

# SAFE BABY DELIVERY



## IMPROVE MATERNAL HEALTH

*Reduce by three-quarters the proportion of women dying in childbirth by 2015.*

Giving birth safely is largely a privilege of the rich. In the developed world, the risk of dying in pregnancy and childbirth is 1 in 7300. In Asia it's 1 in 120, and in Africa a shocking 1 in 22.

More than half a million women die in pregnancy and childbirth every year – that's one every minute. 99 percent of them live in the developing world. In poor countries, the day a child is born is all too often the day its mother dies.

There's been only a marginal decline in adolescent pregnancies in Africa, and in Latin America and the Caribbean, they remain high. Girls who give birth before they are 15 are 5 times more likely to die than women in their 20s.

The proportion of women in developing countries giving birth with skilled help rose from 53 percent in 1990 to 63 percent in 2008. Progress was especially good in North Africa, where the proportion of women who saw a

trained health worker during their pregnancy rose by 70 percent. But in sub-Saharan Africa less than half the women giving birth were attended by a health professional.

Maternal mortality reaches deep into other Millennium Development Goals. A child which loses its mother will be poorer, hungrier, and will have less chance of going to school, especially if she is a girl.

### **Caritas in action: Feeding Zimbabwe**

If you're a refugee or a migrant worker, if you live in a country where there is conflict, or if you are simply poor, getting medical treatment when you are pregnant is often very hard. Caritas supports care for women before and after their babies are born.

At 32, Samira is carrying her ninth child, and has been diagnosed with anemia at the free Caritas Iraq clinic in Kirkuk. It could save her

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life, as anemia can cause a post-delivery hemorrhage, a major cause of death in childbirth. Preventing and treating anemia can stop a family losing its mother. At her twice-monthly visits to the Caritas Iraq clinic, Samira is given medicine and a nourishing food basket. But it's a social as well as a medical service. She says, "This is the only place where I get love and attention. I am so tired from the demands of my family – it is a great help for me to come here."

In Baghdad's Al-Karrada area, another Iraqi mother is grateful to Caritas Iraq for its help. At just 17, asthma complicated Ayesha's first pregnancy, but she was regularly monitored even though she and her husband could not afford to pay for treatment. "I was afraid from the beginning, as this was my first pregnancy," she says, "But Caritas not only gave me medical support, but also education and advice." Ayesha delivered her baby boy safely, and he is followed up at the Caritas clinic. As a baby's risk of dying in its first year of life is 60% higher if its mother is under 18, the educational support Ayesha is receiving about how to care for her son, is all the more important.

Across the border in Jordan, Sharmin Aktar is also a proud first time mother. At 24, she's just

given birth to her daughter Sibiyah, a healthy full term baby weighing in at 2 kilos. But two years ago, things were very different. Sharmin had a still birth 7 months into her pregnancy after suffering bleeding. As a migrant worker from Bangladesh, Sharmin and her tailor husband didn't have the money for ante-natal care.

This time, though, Sharmin has learned of the work of Caritas Jordan, which offers free health care and education to people who otherwise can't afford it. Sharmin has again suffered bleeding, but because she has been monitored during her pregnancy, she's been treated and when the baby was found to be breech, a caesarean was prescribed. Caritas Jordan paid half of the 250 dinar (about \$35) it cost, and its partner the Italian Hospital of Amman the rest. Sharmin says, "I'm so happy with the care I got, it's been very good. I want to have two more children when I can."

Dr Khalid Shammam, the general surgeon at the hospital, says he sees about two still births every month. "Poor women are more likely to have still births as they can't afford to pay for scans. Diabetes and hypertension can be causes but we can treat them if we know about them."

## What can we do?

Fund increased access to health care and training to tackle health care system weaknesses. Screening for tetanus and anaemia must be increased, as many health problems during pregnancy and delivery are preventable, detectable and treatable.

Train more doctors, nurses and midwives and provide life-saving emergency obstetric care.

Educate and inform women about the warning signs which show a pregnancy complication and urge them to seek help.

Strongly question why so very little progress overall has been made in reducing deaths in childbirth. In 1990 there were 480 deaths per 100,000 births: by 2005, this had only declined to 450. Even though in South Asia a decline of 20 percent has been achieved, the number of deaths is still unacceptably high.

Educate people on cultural practices such as early marriage. In the period 1998-2007, 49 percent of young women in South Asia had been married before they were 18.

Celebrate and learn from countries like Rwanda, where in a model for Africa, 92 percent of the population has access to basic care.

Photos:

(Page 1) A mother and child in the Northern highlands of San Marcos, Guatemala. Sara A. Fajardo/Catholic Relief Services, (Page 2) Sharmin Aktar with her daughter Sibiyah. Michelle Hough/Caritas.

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