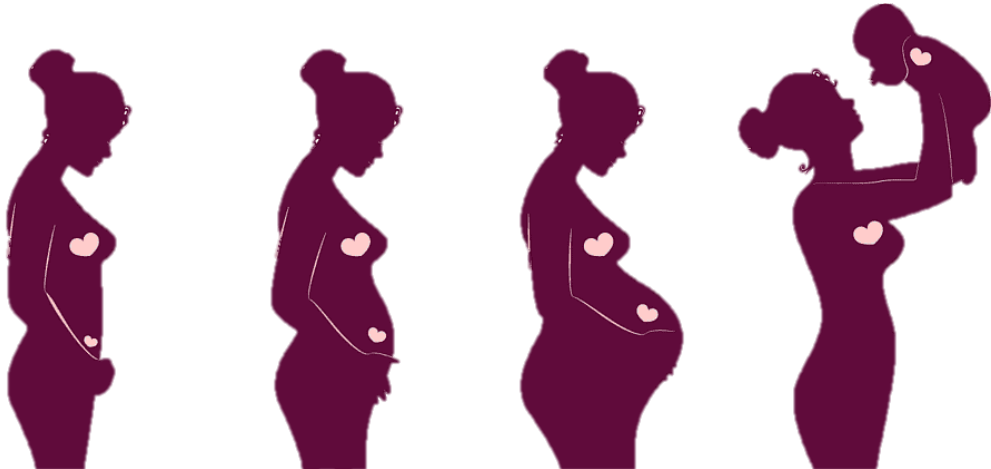
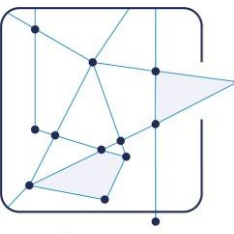


# Maternity and Child Study 2021

Ministry of Health & Prevention  
Statistics and Research Center





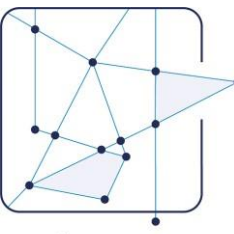
# Introduction

The health and wellbeing of women and children is essential for a health community. It is the health authorities responsibility to improve the health of women by offering safe motherhood services that include antenatal care, safe delivery by skilled birth attendants, quality care for obstetric and newborn emergencies, post-natal care and family planning that stresses healthy timing and spacing of pregnancies. Furthermore, the health authorities contributes to better health outcomes and reduction of common childhood illnesses and deaths through vaccinations against communicable diseases, growth monitoring, early childhood development interventions and management of common childhood illnesses.

## In this report:

- Women and Maternity relater indicators.
- Caesarean Section Percentage.
- Birth data analysis.
- Low birth weight.
- Exclusive breastfeeding rate.
- Mortality data analysis.





