

Saving Mothers: Episcopal Relief & Development's Commitment to Maternal Health

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What any family hopes for when preparing for the birth of a child is for both the child and mother to remain healthy during pregnancy and after childbirth. For those in industrialized countries, families are practically guaranteed that this hope will come true. The chances are much smaller in developing countries, however, where complications of pregnancy and childbirth are a leading cause of death and disability among women of reproductive age. The most recent global estimates of the maternal mortality ratio (MMR), or the number of maternal deaths per 100,000 live births, found that industrialized countries had an estimated 13 MMR.¹ MMRs in developing countries, on the other hand, ranged from 190 in Latin America and the Caribbean to 560 in South Asia and 980 in Eastern and Southern Africa.² Put another way, the chance of a woman in Afghanistan or Sierra Leone dying as a result of pregnancy or childbirth during her lifetime is about one in seven, compared with about one in 30,000 for a woman in Sweden.¹ Women in developing countries are clearly at a disproportionate risk of dying during or after childbirth, which is a tragic loss for the family, community and nation as a whole.

The loss of women to pregnancy and childbirth is a significant international development issue. As the United Nations highlights, "A society deprived of the contribution made by women is one that will see its social and economic life decline, its culture impoverished, and its potential for development severely limited."³ Indeed, women are often the primary caregivers of children, healthcare providers to their families and communities, and principal breadwinners. Research shows that maternal mortality harms children's nutrition and growth and thereby harms the human capacity for development. In other words, the more women a community loses, the more it will suffer and the less it will advance.

¹ <http://childinfo.org/areas/maternalmortality/countrydata.php>

² <http://childinfo.org/areas/maternalmortality/countrydata.php>

³ http://www.who.int/reproductivehealth/publications/reduction_of_maternal_mortality/reduction_maternal_mortality_preface.htm.

In addition to being a significant international development issue, maternal mortality and morbidity is also a personal issue for many women around the world, given that only three to four percent of poor women in the developing world have never had a child.⁴ The high incidence of maternal mortality and morbidity is also a children's development issue, with an estimated eight million infant deaths a year occurring just before or during delivery or in the first week of life.⁵ The United Nations Family Planning Association (UNFPA) has highlighted that maternal mortality ratios show the greatest gap between rich and poor countries of all health indicators,⁶ which further reinforces maternal health as a development issue of high importance.

EPISCOPAL RELIEF & DEVELOPMENT'S COMMITMENT TO SUPPORTING MATERNAL HEALTH

Episcopal Relief & Development, the international relief and development agency of the Episcopal Church of the United States, is committed to helping women access the maternal health care they need to survive and stay healthy. Episcopal Relief & Development's commitment to support maternal health programming is coupled with our commitment to support the achievement of the Millennium Development Goals (MDGs). Millennium Development Goal 5 charges the international development community with improving maternal health by reducing the MMR by three-quarters (from 1990 rates) by 2015. Episcopal Relief & Development's maternal health programs are also integrated with our efforts to achieve other primary health related MDGs; particularly MDG 4 which aims to reduce the mortality rate of children under-five by two-thirds between 1990 and 2015 and MDG 3, which promotes gender equality and the empowerment of women.

Episcopal Relief & Development's goal is to address the barriers that prevent many women in developing countries from receiving maternal health care. Our programs have illustrated the particular need to address the following three barriers, which contribute significantly to a women's risk of maternal mortality and morbidity:

1. Delays in accessing the health facility
2. Delays in the decision-making at home to seek medical attention
3. Delays in receiving care at the health facility

Preventing delays in accessing the health facility

An estimated 35% of pregnant women in developing countries do not have access to or contact with health personnel prior to delivery.⁷ In sub-Saharan

