



Botswana Maternal Mortality Ratio 2021

Private Bag 0024
Gaborone

Tel: 3671300 Fax: 3952201
Toll Free: 0800 600 200

Private Bag F193,
Francistown

Tel: 241 5848,
Fax: 241 7540

Private Bag 47
Maun

Tel: 371 5716
Fax: 686 4327

Private Bag 32
Ghanzi

Tel: 371 5723
Fax: 659 7506

E-mail: info@statsbots.org.bw
Website: <http://www.statsbots.org.bw>



STATISTICS BOTSWANA

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GABORONE (HEAD OFFICE)

Private Bag 0024
Gaborone
Tel: 3671300 Fax: 3952201
Toll Free: 0800 600 200

FRANCISTOWN OFFICE

Private Bag F193,
City of Francistown
Tel: 241 5848,
Fax: 241 7540

MAUN OFFICE

Private Bag 47
Maun
Tel: 371 5716
Fax: 686 4327

GHANZI OFFICE

Private Bag 32
Ghanzi
Tel: 371 5723
Fax: 659 7506

E-mail: info@statsbots.org.bw

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PREFACE

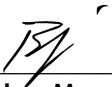
This Stats Brief presents Maternal Mortality Ratio (MMR) for the years 2014 to 2021. Data used for this brief is provided by the Ministry of Health through reporting from the health facilities. The brief assesses the major causes of Maternal mortality with a view to monitoring the effectiveness of Government interventions to ensure that no mother dies as a result of child birth. This commitment is underscored by Government subscription to the Sustainable Development Goal of 'ensuring healthy lives and promoting wellbeing for all ages. The SDGs commits countries to reducing global Maternal Mortality Ratio (MMR) to less than 70 deaths per 100,000 live births. The Goals also advocates for a large proportion of births being attended to by skilled health personnel.

The brief shows that 128 maternal deaths were reported in 2021 from 53,326 live births yielding a Maternal Mortality Ratio (MMR) of 240 maternal deaths per 100,000 live births. Over the years there has been a fluctuating trend in the Maternal Mortality Ratio (MMR) ranging from 127 deaths per 100,000 live births (lowest) in 2015 to 240 deaths per 100,000 live births (highest) in 2021. This shows that the country is yet to reach the 70 deaths per 100,000 live births set by World Health Organization (WHO). However, in 2021 there was a major setback in Botswana trying to attain the SDG 3.1c with the highest Maternal deaths ever recorded and this could mainly be attributed to Covid 19. The highest reported leading cause was Other viral diseases complicating pregnancy, childbirth and the puerperium (28.9%). These deaths are mainly comprised of Covid 19 related deaths. The second leading cause of maternal deaths were Severe pre-eclampsia (7.0%), and the third was Diseases of the circulatory system complicating pregnancy childbirth and the puerperium (5.5%).

We continue to note a high number of mothers delivering in health facilities. The brief shows an overwhelming 99.8 percent of all births are estimated to have occurred in the health facilities supervised by a skilled health professional.

Statistics Botswana welcomes contributions of all stakeholders and collaborating partners who ensured that this product is made possible. We welcome suggestions on how to improve this brief to effectively monitor the SDGs and ensure that no mother dies during childbirth due to preventable causes.

Thank you



Dr Burton Mguni
Statistician General
September 2023

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Definition of Maternal Mortality Ratio (MMR)

Maternal Death Definitions for Classification and Calculation of MMR

MMR: key terminologies	
The following World Health Organization (WHO) maternal death definitions were used for classification and calculation of MMR. The classification of causes of maternal deaths is also according to WHO International Classification of Diseases Volume 10 (ICD 10).	
Maternal Death	A death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.
Direct Maternal Death	A death resulting from complications of pregnancy, labor or delivery or their management.
Indirect Maternal Death	A death in which pregnancy exacerbated a pre-existing health problem.
Non-Maternal Death	A death that occurred during pregnancy or within 42 days of termination of pregnancy, but was considered unrelated to pregnancy (e.g. due to injury, homicide, or suicide).
Maternal Mortality Ratio (MMR)	Number of maternal deaths during a given period per 100,000 live- births during the same time-period. The ratio is expressed as follows: $\frac{\text{Maternal deaths} \times K}{\text{Live births}}$ Where K = 100,000
Proportion Maternal (PM)	Proportion of all-cause deaths for women of reproductive age (15-49 years) that are due to maternal causes.

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1. Introduction

This Stats Brief provides information on Botswana Maternal Mortality Ratio for the period 2014 – 2021. Maternal Mortality Ratio is defined as the number of maternal deaths per 100,000 live births. The Sustainable Development Goal (S.D.G) 3.1 sets a target by 2030, to reduce the global Maternal Mortality Ratio (MMR) to less than 70 per 100,000 live births. As part of a collaborative effort between Statistics Botswana and Ministry of Health {Department of Public Health - Sexual and Reproductive Health (SRH)} to enable and improve the availability and quality of maternal mortality information, the parties, ensure that data on live births and maternal deaths are provided. The data for the period 2014 to 2021 are provisional until the National Annual Health Statistics Reports are published. We hope readers and users of this information will find this brief informative and we welcome input on how to further improve the content of this publication.

2. Access to Health Services and Birth Attendants Assistance

The 2020 Vital Statistics report indicates that over 99 percent of deliveries have been born in health facilities over the years. This shows that high level of births is attended by skilled health personnel. The high level of birth attendance by skilled health personnel should lead to accurate identification and classification of maternal death cases, as well as certification of causes of maternal deaths. Hence, there is a high coverage and precision on the collection of births and deaths data on mothers and their newborns.

