CHAPTER 8

MATERNAL CARE

A number of factors can have a considerable impact on the health of a woman, the health of her baby, and the outcome of her pregnancy. The Demographic and Health Surveys (DHS) and Reproductive Health Surveys (RHS) looked at a number of these factors, such as: the use of health care services related to pregnancy; health-related behaviors during pregnancy; the place, type, and assistance at delivery; and postpartum behaviors. Changes in the health care systems and the financing available for health care since the fall of communism in the countries of this region may have affected some of these factors significantly. The DHS and RHS all contained considerable amounts of information regarding women's experience during pregnancy, delivery, and the postpartum period. In the absence of reliable official statistics, these data can be used to identify problems and to set program priorities, goals, and strategies related to improving the health of mothers and infants and pregnancy outcomes.

8.1 Prenatal Care

Prenatal (or antenatal) care is important for preventing, identifying, and treating conditions that can affect the health of an expectant mother or her baby. For the optimal health of mother and child, it is recommended that every pregnant woman start seeing a health care provider for prenatal care examinations during her first trimester of pregnancy. Current guidelines for Russia, which apply to most countries of the former Soviet Union, are that prenatal visits take place every two weeks between the twelfth and thirtieth weeks of pregnancy and then every 1–2 weeks after the thirtieth week (US DHHS, 1999).

All the DHS and RHS conducted in this region included questions about whether women

obtained prenatal care during recent pregnancies that resulted in a live birth, and the trimester or month in which care began. Many of the surveys also collected information on other aspects of prenatal care, such as the primary source of care, the type of person providing that care, the number of visits made during the entire pregnancy, and whether specific services were received as part of prenatal care.

Table 8.1.1 presents, for the 12 countries covered, the percent of recent pregnancies ending in a live birth during which respondents reported that they received no prenatal care at all.[1] In most of these countries, this percentage is low in comparison with developing countries. However, there is a considerable range, from less than 1% in the Czech Republic to 30% in Azerbaijan. In the latter country, the percentage was roughly triple the next highest percentages, 11% in Romania and 10% in Ukraine. Countries with high prenatal coverage were Moldova (1% receiving no care), Turkmenistan (2%), and the Kyrgyz Republic (3%). Differences between urban and rural populations tended to be small, except in the Caucasus countries, where 2-3 times more women received no care in rural areas than in urban areas. Receipt of prenatal care was positively correlated with education, most strongly in the Caucasus. The likelihood of receiving no care increased with birth order, except in countries with very high rates of coverage.

There was a strong correlation between whether women received prenatal care and when the first visit for care took place (Table 8.1.2). In the Czech Republic, 94% of women began receiving care during their first trimester of pregnancy. At the other extreme, in Azerbaijan, only 45% started that early. Care tended to begin latest in the Caucasus. In Central Asia, care often began earlier in rural areas than in urban areas, while the opposite was found in the Caucasus. In almost all countries, care began sooner among better educated women, though the relationship was weakest in Central Asia. In those countries where there was a relationship between start of care and birth order, prenatal care tended to start earliest for first births.

It has been conclusively demonstrated that smoking cigarettes during pregnancy has clinically significant effects on the health of the newborn in many ways. Women who quit smoking before or during pregnancy can reduce the likelihood of various outcomes associated with cigarette use, including delays in conception, preterm premature rupture of membranes, preterm delivery, and low birth weight (US DHHS, 2001). In seven countries, respondents were asked if they smoked during recent pregnancies (Table 8.1.3). The results show a considerable range, from less than 1% in Azerbaijan to 12% in the Czech Republic, followed closely by Romania and the Russian areas surveyed (10%). The prevalence of cigarette smoking was highest among urban women and poorly educated women. There was no clear pattern between smoking and age or birth order.

In four of the six countries in which it was asked, a majority of women reported having at least one ultrasound examination during recent pregnancies. These figures, shown in Table 8.1.4, range from 92% in the Czech

[1] Because of slight differences in questionnaires (e.g., some surveys collected prenatal care information for all pregnancies in recent years while others did so for only the most recent pregnancy resulting in a live birth) and differences in how data were tabulated and presented in survey reports (e.g., some presented information for the previous three years while others used a five-year period and some included the small proportion of pregnancies resulting in a stillbirth in the denominator), there are slight differences in comparability across surveys that are unlikely to affect this report's conclusions.

