Footsteps 91

tearfund

MATERNAL HEALTH

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Saving a mother's life

Richard Hanson / Tearfund

A nurse checks the baby's heartbeat.

It is tragic when a woman dies in childbirth. The family is changed forever. We need to ask 'Why did she die?' Usually there is not just one answer to that question. Often there are lots of problems mixed up together. Imagine many pieces of string tangled up in a ball. We have to untangle the ball to see the different pieces of string. Then the problems are clearer and we can start to see some solutions.

Medical factors

If a woman dies in a clinic or in hospital, the medical factors leading to her death are written on medical notes as the official causes of death. If the examples below seem frightening, remember that they tell you what went wrong in the woman's body, but they do not tell you about any of the other factors, such as whether she would have survived if she had received help earlier. Most of these medical problems will not lead to death if they are recognised and treated soon enough.

Many women bleed to death. This is the leading cause of women dying in childbirth all over the world. According to the World Health Organization, about 800 women die in childbirth every day. This adds up to about 300,000 women a year. About a third of these women bleed to death after their baby is born.

Other direct medical factors that may cause a woman to die in pregnancy or childbirth include:

- obstructed labour – when the baby does not progress normally through the birth canal
- ruptured uterus – a tear in the womb
- eclampsia – a condition involving high blood pressure
- ectopic pregnancy – when the baby starts to grow in the tube leading to the womb rather than in the womb
- unsafe abortion.

The three delays

Many experts agree that 'three delays' are often responsible for women dying in childbirth.

- Delay at home or in the community – for example, the traditional culture is to give birth at home, danger signs are not recognised soon enough, there is no money for health care.
- Delay getting to a health centre or hospital – for example, the roads are bad, there is no transport or no money to pay for it, phone communication is bad, the health centre is far away.
- Delay at the health facility – for example, not enough staff, lack of suitable equipment, no means of arranging transfer to hospital.

Most couples expecting a baby should be able to make plans and take actions that will significantly reduce the risk of being affected by the first two delays.

Appointments during pregnancy (often called antenatal appointments) are very important. Even if a woman feels well during pregnancy, there are things that need to be checked that could lead to problems later. Women who go to at least four antenatal

In this issue

Footsteps

Footsteps is a magazine linking health and development workers worldwide. Tearfund, publisher of *Footsteps*, hopes that it will provide a stimulus for new ideas and enthusiasm. It is a way of encouraging Christians of all nations as they work together towards creating wholeness in our communities.

Footsteps is free of charge to grassroots development workers and church leaders. Those who are able to pay can buy a subscription by contacting the Editor. This enables us to continue providing free copies to those most in need.

Readers are invited to contribute views, articles, letters and photos.

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Hesperian Health Guides

appointments are less likely to die from problems in pregnancy or childbirth. A family is more secure if there are plans in place to deal with any potential problems.

Health services not good enough

In many places there are no health services nearby or health services are unreliable. You could spend money to travel there and find that there is no trained midwife, or the clinic is closed and there is no number to call for emergencies.

This can lead to fear and apathy in a community. All it takes is one bad experience for the rumour to spread that trying to find health care for childbirth is a waste of time, effort and money.

WHAT CAN WE DO?

- Ask for better local services.
- Spread accurate information about what services are available, where and when, and encourage others to use them.
- Ask for free antenatal appointments.

Lack of education and money

Many people avoid seeking medical help because they fear they will not be able to pay for it. When it comes to pregnancy and birth, it is prudent to make savings, no matter how small, to pay for medical costs or transport to health centres. Self-help groups and savings groups can provide mutual support in this way.

If a family never or rarely uses health care services because they are poor and/or illiterate, they may not know that antenatal appointments are important. They may be suspicious and prefer to use traditional medicines that could be ineffective or harmful.

If a family cannot read, it will often be more difficult for them to get health care and to learn about good health. An illiterate person cannot read an appointment card, medical notes, or a notice board at a clinic.

WHAT CAN WE DO?

- Promote saving money for health care costs.
- Advertise the importance of antenatal appointments using word of mouth.
- Teach women to read.

Harmful cultural practices

Some cultural practices increase the likelihood of a woman dying in childbirth.