3. Maternal Deaths

3.1 Maternal Deaths per Health District and Type of Health Facility

Table 1 presents the distribution of maternal deaths that occurred in the Health districts, disaggregated by the facility type where they occurred in 2021. Almost three fifths of maternal deaths (60.9%) occurred in Gaborone and Francistown DHMT with Gaborone leading at 34.4 percent. The table further shows that half of the deaths (50%) occurred in Referral hospitals followed by 32 percent in District hospitals and 13.2 percent in Primary hospitals. Clinics account for 4.6 percent of deaths reported.

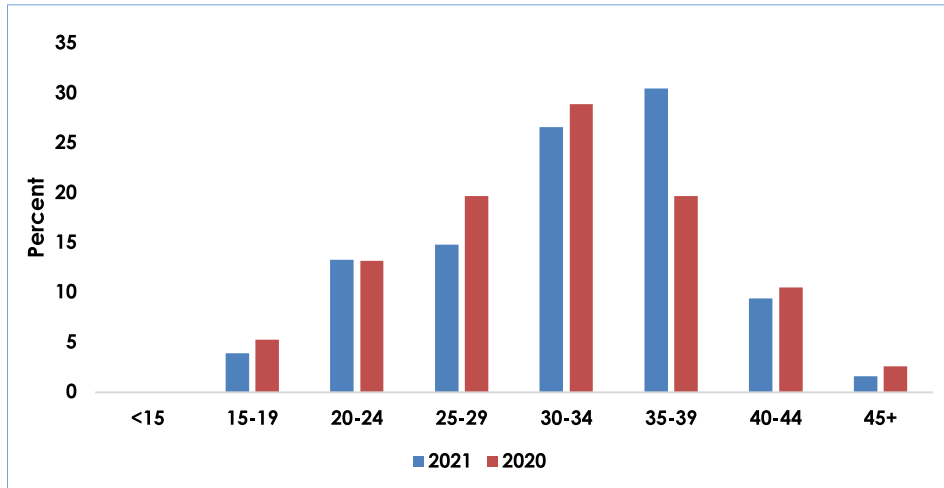
Table 1: Distribution of Maternal Deaths per District and Type of Facility, 2021

DHMT	Clinic	Hospital	Primary Hospital	Referral	Grand Total	Percent
Gaborone	1	12	0	31	44	34.4
Francistown	0	1	0	33	34	26.6
Ngamiland	0	6	0	0	6	4.7
Bobirwa	0	0	5	0	5	3.9
Kweneng East	0	5	0	0	5	3.9
Kgatleng	1	3	0	0	4	3.1
Serowe	0	4	0	0	4	3.1
Tutume	0	0	4	0	4	3.1
Kasane	0	0	3	0	3	2.3
Lobatse	0	3	0	0	3	2.3
Okavango	1	0	2	0	3	2.3
South East	0	3	0	0	3	2.3
Boteti	0	2	0	0	2	1.6
Kgalagadi South	0	0	2	0	2	1.6
Selibe Phikwe	0	2	0	0	2	1.6
Charles Hill	1	0	0	0	1	0.8
Gantsi	0	0	1	0	1	0.8
Jwaneng	1	0	0	0	1	0.8
Moshopa	1	0	0	0	1	0.8
Grand Total	6	41	17	64	128	100.0

3.2 Age Distribution of Maternal Deaths

Figure 1 shows the proportion of maternal deaths reported among age groups for 2020 and 2021. The highest maternal deaths in 2021 were reported among age groups 35-39 (27.6%), followed by ages 30-34 (30.4%). There were two cases of maternal deaths recorded for ages 45 and above. However, no cases were reported in less than 15 years of age. The two years shows that Maternal deaths are lower in early reproductive and late reproductive ages. They generally increase as reproductive ages increases and reach a peak in middle ages 30-34 in 2020 and 35-39(2021) thereby decreasing again with age.

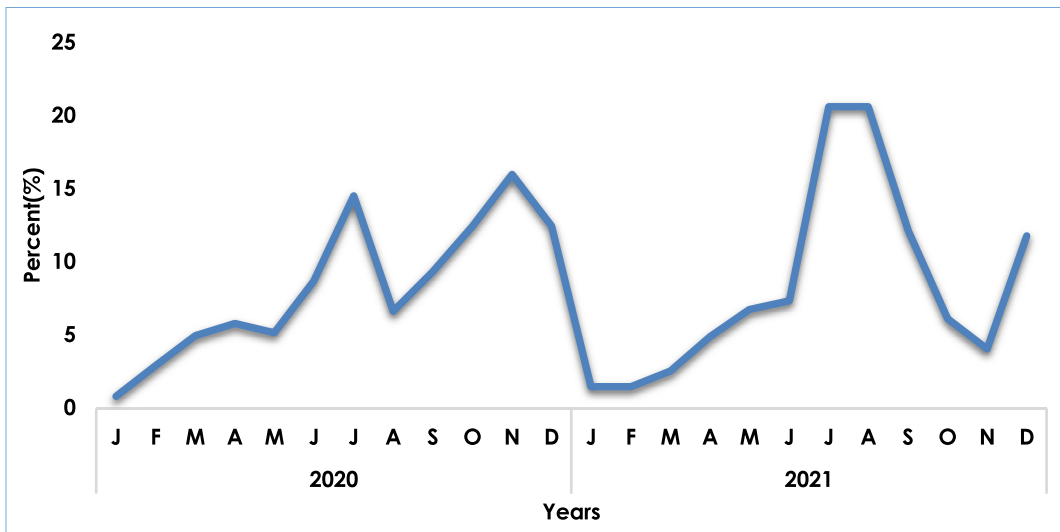
Figure 1: Age Distribution of Maternal Deaths, 2020-2021