Table 8.1.1
Percent of Women Receiving No Prenatal Care from a Medical Professional by Selected Maternal Characteristics Among Recent Pregnancies Ending in a Live Birth
Eastern Europe and Eurasia: A Comparative Report

	Eastern Europe					Caucasus			Central Asia			
Characteristic	Czech Rep. 1993*	Moldova 1997†	Romania 1999†	Russia 1999*‡	Ukraine 1999§	Armenia 2000§	Azerbaijan 2001†	Georgia 1999†	Kazakhstan 1999§	Kyrgyz Rep. 1997‖	Turkmenistan 2000§	Uzbekistan 1996‖
Total	1	1	11	4	10	8	30	9	5	3	2	5
Residence												
Urban	1	1	9	‡	10	5	21	4	8	1	2	3
Rural	1	2	13	‡	10	11	40	14	3	3	2	6
Age at Birth												
15–19	0	2	13	3	6	10	50	12	2	4	2	7
20–34	1	1	11	4	10	6	31	8	6	2	2	5
35–44	0	2	16	2	15	18	26	12	3	3	2	9
Education Level												
Secondary Incomplete	1	2	16	8	11	20	47	30	13	10	3	6
Secondary Complete	¶	1	5	3	10	7	30	12	6	3	2	6
Technicum	#	1	#	5	10	7	21	4	5	2	1	3
Postsecondary	0	¶	5	1	7	3	11	2	4	1	2	4
Birth Order												
1	1	1	7	3	9	3	22	6	4	3	2	5
2	1	1	11	5	11	6	32	8	6	1	2	4
3+	1	2	27	12	12	14	37	19	7	3	2	6
No. of cases	1,274	2,141	2,040	1,326	1,938	1,248	3,430	3,050	1,129	1,172	2,470	1,392

* Most recent live birth in last 5 years.
† All live and still births in last 5 years. Still births account for less than 2% of sample.
‡ Data for Russia pertain to three primarily urban areas as described in Chapter 2.
§ All live births in last 5 years.
‖ All live births in last 3 years.
¶ Less than 0.5%.
# Technicum, specific to former Soviet Union countries, does not exist in the Czech Republic or Romania.

Table 8.1.2
Percent of Women Receiving Prenatal Care from a Medical Professional Beginning in the First Trimester by Selected Maternal Characteristics Among Recent Pregnancies Ending in a Live Birth
Eastern Europe and Eurasia: A Comparative Report

	Eastern Europe					Caucasus			Central Asia			
Characteristic	Czech Rep. 1993*	Moldova 1997†	Romania 1999†	Russia 1999*‡	Ukraine 1999*	Armenia 2000§	Azerbaijan 2001†	Georgia 1999†	Kazakhstan 1999§	Kyrgyz Rep. 1997‖	Turkmenistan 2000§	Uzbekistan 1996‖
Total	94	73	60	83	65	54	45	63	60	72	72	73
Residence												
Urban	94	74	67	‡	67	58	55	68	61	65	63	71
Rural	94	72	54	‡	63	50	35	58	59	74	79	74
Age at Birth												
15–19	92	66	53	78	56	54	39	61	52	73	71	74
20–34	95	75	62	83	66	55	46	63	61	75	73	73
35–44	89	62	59	79	66	42	48	62	64	59	70	64
Education Level												
Secondary Incomplete	93	68	53	72	65	42	32	43	43	65	67	74
Secondary Complete	96	71	69	80	63	51	43	57	53	74	73	71
Technicum	¶	78	¶	84	65	58	60	67	63	69	73	75
Postsecondary	95	77	77	88	72	60	60	74	71	77	73	75
Birth Order												
1	94	72	67	85	67	59	48	70	62	76	71	75
2	95	76	56	82	64	54	44	62	58	74	74	73
3+	92	70	45	67	55	49	43	47	60	70	72	71
No. of cases	1,274	2,141	2,040	1,326	1,938	1,248	3,430	3,050	1,129	1,172	2,470	1,392

* Most recent live birth in last 5 years.
† All live and still births in last 5 years. Still births account for less than 2% of sample.
‡ Data for Russia pertain to three primarily urban areas as described in Chapter 2.
§ All live births in last 5 years.
‖ All live births in last 3 years.
¶ Technicum, specific to former Soviet Union countries, does not exist in the Czech Republic or Romania.

