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HTSP Field Perspective on AMA and HP Pregnancy

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Little documented on advanced maternal age in Kenya:

- What is known: several communities in Kenya including the Turkana on the right still value having many children
- Maternal deaths are often associated with child bearing at an early age and multiple births
- Poor maternal and newborn outcomes are more prevalent amongst the poor, the less educated, the rural and urban poor

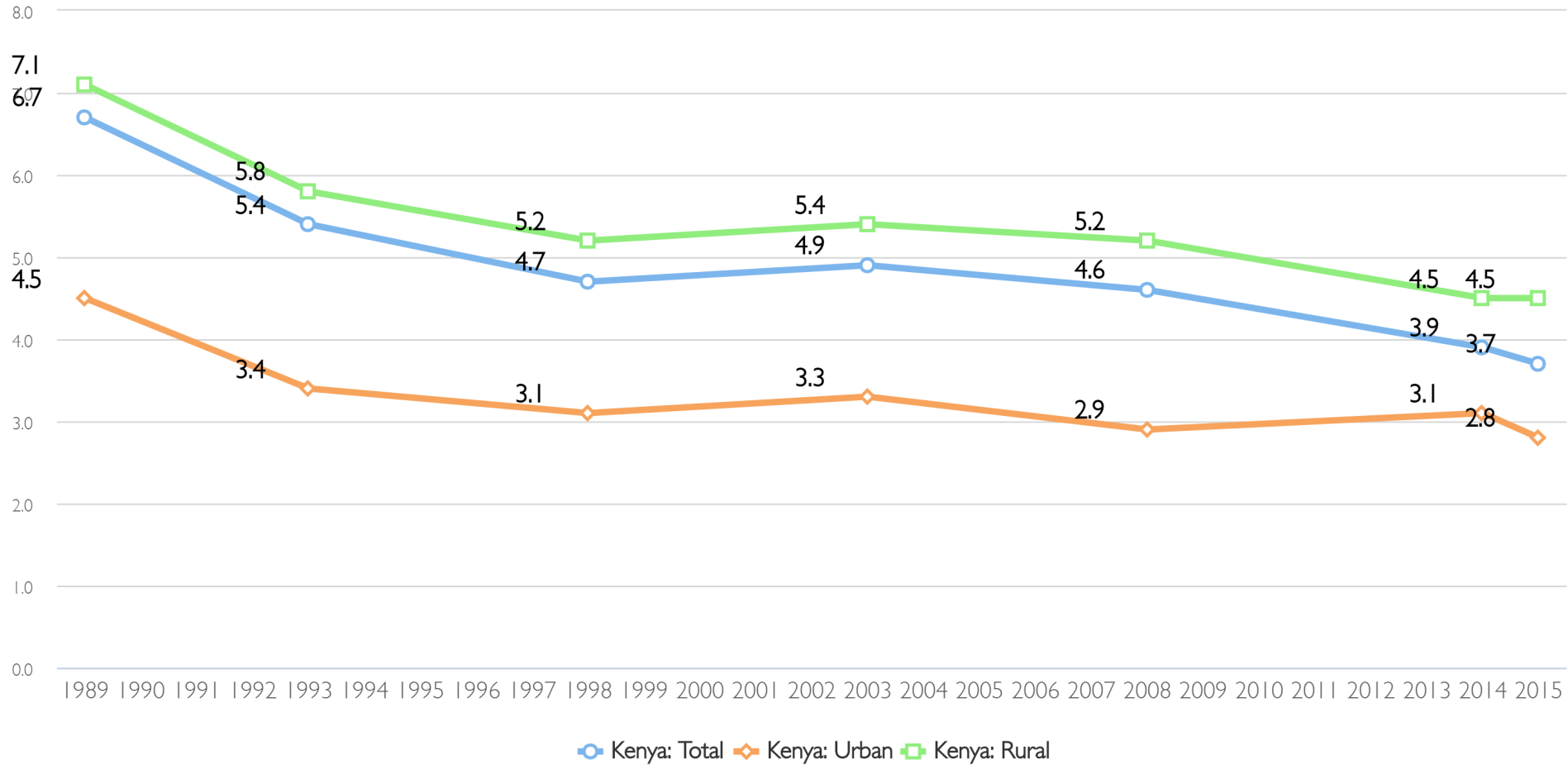


Kenya DHS Data
Advanced Maternal Age &
High Parity

Sources: Kenya DHS 2014 & DHS StatCompiler

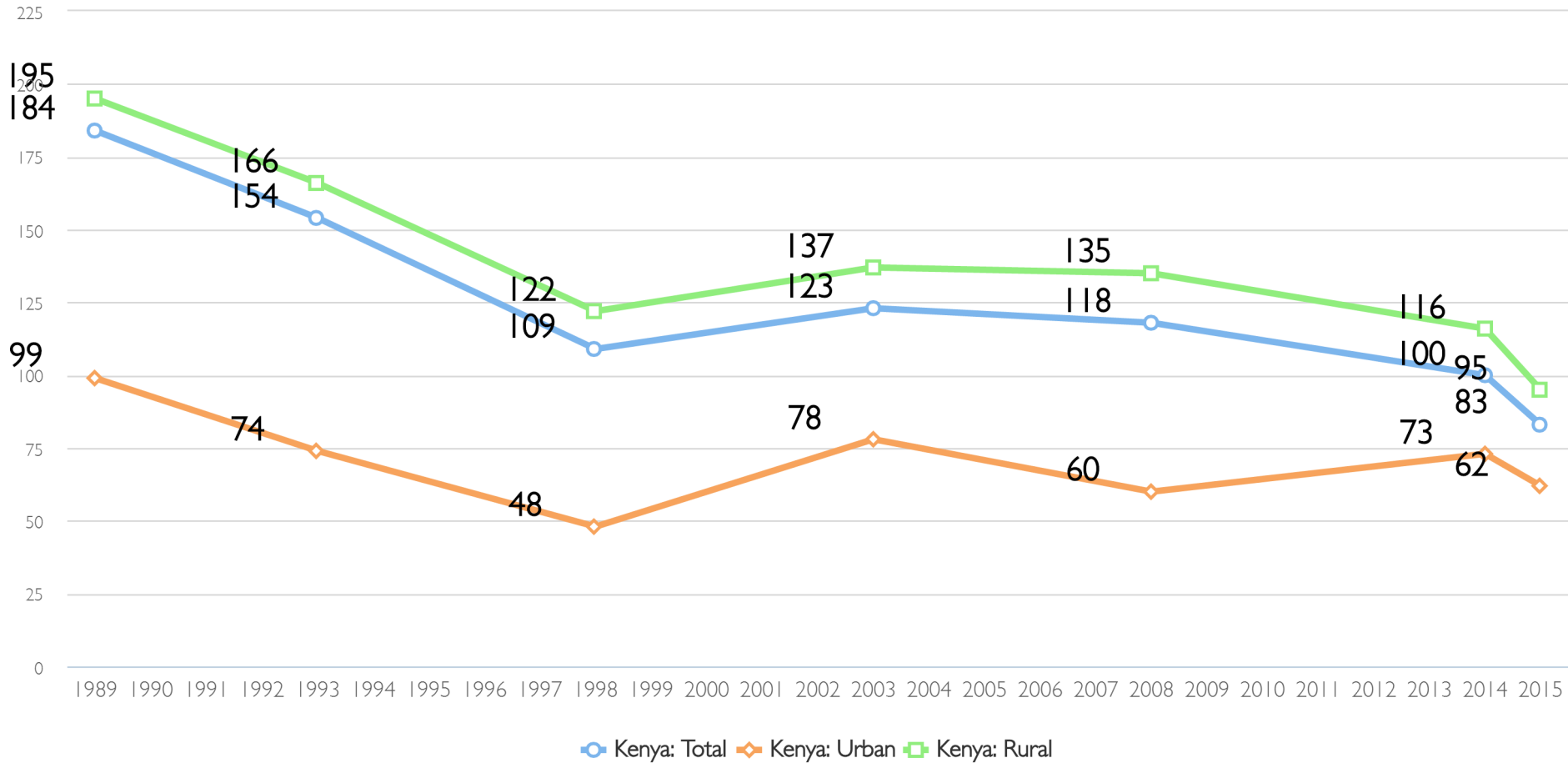
Total fertility rate 15-49

Total fertility rate for the three years preceding the survey for age group 15-49 expressed per woman



