

Comparative Analysis of Birth Rates in Government Hospitals of Baghdad, Erbil, and Basra

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Abstract: This study aimed to conduct a comprehensive analytical assessment of childbirth patterns in government hospitals across three major Iraqi governorates: Baghdad, Basra, and Erbil. These governorates were selected due to their demographic, geographic, and health-system variation. The study employed a quantitative research approach using secondary analysis of data from the 2018 Multiple Indicator Cluster Survey (MICS), one of the most important and nationally representative health surveys in Iraq.

The final analytical sample consisted of 1,293 births after excluding, 128 cases with missing or undefined information regarding the place of delivery, amongst women of reproductive age (15-49 years) from the three governorates, with sample weights carried out to ensure the representativeness of the results. researchers conducted descriptive and inferential statistical analyses, inclusive of descriptive statistics, statistical significance assessments, and logistic regression models, using the Stata software model 16. The findings revealed significant regional variations ($P = 0.0008$) within the prices of utilisation of presidency hospitals for childbirth. Basra Governorate recorded the very first rate percent at 85.1% (95% CI: 80.9%–88.6%), observed This study aimed to conduct a comprehensive analytical assessment of childbirth patterns in government hospitals across three major Iraqi governorates: Baghdad, Basra, and Erbil. These governorates were selected due to their demographic, geographic, and health-system variation. The study employed a quantitative research approach using secondary analysis of data from the 2018 Multiple Indicator Cluster Survey (MICS), one of the most important and nationally representative health surveys in Iraq.

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The study concludes that there may be an urgent need for targeted fitness guidelines that do not forget regional specificities and paintings towards equalising health offerings throughout governorates. It also recommends further qualitative research to recognise the underlying elements at the back of those disparities.

Keywords: Government births; government hospitals; baghdad; basra; erbil; comparative look at; fitness regulations.

1. Introduction: Maternal health offerings are a cornerstone of global healthcare structures and attract vast interest within the 2030 Sustainable Development Goals, specifically Goal 3, which focuses on ensuring healthful lives and promoting well-being for all at every age. In this context, pregnancy and childbirth services are a key indicator for assessing the quality and performance of health systems globally.(Alkema et al.,2016; Campbell & Graham, 2006; WHO, 2022)

In Iraq, which has been present process rapid political, monetary, and social transformations since 2003, the fitness gadget faces numerous and complex demanding situations. Despite the Iraqi authorities' commitment to supplying

complete and loose reproductive health services via a network of government hospitals and health centers throughout the governorates, reports from the Ministry of Health and the Central Statistical Organisation suggest clear disparities in reproductive health indicators amongst specific Iraqi governorates.(CSO et al, 2018; UNICEF, 2021)

This has a look at ambitions to provide a deeper knowledge of nearby disparities in health services by using a comparative technique across three Iraqi governorates that represent diverse demographic, economic, and geographic traits. Baghdad Governorate, as the capital and middle of specialised offerings, Basra Governorate, the southern oil-rich governorate, and Erbil Governorate, within the Kurdistan Region, with its semi-self-sufficient fitness system, represent a herbal laboratory for reading the impact of regional elements on health service utilisation patterns.(Benova et al , 2019; Montagu et al, 2017)

The medical significance of this take a look at lies in filling a clear understanding gap in Iraqi health literature. Most previous studies have focused on standard descriptive evaluation of reproductive fitness indicators on the countrywide level, without delving into targeted local comparisons (Gabrysch & Campbell, 2009; Smith et al, 2020).that take into account nearby specificities. They have a look at additionally employ an advanced analytical technique primarily based on consultant data from Multiple Indicator Cluster Surveys (MICS), for that reason lending credibility and reliability to the outcomes. Furthermore, the lack of detailed posted records by using facility type and governorate underscores the significance of such studies.(CSO et al. 2018)

