Maternal and Newborn Health Disparities

Viet Nam

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Maternal and Newborn Health Disparities in Viet Nam
Key Facts

Viet Nam reference table

Demographic indicators		
Total population (thousands)[1]	2015	93,448
Total live births (thousands)[1]	2015	1,582
Total Fertility Rate (number of children per woman)[1]	2015	2
Adolescent birth rate (per 1,000 women 15-19)[10]	2013	36
Impact indicators		
Maternal mortality ratio (per 100,000 live births)[4]	2015	54
Average annual rate of MMR reduction between 1990 and 2015 (%)[5]	2015	3.8
Lifetime risk of maternal death: 1 in x[4]	2015	870
Stillbirth rate (per 1,000 total births)[6]	2015	10
Preterm birth rate (per 100 live births)[7]	2010	9
Under-five mortality rate (per 1,000 live births)[3]	2015	22
Under-five deaths that are newborn (%)[3]	2015	52
Neonatal mortality rate (per 1,000 live births)[3]	2015	11
Neonatal deaths (thousands)[3]	2015	18
Service Delivery		
Availability of EmONC Services (% of minimum acceptable level)[8]	–	–
Physician density (per 1,000 population)[9]	2013	1.2
Nurse and midwife density (per 1,000 population)[9]	2013	1.2

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In 2015, 1,600,000 babies were born in Viet Nam, or around 4,400 every day.[1]

Among young women (aged 20-24), 5 percent gave birth by age 18.[2]

Approximately 49 babies will die each day before reaching their first month[3]; 44 stillbirths occur every day.[6]
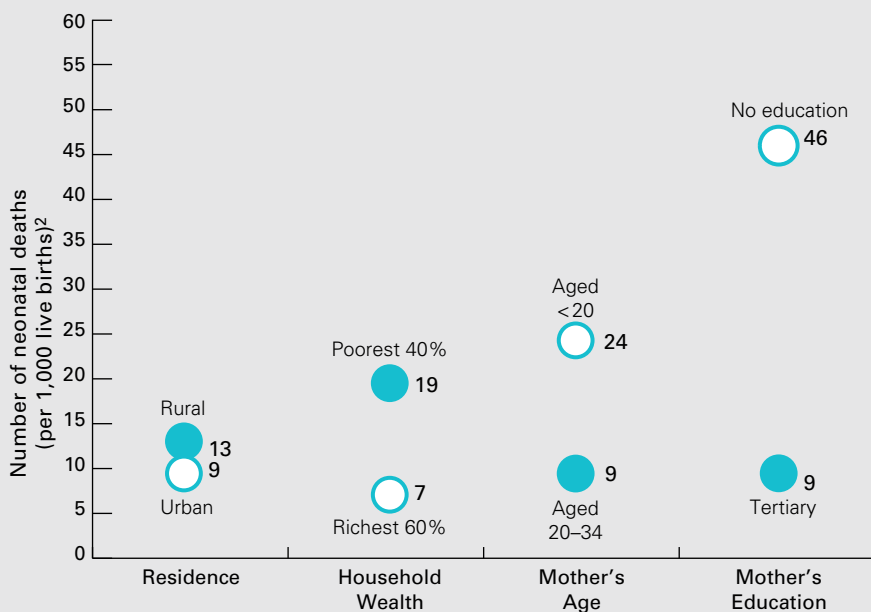
Neonatal mortality rate:

Viet Nam's neonatal mortality rate (NMR)^ is 11 deaths per 1,000 live births.[3]