CHILD MARRIAGE Girls and women under the age of 20 can suffer problems in labour because their bodies are not ready. Girls aged 10–14 are five times more likely to die in childbirth and those aged 15–19 are twice as likely to die in childbirth.

FEMALE CIRCUMCISION Altering a girl's body by cutting away parts of the genitals is very harmful. Female circumcision (sometimes called female genital mutilation or FGM) is often practised in communities where fertility in women is highly valued, yet studies show that it makes it much harder for women to deliver babies safely. Scar tissue from where cuts were made and infibulation (sewing up of the birth canal) prevent normal births. A woman who has been cut often needs more specialist health

care that may not be available locally, and may not be affordable. This increases the risk of both mother and child dying.

PREFERENCE FOR BOYS Families who want boys, and are able to pay for a scan to find out the gender of their unborn child, sometimes decide to abort girls. If the abortion is unsafe, the mother may die from complications or infection.

When boys are preferred in a family, girls are sometimes given less food or different, less nutritious foods. If a girl does not eat enough nutritious foods such as milk and eggs, her body will not grow strong to prepare her for childbirth when she is older. When a poorly nourished girl or woman becomes pregnant, she is likely to suffer problems.

WHAT CAN WE DO?

Cultural practices change over the course of generations, not overnight! However, for the examples given here, faith-based teaching on the equal value of women in God's sight can make an important difference. Individual decisions by men and women to change their practices – even when this will make family relationships difficult – will sow the seeds of future change in families and communities.

Lack of family planning services

Pregnancies too early or too close together can make life harder for families. The mother and children are more likely to be weak. A woman who has many pregnancies close together (less than two years between deliveries) is more likely to suffer health problems in pregnancy and childbirth than women whose children are more evenly spaced.

In some places family planning services are available but the deliveries of supplies such as condoms and pills are not frequent enough and people cannot afford to buy a large number at once.

WHAT CAN WE DO?

- Advertise local family planning services and encourage others to use them.
- Ask for better services and more frequent deliveries of supplies.
- Make sure family planning services include advice for women to help them recognise when the chances of pregnancy are greatest.

A father's role

In many cultures a father has a 'gatekeeper' role. He has the power to make important decisions for the family. This can affect maternal health. Many of the causes of death can be prevented if men understand the risks better. For example, the decision to seek medical attention in pregnancy and childbirth is often made by a husband. If he delays, his wife could die. If he understands the need to plan ahead with his wife for childbirth, she and the baby are more likely to survive.

Fathers can also prevent harmful traditional practices and encourage the education of their daughters. They can discuss family planning with their wives and decide they will try to have children at least two years apart in age. They can set an example in seeking information about better health in pregnancy and childbirth in order to protect their families.

Written with help from Caroline Onwuezobe, who manages antenatal services at Faith Alive Hospital in Jos, Nigeria, and Andrew Tomkins, Emeritus Professor of International Child Health at University College London.

Solutions

- Going to at least four antenatal appointments
- Understanding danger signs in pregnancy
- Making a birth plan
- Arranging transport to health centre or hospital
- Preventing harmful cultural practices
- Choosing a family planning method

- Clinics open more hours
- More trained staff
- More and better equipment
- Local health centres to provide emergency transport to district hospitals at any time of day or night (for a fee if necessary)
- Mobile health clinics
- Widespread availability of family planning
- Reliable supply of iron and folate tablets, antimalarials and other medicines often needed in pregnancy

- Free antenatal appointments
- Better roads
- Better communications
- Free basic education

Talking to local government about maternal health

Identify the people responsible for planning maternal health services and those responsible for how much is spent on them.

Try to form a team including clinic staff (nurses, doctors) and community representatives (community health workers, community leaders) to describe the problem before approaching district managers.

EDITORIAL

Helen Gaw
Editor

'We recommend you transfer to hospital now.' I was at home, and two trained midwives were attending me. But something was wrong. Labour had been going well but after many hours the baby seemed not to be progressing any further. The midwives saw brown waters, which meant the baby could be in distress.