Table 8.1.3
Percent of Women Who Smoked Cigarettes During Pregnancy by Selected Maternal Characteristics Among Recent Pregnancies Ending in a Live Birth
Eastern Europe and Eurasia: A Comparative Report

	Eastern Europe					Caucasus	
Characteristic	Czech Rep. 1993*	Moldova 1997†	Romania 1999†	Russia 1999*‡	Ukraine 1999*	Azerbaijan 2001†	Georgia 1999†
Total	12	2	10	10	4	§	2
Residence							
Urban	13	3	14	‡	6	§	5
Rural	9	1	7	‡	2	§	§
Age at Birth							
15–19	12	2	13	20	4	1	§
20–34	11	2	10	10	4	§	3
35–44	14	3	1	6	6	1	5
Education Level							
Secondary Incomplete	18	2	11	20	7	1	§
Secondary Complete	6	1	8	15	6	§	§
Technicum	‖	2	‖	9	3	1	4
Postsecondary	2	2	10	4	4	0	4
Birth Order							
1	10	2	11	11	4	1	4
2	10	2	10	8	4	§	3
3+	21	2	6	10	4	§	2

* Most recent live birth in last 5 years.
† All live and still births in last 5 years. Still births account for less than 2% of sample.
‡ Data for Russia pertain to three primarily urban areas as described in Chapter 2.
§ Less than 0.5%.
‖ Technicum, specific to former Soviet Union countries, does not exist in the Czech Republic or Romania.

Republic to 26% in Azerbaijan. (No data are available from Central Asia). Ultrasound rates were highest among urban women, well educated women, and those having their first birth.

8.2 Pregnancy and Delivery

The health care system developed under the Soviet Union was very hospital centered. In Russia in 1996, for instance, there were 206 discharges per 1,000 population with an average length of stay of 16.9 days, both far higher than in other industrialized countries (US DHHS, 1999; Komarov, 1997). Because of the heavy reliance on hospitals, health care in the former Soviet Union has been relatively expensive. Frequently women would be hospitalized, often for extended periods of time, even for minor complications during pregnancy. This practice is evident for the Eastern European countries in Table 8.2.1, which shows, for seven countries, the percentage of pregnancies during which women were hospitalized (not including hospitalization for delivery). In Eastern Europe, the percentage of women hospitalized ranged from 19% in Romania all the way to 50% in the Russian areas surveyed. (The reader should keep in mind throughout that the results presented for Russia represent only three, predominantly urban areas, not the entire country.) Hospitalization rates were only about 3% in Azerbaijan and Georgia,

Table 8.1.4
Percent of Women Receiving an Ultrasound Exam by Selected Maternal Characteristics Among Recent Pregnancies Ending in a Live Birth
Eastern Europe and Eurasia: A Comparative Report

	Eastern Europe				Caucasus	
Characteristic	Czech Rep. 1993*	Moldova 1997†	Romania 1999†	Ukraine 1999*	Azerbaijan 2001†	Georgia 1999†
Total	92	75	47	78	26	54
Residence						
Urban	92	86	60	81	36	67
Rural	92	67	36	73	12	42
Age at Birth						
15–19	98	73	38	75	17	48
20–34	92	75	55	79	26	56
35–44	90	77	49	73	36	61
Education Level						
Secondary Incomplete	91	72	49	70	20	38
Secondary Complete	92	73	55	76	21	43
Technicum	‡	78	‡	79	30	54
Postsecondary	97	77	73	84	43	72
Birth Order						
1	94	78	50	81	27	58
2	90	76	48	78	22	53
3+	92	64	34	61	28	49

* Most recent live birth in last 5 years.
† All live and still births in last 5 years. Still births account for less than 2% of sample. Percentages for these countries assume that pregnancies without prenatal care did not receive ultrasounds.
‡ Technicum, specific to former Soviet Union countries, does not exist in the Czech Republic or Romania.

however. We do not know whether rates of hospitalization were substantially higher in the Caucasus during the Soviet era. Rates of reported complications requiring medical attention were 25% and 13% in Azerbaijan and Georgia, respectively. Thus the proportion of women with pregnancy complications who were hospitalized was only about 10% and 25%, almost certainly far lower than the other countries listed. The likelihood of hospitalization decreases slightly from urban to rural areas and as age and birth order increase. There appears to be little relationship with educational attainment.

Except in the Caucasus countries, deliveries outside of health facilities are relatively uncommon (Table 8.2.2). In Azerbaijan, 26% of births occurred outside of health facilities, a figure more than three times higher than in Georgia and Armenia, the countries with the next highest rates. Such births were least common in Eastern Europe; only 1% of deliveries in the Czech Republic and Ukraine took place outside of health facilities. Not surprisingly, births outside of facilities were far more frequent in rural areas than in urban areas. In general, they were most common among older and higher parity women, as well as among poorly educated women throughout the surveyed countries.

