	2006
99.2%	99.6%	99.4%

Overall assessment of the achievement

In general, welfare services are provided in Bahrain before and during pregnancy, through the presence of qualified personnel who offer health consultations before pregnancy takes place, in addition to the availability of clinics that follow pregnant women and offer periodical tests, such as laboratory tests ultrasound x-rays to ensure the wellbeing of the embryo. For this reason, all birth clinics were equipped with ultrasound equipments.

The average number of visits is 5 to 6 during pregnancy as recommended by World Health organization, and the patients are treated according to the guidelines. Safe delivery is also available in health centers which are easily accessible in all regions, along with the post-pregnancy services which include periodical tests, contraception, and the early discovery of serious cases.