The ambulance ride was one of the most difficult journeys of my life. I was very glad to arrive at the hospital! My husband came with me and his presence strengthened me greatly. Six hours later my baby – who had been in a bad position for delivery – was born safely with the help of doctors. My husband had a very special task: to hold his son for the first 45 minutes of his life while I received medical attention.

A common thread running through this issue is the role of the father. It is hard to overestimate what a difference a father can make to saving the life of his pregnant wife or partner. A father's knowledge about pregnancy and birth, his willingness to make plans with his wife for the birth, and his commitment to help make the necessary arrangements and save enough money all demonstrate that he is an honourable man who wants to protect his wife and unborn child from harm. It is one way that husbands can show that they 'love their wives as their own bodies' (Ephesians 5:28).

Support from everyone else in the community is important too, especially when the father is absent. This issue suggests ideas and gives examples of how to help families and communities avoid the delays that lead to women dying in childbirth. It focuses on the knowledge and preparation that are needed for a safe birth.

We welcome feedback on this issue and your ideas for the next ones.

Helen

Community education for better maternal health

Improving maternal mortality in rural Afghanistan, as in many parts of the world, means facing multiple challenges:

- roads blocked by snow or flooding in winter and spring make it very difficult for women to access clinics and for village outreach health teams to reach women
- lack of educated women in villages to train as midwives/community health workers
- deeply held cultural beliefs about women's health that are harmful.

Overcoming these challenges requires a long term approach that matches improvements by the government in infrastructure such as roads and clinics, with improvements in women's education and in communities' awareness of issues to do with women.

IAM

'Gudigak' doll laid on a clean plastic sheet. Used as a visual aid in community health training.

Training and advocacy

International Assistance Mission's community development approach uses a combination of training and advocacy. Literacy and BLiSS (Basic Life Saving Skills) lessons are offered, and where possible the training is done by local trainers. An example of advocacy would be asking clinics to provide tetanus immunisation.

The BLiSS course was developed for Afghanistan by Operation Mercy to empower uneducated men and women to know what they can do to help each other in pregnancy, during childbirth and afterwards. It focuses on the importance

IAM

A men's group learning about safe birth. The man in the centre of the picture is holding the 'gudigak'.

of accessing medical help in a timely manner, and through participatory learning and role plays addresses many of the cultural beliefs that are harmful, such as:

- childbirth is dirty and shameful and should occur in the dirtiest room, usually the cowshed
- colostrum (the milk produced in the first three days) is dirty and should not be given to babies
- if a woman faints from lack of blood, she should be stood up and a gun fired next to her head.

Traditional beliefs

The 17 lessons of the BLiSS course encourage women to speak about their birthing traditions and ideas and look carefully at their underpinning cultural beliefs.

The women show a great dependence on faith, the supernatural and home-based remedies, but they are also starting to rely on the local clinic. The aim is to give worth to women's ideas (and therefore to women) by listening, teaching and then together trying to find best practice by combining healthy traditional beliefs with healthy midwifery skills. The harmful beliefs and practices are gently challenged through role plays, picture cards and guided discussions that show why, for example, hygienic measures, early breastfeeding and lying a bleeding woman down and raising her legs are all things that women can do to help each other.

Communicating with men

An important part of the approach is to involve men. Operation Mercy offers training for male facilitators as well as women in separate courses. For Afghan male facilitators from conservative areas, the male BLiSS training course may be the first time in their lives that they have used vocabulary to do with childbirth!

After training, male facilitators need to adapt what they have learnt on the course to their cultural setting – sometimes the hardest issue of all. For example, role plays where men play women during childbirth are possible in Kabul, but in conservative areas the workers would be thrown out of the village! Short stories are often an acceptable alternative.

In conservative areas, influential men such as mullahs and elders must give permission for women's groups to meet. If these men change their behaviour following the men's BLiSS course – for example, they take their wives to the clinic – other men will follow.

Effective ways to communicate with men include:

- **USING RELIGIOUS REFERENCES** God values all life, so birth spacing that improves women's and children's health is permissible within Islam, as it is within other faiths.
- **FINANCIAL INCENTIVES** Compare the cost of a funeral and remarriage if their wife dies in childbirth with the cost of seeing a doctor.

There can be no message more powerful about the value of community education than when the life of a woman and her child are saved through the collective knowledge and action of men and women.