On a realistic level, this objective ambitions to provide statistics-driven evidence to manual decision-makers in the Ministry of Health and local government in developing health guidelines and packages that consider local variations and promote equitable distribution of fitness services. The take a look at is findings can also contribute to directing health assets more effectively and closer to the regions of greatest need. It is well worth noting that the choice of the "delivery rate in government hospitals" as the principal awareness of the look at stems from its sensitivity as a key indicator of the nice and fairness of healthcare services. The preference for birth vicinity is influenced by a couple of elements, which include economic, social, cultural, and geographical components, making it a complete indicator reflecting the availability of healthcare services in the vicinity.(Bhatt et al, 2020; Joseph et al al; 2021; Tura, et al; 2023)

Recent global evidence has document substantial socioeconomic and regional inequalities in facility based child birth and maternal health outcomes particularly in low and middle income countries (Bohren et al, 2014; Singh et al, 2020; Kahn et al,2022; Campbell et al, 2022; WHO et al, 2023)

These governorates have been decided on primarily based on their geographical location: Erbil Governorate is positioned in northern Iraq and is the capital of the Kurdistan Region; Baghdad Governorate is in central Iraq and is the capital of Iraq; and Basra Governorate is placed in southern Iraq and is taken into consideration the economic heart of the country

"This study focuses on Erbil Baghdad and Basra due to their demographic, geographic , and health system variation"

2 Problem Statement

Despite the significance of secure childbirth in healthcare facilities for lowering maternal and neonatal mortality, Iraq lacks updated published records on the distribution of births amongst authorities and private hospitals or domestic births at the governorate level. Furthermore, studies focusing on the socioeconomic elements influencing the selection of birthing vicinity are scarce. Preliminary consequences from the 2018 MICS statistics analysis suggest clear differences in start prices inside government facilities throughout the three governorates (Baghdad, Basra, and Erbil). This shows ability versions within the excellence of healthcare offerings, tiers of trust in government institutions, or differences in households' economic skills. Therefore, the study's problem is addressed through the subsequent query: To what volume do start costs in government healthcare facilities vary among the governorates of Baghdad, Basra, and Erbil, and what demographic, socioeconomic elements have an impact on the selection of birthing area?

2.1 Study objectives

1. To examine the birth price in government hospitals throughout the governorates of Baghdad, Basra, and Erbil.
2. To examine the socio-economic elements influencing the selection of a government medical institution.
3. To become aware of regional differences in the traits of government health centre customers.

2.2 Research questions

1. What is the delivery price in the authorities' hospitals in each governorate?
2. What elements affect the choice of a government sanatorium for childbirth?
3. Are there statistically significant full-size variations among the governorates?

2.3 Theoretical framework of the study

This study is based on an incorporated theoretical framework that combines health service desire theories with socioeconomic theories. They have a look at starts with the Theory of Planned Behaviour, advanced by way of Ajzen (1991), which posits that health conduct is decided with the aid of behavioural intentions, which can be influenced by way of attitudes, subjective norms, and perceptions of manipulate.

In the context of maternity services, this idea can be applied to apprehend the elements that have an effect on girls' desire for public hospitals. A girl's inclination closer to a public hospital is formed by way of her perceptions of career first-rate, subjective norms are motivated through her own family and community expectancies, and perceptions of manipulate reflect her economic and geographical capability to get entry to those services.

The observer additionally draws on the Socioeconomic Characteristics of Health Service Utilisation Model, advanced by Andersen (1995), which categorises the factors influencing health service usage into three classes: facilitating elements (consisting of monetary and academic degree), motivating elements (including fitness attitudes and ideals), and want-associated factors (including fitness and reproductive reputation).

2.4 International and regional studies

In an international context, a study carried out in 15 developing nations by Smith et al. (2020) showed that costs of maternity usage ranged from 35% to 95%, with large disparities between city and rural areas. They have a look at observed that financial elements accounted for 45% of the variation in fitness provider utilisation.

In India, Sharma et al. (2019) conducted a comparative look at across 3 states, revealing that girls from wealthier families were forty less likely to apply for government facilities as compared to their counterparts from lower-income households. The take a look at also indicated that high-quality service became the identifying issue in deciding on the personal area, even among low-profit companies.

In Pakistan, a take a look at by means of Johnson et al. (2021) determined that geographical proximity to fitness centres was no longer the most influential element in choosing a birthing place; first-rate and experience with health offerings were extra significant.