3.3 Seasonal Variations in Maternal Deaths

Figure 2 presents the occurrence of Maternal mortality monthly for the years 2020 and 2021. Similar to 2020 the pattern for 2021 maternal deaths remained the same presenting a bimodal distribution. Maternal deaths were lowest from January and were steadily increasing until July/August where the first peak is observed thereafter decreasing. The second peak for Maternal deaths was observed at the end of the year November (2020) and December (2021). In 2020 the major mode was observed in November while the minor in July whereas in 2021 the major mode was observed in July and August and the minor mode in December.

Figure 2: Seasonal Variations in Maternal Deaths, 2020-2021



3.4 Maternal Mortality Ratio

Botswana Maternal Mortality Ratio for the period 2014 to 2021 is shown in **Table 2** below. The MMR sharply increased from 130.5 to 240.0 per 100,000 live-births between 2020 and 2021. Over the years the MMR has been fluctuating with the highest recorded this year 2021 (240.0) and the lowest in 2015 (127.0).

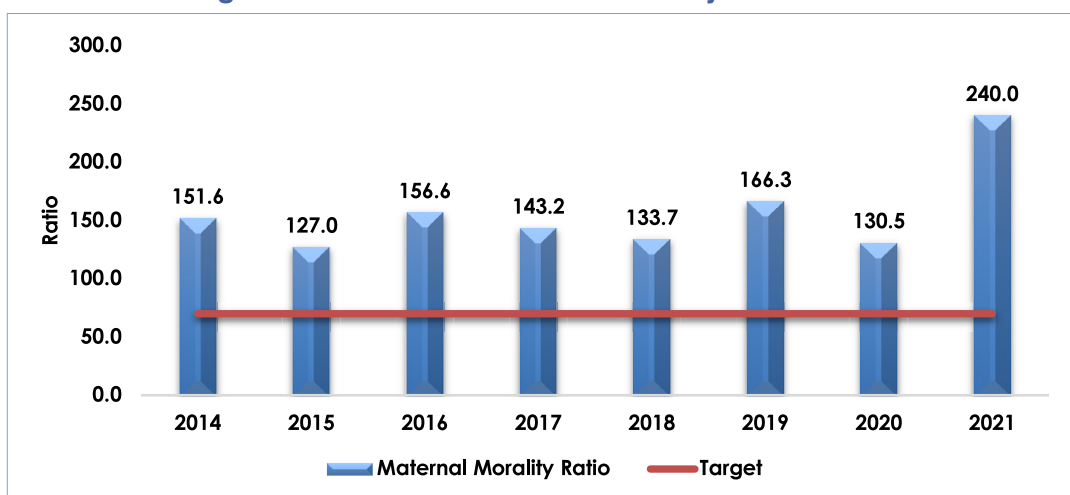
Table 2: Botswana Maternal Mortality Ratio 2014–2021

Variable	2014	2015	2016	2017	2018	2019	2020	2021
Institutional live births	47,273	57,290	54,159	52,242	52,999	52,206	58,146	53,227
Non-Institutional live-births	205	190	108	116	117	98	98	99
Total live-births	47,478	57,480	54,267	52,358	53,115	52,304	58,244	53,326
Maternal Deaths	72	73	85	75	71	87	76	128
Maternal Morality Ratio (per 100,000 live-births)	151.6	127.0	156.6	143.2	133.7	166.3	130.5	240.0

3.5 Progress towards Achieving Sustainable Development Goal (SDG) 3.1

Figure 3 shows trends in Maternal Mortality Ratio from 2014 – 2021 in relation to the set target of 70 deaths per 100,000 live births. The figure shows that the country has not reached the 70 per 100,000 live births since 2014. However in 2021 there was a major setback in Botswana trying to attain the SDG 3.1c with most maternal deaths recorded attributed mainly to COVID-19.

Figure 3: Botswana Maternal Mortality Ratio 2014-2021



3.6 Underlying Causes of Maternal Deaths

3.6.1 Top ten Causes of Maternal Deaths

Table 3 shows the top ten underlying causes of Maternal deaths in 2021. A total of 128 deaths were recorded in 2021. The top ten conditions contributed up to 65.6 percent of all the deaths. The highest reported leading cause was Other viral diseases complicating pregnancy, childbirth and the puerperium (28.9%). These deaths are mainly comprised of COVID-19 related deaths. The second leading causes of maternal deaths was Severe pre-eclampsia (7.0%), and the third was Diseases of the circulatory system complicating pregnancy childbirth and the puerperium (5.5%).

