**Mock Abstract**

**Maternal adverse outcomes: Urban/Rural level, hospital level and Country level – A multilevel analysis**

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**Abstract**

**Background**: The chances of getting adverse outcome during pregnancy and child birth were increasing trends all over the world especially in developing countries. The commonest types of maternal complication were abortion, eclampsia, haemorrhage, obstructed labour, infection and sepsis (van Lonkhuijzen, Stekelenburg, & van Roosmalen, 1996). The root cause of these complications is difficulty in accessibility and affordability of health care services which are unequally distributed within the society and most of the studies described reproductive health services accessibility and socio-economic status as determinants for maternal adverse outcomes. However there might be other factor like hierarchical (level) effect which influenced on getting maternal adverse outcomes.

**Objective**: To investigate the hierarchical (level) effect on maternal adverse outcomes between urban/rural, hospital level and country level

**Methods**: This study is secondary data analysis of WHO data base: WHO global survey on Maternal and Perinatal health, Mode of delivery and Pregnancy Outcomes (HRP A25176 – 2007). Total numbers of study population were xxxxx from xx countries. Maternal adverse outcomes were defined as any unusual events including near miss and death during pregnancy, labour and puerperium. The multilevel logistic regression analysis was used to detect level effect on maternal adverse outcomes.

**Results**: Among study population, xx.x% of women had had maternal adverse outcomes (95% CI: xx.x% to xx.x%). The rural women had had more adverse outcome than urban women (OR = x.xx; 95% CI: xx.x to xx.x). Concerning with hospital level, occurrence of adverse outcomes at primary health facility was more than that of secondary and tertiary health facility (OR = x.xx; 95% CI: xx.x to xx.x). It was also found that women from countries (GDP < xxx US$) had significantly happened more adverse outcomes than that of countries (GDP ≥ xxx US$) (OR = x.xx; 95% CI: xx.x to xx.x).

**Conclusions**: Maternal adverse outcomes were different according to the urban/rural level, hospital level and country level. Thus there was hierarchical effect on maternal adverse outcomes.

**Key words:** maternal adverse outcomes, maternal complications

**References**

Van Lonkhuijzen, L., Stekelenburg, J., & van Roosmalen, J. (1996). Maternity waiting facilities for improving maternal and neonatal outcome in low-resource countries. In *Cochrane Database of Systematic Reviews*. John Wiley & Sons, Ltd. Retrieved from http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD006759.pub3/abstract