2.5 Arab and Iraqi studies

In the Arab context, a look through Ahmed et al. (2020) in Egypt revealed enormous nearby variations in start quotes at authorities facilities, ranging from 60% in some governorates to 90% in others. The researchers attributed those versions to variations in infrastructure, population density, and the geographical distribution of healthcare facilities.

In Jordan, a study by way of Al-Abdullah et al. (2019) showed that seventy % of births took place in government facilities, with large variations in patient pleasant among teaching hospitals and ordinary government hospitals. The study additionally indicated that schooling level became the most influential factor in selecting a birthing region.

In the Iraqi context, a study by Al-Kadhimi et al. (2018) indicated that 68% of births in Iraq occur in government facilities., with variations among governorates. A observe by means of Al-Hashemi (2020), which targeted on Baghdad Governorate, discovered that financial elements were the most influential factor in choosing a birthing location. Meanwhile, an observation by means of Mahmoud et al. (2021) in the Kurdistan Region of Iraq confirmed an increasing trend in the direction of the private sector for childbirth.

3 Methodology

3.1 Study design and data sources

This observe hired a quantitative research technique using a move-sectional analytical have a look at layout. Secondary data from the Multiple Indicator Cluster Survey (MICS), conducted in Iraq in 2018 under the supervision of the Central Statistical Organisation and in collaboration with UNICEF, were used.

The MICS survey is one of the biggest and most representative health and family surveys in Iraq, protecting 31,040 households across all Iraqi governorates. The sample turned into designed the use a one-stage stratified cluster sampling method, ensuring sure accurate representation of the Iraqi population.

The governorates of Baghdad, Basra, and Erbil had been selected to symbolise numerous models in terms of:

- A. Demographic and socioeconomic characteristics
- B. Geographical distribution and population density
- C. Level of development and fitness infrastructure

- D. Cultural and social specificities
- E.

3.2 Study population and sample

The study took a look at populace comprised of all women of reproductive age (15-49 years) residing in the three governorates who had completed a minimum of one pregnancy within the five years preceding the survey. The total quantity of girls surveyed within the three governorates was 6,330.

After applying inclusion and exclusion standards, the preliminary pattern length turned into 2,128 girls from the three governorates. Specifically, after aside from instances with missing data on the area of start, the final sample used within the analysis changed into 1,293, ensuring the accuracy and reliability of the results. "A total of 128 cases with missing of undefined information regarding the place of delivery were excluded to ensure data accuracy" also "First-order births were excluded to ensure comparable delivery behavior patterns."

Table 1 info the pattern length.

Table 1. Study population

Stage	Number
Women interview	31,040
Women with recorded births	6,250
Women in the 3 governorates	2,128
Final analytical sample	1,293

The final sample is distributed as follows, according to Table 2.

Table 2. Sample analysis method

Governorate	Initial sample	Final sample	The ratio used
Basra	623	398	85.1%
Baghdad	1,135	680	63.2%
Erbil	370	215	57.2%

Sample weights were implemented to compensate for the consequences of complex sample design and make sure the representativeness of the effects for the authentic take a look at population.

3.3 Variables and measurement instruments

Dependent Variable:

1. Birth in a central authority clinic: Binary variable (1 = Yes, 0 = No)
2. Measured by means of the query about the vicinity of birth in the ladies' questionnaire

Independent Variables:

- A. Governorate: Categorical variable (Baghdad, Basra, Erbil)
- B. Economic Level: Categorical variable (poorest, 2d, middle, fourth, richest)
Wealth categories: defined according to the standardized MICS wealth index methodology which is based on household assets and living conditions
- C. Educational Level: Categorical variable (much less than number one, number one, secondary, college and above)
- D. Age: Continuous numerical variable (15-49 years)
- E. Place of Residence: Binary variable (urban, rural)

Dependent Variable:

Birth in a government facility (govt_delivery): A binary variable (zero non-governmental, one = governmental), where it becomes taken into consideration to be one if the vicinity of delivery is:

- A. Government Hospital
- B. Government Health Center
- C. Other Public

Independent Variables:

- A. Governorate (HH7): Baghdad, Basra, Erbil
- B. Place of Residence (HH6): Urban/Rural
- C. Education Level (welevel): Less than number one, number one, secondary, university and above
- D. Wealth Level (windex5): Poorest, 2nd, middle, fourth, richest
- E. Age Group (age_group): 15–24, 25–34, 35–49 years

Quality Control Tools:

- 1. A standardised questionnaire was utilised by UNICEF.
- 2. Data series groups had been trained and underwent in-depth education guides.
- 3. Field pleasant control mechanisms have been implemented.
- 4. Tests have been conducted. Internal consistency of data

4 Statistical Analysis and Results

4.1 Statistical methods used

The Stata statistical evaluation software version 16 was used for all analyses. The statistical methods used covered:

Descriptive Analysis:

- a. Frequencies and possibilities of specific variables
- b. Measures of principal tendency and dispersion of numerical variables

Inferential Analysis:

- a. Chi-square take a look at to evaluate ratios
- b. One-way ANOVA to examine approach
- c. Logistic regression models to estimate odds ratios

Management of Missing Data:

- a. Listwise deletion was used for instances with missing information Tests had been carried out to verify the character of lacking records (Missing Completely at Random)

Statistical Quality Control:

- 1. Calculation of check power
- 2. Verification of statistical model assumptions
- 3. Use of strong estimates of preferred deviations

4.2 Sample demographic characteristics

Table 3. Sample demographic characteristics (n = 1,293)

Characteristic	Basra (n=398)	Baghdad (n=680)	Erbil (n=215)	Value P
Economic Level				<0.001
- Poorest	38.8%	7.8%	3.8%	
- Second	31.1%	18.2%	12.2%	
- Middle	23.3%	26.9%	5.3%	
- Fourth	6.1%	31.3%	11.7%	
- Richest	0.7%	15.8%	67.0%	
Educational Level				0.303
- Less than primary	15.9%	9.0%	18.5%	
- Primary	39.1%	49.8%	35.9%	
- Secondary	26.7%	22.2%	21.4%	
- University or higher	18.4%	18.9%	24.2%	

The table indicates the distribution of the demographic and monetary traits of the sample through governOrate. An enormous disparity is observed in the economic distribution, with the lowest-profit corporations focused in Basra (38.8%) and the very best-income organisations concentrated in Erbil (67.0%). These differences are highly statistically significant ($P < 0.001$) and indicate variations in population traits in a number of the studied governorates

