

In Morocco, the majority of maternal deaths are related to obstetric complications that can be prevented and/or treated. The Ministry of Health has invested significant resources to reduce maternal and neonatal mortality and morbidity by addressing the challenges of quality of care and inequities in the availability and use of emergency obstetric and neonatal care at the urban and/or rural level, between regions and socio-economic levels.

The study of the 3 components of the national strategy (Availability, Use and Quality) is essential to improve maternal and child health. In this sense, our main objective is to assess the availability, use and quality of Obstetric and Neonatal Emergency Care (ONEC) in the 14 public health facilities in SETTAT province; provided to women received in public health facilities for any complications related to pregnancy or childbirth and those whose deaths are related to pregnancy or childbirth as well as their newborns, registered in health facilities.

To do this, we conducted a cross-sectional study using literature reviews used as guides and repositories, which identified collection sheets used to assess the three variables (availability, use and quality of ONEC), in addition to health personnel's assessment of the obstetrical and neonatal emergency care provided by an established questionnaire.

After the 2017 data collection, they are used to measure and analyze monitoring indicators to assess emergency obstetric care provided in public facilities in SETTAT province.

The results of the study reveal that despite the availability of health facilities offering

SONUB and SONUC for 631,817 inhabitants, there is a shortage of human and material resources. According to the calculation of monitoring indicators, delivery coverage in ONEC facilities is low (45% deliveries delivered with a disparity between rural and urban facilities) compared to the locally acceptable minimum level. Obstetric complications are dominated by prolonged or obstructed labor, which accounts for 48.5%. Only 48% of these obstetric complications were managed, 49% were referred to the next level, and others were evacuated to the private sector or died. This reveals an unmet need for obstetric complications of 35.9%. Caesarean section is low (4.5%). (4 cesarean sections per 100 births expected in the public sector only). The quality of the UNS includes an estimated lethality of 10 deaths out of 1 384 treated complications (0.7%) and a stillbirth rate of 21.3%.

The majorities of preventable deaths are of direct obstetric cause and are associated with problems in health facilities.

In view of this situation, clinicians, managers and the community body need to engage and mobilize health system actors in a rational way by taking legislative, political and health actions with interventions in society and the community.

Keywords: Maternal mortality, emergency obstetric and neonatal care, supply, use, quality