The writer of this article works with International Assistance Mission (IAM) in Afghanistan.

Picture cards are useful in community training meetings. Home Based Life Saving Skills Large Picture Cards are available for US $25 from store.hesperian.org (search for 'picture cards'). Hundreds of cards illustrate common medical issues in pregnancy and birth.

CASE STUDY

Zulaikha was married about 10 years ago, aged 15, and soon after had a daughter, but following that she had several pregnancies that ended with stillborn babies.

She was pregnant yet again when she heard that a BLiSS course was starting in the village to help women improve their chances of surviving pregnancy and childbirth and giving birth to healthy babies. Understandably, she was really interested and made sure she could come to the course. Because of knowledge gained on the course, she and her neighbours decided she might be physically unable to give birth to live children. She went to the local clinic to see the midwife who confirmed that it was the likely cause of her problems.

Her family agreed that when she started going into labour she should be taken to the provincial hospital immediately (about two hours by car or six to eight hours by donkey). She was taken there safely, and her son was delivered by caesarean section. If it had not been for the BLiSS course and the conversations after it, which led to questions being answered, and greater knowledge and awareness among her neighbours and family, this would not have happened.

Zulaikha is one of several women who have been helped or saved from death by their community since the course took place.

For information about caesarean section, see pages 8–9.

What about
traditional belief?

If it's helpful…
use it

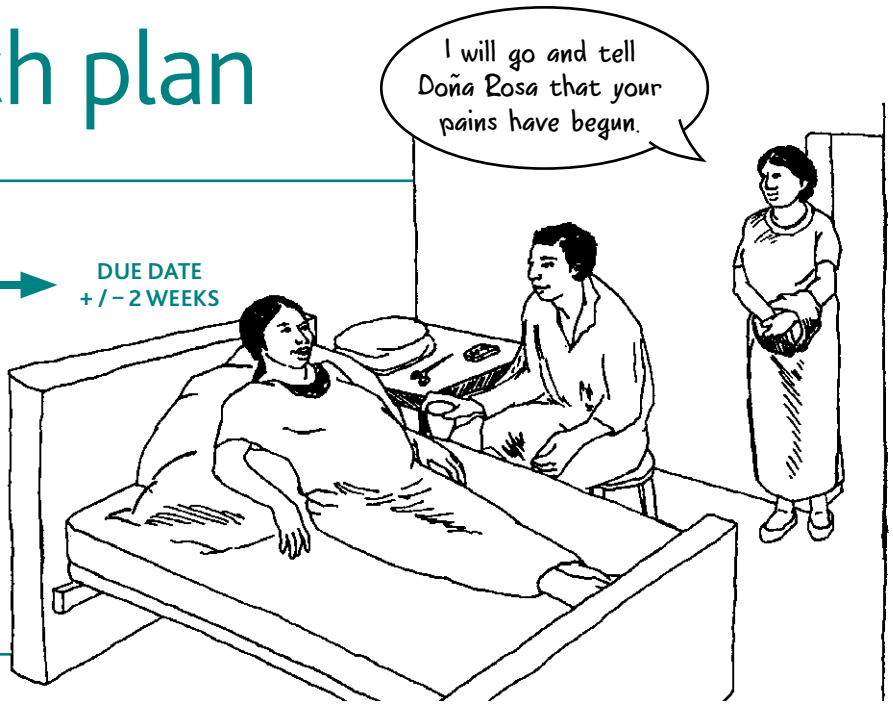
If it has no effect…
ignore it

If it's harmful…
educate against it

DISCUSSION

- What healthy traditional beliefs about maternal health are common in your area? How can these healthy beliefs be used alongside midwifery skills to promote healthy practices?
- What do you think about the suggestions for ways to communicate with men about maternal health? Would these suggestions work in your community? How can you adapt them?

Making a birth plan



All illustrations: Hesperian Health Guides

When is the baby due?

FIRST DAY OF LAST MONTHLY BLEEDING + 9 MONTHS AND 1 WEEK → DUE DATE + / – 2 WEEKS

- It is normal for the baby to be born up to two weeks earlier or up to two weeks later than the estimated date.
- There are also traditional ways of predicting when a baby will come, such as counting 10 moons since the last monthly bleeding.
- A couple should talk about when the baby is due so that they can make plans together.