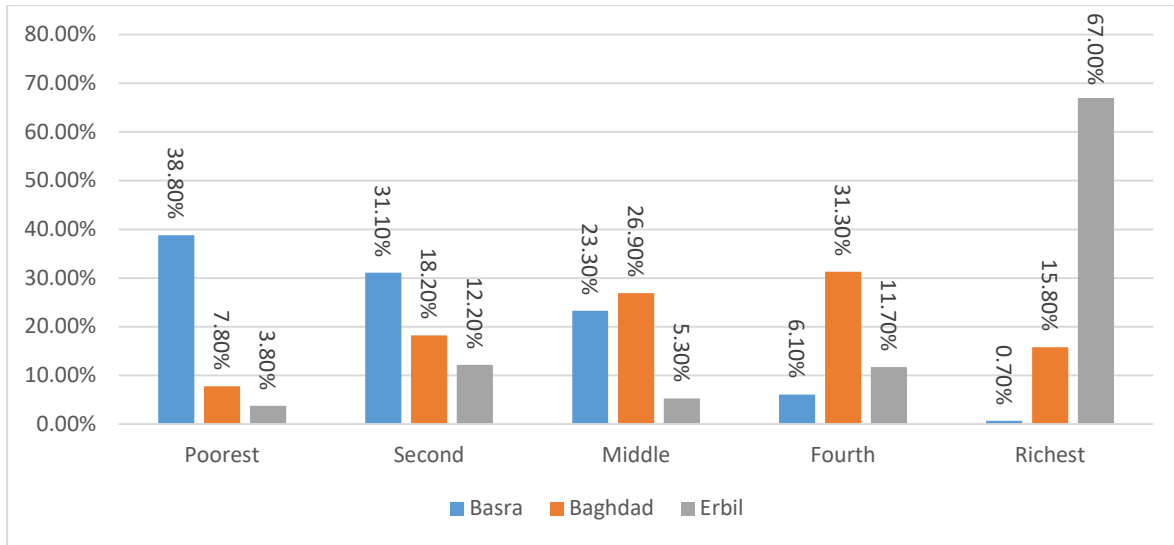


Fig. 1. Shows the economic level according to the three governorates

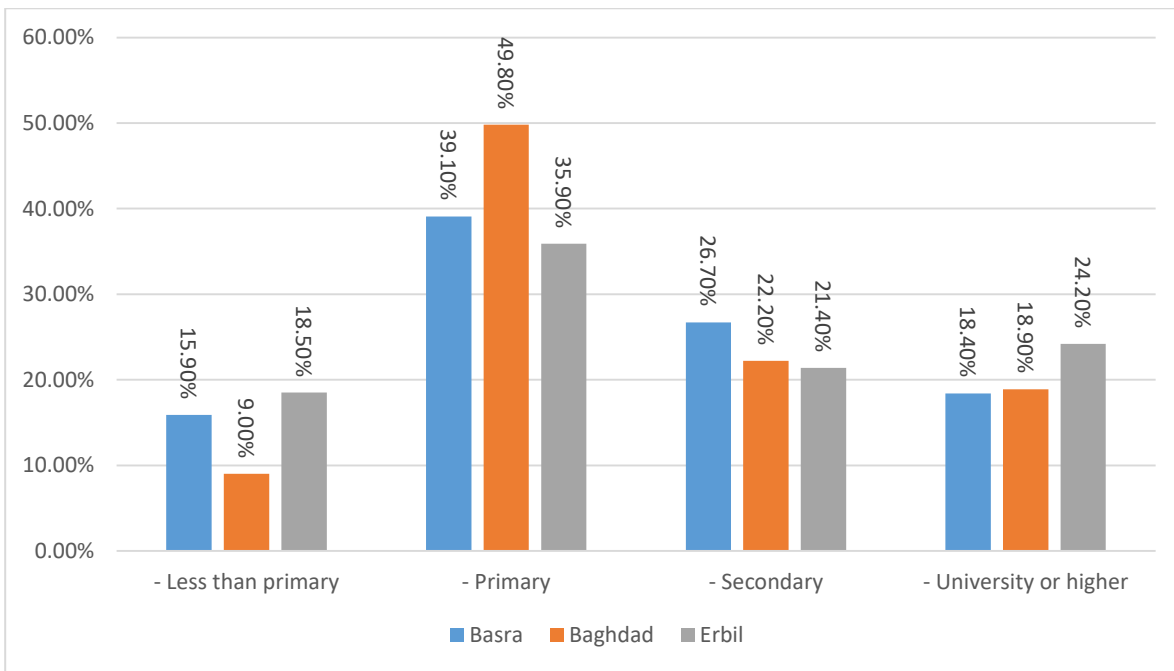


Fig. 2. Shows the educational level according to the three governorates

4.3 Key findings

Table 4. Birth rates in government hospitals

Governorate	Percentage	standard error	Confidence interval 95%	Value P
Basra	85.1%	1.95%	80.9% - 88.6%	<0.001
Baghdad	63.2%	2.48%	58.2% - 67.9%	<0.001
Erbil	57.2%	7.92%	41.5% - 71.7%	<0.001
Total	67.5%	2.21%	62.4% - 72.1%	

"The table indicates the percentages of births in the authorities' hospitals with 95% confidence intervals. Basra recorded the very best percentage (85.1%), followed by means of Baghdad (63.2%) and then Erbil (57.2%). All variations among governorates are relatively statistically good-sized (P = 0.0002), confirming the lifestyles of clean nearby disparities in the use of presidency centres for childbirth."