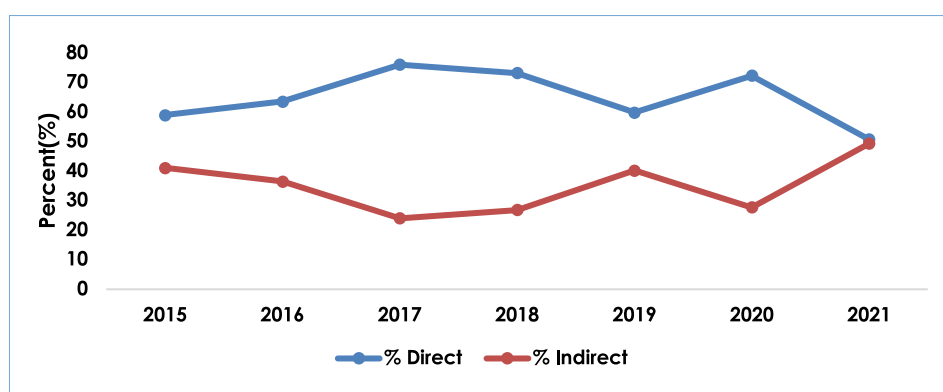
Table 3: The Top Ten Leading Causes of Death, 2021

ICD10 Code	Diagnosis	Rank	Number	Percent
O98.5	Other viral diseases complicating pregnancy, childbirth and the puerperium (COVID-19)	1	37	28.9
O14.1	Severe pre-eclampsia	2	9	7.0
O99.4	Diseases of the circulatory system complicating pregnancy childbirth and the puerperium	3	7	5.5
O71.1	Rupture of uterus during labour	4	5	3.9
O88.2	Obstetric blood-clot embolism	5	5	3.9
O90.3	Cardiomyopathy in the puerperium	6	5	3.9
O00.1	Tubal Pregnancy	7	4	3.1
O08.0	Genital track and pelvic infection following abortion and ectopic and molar pregnancies	8	4	3.1
O14.2	HELLP syndrome	9	4	3.1
O62.2	Other uterine inertia	10	4	3.1
Total Above			84	65.6
Other			44	34.4
Grand Total			128	100.0

3.6.2 Direct and Indirect Causes of Maternal Deaths

Figure 4 shows the percentage distribution of direct and indirect Maternal deaths from 2015 to 2021. Over the years direct causes have been higher than indirect causes. In 2021, direct causes contributed 50.7 percent of total maternal deaths which is relatively closer to indirect causes (49.3%). This increase in indirect maternal deaths is predominantly due to maternal deaths from COVID-19.

Figure 4: Direct and Indirect Causes of Maternal Mortality

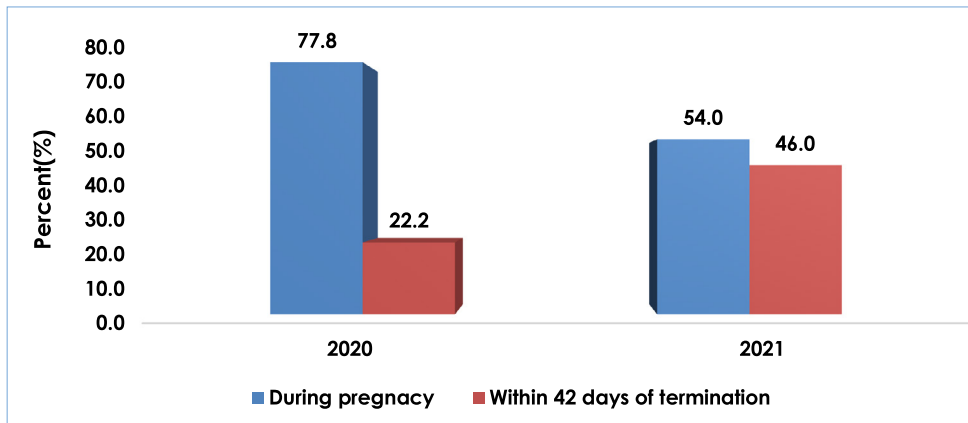


The most common causes of deaths among direct and indirect causes are indicated in **Annex 1**. The leading cause of maternal deaths among the direct causes was Severe pre-eclampsia (9 Cases) followed by Rupture of uterus during labor (5 Cases). Among the indirect causes the most common causes were, Other viral diseases complicating pregnancy, childbirth and the puerperium (COVID-19) (37 cases) followed by Obstetric pulmonary embolism (7 Cases).

3.7 Gestation at time of Maternal Deaths

A maternal death is a death of a woman while pregnant or within 42 days of termination of pregnancy. **Figure 5** shows proportion of maternal deaths for 2020 and 2021 as per gestation at time of death. Generally, there were more Maternal deaths that occurred during pregnancy compared to those that occurred post-delivery for both 2020 and 2021. The figure further shows that in 2021 there was an increase in proportion of deaths that occurred post-delivery from 22.2 percent to 46 percent.

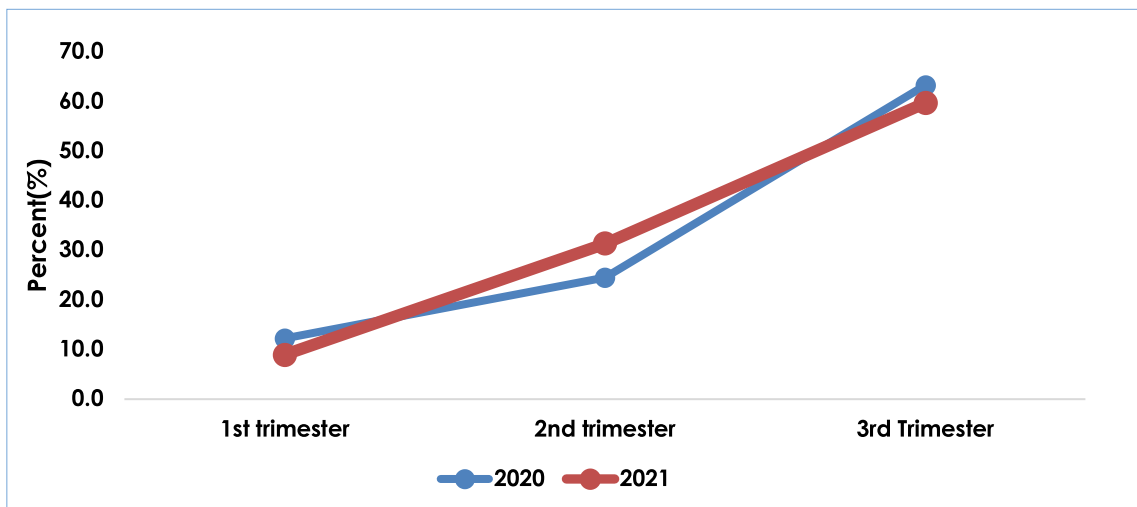
Figure 5: Proportion of Deaths per Year, 2020-2021