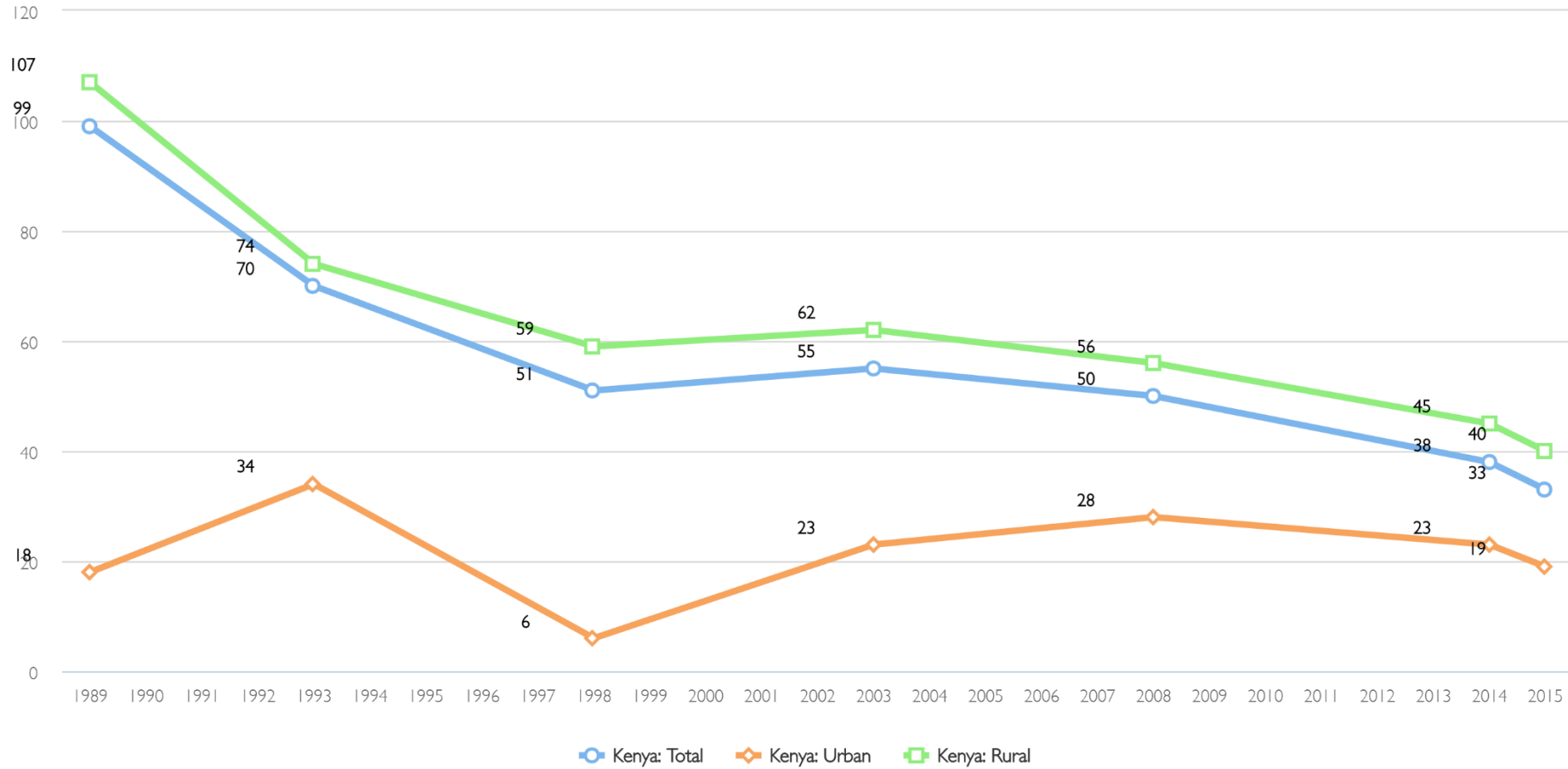
Age specific fertility rate: 35-39

Age-specific fertility rate for the three years preceding the survey for age group 35-39 expressed per 1,000 women



Age specific fertility rate: 40-44

Age-specific fertility rate for the three years preceding the survey for age group 40-44 expressed per 1,000 women



Age specific fertility rate: 45-49

Age-specific fertility rate for the three years preceding the survey for age group 45-49 expressed per 1,000 women