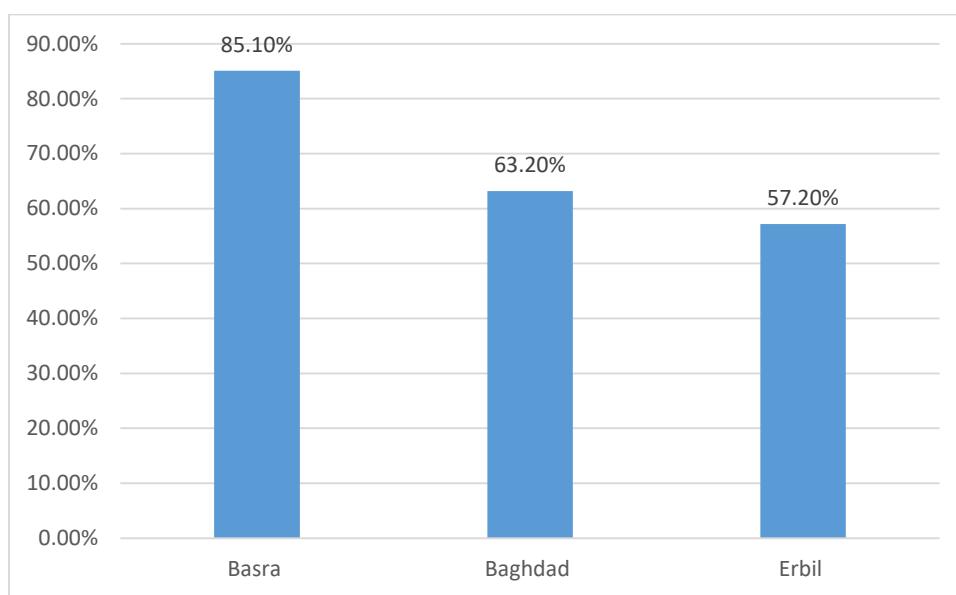


Fig. 3. Shows birth rates in government institutions

4.4 Analysis of influencing factors

"To analyse the factors influencing the selection of presidency hospitals concurrently, a multivariate logistic regression model turned into used, controlling for demographic and economic elements."

Table 5. Results of multivariate logistic regression

Variable	Comparison Category	Odds ratio (OR)	standard error	Confidence interval 95%	Value P
Governorate (Reference: Basra)					
- Baghdad	Against Basra	0.72	0.21	0.41 - 1.26	0.248
- Erbil	Against Basra	1.88	0.63	0.98 - 3.64	0.059 ^o
Economic Level (Reference: Poorest)					
- Second	Against the poorest	1.28	0.39	0.71 - 2.31	0.418
- Intermediate	Against the poorest	1.19	0.35	0.67 - 2.11	0.547
- Fourth	Against the poorest	0.55	0.17	0.30 - 1.00	0.052 ^o
- Wealthiest	Against the poorest	0.37	0.15	0.16 - 0.84	0.017*
Educational Level (Reference: Less than Primary)					
- Primary	Against the reference	1.06	0.32	0.59 - 1.90	0.840
- Secondary	Against the reference	0.75	0.27	0.37 - 1.53	0.427
- Higher Education	Against the reference	0.73	0.23	0.39 - 1.35	0.312
Age Group (Reference: 15-24)					
- 25-34 years	Against the reference	0.83	0.18	0.54 - 1.28	0.402
- 35-49 years	Against the reference	0.61	0.18	0.34 - 1.10	0.103
Place of Residence (Reference: Urban)					
- Rural	Against urban	0.64	0.20	0.34 - 1.19	0.156
Constant	-	4.51	2.13	1.78 - 11.39	0.001*

The desk offers the results of multiple logistic regression, controlling for all demographic and economic elements. It shows that monetary status is the most influential thing, with the probability of the usage of public hospitals decreasing as wealth increases (OR = 0.37 for the wealthiest organisation, P = 0.017). Conservation, education degree, age, and place of residence did not display an unbiased effect after controlling for financial elements.