3.7.1 Maternal Deaths during Pregnancy

Figure 6 shows the proportion of maternal deaths that occurred during pregnancy in 2020 and 2021. A pregnancy is divided into trimesters: the first trimester is from week 1 to the end of week 12, the second trimester is from week 13 to the end of week 26 and the third trimester is from week 27 to the end of the pregnancy. The figure shows that the risk of maternal death increases with the onset of pregnancy for both 2020 and 2021. Maternal mortality is low in the first trimester, increases in the second trimester and is highest on the third trimester. In 2021, maternal deaths in the first trimester contributed 9.0 percent, in the second trimester (31.3%) and the third trimester (59.7%).

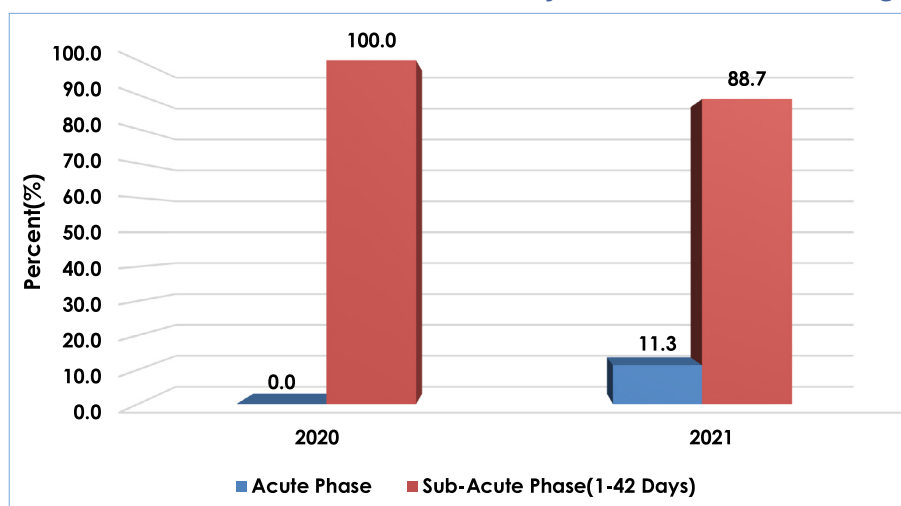
Figure 6: Proportion Maternal Deaths that Occurred During Pregnancy, 2020-2021



3.7.2 Post Natal Maternal Deaths

Figure 7 shows the proportion of maternal deaths that occurred within 42 days of termination of pregnancy in 2020 and 2021. The postnatal period is generally distributed into three distinct, but continuous phases: Acute Phase: 24 hours immediately following delivery, Sub-Acute Phase: can last 2-6 weeks following delivery and Late Phase: can last from 6 weeks - 6 months following delivery. For both 2020 and 2021 majority of deaths occurred in the Sub-Acute phase (1-42 days). In 2020 100 percent of deaths occurred in the Sub-Acute phase (1-42 days) while in 2021, 88.7 percent occurred in the Sub-Acute Phase (1-42 days).

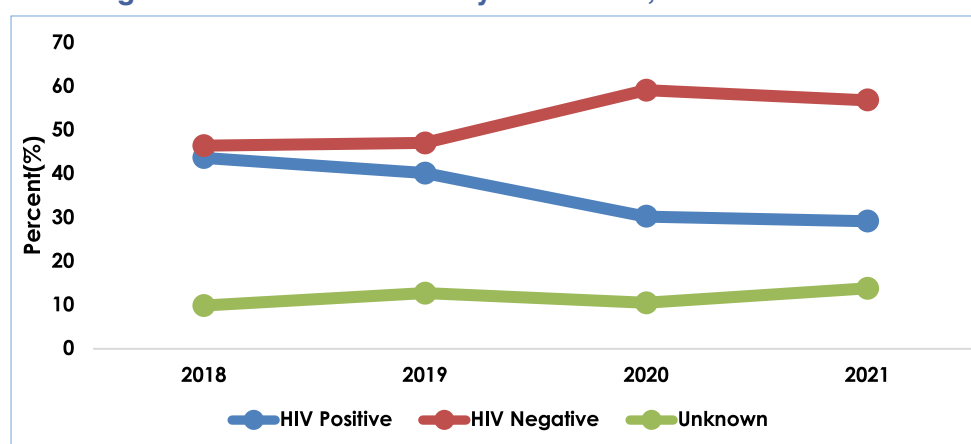
Figure 7: Maternal Deaths that Occurred Within 42 days of Termination of Pregnancy, 2020-2021



3.8 Prevalence of HIV Positivity Among Maternal Deaths over the Years

It has been realized that among the mothers dying due to specified maternal causes, there are some who were found to have been living positively with HIV/AIDS. From the 130 maternal deaths reported in 2021, 29.2 percent were HIV infected women, 56.9 percent HIV negative and 13.8 percent-unknown status (Figure 8 refers). The figure also shows that over the year's HIV positive among the maternal deaths have been reducing. Annex 2 further shows that most of the HIV+ deaths were in the age group 30-34 years (13.2%) followed by 25-30 years (7.9%) and 35-39(5.3%).