⁴ United Nations, World Fertility Survey 2004

⁵ <http://childinfo.org/areas/maternalmortality/index.php>

⁶ <http://www.unfpa.org/mothers/facts.htm>

⁷ <http://www.unfpa.org/mothers/facts.htm>

Africa where maternal deaths are highest, fewer than 40% of women receive skilled assistance during childbirth.⁸ Episcopal Relief & Development has found that delays in accessing health facilities are often caused by geographical distance from health facilities and poor communication networks between health facilities. To prevent these causes, Episcopal Relief & Development supports maternal health interventions that aim to:

- ❖ Improve communications technology to facilitate communication between health facilities
- ❖ Support strengthened referral systems between health care providers

Preventing delays in decision-making at home to seek medical attention

Episcopal Relief & Development's programs indicate that delays in decision-making at home to seek medical attention are often caused by (1) lack of adequate financial resources to travel to the health facility or pay for services; (2) lack of knowledge about warning signs of complications during pregnancy, labor and delivery and (3) cultural practices that restrict women from seeking health care without permission from their husbands or male family members to do so.

To prevent these causes, Episcopal Relief & Development supports maternal health interventions that:

- ❖ Support the economic growth of communities to ensure families can access available health services
- ❖ Provide education to communities about warning signs of complications and good pre-natal care
- ❖ Promote the empowerment of women to make decisions about their medical care, particularly given the likely absence of men due to employment or other commitments

Preventing delays in receiving care at the health facility

Episcopal Relief & Development's programs have highlighted two primary causes of delays in receiving care at the health facility: (1) an inadequate number of skilled attendants and/or poorly motivated staff; and (2) inadequate equipment, supplies and drugs.

To address these delays, Episcopal Relief & Development supports:

- ❖ The training of medical personnel
- ❖ Incentive structures to motivate staff at health facilities
- ❖ Life-saving skills training for health personnel such as midwives, doctors, and Traditional Birth Attendants

⁸ <http://www.unfpa.org/mothers/facts.htm>

Additionally, when Episcopal Relief & Development has the audience of ministers, directors of health, and policy makers, we advocate for hospitals to have basic equipment and for further emergency skills training for health personnel.

EPISCOPAL RELIEF & DEVELOPMENT'S MATERNAL HEALTH PROGRAMS

Episcopal Relief & Development is proud to support maternal health programs throughout Africa, Asia, and Latin America and the Caribbean. The following programs provide an overview of the types of actions Episcopal Relief & Development and our partners take each day to improve maternal health around the world.

Africa

Episcopal Relief & Development and its partners have provided maternal health education to over 186,000 people in **Ghana, Kenya, and Burundi** on:

- Maternal nutrition
- Early warning signs of complications
- The importance of breastfeeding and appropriate complimentary feeding
- The importance of community linkages to local health care facilities

The programs also include education on family planning and birth spacing; dangers and complications of unsafe abortion; and HIV/AIDS and other sexually transmitted infections. Episcopal Relief & Development anticipates that providing education in these areas will help communities identify medical warning signs and increase the possibility that families will seek necessary maternal health services without delay.

These programs also support the empowerment of women to make decisions about their medical care. Open sessions are held exclusively for women to discuss their maternal-health related concerns, and women have reported that they feel empowered by this opportunity to freely discuss issues related to their health. Men are also actively involved in the programs since, as the decision makers in the community, it is vital that they understand the causes of maternal mortality and morbidity and are committed to reducing the dangers many women in their communities face during pregnancy and child labor. Additionally, the inclusion of men in the program could also create an understanding among men that they could enhance the health of their wives, daughters and mothers by not requiring women to seek their permission to access maternal health care.

Episcopal Relief & Development also addresses maternal health in Africa through its 15-country⁹ malaria prevention program, *NetsforLife*[®]. The program

⁹ *NetsforLife*[®] is currently operating in the following 15 countries in Africa: Angola; Botswana; Burundi; DR Congo; Ghana; Kenya; Liberia; Namibia; Nigeria; Malawi; Mozambique; Tanzania; Uganda; Zambia; Zimbabwe

works to prevent pregnant women from contracting malaria and advocates for the provision of medicine which can prevent fetal injuries and death often caused by malaria during pregnancy and after childbirth. Through *NetsforLife*[®] Episcopal Relief & Development also specifically advocates for the provision of Intermittent Preventive Treatment (IPT), medications administered to pregnant women in order to prevent them from contracting malaria, and protect the mother and newborn from complications caused by the disease.