5 Discussion and Interpretation

5.1 Interpreting regional disparities

The outcomes of this take a look at discovered vast local disparities in delivery fees at government hospitals in a number of the three governorates. The incredible superiority of Basra Governorate in the rate of utilisation of government hospitals (85.1%) may be explained with the aid of several factors.

First, this excessive fee can also mirror the ancient and cultural reliance on the public zone for healthcare provision in the southern governorates. Second, it can imply the limited availability of alternative options, because the non-public healthcare region may be less evolved in Basra in comparison to Baghdad and Erbil. Third, this price may additionally replicate neighbourhood health policies that concentrate on strengthening public quarter offerings.

Conversely, the low rate of utilisation of government hospitals in Erbil (57.2%) can also reflect numerous concurrent phenomena. On the one hand, the Kurdistan Region of Iraq has witnessed large growth within the non-public healthcare sector during the last decade, offering alternative options for citizens. On the other hand, this price may additionally mirror a cultural fashion toward those who prefer the personal quarter among a few segments of society.

5.2 The role of economic and social factors

Logistic regression evaluation confirmed that economic factors play a pivotal role in determining the selection of a birthing facility. The wealthiest section of the population decreased their probability of the usage of public hospitals by means of sixty three% compared to the poorest segment (odds ratio: 0.37, P = 0.017).

This locating aligns with several international studies indicating an inclination among affluent households to utilise the non-public healthcare sector. This phenomenon can be explained from numerous views:

From a financial standpoint, rich families have the economic capacity to manage to pay for private zone offerings, which can be frequently more expensive than those within the public sector. From a social angle, using the private quarter may be associated with positive social status in some groups. Regarding carrier quality, these households can also understand the personal zone as supplying better or excellent offerings.

Furthermore, the schooling level variable did not display a statistically significant impact on the probability of selecting to offer beginning in public hospitals after adjusting for different variables in the multiple logistic regression model.

The model results indicated that the P-values for all education stages have been greater than 0.05, suggesting the absence of an impartial statistically significant relationship between schooling degree and the use of public facilities for childbirth in the studied pattern. This may be defined by means of the fact that the effect of education can be significantly intertwined with the financial variable. Higher academic degrees are frequently related to greater economic ability, hence making economic factors more decisive than instructional elements in determining the region of origin.

This finding also displays the particular context of Iraq, in which financial situations, the supply of health services, and considerations in government establishments play a more significant role than academic factors in fitness decision-making.

This result aligns with international studies indicating that training loses its explanatory function whilst wealth levels and access to services are integrated into multivariable models. This shows that enhancing the fine of offerings and reducing the economic burden may be more effective in promoting births in the authorities' hospitals than focusing completely on educational variables.

6 Limitations and Practical Applications

Study Limitations:

1. The nature of the pass-sectional records does not permit the inference of causal relationships.
2. Reliance on self-reported facts, which may be subject to bias.
3. The presence of missing data for a few variables.
4. The analytical version does not now consist of all ability-influencing factors.

Study Strengths:

1. Use of consultant survey facts at the governorate level.
2. Application of pattern weights to ensure representativeness.
3. Use of advanced statistical methods and excellent controls.
4. Sufficient sample length for carrying out multivariate analyses.

Practical Applications of the Results:

1. Guiding decision-makers in the allocation of health assets amongst governorates.
2. Developing awareness packages concentrated on segments of the populace that underutilise government offerings.
3. Designing tiered pricing rules for health offerings.
4. Developing unified high-quality standards for the authorities' hospitals.

7 Conclusion

The consequences of this take a look at underscore the importance of information nearby differences in the use of government hospitals for childbirth within Iraq. They also spotlight the sensitive situations dealing with the health gadget in attaining fitness fairness and ensuring equitable get admission to to important maternal services. The results show that Iraqi governorates do not have comparable ranges of reliance on the authorities' hospitals. Basra Governorate recorded the best price of presidency health centre utilisation (85.1%), followed by Baghdad Governorate (63.2%) and Erbil Governorate (57.2%). This extensive hole shows the presence of multiple elements beyond mere service availability, along with resource allocation, improvement styles, the prevalence of the personal zone, and differences in cultural and social values between governorates.