Figure 8: Maternal Deaths by HIV Status, 2018-2021



4. Institutional Births vs Non-Institutional Births

There were 53,326 live births registered in 2021. Table 4 shows that most births (61%) occurred in General Hospitals, as compared to 20 percent in primary hospitals and 18 percent in clinics respectively. This pattern has been consistent from 2017 to 2021. It is quite evident that most mothers (99.8%) prefer to deliver in health facilities than at home.

Table 4: Live Births by Place of Delivery 2017 - 2021

Place of Birth	2017		2018		2019		2020		2021	
	No.	%	No.	%	No.	%	No.	%	No.	%
General Hospital	33,442	63,9	34,071	64,1	33,013	63,1	35,656	61,2	32,649	61,0
Primary Hospital	11,285	21,5	11,689	22	11,321	21,6	11,720	20,1	10,873	20,4
Clinics	7,515	14,4	7,239	13,6	7,872	15,1	10,770	18,5	9,705	18,3
Non - Institutional	116	0,2	116*	0,2	98	0,2	98	0,2	99	0,2
Total Live Births	52 358	100	53,115	100	52,304	100,0	58,244	100,0	53,326	100,0

4.1 Born Before Arrival (BBA)

The born before arrival (BBA) refers to babies brought to the health facility within 24 hours after delivery. The BBA accounted for 4.3 percent (2,274) of 52,495 live births in 2021 as compared to 3.8 percent of 58,146 live births in 2020 ([Annex 2](#)).

4.2 Non-Institutional Births

The 2021 non-institutional Live births constituting 0.2 percent of the total births ([Table 3](#)). It has been realized that non-institutional births reported by Health Facilities to Ministry of Health were insignificant ever since Ministry of Labour and Home Affairs inaugurated the collection of births and deaths certificates. Furthermore, it is worth noting that South East district reported the highest non-Institutional births accounting for 46.9 percent, followed by Greater Gaborone with 10.2 percent, Borolong with 8 births (8.2%) and Francistown at 7 births (7.1%) respectively. However, the distribution of these non- institutional births is shown in [Annex 4](#).

5. Technical Note

The availability of data on number of live births and maternal mortality are a collaborative effort between Ministry of Health-Sexual Reproductive Health Unit and Statistics Botswana through its Health Statistics Unit to ensure production of quality national maternal mortality information.

APPENDICES

Appendix 1: Causes of Maternal Mortality by Age Group of Mother – 2021

DIRECT									
ICD10 Code	Diagnosis	15-19	20-24	25-29	30-34	35-39	40-44	45-49	Grand Total
O14.1	Severe pre-eclampsia	0	0	2	2	4	1	0	9
O71.1	Rupture of uterus during labour	0	0	1	1	2	1	0	5
O00.1	Tubal Pregnancy	0	0	1	2	1	0	0	4
O08.0	Genital tract and pelvic infection following abortion and ectopic and molar pregnancy	0	1	0	0	2	0	1	4
O14.2	HELLP syndrome	0	0	0	2	2	0	0	4
O62.2	Other uterine inertia	0	0	0	1	3	0	0	4
O90.3	Cardiomyopathy in the puerperium	0	2	0	0	2	0	0	4
O15.0	Eclampsia in pregnancy.	0	0	0	2	1	0	0	3
O73.1	Retained portions of placenta and membranes, without haemorrhage	0	1	0	0	2	0	0	3
O15.2	Eclampsia in puerperium	1	0	0	1	0	0	0	2
O21.1	Hyperemesis gravidarum with metabolic disturbance	0	1	1	0	0	0	0	2
O71.3	Obstetric laceration of cervix	0	0	1	0	0	1	0	2
O85	Puerperal sepsis	0	2	0	0	0	0	0	2
O88.1	Amniotic fluid embolism	0	0	0	1	1	0	0	2
O03.1	Spontaneous Abortion	0	0	0	0	1	0	0	1
O06.1	Unspecified Abortion	0	0	0	0	0	1	0	1
O11	Pre-existing hypertensive disorder with superimposed proteinuria	0	0	0	0	0	1	0	1
O13	Gestational (Pregnancy-Induced) hypertension with significant proteinuria	0	0	0	0	1	0	0	1
O14.9	Pre-Eclampsia, unspecified	0	0	0	0	1	0	0	1
O15.9	Eclampsia, unspecified as to time period	1	0	0	0	0	0	0	1
O36.4	Maternal care for excessive foetal growth	0	0	0	0	1	0	0	1
O44.1	Placenta praevia with haemorrhage	0	0	0	1	0	0	0	1
O45.9	Premature separation of placenta, unspecified	1	0	0	0	0	0	0	1
O46.0	Antepartum haemorrhage with coagulation defect	0	0	0	0	0	1	0	1
O62.2	Other uterine inertia	0	0	0	0	0	1	0	1
O72.1	Other immediate postpartum haemorrhage	0	0	0	0	1	0	0	1
O99.8	Other specified diseases and conditions complicating pregnancy, childbirth and the puerperium	0	1	0	0	0	0	0	1
Total		3	8	6	13	25	7	1	63
INDIRECT									
O98.5	Other viral diseases complicating pregnancy, childbirth and the puerperium (COVID-19)	1	3	9	13	8	2	1	37
O99.4	Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium	0	3	0	1	1	2	0	7
O88.2	Obstetric pulmonary embolism	0	1	1	3	0	0	0	5
O98.7	Human Immunodeficiency (HIV) disease complicating pregnancy, childbirth and the puerperium	0	0	1	1	0	1	0	3
O99.8	Breast cancer with Metastasis	0	0	0	2	0	0	0	2
O11	Pre-existing hypertensive disorder with superimposed proteinuria	0	0	1	0	0	0	0	1
O23.0	Infection of kidney in pregnancy	1	0	0	0	0	0	0	1
O24.9	Diabetes mellitus in pregnancy, unspecified	0	0	0	0	1	0	0	1
O90.3	Cardiopathy in the puerperium	0	0	1	0	0	0	0	1
O99.2	Endocrine, nutritional and metabolic diseases complicating pregnancy, childbirth and the puerperium	0	0	0	0	1	0	0	1
O99.3	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	0	0	0	1	0	0	1
O99.5	Diseases of the respiratory system complicating pregnancy, childbirth and the puerperium	0	0	0	1	0	0	0	1
Y14.9	Poisoning by and exposure to other and unspecified drugs, medicaments and biological	0	0	0	0	1	0	0	1
Y19.9	Poisoning by and exposure to other and unspecified chemicals and noxious substances, undetermined intent	0	1	0	0	0	0	0	1
	Sub total	2	8	13	21	13	5	1	63
UNKNOWN									
O95	Obstetric death of unspecified cause	0	0	1	0	1	0	0	2
	Sub total	0	0	1	0	1	0	0	2
Grand Total		5	16	20	34	39	12	2	128