As well as the question 'when?', a birth plan needs to answer the questions 'who?', 'where?', 'how?' and 'what?'

WHO? A trained person, preferably a professionally trained health worker, should be present at the birth. Who will this be and how will you contact her or him to say that labour is starting?

WHERE? Decide where the safest place to give birth is. Find out the phone numbers of the health facility and the nearest hospital. Check you have a number that will be answered at all hours, not just when the place is open. In rural areas without phone lines, can you call a mobile number to get medical help?

HOW? Reliable transport is very important. Do you need a few different options in case the first doesn't work out?

WHAT? Near the due date, prepare a bag ready for going to the health centre or hospital. This might include notes made by health workers at appointments during pregnancy (antenatal appointments), some money for food and drink, a change of clothes, a blanket to wrap the baby in, and baby clothes. It is also a good idea to take a mobile phone and a charger for keeping in touch – a phone could be borrowed from a friend or relative.

Saving money for medical care

- Estimate costs by talking with neighbours and local health workers.
- Work out how much needs to be saved each month in the months leading up to the birth.
- Work out what needs to be spent during pregnancy, for example on travelling to attend antenatal appointments.

REFLECTION

Consider its ways and be wise!

by Jennifer Snelling

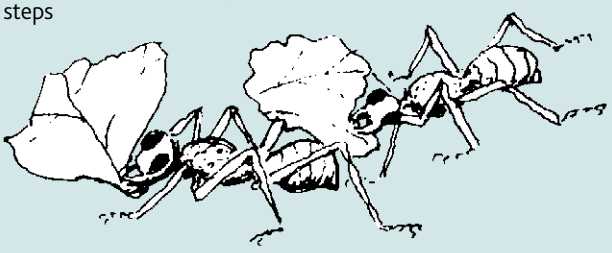
Have you ever stopped to observe a colony of ants? An ant colony operates without any central control and no ant has power over another. Yet the colony harmoniously performs extremely complex tasks including nest building, navigation, foraging, food storage, tending the young and waste collection. Ants in a colony look after the pregnant queen ant very well. They feed her, clean her and make her comfortable. Wouldn't it be interesting if pregnant mothers were cared for by their family and community as well as the pregnant queen ant is cared for by the colony of ants?!

How can expectant mothers and fathers apply the Bible's instructions which point to ants as examples of wisdom and planning? Proverbs 6:6-7 says: 'Go to the ant… consider its ways and be wise! It has no commander, no overseer or ruler, yet it stores its provisions in summer and gathers its food at harvest.'

It is wise to be informed and prepared for pregnancy and birth. We read in Proverbs 10:14 that 'the wise store up knowledge'. Fathers and mothers who take steps to prepare for the wonderful event of birth are like ants that have foresight to store provisions and gather food in a time of plenty and keep them for a later time when they are most needed (see also Proverbs 30:24-25).

We can receive good advice from health workers, and make it a priority to get all the care and treatment needed for ongoing health during pregnancy, during labour and delivery, and after birth. Proverbs 20:18 reminds us to 'make plans by seeking advice'.

Jennifer Snelling has produced training materials on maternal health and HIV for Tearfund partners in Africa.



- Remember that attending antenatal appointments can prevent an expensive emergency!

Existing savings groups and self-help groups can help each other with medical costs. An envelope of 'emergency money' could be given to a pregnant group member, with the expectation that it would be paid back if it was used. If it is not used, it could be passed to the next pregnant woman in the group.

Emergency birth plan

An emergency birth plan is needed in case the main birth plan cannot be followed. For example:

- if labour starts early
- if labour progresses very quickly
- if you see any of the danger signs in labour (see pages 8–9)
- if a transfer from a health centre to hospital is necessary.

Think about the possibilities and work out what would be needed, such as use of a neighbour's car, or a loan from a relative to pay for transport. Ask people in advance if they will help you in an emergency. It will prevent dangerous delays.

Family and community

If a mother travels to receive medical help, neighbours and relatives often take care of her other children while she is absent. Churches can support new mothers by providing meals for several days or helping out with tasks like cleaning the house.