# Women Health Related Indicators

**Total Fertility Rate**

2018, FCSC

**2.26**

**Demand for family planning  
satisfied with modern methods**

2018, NHS

**67.2%**

**Adolescent fertility rate**

2020, SDG Report

**3.8**

**Antenatal care coverage (1+  
visits)**

2020, MOHAP

**100%**

**Anemia prevalence in  
women of reproductive age**

2019, WHO

**23.7%**

**Antenatal care coverage (4+  
visits)**

2020, UHC

**98.6%**

**Births attended by skilled  
health personnel**

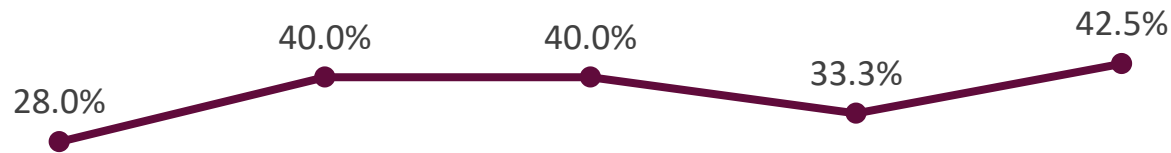
2020, MOHAP

**100%**



# Caesarean Section Percentage 2017-2021

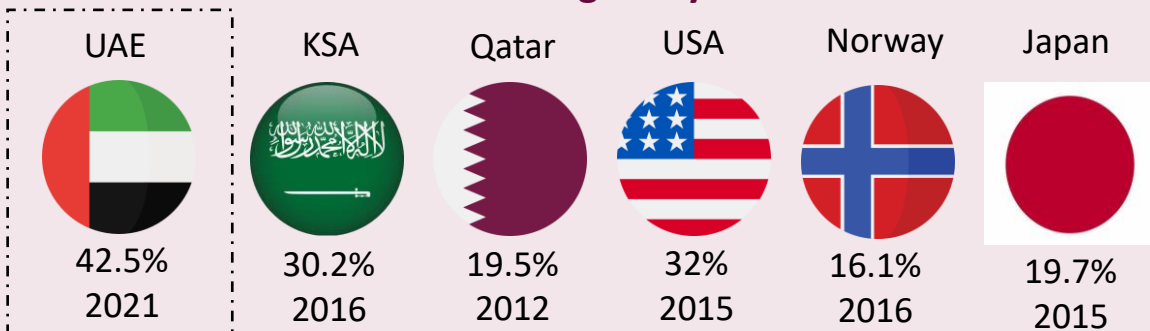
In UAE, the caesarean section rate has been also increasing throughout the years. The highest rate was in 2021 with 42.5% caesarean section percentage. This is an alarming number and steps needs to be taken to reduce it.



\*Data Source: MOHAP

2017 2018 2019 2020 2021

## Caesarean Section benchmarking analysis:



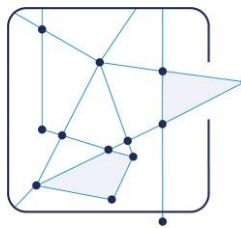
\*Data Source:  
MOHAP

\*Data Source: WHO, <https://www.who.int/data/gho/data/indicators/indicator-details/GHO/births-by-caesarean-section>

## Useful Links:

- WHO recommendations: non-clinical interventions to reduce unnecessary caesarean sections.  
<https://www.who.int/publications/i/item/9789241550338>
- Strategies to reduce the caesarean section rate in a private hospital and their impact.  
<https://bmjopenquality.bmj.com/content/10/3/e001215>
- Researchers identify factors that drive successful reductions in cesarean delivery rates.  
<https://www.healio.com/news/primary-care/20210629/researchers-identify-factors-that-drive-successful-reductions-in-cesarean-delivery-rates>





# Birth Analysis 2021

## Births per Gender

Female



**48%**  
44960

Male



**52%**  
47817

Local

Female



**48%**  
15352

Male



**52%**  
16364

Non-Local

Female



**48%**  
29608

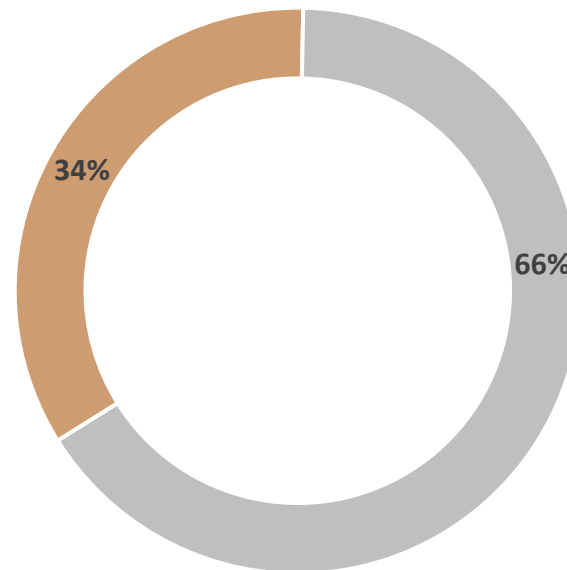
Male



**52%**  
31453

## Births per Nationality

Local Non-local



## Fun Fact: Did you know?

Most popular names in 2021 for girls:

- Maryam
- Shaikha
- Hind



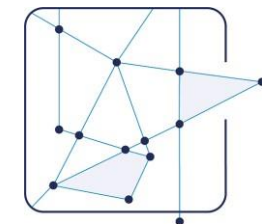
Most popular names in 2021 for boys:

- Mohammed
- Sultan
- Saif





# Low Birth Weight 2021



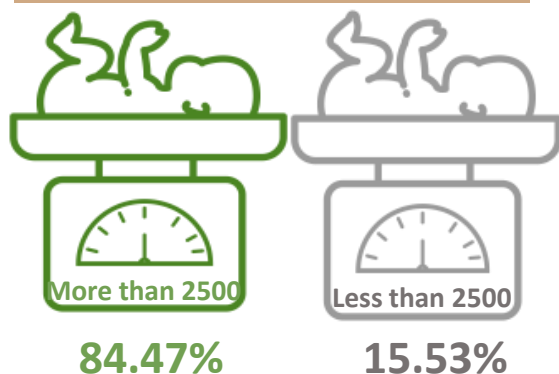
## Normal Weight



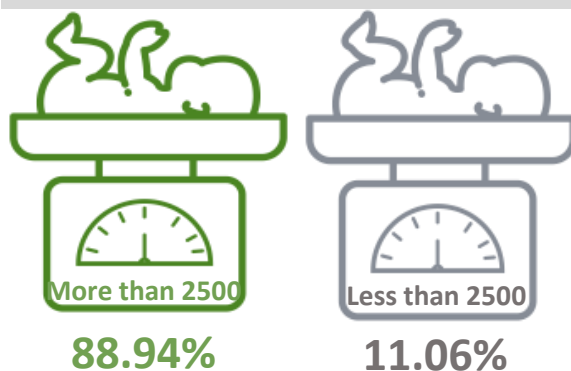
## Low Weight



## Local

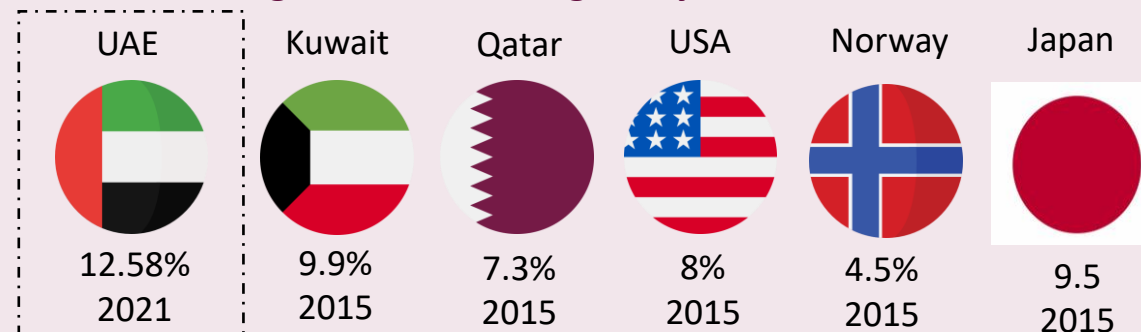


## Non-Local



\*Data Source: MOHAP

## Low Birth Weight benchmarking analysis:



\*Data Source:  
MOHAP

\*Data Source: WHO, [https://www.who.int/data/gho/data/indicators/indicator-details/GHO/low-birth-weight-prevalence-\(-\)](https://www.who.int/data/gho/data/indicators/indicator-details/GHO/low-birth-weight-prevalence-(-))

## Low Birth Weight Definition:

Low birth weight is defined by the World Health Organization (WHO) as weight at birth less than 2500 g. Low birth weight continues to be a significant public health problem globally and is associated with a range of both short- and long term consequences.