NMR in rural areas is 13 deaths per 1,000 live births and 9 deaths per 1,000 live births in urban areas for an urban-to-rural ratio of 0.6.[2]
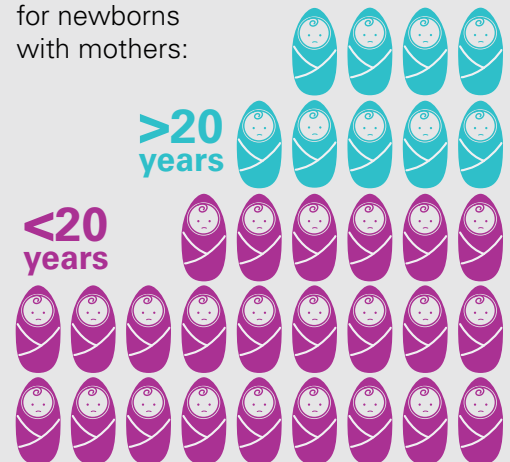
NMR among the poorest households is 19 neonatal deaths per 1,000 live births, compared to 7 deaths per 1,000 live births among the richest households.[2]

Neonatal mortality rates, by background characteristics, 2014

Number of neonatal deaths (per 1,000 live births)[2]

- Residence: Rural 13, Urban 9
- Household Wealth: Poorest 40% 19, Richest 60% 7
- Mother's Age: Aged <20 24, Aged 20–34 9
- Mother's Education: No education 46, Tertiary 9

Neonatal mortality rate
for newborns with mothers:

>20 years
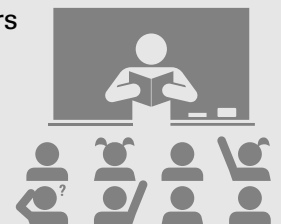
<20 years

The NMR for younger mothers (24 per 1,000 live births) is 2.7 times higher than for mothers aged 20-34 (9 per 1,000 live births).[2]

1 in 20 young women (aged 20-24) have given birth by age 18.[2]
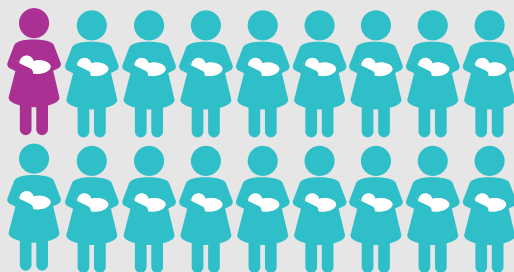
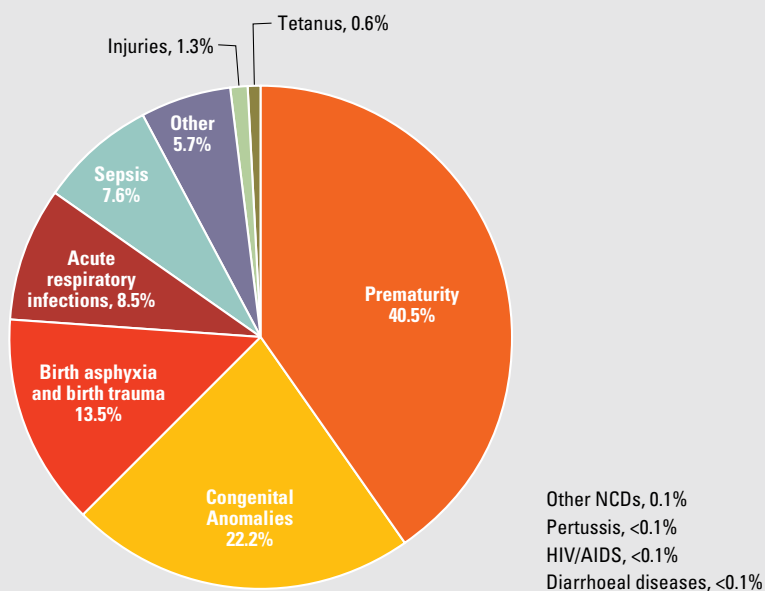**Newborns** born to mothers with no education are **5.2x** more likely to die during the first month compared to those born to mothers with a tertiary education.[2]

Viet Nam — Causes of Neonatal Mortality, 2015

In Viet Nam, the main causes of neonatal deaths in 2015 were prematurity (40.5 percent), congenital anomalies (22.2 percent) and birth asphyxia and trauma (13.5 percent).[11]