Appendix 2: Live births by Health Facilities – 2021

Health Facility	Discharged								New Borns Discharged				Total Live Births
	Number of Beds	Admissions	Alive	Dead	Patient Days	Occupancy Rate(%)	Length of Stay(Days)	Turnover Rate	New Born	New BBA	Alive	Dead	
General Hospitals													
Letsholathebe II Memorial Hospital	340	4,293	4,296	100	76,671	62	17	13	2,687	87	2,724	50	2,774
Scotfish Livingstone Hospital	350	8,724	8,735	372	65,723	51	7	26	3,250	161	3,383	28	3,411
Bokamoso Private Hospital	122	7,041	6,831	24	26,369	59	4	56	551	2	553	0	553
SDA Kanye Hospital	182	3,171	3,176	14	9,585	14	3	18	1,509	37	1,528	18	1,546
Mahalapye Hospital	320	6,547	6,576	303	76,488	65	11	21	2,218	60	2,236	42	2,278
Deborah Relief Memorial Hospital	167	4,652	4,606	207	39,429	65	8	29	1,700	94	1,776	18	1,794
Orapa Hospital	94	2,240	2,178	15	5,993	17	3	23	544	4	545	3	548
Princess Marina Referral Hospital	557	14,318	14,154	512	313,359	154	21	26	5,176	47	5,029	194	5,223
Gaborone Private Hospital	90	3,869	4,038	107	32,519	99	8	46	1,701	11	1,701	11	1,712
Nyangabwe Referral Hospital	497	19,551	19,499	1,124	183,425	101	9	41	4,791	69	4,749	111	4,860
Riverside Private Hospital	29	2,413	2,295	30	7,213	68	3	80	641	2	641	2	643
Bamalete Lutheran Hospital	138	5,327	5,319	190	19,434	39	4	40	1,622	14	1,626	10	1,636
Athlone Hospital	139	3,966	3,981	107	30,785	61	8	29	1,016	21	1,024	13	1,037
State Mental Referral Hospital	300	1,779	1,758	0	93,618	85	53	6	0	0	0	0	0
BCL Mine Hospital	15	0	0	0	0	0	0	0	0	0	0	0	0
Selibe Phikwe Government Hospital	65	5,490	5,522	115	34,572	146	6	87	1,208	14	1,220	2	1,222
Jwaneng Mine Hospital	60	2,761	2,691	0	8,750	40	3	45	1,097	36	1,097	36	1,133
Sekgoma Memorial Hospital	386	9,372	9,306	416	64,094	45	7	25	2,203	76	2,268	11	2,279
Total	3,851	105,514	104,961	3,636	1,088,027	77	10	28	31,914	735	32,100	549	32,649
Primary Hospitals													
Masunga Primary Hospital	48	1,108	1,115	54	3,732	21	3	24	237	7	242	2	244
Palapye Primary Hospital	50	4,765	4,777	166	15,944	87	3	99	1,587	55	1,613	29	1,642
Bobonong Primary Hospital	33	3,065	3,075	83	14,600	121	5	96	676	22	695	3	698
Mmadinare Primary Hospital	31	1,753	1,763	50	10,589	94	6	58	313	18	330	1	331
Thamaga Primary Hospital	61	2,194	2,219	0	10,009	45	5	36	725	18	736	7	743
Gantsi Primary Hospital	104	3,485	3,497	152	25,415	67	7	35	925	94	1,012	7	1,019
Sefhare Primary Hospital	38	1,618	1,620	52	5,822	42	3	44	487	16	500	3	503
Kasane Primary Hospital	30	2,129	2,140	38	6,352	58	3	73	407	6	412	1	413
Tsabong Primary Hospital	33	1,485	1,495	50	7,803	65	5	47	518	21	535	4	539
Tutume Primary Hospital	42	3,261	3,237	116	9,950	65	3	80	829	47	871	5	876
Gweta Primary Hospital	50	1,300	1,298	42	6,020	33	4	27	359	36	391	4	395
Rakops Primary Hospital	36	1,146	1,152	45	5,051	38	4	33	254	13	260	7	267
Letlhakane Primary Hospital	25	3,095	3,100	75	14,990	164	5	127	891	152	1,031	12	1,043
Gumare Primary Hospital	34	2,271	2,300	65	15,099	122	6	70	1,068	30	1,077	21	1,098
Thebephatshwa Primary Hospital	35	0	0	0	0	0	0	0	0	0	0	0	0
Goodhope Primary Hospital	40	1,917	1,915	76	21,493	147	11	50	592	25	611	6	617
Hukuntsi Primary Hospital	63	1,370	1,361	49	8,777	38	6	22	417	28	436	9	445
Total	753	35,962	36,064	1,113	181,646	66	5	49	10,285	588	10,752	121	10,873
Total Clinics	1,442	15,805	15,414	93	14,908	3	1	11	8,754	951	9,643	62	9,705
Grand Total	6,046	157,281	156,439	4,842	1,284,581	58	8	27	50,953	2,274	52,495	732	53,227