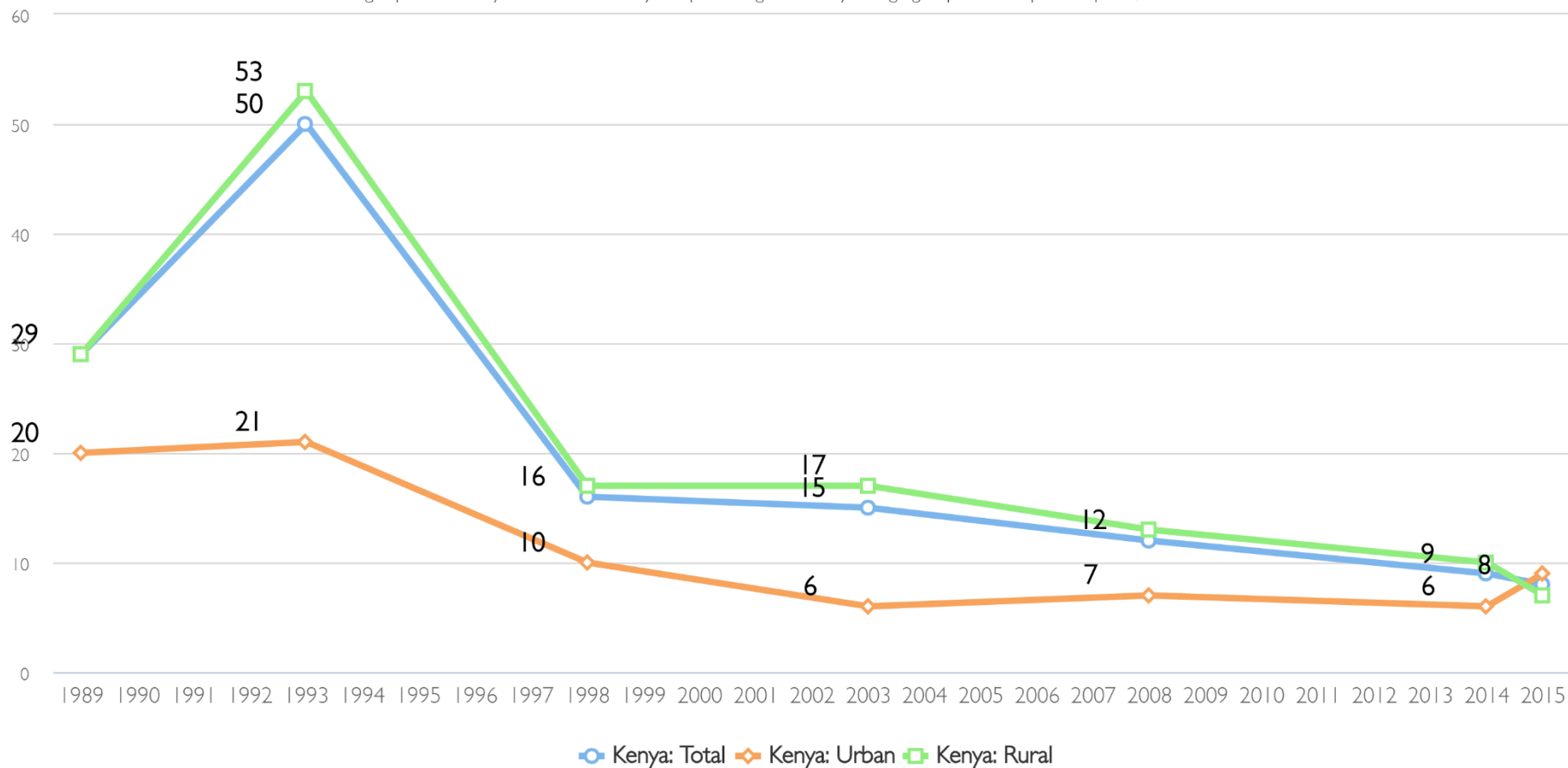
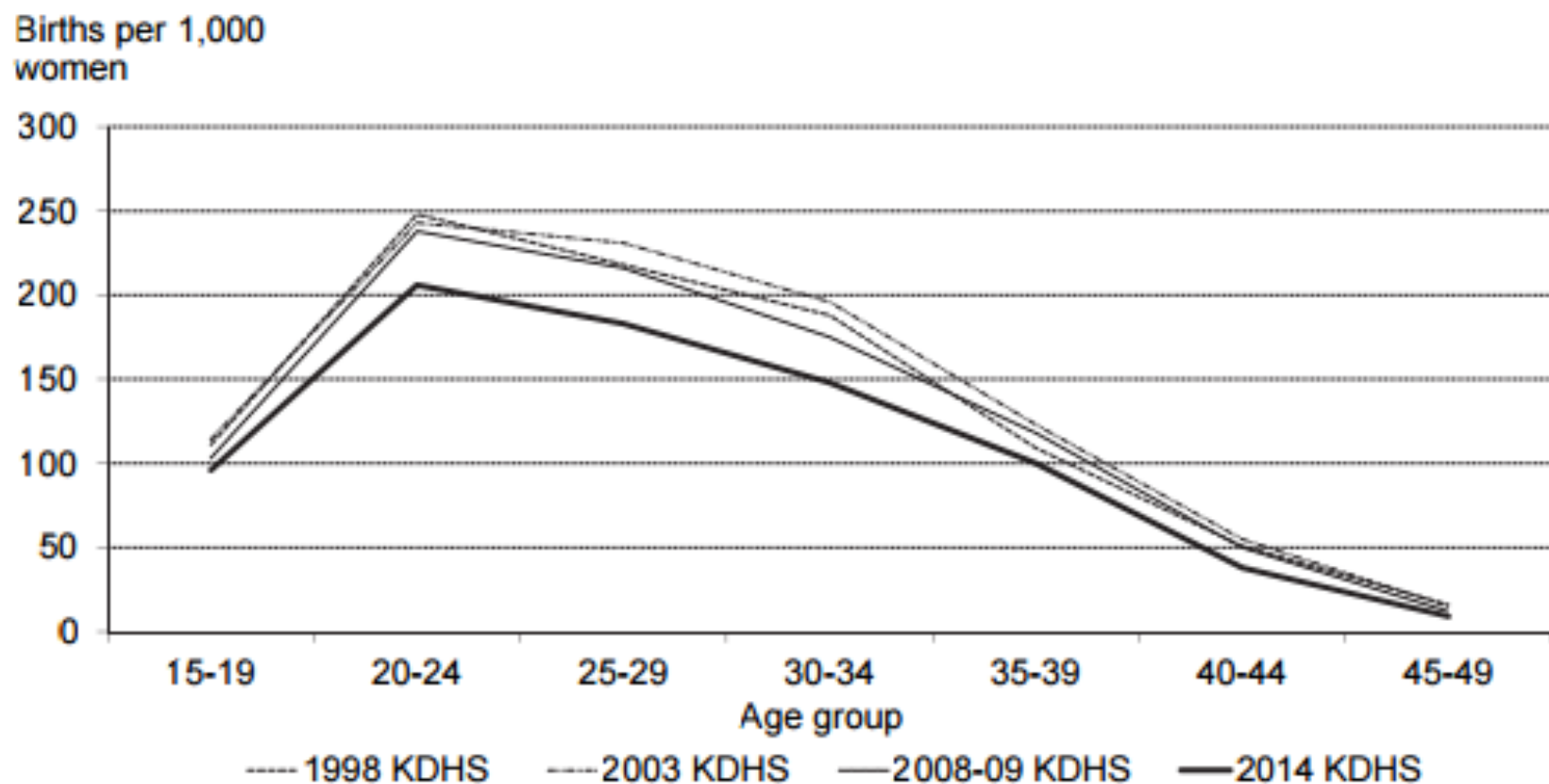