Tetanus, 0.6%
Injuries, 1.3%
Other 5.7%
Sepsis 7.6%
Acute respiratory infections, 8.5%
Birth asphyxia and birth trauma 13.5%
Congenital Anomalies 22.2%
Prematurity 40.5%

Other NCDs, 0.1%
Pertussis, <0.1%
HIV/AIDS, <0.1%
Diarrhoeal diseases, <0.1%

Disparities in key maternal and newborn health interventions, Viet Nam, 2014[2]

		Coverage – care for mothers					
		Demand for contraception satisfied (%)	Antenatal care coverage at least 4 times (%)	Skilled attendant at birth (%)	Institutional delivery (%)	Delivered by caesarean section (%)	Postnatal care of mothers within 2 days (%)
Residence	Urban	92.8	86.3	99.0	99.3	43.3	95.8
	Rural	92.4	68.5	91.6	91.3	21.0	87.3
Residence ratio (urban to rural)		1.0	1.3	1.1	1.1	2.1	1.1
Household Wealth	Richest	93.9	95.9	100.0	100.0	46.3	97.1
	Poorest	90.8	38.6	73.4	71.6	14.8	69.4
Household wealth ratio (richest to poorest)		1.0	2.5	1.4	1.4	3.1	1.4
Mother's age	Less than 20		54.5	86.9	85.8	16.3	82.6
	20-34		75.6	94.5	94.7	27.4	90.5
	35-49		74.6	93.0	91.3	40.0	89.5
Mother's education	No education	89.3	19.1	36.8	36.2	6.6	35.0
	Primary	94.2	60.5	88.1	85.8	22.8	82.5
	Lower Secondary	93.1	66.6	96.1	96.3	20.9	91.1
	Upper Secondary	91.1	81.9	98.7	99.2	32.5	96.6
	Tertiary	91.8	94.1	99.4	99.4	39.3	95.5
Mother's education ratio (highest to lowest)		1.0	4.9	2.7	2.7	6.0	2.7

Maternal and newborn health coverage indicators

By residence:[2]

- In rural areas, 69 percent of women made at least 4 antenatal care (ANC) visits compared to 86 percent in urban areas.

- Coverage of skilled attendance at birth is 92 percent in rural areas, compared to 99 percent in urban areas.

- 97 percent of newborns in rural areas received the BCG vaccine, compared to nearly 100 percent in urban areas.

By household wealth:[2]

- Nearly all mothers among richest households (96 percent) made at least four ANC visits, compared to 39 percent of mothers from the poorest households.

- 73 percent of deliveries in the poorest households had a skilled attendant at birth, compared to 100 percent of deliveries among the richest households.

- 100 percent of newborns in the richest households received the BCG vaccine, compared to 90 percent among the poorest households.

73% of deliveries in the poorest households have **a skilled attendant at birth** compared to...

73% Poorest   **100%** Richest

...100% of deliveries in the richest households.

Coverage – care for newborns									Other		
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 (%)	Hepatitis B vaccination at birth (%)	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%)#			
94.1	98.5	23.8	20.8	99.7	84.4	86.2	96.7	3.2	Urban	**Residence**	
87.1	92.5	27.6	25.8	97.2	75.6	80.5	95.8	5.5	Rural		
1.1	1.1	0.9	0.8	1.0	1.1	1.1	1.0	0.6	Residence ratio (urban to rural)		
95.5	99.7	22.7	22.2	100.0	84.6	90.5	98.2	0.8	Richest	**Household Wealth**	
69.4	75.3	31.2	41.6	89.6	55.5	65.4	90.5	15.3	Poorest		
1.4	1.3	0.7	0.5	1.1	1.5	1.4	1.1	0.1	Household wealth ratio (richest to poorest)		
82.8	86.8								Less than 20	**Mother's age**	
89.7	95.2								20-34		
89.8	92.9								35-49		
33.7	41.8	39.8		(77.7)	(31.1)	49.9	86.6	26.5	No education	**Mother's education**	
84.1	87.2	27.5	(24.2)	94.9	75.8	71.5	94.1	18.7	Primary		
89.3	96.7	27.7	25.0	99.4	78.9	82.6	96.4	8.7	Lower Secondary		
95.7	99.6	27.0	28.1	100.0	79.4	87.8	96.8	2.4	Upper Secondary		
95.7	99.2	20.8	16.5	99.6	86.6	87.7	98.9	0.2	Tertiary		
2.8	2.4	0.5		1.3	2.8	1.8	1.1	<0.1	Mother's education ratio (highest to lowest)		