Furthermore, logistic regression evaluation found that the financial element is one of the largest determinants influencing the selection of birthing vicinity. The take a look at showed that wealthier individuals were 63% less in all likelihood to make use of government offerings as compared to lower-income individuals. This reflects a growing fashion in the direction of personal zone preference among financially capable segments of the population, perhaps driven by a search for better service or a preference for privacy and luxury in maternity care.

The findings of this have a look at spotlight a true need to expand evidence-based health policies that consider local disparities in healthcare needs. Traditional reliance on standardised guidelines is no longer enough to address current imbalances, necessitating the allocation and path of resources primarily based on performance signs and actual

provider call for. The consequences additionally call for a focus on enhancing the excellent of maternity services in government hospitals, improving public consider in them, and bridging the distance between the public and private sectors through improvement and education packages and effective oversight structures.

Despite the power of the data used in this study, it should be noted that the cross-sectional nature of the observation does not allow for the established order of direct causal relationships, and reliance on self-reported statistics may additionally introduce some biases into the findings. Therefore, the take a look at recommends undertaking future qualitative and longitudinal studies encompassing all Iraqi governorates to analyse the underlying motives for styles in choosing an area of delivery and to determine the extent to which fitness behaviour is encouraged with the aid of cultural, mental, and organisational factors, no longer just monetary and social ones. Accordingly, this study represents a giant step in evaluating reproductive fitness services in Iraq and offers a basis for developing powerful regulations geared toward selling health fairness, decreasing local disparities, and ensuring higher care for mothers and children, in line with the UN Sustainable Development Goals 2030.

8 Recommendations

Based on the findings of this take a look at regarding local disparities in birth prices in authorities hospitals and the factors influencing the selection of birthing location, the have a look at offers a set of practical and medical guidelines that can contribute to enhancing maternal and child health guidelines in Iraq:

First: Recommendations at the National Health Policy Level

1. Develop a complete countrywide plan to reduce local disparities in maternity services, based on aid allocation in line with real need, population density, and service indicators.
2. Enhance the great of maternity services in government hospitals by improving the performance of clinical staff, upgrading devices, and ensuring the availability of emergency medicines and materials.
3. Implement a performance monitoring and evaluation gadget for authorities' fitness establishments based on clean, excellent indicators that are measured periodically at the governorate level.
4. Adopt a coverage of subsidising childbirth charges for low-earnings corporations to lessen financial disparities in get right of entry to appropriate healthcare.
5. Enhance integration among the private and non-private sectors by adopting mechanisms for buying offerings from the private sector, whilst needed, within unique satisfactory controls and requirements.

Second: Recommendations at the Governorate and Health Institution Levels

1. Establish fitness research and assessment devices inside each governorate to identify the motives for the decline in authorities-run births and expand area plans to deal with them.
2. Improve the health centre environment, along with decreasing overcrowding, enhancing hospitality services, ensuring privacy, and respecting affected person rights—elements that have demonstrated to influence the choice of birthing area.
3. Implement ongoing schooling packages for obstetricians and maternal and baby health nurses to enhance their professional and interpersonal abilities.
4. Activate network cognisance packages about the importance of delivering in safe healthcare centres, mainly in rural and less educated areas.

Third: Recommendations for Future Scientific Research

1. Conduct longitudinal studies to monitor adjustments over the years in beginning styles and the services furnished.
2. Conduct qualitative studies to understand the underlying motives why some women prefer to give birth in a private quarter or at home.
3. Expand the study to include all Iraqi governorates in order to develop a comprehensive national map of birth patterns, strengths, and areas of weakness.
4. Investigate the relationship between perceived service great and patient pride in public and private hospitals.
5. Integrate different crucial variables, including the quantity of previous births, fitness complications, and actual scientific charges.

Improving maternal care in Iraq calls for a balanced mix of equitable fitness rules, stepped forward clinical infrastructure, and the status quo of a fitness subculture primarily based on accept as true with and attention. The findings of this have a look at constitute an essential step closer to constructing an extra equitable and green health device that ensures every Iraqi girl her right to a secure start and complete healthcare

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