Figure 5.2 Trends in age-specific fertility rates



Data collected before 2003 exclude North Eastern region and several northern districts in the Eastern and Rift Valley.

Menopause: % of women age 30-49 who are menopausal

| Age | % Menopausal |
|-------|--------------|
| 30-34 | 4.7 |
| 35-39 | 6.1 |
| 40-41 | 9.2 |
| 42-43 | 8.9 |
| 44-45 | 20.8 |
| 46-47 | 24.4 |
| 48-49 | 45.1 |
| | |
| Total | 10.7 |

Maternal Mortality in Kenya

- Estimated to have declined from 488/100,000 to 362 per 100,000 in Kenya KDHS 2014
- Reduction is not statistically significant
- For every 1,000 live births 4 women died during pregnancy, childbirth or up to 2 months after child birth
- Maternal Mortality Rate is highest in women ages 35-39 years followed by 25-29

Maternal Mortality in Kenya

- However marked improvement in SBA from 46% to 63%
- Associated with free maternity care policy and devolved services from 2013
- Contraceptive prevalence rate has risen to 58%

Kenya Countdown Case Study 2015

- But inequities in coverage of essential interventions like ANC, Basic Emergency Obstetric and Newborn care, postpartum care and family planning remain
- Skills, equipment, referral systems and respectful care are key as service utilization increases
- Women need to understand why ANC is needed, the expected package, danger signs and the need for prompt skilled care during labor, childbirth and after birth.

Considerations

- Family Planning – a significant tool, has not been well received in the Northern Arid Lands where TFR can be as high as 8
- That the approach to healthy timing and spacing in Kenya needs to be County specific in order to be effective and culturally sensitive
- That inadequate ANC, delays in deciding to seek care during labor and child birth, delays in reaching skilled care and delays in actually getting the care are still huge risk factors
- That scale up of BEMONC and CeMONC is critical
- That education of girls and boys is an important prevention tool

Advanced Maternal Age

- What is known from studies in other settings is that it is a risk factor for poor maternal and newborn outcomes
- Anecdotally in Kenya amongst the higher wealth quintile IVF is being taken up by women of advanced ages
- That career decisions for a very minority of women are resulting in pregnancy at an advanced age