You might ask what the point is in having a family and community plan, if other people will help out anyway without one. The point is to enable the mother to travel to a health centre to give birth without worrying about what is happening at home. It will ensure that everyone who is helping will know what has to be done, who will do it, and when it will be done.

In some places there are 'maternity villages' with good health facilities, trained midwives and places for women to stay. Women can travel to these villages in time for their expected delivery date. This will mean a few days or even a week or so away from the family.

Helping others to make plans

Role plays for use with groups:

- **SCENE** The moment the family contacts the midwife or birth attendant. Create two alternative versions – one where the family has a plan and knows what to do, and one where things go wrong because there is no plan in place.
- **SCENE** A woman wants to go against tradition by giving birth in a health centre rather than in her mother's house. Her husband has given permission for this. The woman speaks to her mother about her decision and asks her to help look after the family while she is giving birth.

Planning happens in different ways. Help others to think through the following:

- Which people need to be approached for advice or permission?
- What needs to be written down?

Material taken from Where Women Have No Doctor, *with thanks to the publishers, Hesperian, for permission (see page 9 for website and address).*

Recognising danger signs in pregnancy

Weakness and tiredness

Weakness and tiredness could be caused by weak blood (anaemia). See page 11 for more information.

Pain in the belly

There are different possible causes for pain in the belly, including ectopic pregnancy (see page 1), miscarriage or problems with the placenta.

Swelling of hands and face, or bad headache and blurred eyesight

High blood pressure combined with swelling of the hands and face, or a bad headache and blurred eyesight, can mean eclampsia, which causes seizures (eclampsia is also known as pre-eclampsia or toxaemia).

Bleeding from the vagina

Bleeding after the first three months can mean that there is a problem with the placenta.

Fever

Fever can be a sign of malaria or infection. Pregnant women living in malarious areas should take antimalarials as advised.

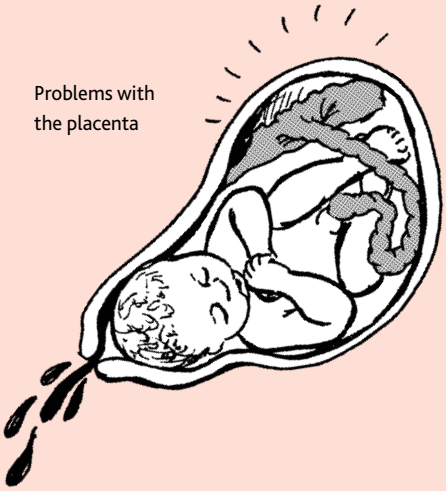
A woman with any of these signs may be in serious danger and should see a health worker.

Some danger signs can only be correctly diagnosed and managed by a health worker:

- Baby in wrong position for birth
- Multiple pregnancy eg twins
- Mother and/or father is living with HIV
- Mother has syphilis.

Trained midwives and skilled attendants can tell when a baby is in the wrong position for birth and can attempt to move the baby. It is dangerous for an untrained person to try to move the baby!

All women should be checked for HIV and syphilis early in pregnancy. Look on the back page for more information.



Problems with the placenta

Count the kicks

Once a pregnant woman can feel the baby moving regularly, she should pay attention to how often the baby kicks. If the baby stops moving, she should go to the health centre where a health worker can listen for the baby's heartbeat to check that the baby is still healthy.

Giving birth

Signs that labour is near

These three signs show that labour is starting or will start soon. They may not all happen, and they can happen in any order.

1 Clear or pink-coloured mucus comes out of the vagina.
During pregnancy, the opening to the womb (cervix) is plugged with thick mucus. This protects the baby and womb from infection. When the cervix starts to open, it releases this plug of mucus and also a little blood.

2 Clear water comes out of the vagina.
The bag of waters surrounding the baby can break just before labour begins, or at any time during labour.

3 Pains (contractions) begin.
At first contractions may come 10 or 20 minutes apart or more. Real labour does not begin until contractions become regular (have about the same amount of time between each one). When any one of these signs occurs, it is time to get ready for the birth:

- Let the midwife know that labour is starting.
- Make sure that the supplies for the birth are ready.