Relatively few live births were not attended by a trained medical professional in the countries of Central Asia, ranging from under 1% in the Kyrgyz Republic to 3% in Uzbekistan (Table

Table 8.2.1
Percent of Women Hospitalized During Pregnancy for Reasons Other Than Delivery by Selected Maternal Characteristics, Among Recent Pregnancies Ending in a Live Birth
Eastern Europe and Eurasia: A Comparative Report

	Eastern Europe					Caucasus	
Characteristic	Czech Rep. 1993*	Moldova 1997†	Romania 1999†	Russia 1999*‡	Ukraine 1999*	Azerbaijan 2001†	Georgia 1999†
Total	29	30	19	50	32	3	3
Residence							
Urban	29	32	22	‡	35	4	4
Rural	29	28	16	‡	28	2	2
Age at Birth							
15–19	34	32	20	54	36	2	3
20–34	29	29	20	51	33	3	3
35–44	28	31	8	45	29	5	4
Education Level							
Secondary Incomplete	27	26	20	48	33	3	3
Secondary Complete	31	29	19	45	29	2	2
Technicum	§	U	§	53	34	4	3
Postsecondary	30	U	18	51	34	5	5
Birth Order							
1	32	35	21	53	38	4	4
2	26	26	16	42	28	2	3
3+	29	24	18	38	14	2	2

* Most recent live birth in last 5 years.
† All live and still births in last 5 years. Still births account for less than 2% of sample.
‡ Data for Russia pertain to three primarily urban areas as described in Chapter 2.
§ Technicum, specific to former Soviet Union countries, does not exist in the Czech Republic or Romania.
U = Unavailable.

8.2.3). By far, the greatest proportion of deliveries not attended by a trained medical professional took place in Azerbaijan about one in every eight births, almost four times the percentage in any other country listed. Those births that were not attended by trained personnel tended to be those that took place among rural women, less well educated women, and higher parity women. These differentials were especially marked in the Caucasus countries.

There was considerable variation across the countries in the proportion of births delivered by Cesarean section, from 3% in Azerbaijan, Uzbekistan, and Turkmenistan up to 12% in the Russian areas surveyed and 11% in Romania (Table 8.2.4). Even the highest of these rates is exceeded by many other countries in the world. Cesarean sections were more common in urban areas than in rural areas for every country except the Czech Republic. Percentages also tended to increase with women's age but not birth order. In general, Cesarean section rates were higher in Eastern Europe than in the other two regions. There was wide variation across the Central Asian republics included.

Table 8.2.2
Percent of Deliveries Occurring Outside of a Medical Facility by Selected Maternal Characteristics
Among Recent Pregnancies Ending in a Live Birth
Eastern Europe and Eurasia: A Comparative Report

	Eastern Europe				Caucasus			Central Asia			
Characteristic	Moldova 1997*	Romania 1999†	Russia 1999*‡	Ukraine 1999*	Armenia 2000§	Azerbaijan 2001†	Georgia 1999†	Kazakhstan 1999§	Kyrgyz Rep. 1997‖	Turkmenistan 2000§	Uzbekistan 1996‖
Total	1	2	2	1	9	26	8	2	4	4	6
Residence											
Urban	0	¶	‡	1	1	17	2	1	1	1	2
Rural	2	4	‡	1	16	36	13	2	5	6	8
Age at Birth											
15–19	1	3	0	0	14	28	11	1	4	5	2
20–34	1	2	1	1	7	26	7	1	3	4	6
35–44	1	2	6	2	11	22	11	5	8	7	13
Education Level											
Secondary Incomplete	3	3	2	2	26	39	25	4	15	7	6
Secondary Complete	1	1	3	2	10	26	10	1	5	5	8
Technicum	0	*	1	¶	5	18	2	1	3	1	2
Postsecondary	¶	0	3	1	2	12	2	0	3	1	3
Birth Order											
1	¶	1	1	¶	5	17	4	¶	2	3	2
2	2	3	3	1	7	27	8	1	4	4	5
3+	2	6	5	3	15	35	17	1	5	6	10

* Most recent live birth in last 5 years.
† All live and still births in last 5 years. Still births account for less than 2% of sample.
‡ Data for Russia pertain to three primarily urban areas as described in Chapter 2.
§ All live births in last 5 years.
‖ All live births in last 3 years.
¶ Less than 0.5%.
# Technicum, specific to former Soviet Union countries, does not exist in Romania.

