**Title Assessing the cost of maternal postpartum services, before and after interventions in Burkina Faso**

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**Abstract**

**Introduction:** The *Missed opportunities for maternal and infant health (MOMI)* project has implemented a package of interventions at community and facility levels to uptake maternal and infant postpartum care (PPC).One of theseinterventions is the integration of maternal PPC in child clinics and infant immunization services based on the rationale that a majority of women bring their infant to health services for immunization but few get checked. Maternal PPC entails monitoring the wellbeing, early detection and management of complications, preventive measures and counselling.

**Aim:** This paper assesses the economic cost of maternal PPC services, for health services and households, before and after the implementation of interventions in Kaya health district (Burkina Faso).

**Methods:** We used Burkina Faso National Health Accounts to evaluate the cost of reproductive health services, in particular PPC in 2013, 2014 and 2015. Based on two household surveys collected before (N = 757) and after one year intervention (N=754) among mothers within one year PP, we also estimate the household costs of maternal PPC visits by infant date of birth before and after the interventions implementation. We compare the PPC costs for households and health services with or without integration in infant immunization services. We focus on the costs of the intervention at days 6-10 that was most successful.

**Results:** Reproductive health expenditures from all funding sources in Burkina Faso grew steadily since 2011 due to the implementation of the Millennium Development Goals and an increase in the subsidies for family planning. The average unit cost of health services for days 6-10 maternal PPC decreased from 4.6 USD before the intervention in 2013 (Jan-June) to 3.5 USD after the intervention implementation in 2014. Maternal PPC utilization increased with the implementation of the interventions but so did days 6-10 household mean costs. The costs increased with the integration of maternal PPC with BCG immunization.

**Conclusion:** The uptake of maternal PPC led to a cost reduction, as shown for days 6-10, at health services level. Further research should determine whether the increase in costs for households will be deterrent to the use of integrated maternal and infant PPC.

**Key words:** postpartum; maternal and infant health; health service costs; household costs; integration of services; Burkina Faso.