Key for tables: ▮ 0-24 % ▮ 25-49 % ▮ 50-74 % ▮ 75-100% ▮ Data not available

Selected maternal and newborn health indicators, by region, 2014

Percent[2]

Regions (x-axis): Central Highlands; Northern Midlands and Mountainous area; North Central and Central coastal area; Mekong River Delta; Red River Delta; South East

Data points:
- Central Highlands: 82, 81, 48
- Northern Midlands and Mountainous area: 78, 73, 52
- North Central and Central coastal area: 99, 87, 70
- Mekong River Delta: 99, 94, 78
- Red River Delta: 98, 96, 85
- South East: 98, 96, 90

Legend:
- Skilled attendant at birth
- Postnatal care of newborns within 2 days
- Antenatal care coverage at least 4 times
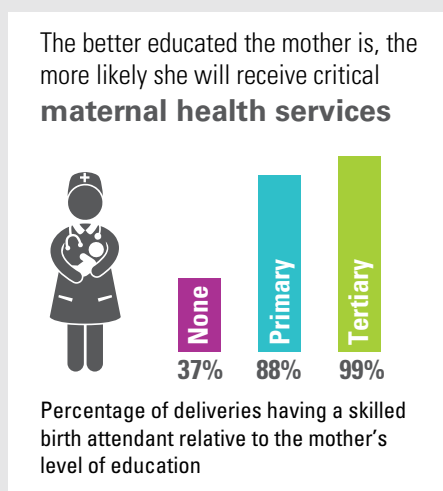
By mother's age:[2]

- 76 percent of mothers aged 20-34 made at least four ANC visits, compared to 55 percent among younger mothers (aged less than 20).

- 95 percent of deliveries among mothers aged 20-34 had a skilled attendant at birth, compared to 87 percent of deliveries among younger mothers (aged less than 20).

- 90 percent of newborns born to mothers aged 20-34 receive postnatal care, compared to 83 percent of newborns born to mothers aged less than 20 years.

Disparities in key maternal and newborn health interventions, Viet Nam, 2014[2]

	Coverage – care for mothers					
	Demand for contraception satisfied (%)	Antenatal care coverage at least 4 times (%)	Skilled attendant at birth (%)	Institutional delivery (%)	Delivered by caesarean section (%)	Postnatal care of mothers within 2 days (%)
National estimate	**92.5**	**73.7**	**93.8**	**93.6**	**27.5**	**89.8**
Region Red River Delta	92.9	85.2	97.6	99.0	25.5	94.7
Northern Midlands and Mountainous area	89.9	51.7	77.5	76.9	22.2	75.3
North Central and Central Coastal area	93.7	70.4	98.5	97.5	32.3	88.9
Central Highlands	89.2	47.7	81.0	80.7	14.5	79.8
South East	92.3	90.0	98.1	97.3	34.8	95.5
Mekong River Delta	94.1	78.0	99.4	99.4	28.1	96.5
Regional performance Highest value	Mekong River Delta	South East	Mekong River Delta	Mekong River Delta	South East	Mekong River Delta
	94.1	90.0	99.4	99.4	34.8	96.5
Lowest value	Central Highlands	Central Highlands	Northern Midlands and Mountainous area	Northern Midlands and Mountainous area	Central Highlands	Northern Midlands and Mountainous area
	89.2	47.7	77.5	76.9	14.5	75.3
Ratio (highest to lowest)	1.1	1.9	1.3	1.3	2.4	1.3

By mother's education:[2]

- 94 percent of mothers with a tertiary education made at least four ANC visits, compared to only 19 percent of mothers with no education.