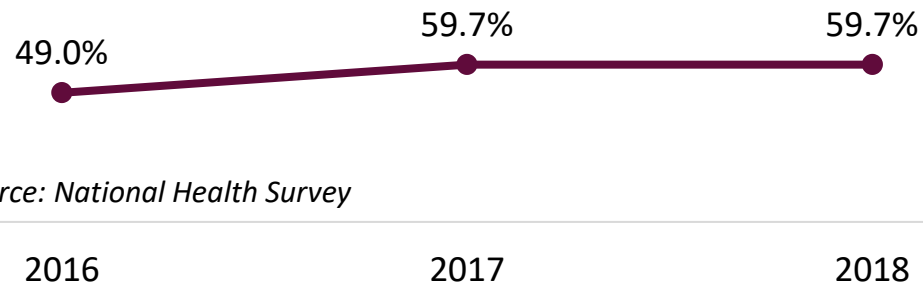
## Useful link:

Global nutrition targets 2025: low birth weight policy brief.  
<https://www.who.int/publications/i/item/WHO-NMH-NHD-14.5>



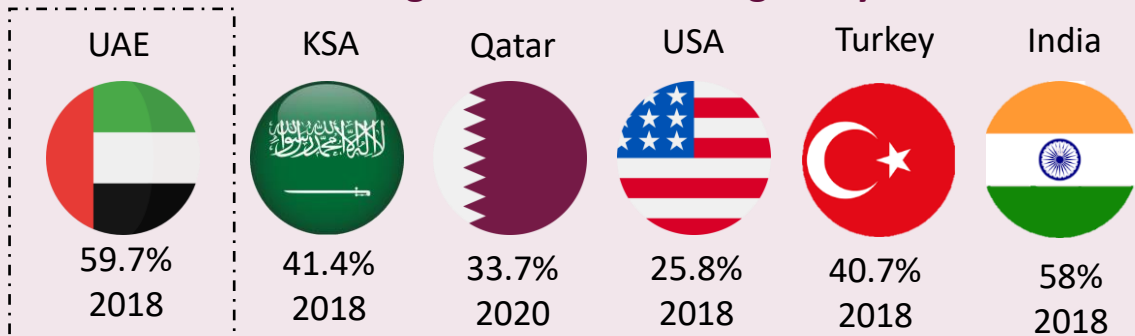
# Exclusive breastfeeding rate 2016 - 2018

Breastmilk is the ideal food for infants. It is safe, clean and contains antibodies which help protect against many common childhood illnesses. Breastmilk provides all the energy and nutrients that the infant needs.



\*Data Source: National Health Survey

## Exclusive breastfeeding rate benchmarking analysis:

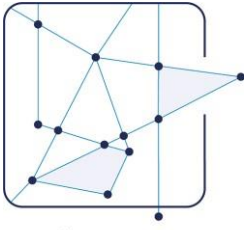


\*Data Source:  
MOHAP

\*Data Source: UNICEF, <https://data.unicef.org/topic/nutrition/breastfeeding>

## Useful Links:

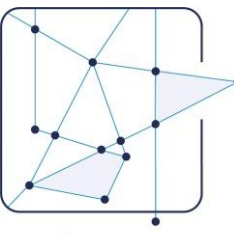
- Breastfeeding counselling: a training course.  
<https://www.who.int/publications/i/item/WHO-CDR-93.3-5>
- Evidence for the ten steps to successful breastfeeding.  
<https://www.who.int/publications/i/item/9241591544>
- The optimal duration of exclusive breastfeeding: a systematic review.  
<https://www.who.int/publications/i/item/WHO-NHD-01.08>