Table 8.2.3
Percent of Deliveries Not Attended by a Trained Medical Professional by Selected Maternal Characteristics Among Recent Pregnancies Ending in a Live Birth
Eastern Europe and Eurasia: A Comparative Report

	Eastern Europe	Caucasus			Central Asia			
	Romania	Armenia	Azerbaijan	Georgia	Kazakhstan	Kyrgyz Rep.	Turkmenistan	Uzbekistan
Characteristic	1999*	2000†	2001*	1999*	1999†	1997‡	2000†	1996‡
Total	2	3	12	2	§	1	2	3
Residence								
Urban	§	1	6	0	§	1	1	0
Rural	3	6	17	3	§	2	3	4
Age at Birth								
15–19	2	3	12	2	0	1	3	0
20–34	1	3	12	1	§	1	2	2
35–44	1	7	10	5	0	4	3	10
Education Level								
Secondary Incomplete	2	12	18	5	0	4	4	0
Secondary Complete	§	3	12	2	§	1	4	3
Technicum	‖	2	5	1	1	1	1	2
Postsecondary	0	1	4	1	0	1	1	0
Birth Order								
1	§	1	5	1	0	§	1	1
2	2	3	11	2	§	1	2	2
3+	4	7	19	4	1	2	2	4

* All live and still births in last 5 years. Still births account for less than 2% of sample.
† All live births in last 5 years.
‡ All live births in last 3 years.
§ Less than 0.5%.
‖ Technicum, specific to former Soviet Union countries, does not exist in Romania.

8.3 Birth Weight

The proportion of recently born babies who were reported to weigh less than 2,500 grams[2] at birth fell in a tight range, between 4% and 7%, with the exceptions of Azerbaijan and Romania, where 12% and 9%, respectively, of babies were reported as having low birth weight (Table 8.3). Levels were similar for the three subregions examined. There were some considerable differentials by socioeconomic or demographic variables for individual countries, but no consistent differences across countries.

[2] By current convention, newborns are considered to be low birth weight (LBW) if they weigh under 2,500 grams (5 pounds, 8 ounces). Those weighing under 1,500 grams are classified as very low birth weight (VLBW). In this analysis, we present data on the proportion of newborns that mothers reported to be of low birth weight. We do not report on those of VLBW because there are so few who fell into this category and because it was felt that many such babies (a large proportion of whom die shortly after birth) are likely not reported as live births because of a former Soviet policy on the classification of birth outcomes. For a more detailed discussion of this issue, see section 14.7 of this report.

Table 8.2.4
Percent of Deliveries by Cesarean Section by Selected Maternal Characteristics
Among Recent Pregnancies Ending in a Live Birth
Eastern Europe and Eurasia: A Comparative Report

	Eastern Europe					Caucasus			Central Asia			
Characteristic	Czech Rep. 1993*	Moldova 1997†	Romania 1999†	Russia 1999*‡	Ukraine 1999*	Armenia 2000§	Azerbaijan 2001†	Georgia 1999†	Kazakhstan 1999§	Kyrgyz Rep. 1997‖	Turkmenistan 2000§	Uzbekistan 1996‖
Total	8	6	11	12	9	7	2	6	10	6	3	3
Residence												
Urban	8	7	15	‡	11	8	3	7	12	7	4	5
Rural	8	5	8	‡	7	5	1	5	8	6	2	2
Age at Birth												
15–19	5	4	6	9	14	4	1	7	4	6	1	5
20–34	8	6	12	11	9	7	2	5	8	6	3	2
35–44	7	10	16	17	11	17	7	16	28	10	6	6
Education Level												
Secondary Incomplete	8	5	7	13	11	4	1	2	14	1	2	4
Secondary Complete	7	6	14	14	7	5	2	4	7	6	2	2
Technicum	¶	7	¶	10	10	7	2	6	10	4	5	4
Postsecondary	11	7	25	12	11	10	4	9	13	15	6	4
Birth Order												
1	10	7	12	13	10	8	2	7	11	8	4	3
2	6	6	11	8	9	7	2	6	9	5	3	3
3+	9	4	5	18	3	4	2	4	8	5	3	3

* Most recent live birth in last 5 years.
† All live and still births in last 5 years. Still births account for less than 2% of sample.
‡ Data for Russia pertain to three primarily urban areas as described in Chapter 2.
§ All live births in last 5 years.
‖ All live births in last 3 years.
¶ Technicum, specific to former Soviet Union countries, does not exist in the Czech Republic or Romania.