- Only 37 percent of deliveries among mothers with no education had a skilled attendant at birth, compared to 88 percent of deliveries among mothers with primary education and 99 percent of deliveries among mothers with a tertiary education.

- 78 percent of newborns born to mothers with no education received the BCG vaccine, compared to 95 percent of mothers with a primary education and nearly 100 percent of mothers with a tertiary education.

The better educated the mother is, the more likely she will receive critical **maternal health services**

None	Primary	Tertiary
37%	88%	99%

Percentage of deliveries having a skilled birth attendant relative to the mother's level of education

By geographic regions:[2]

- South East saw the highest rate of antenatal care coverage (at least four visits) of 90 percent, compared to the lowest coverage of 48 percent in Central Highlands.

- The region with the highest coverage of skilled birth attendance is Mekong River Delta with 99 percent; the lowest coverage is Northern Midlands and Mountainous area with 78 percent – a difference of 1.3 times.

- Red River Delta saw the highest rate of BCG coverage at 100 percent, compared to the lowest coverage at 94 percent in Central Highlands.

Coverage – care for newborns

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 (%)	Hepatitis B vaccination at birth (%)	Tetanus protection for newborns (%)	Birth registration (%)	Births by age 18 (%)#		
89.7	94.3	26.5	24.3	98.0	78.5	82.2	96.1	4.7	National estimate	
95.5	98.3	20.9	28.9	100.0	84.6	84.1	98.8	1.6	Red River Delta	Region
73.3	79.2	31.1	41.0	94.9	46.5	71.0	95.0	8.1	Northern Midlands and Mountainous area	
87.2	97.7	28.5	26.7	100.0	87.2	87.6	98.1	4.6	North Central and Central Coastal area	
82.3	85.6	35.1	28.7	93.8	61.0	63.7	92.1	9.5	Central Highlands	
95.7	97.3	22.1	7.4	97.2	88.3	87.8	95.2	1.5	South East	
94.0	99.6	27.8	(11.1)	98.1	82.4	86.0	93.2	8	Mekong River Delta	

South East	Mekong River Delta	Central Highlands	Northern Midlands and Mountainous area	Red River Delta	South East	South East	Red River Delta	Central Highlands	Highest value	Regional performance
95.7	99.6	35.1	41.0	100.0	88.3	87.8	98.8	9.5		
Northern Midlands and Mountainous area	Northern Midlands and Mountainous area	Red River Delta	Mekong River Delta	Central Highlands	Northern Midlands and Mountainous area	Central Highlands	Central Highlands	South East	Lowest value	
73.3	79.2	20.9	(11.1)	93.8	46.5	63.7	92.1	1.5		
1.3	1.3	1.7	3.7	1.1	1.9	1.4	1.1	6.3	Ratio (highest to lowest)	

Key for tables: ▮ 0-24 %   ▮ 25-49 %   ▮ 50-74 %   ▮ 75-100%   ▮ Data not available

Sources:

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    World Population Prospects: The 2015 Revision.

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6   Lawn JE, Blencowe H, Waiswa P, et al, for The Lancet Ending Preventable Stillbirths Series study group
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    Say L, Lawn JE. National, regional and worldwide estimates of preterm birth rates in the year 2010
    with time trends since 1990 for selected countries: a systematic analysis and implications. The Lancet,
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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).
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11. WHO-MCEE estimates for child causes of death, 2000-2015. (http://www.who.int/healthinfo/global_
    burden_disease/estimates_child_cod_2015/)

Notes:

^   Reference period: five 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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