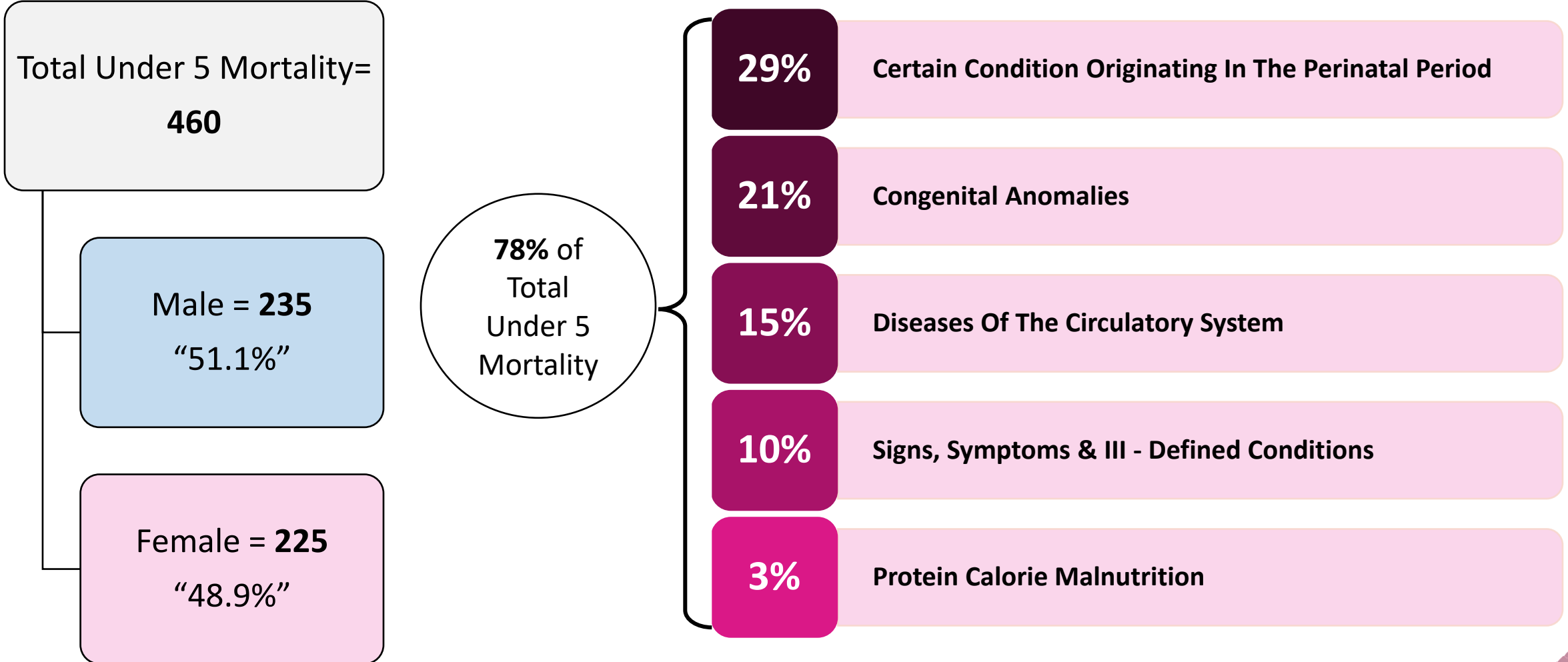
# Mortality Analysis

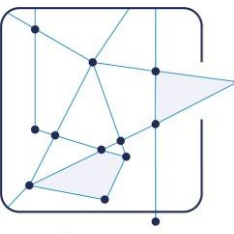




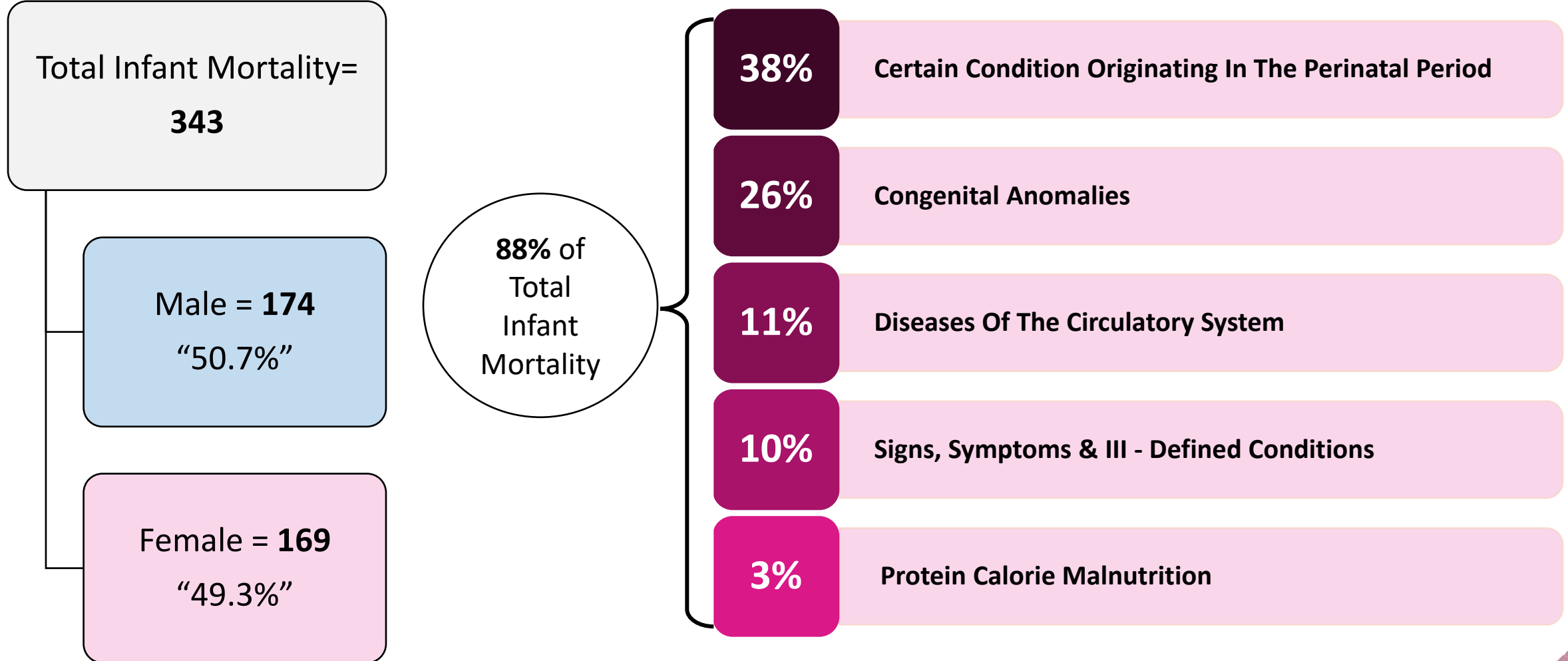


# Under 5 Top 5 Reasons of Death 2021

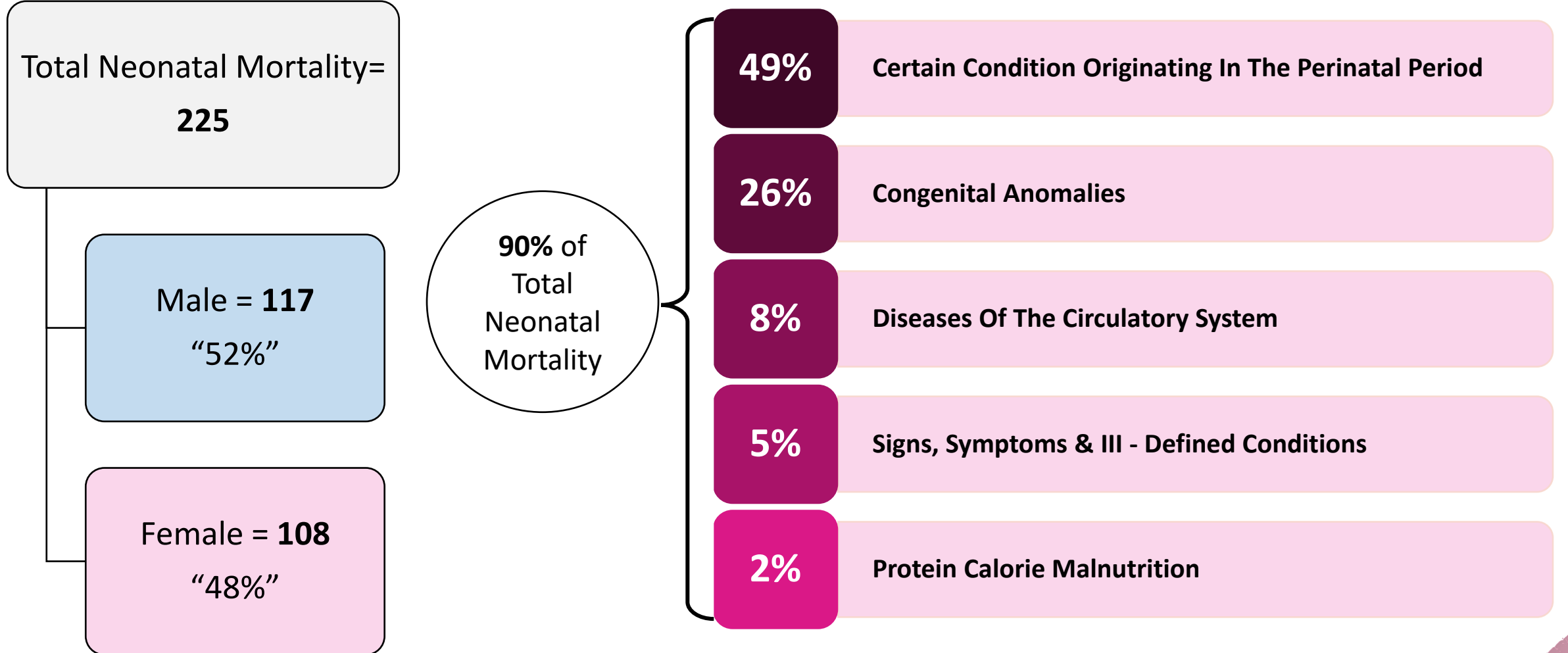


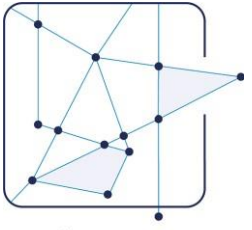


# Infant Top 5 Reasons of Death 2021



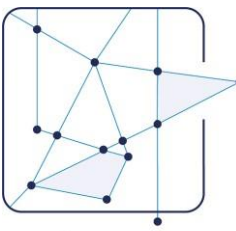
# Neonatal Top 5 Reasons of Death 2021





# Appendix

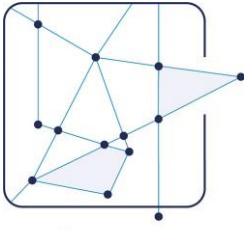




# Indicators Definitions

- **Total fertility rate:** Average number of children that a hypothetical cohort of women would have at the end of their reproductive period if they were subject during their whole lives to the fertility rates of a given period and if they were not subject to mortality.
- **Adolescent fertility rate (per 1000 girls aged 15-19 years):** Annually number of births to women aged 15-19 years per 1,000 women in that age group. It is also referred to as the age-specific fertility rate for women aged 15-19 years.
- **Anemia prevalence in women of reproductive age:** Percentage of women aged 15-49 years with a hemoglobin level less than 120g/L for non-pregnant women and lactating women, and less than 110g/L for pregnant women, adjusted for altitude and smoking.
- **Demand for family planning satisfied with modern methods:** Proportion of women of reproductive age (15-49 years), who are sexually active, who have their need for family planning satisfied with modern methods.
- **Antenatal care coverage (1+ visits):** The percentage of women aged 15-49 years with a live birth in a given time period that received antenatal care provided by skilled health personnel (doctors, nurses, or midwives) at least once during pregnancy.
- **Antenatal care coverage (4+ visits):** The percentage of women aged 15-49 years with a live birth in a given time period that received antenatal care four or more times.
- **Births attended by skilled health personnel:** Percentage of births attended by skilled health personnel during a specific time period.





# Thank you!