Appendix 3: Maternal Mortality in HIV Infected Women by Age Group of Mother – 2021

ICD 10 Code	Diagnosis	20-24	25-29	30-34	35-39	40-44	45-49	Total
O00.1	Tubal Pregnancy	0	0	0	1	0	0	1
O03.1	Spontaneous Abortion	0	0	0	1	0	0	1
O06.1	Unspecified Abortion	0	0	0	0	1	0	1
O08.0	Genital tract and pelvic infection following abortion and ectopic and molar pregnancy	0	0	0	0	0	1	1
O11	Pre-existing hypertensive disorder with superimposed proteinuria	0	0	0	0	1	0	1
O14.1	Severe pre-eclampsia	1	0	1	0	0	0	2
O15.0	Eclampsia in pregnancy.	0	0	1	1	0	0	2
O21.1	Hyperemesis gravidarum with metabolic disturbance	0	1	0	0	0	0	1
O36.4	Maternal care for excessive foetal growth	0	0	0	1	0	0	1
O44.1	Placenta praevia with haemorrhage	0	0	1	0	0	0	1
O62.2	Other uterine inertia	0	0	0	2	0	0	2
O71.1	Rupture of uterus during labour	0	1	0	1	0	0	2
O73.1	Retained portions of placenta and membranes, without haemorrhage	0	0	0	1	0	0	1
O88.1	Amniotic fluid embolism	0	0	0	1	0	0	1
O90.3	Cardiomyopathy in the puerperium	1	0	0	2	0	0	3
O98.5	Other viral diseases complicating pregnancy, childbirth and the puerperium (COVID-19)	0	0	2	5	1	0	8
O98.7	Human Immunodeficiency (HIV) disease complicating pregnancy, childbirth and the puerperium	0	0	1	0	1	0	2
O99.2	Endocrine, nutritional and metabolic diseases complicating pregnancy, childbirth and the puerperium	0	0	0	1	0	0	1
O99.3	Mental disorders and diseases of the nervous system complicating pregnancy, childbirth and the puerperium	0	0	0	1	0	0	1
O99.4	Diseases of the circulatory system complicating pregnancy, childbirth and the puerperium	2	0	0	0	1	0	3
O99.8	Breast cancer with Metastasis	0	0	1	0	0	0	1
Y14.9	Poisoning by and exposure to other and unspecified drugs, medicaments and biological	0	0	0	1	0	0	1
Total		4	2	7	19	5	1	38

Appendix 4: Non-Institutional Live births by District – 2021

District of Birth	Number	Percent
Gaborone	10	10.2
Francistown	5	7.1
Lobatse	2	0.0
Selebi Phikwe	8	6.1
Orapa	-	0.0
Jwaneng	-	2.0
Sowa Town	-	0.0
Southern	3	3.1
Barolong	7	8.2
Ngwaketse West	-	0.0
South East	18	46.9
Kweneng East	8	2.0
Kweneng West	-	0.0
Kgatleng	-	0.0
Central Serowe/Palapye	6	4.1
Central Mahalapye	7	0.0
Central Bobonong	10	0.0
Central Boteti	1	2.0
Central Tutume	4	4.1
North East	1	0.0
Ngamiland East	5	1.0
Ngamiland West	1	1.0
Chobe	1	0.0
Ghanzi	2	1.0
Kgalagadi South	-	1.0
Kgalagadi North	-	0.0
Not Stated	-	0.0
Total	99	100.0



Private Bag 0024
Gaborone
Tel: 3671300 **Fax:** 3952201
Toll Free: 0800 600 200

Private Bag F193,
Francistown
Tel: 241 5848,
Fax: 241 7540

Private Bag 47
Maun
Tel: 371 5716
Fax: 686 4327

Private Bag 32
Ghanzi
Tel: 371 5723
Fax: 659 7506

E-mail: info@statsbots.org.bw
Website: <http://www.statsbots.org.bw>



STATISTICS BOTSWANA