Latin America and the Caribbean

In Latin America and the Caribbean, Episcopal Relief & Development and its partners aim to heighten community awareness of maternal health issues and thereby increase the chances that families will seek necessary maternal health services without delay.

In the **Dominican Republic**, Episcopal Relief & Development partners with a clinic on a community health program to address the needs of pregnant women and their children in San Pedro de Macoris. The program trains local health promoters to educate communities on skills in pre-natal and neonatal care as well as tuberculosis, malaria and dengue fever prevention and the prevention of complications from chronic disease. The program aims to reach 25,000 people between 2008 and 2011. Over 7,000 of those beneficiaries will be women, and over 5,000 of those women will be of child-bearing age.

In **El Salvador**, Episcopal Relief & Development is supporting the Diocese of El Salvador in its efforts to help pregnant women care for themselves and their young babies. The diocese works with a doctor and nurse who conduct workshops and trainings and attend to the overall health needs of the Anglican villages that were built previously through the support of Episcopal Relief & Development. Through this program, pregnant women are taught about the importance of good nutrition during pregnancy; how to care for new babies; and how to ensure their children maintain healthy weights. So far 400 women have been reached through this program, and the aim is to reach 1,200 women by 2011.

Asia

In Asia, Episcopal Relief & Development and its partners aim to heighten community awareness of maternal health issues and increase the accessibility of available maternal health services.

Episcopal Relief & Development-supported clinics in **Bangladesh** offer:

- Pre- and post-natal maternal health care and services, including blood and pregnancy tests
 - Home and clinic deliveries
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- Child nutrition programs

Clinic staff consists of both male and female doctors and village health workers. The village health workers visit mothers and children in the villages to offer basic health services and assure mothers and their children are receiving the health care they need.

Similarly to the clinics in Bangladesh, the Episcopal Relief & Development-supported clinic in **Pakistan** offers pre- and post-natal maternal health services, including:

- Blood and pregnancy tests
- At-home and clinic deliveries

The clinic sees approximately 8,000 female patients each year and, like the clinic in Bangladesh, its community health workers visit villages to ensure that female community members are receiving the maternal and general health care they require.

An Episcopal Relief & Development-supported women's health program in **China** prevents community delays in seeking maternal health services by promoting community awareness about the unique medical needs of women and girls. The program addresses many health issues that disproportionately affect women and girls by promoting community awareness about general gynecological disease and health, maternal health, sanitation, and HIV/AIDS. Through this program, local community health workers and experts from the government and community institutions educate women and female adolescents about the importance of regular doctor and gynecological visits, including the importance of pre-natal care.

Not only does the training model empower women and female adolescents with the necessary information to make decisions about their medical needs, but it further empowers them to become community experts on these issues. After completing the training sessions, the women and female adolescents in turn educate their entire communities, from adolescents to male heads of household, on women's health issues. Episcopal Relief & Development anticipates that this program model will ultimately equip entire communities with information to help prevent the health issues that disproportionately affect the women and girls in their communities each day.

CONCLUSION

By supporting maternal health programs throughout Africa, Asia, Latin America and the Caribbean, Episcopal Relief & Development is helping to save the lives of future mothers and their children each day. Episcopal Relief & Development understands that our support is urgent since, as the United Nations Children's Fund (UNICEF) reports, each year more than half a million women die due to

complications of pregnancy and childbirth, and this number has not substantially changed in over two decades.¹⁰ Episcopal Relief & Development is committed to continuing our support for maternal health programs and believes that all people are entitled to living long, happy, and healthy lives, including mothers and their children.

¹⁰ http://www.unicef.org/health/index_maternalhealth.html?q=printme