Table 8.3
Percent of Births with Low Birth Weight (Under 2500 Grams) by Selected Maternal Characteristics
Among Recent Live Births
Eastern Europe and Eurasia: A Comparative Report

	Eastern Europe					Caucasus			Central Asia			
Characteristic	Czech Rep. 1993*	Moldova 1997†	Romania 1999†	Russia 1999*‡	Ukraine 1999*	Armenia 2000§	Azerbaijan 2001†	Georgia 1999†	Kazakhstan 1999†	Kyrgyz Rep. 1997§	Turkmenistan 2000†	Uzbekistan 1996§
Total	6	5	9	6	5	6	12	6	7	6	6	4
Residence												
Urban	6	5	10	‡	5	4	10	6	6	6	5	3
Rural	5	6	8	‡	4	8	14	5	8	5	6	5
Age at Birth												
15–19	9	6	9	2	4	8	14	7	8	12	9	6
20–34	5	5	9	6	4	5	12	5	7	5	6	4
35–44	7	12	10	7	9	8	13	6	12	7	5	2
Education Level												
Secondary Incomplete	6	6	12	6	6	10	16	5	9	10	9	1
Secondary Complete	5	6	4	8	5	7	12	7	8	5	6	6
Technicum	‖	4	‖	5	5	6	9	4	7	5	4	3
Postsecondary	3	5	8	6	3	3	6	6	7	9	3	4
Birth Order												
1	6	7	9	7	5	6	12	7	7	9	8	5
2	4	3	8	4	4	6	9	5	8	2	5	4
3+	7	6	12	8	8	6	15	5	7	3	4	4

* Most recent live birth in last 5 years.
† All live births in last 5 years.
‡ Data for Russia pertain to three primarily urban areas as described in Chapter 2.
§ All live births in last 3 years.
‖ Technicum, specific to former Soviet Union countries, does not exist in the Czech Republic or Romania.

8.4 Postpartum Care

Information on whether women received a postpartum examination following their most recent live births was collected in five countries in Eastern Europe and the Caucasus (Table 8.4). There was tremendous variation across these countries in the proportions receiving postpartum care, from 74% in Moldova down to 11% in Georgia. Except in Moldova, postpartum care coverage was higher in urban areas than in rural areas. Coverage also tended to increase with education and decrease with age.

8.5 Summary of Findings

- The percentage of recent pregnancies ending in a live birth for which no prenatal care was reported is low with the exception of Azerbaijan, where 30% of respondents reported that they received no prenatal care. Otherwise, the absence of prenatal care ranged from 1% in the Czech Republic and Moldova to 11% in Romania. Differences between urban and rural populations tended to be small, except in the Caucasus countries, where 2 to 3 times more women received no care in rural areas than in urban areas.

Table 8.4
Percent of Women Receiving Postpartum Care of Mother by Selected Maternal Characteristics Among Recent Pregnancies Ending in a Live Birth
Eastern Europe and Eurasia: A Comparative Report

	Eastern Europe			Caucasus	
	Moldova	Romania	Ukraine	Azerbaijan	Georgia
Characteristic	1997*	1999*	1999†	2001*	1999*
Total	74	32	58	25	11
Residence					
Urban	67	37	59	27	12
Rural	78	27	54	23	9
Age at Birth					
15–19	73	28	54	22	10
20–34	75	32	58	25	11
35–44	70	32	54	27	9
Education Level					
Secondary Incomplete	72	26	60	23	4
Secondary Complete	77	38	56	23	9
Technicum	76	‡	58	28	11
Postsecondary	71	48	57	33	15
Birth Order					
1	74	36	62	30	13
2	76	32	54	22	9
3+	74	17	46	23	8

* All live births in last 5 years.
† Most recent live birth in last 5 years.
‡ Technicum, specific to former Soviet Union countries, does not exist in Romania.

- Receipt of prenatal care was positively correlated with education, most strongly in the Caucasus.

- With the exception of the Caucasus, deliveries outside of health facilities are uncommon. In the Caucasus, from 8% (Georgia) to 26% (Azerbaijan) of births occurred outside of a health facility. Only in Azerbaijan (12%) were more than 3% of births not attended by a trained medical professional.

- In three of the five countries with data, less than 50% of women, and only 11% in Georgia, reported that they received a postpartum examination following their most recent live birth.

- These surveys are typically not vehicles for collecting information on maternal mortality, clearly a topic about which more needs to be known in this part of the world as few of the countries in the region have verifiable estimates of levels of maternal mortality.