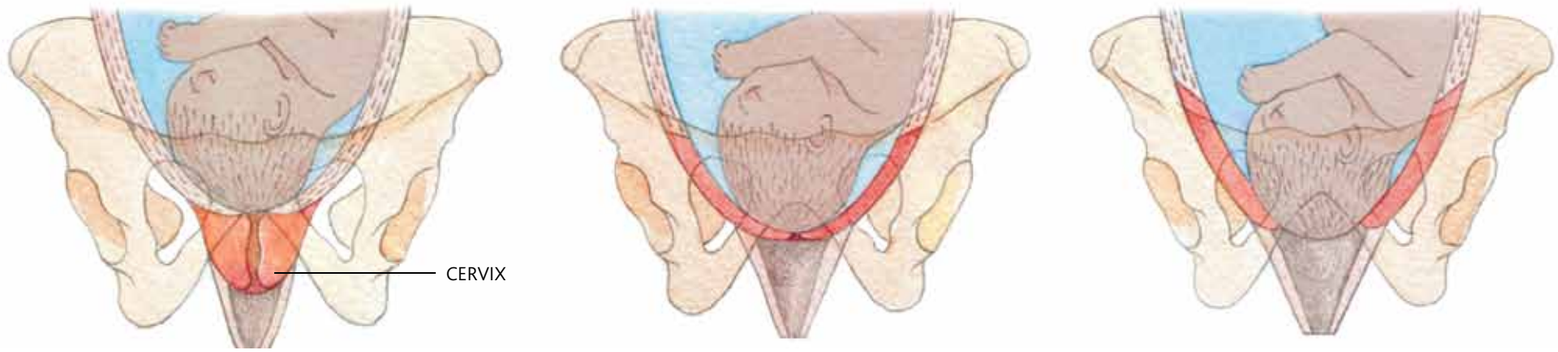
The mother should:

- wash herself, especially her genitals
- continue to eat small meals and drink whenever she is thirsty
- rest while she can.

Information taken from Where Women Have No Doctor, *with kind permission of the publishers, Hesperian, 1919 Addison Street Suite 304, Berkeley, CA 94704, www.hesperian.org*

STAGE 1 The cervix opens

Stage 1 begins when contractions start to open the cervix and ends when the cervix is fully open. When it is the mother's first birth, this stage usually lasts 10 to 20 hours or more. In later births it often lasts from seven to 10 hours. It can vary a lot.

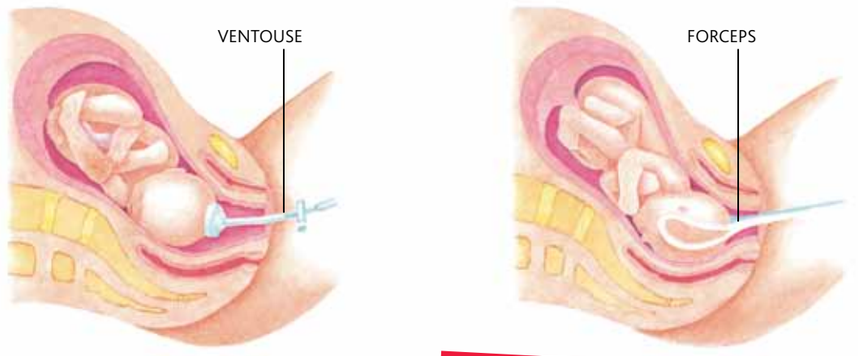


STAGE 2 Pushing the baby out

Stage 2 begins when the cervix is open and ends when the baby is born. This stage is usually easier than Stage 1 and should not take more than about two hours.

ASSISTED DELIVERY

Sometimes the mother needs help to get the baby out. The baby or the mother may be too tired to push, or the baby may be in distress. In a health centre or hospital, a doctor or midwife can use forceps or a vacuum extractor (sometimes called a ventouse) to pull the baby out gently. This should not damage the baby. The baby's head can appear misshapen for a few days after the birth, but this is not a cause for concern.



STAGE 3 The placenta (afterbirth) comes out

This is the easiest part of labour for the woman, but it still needs to be carefully managed. Putting the baby to the breast immediately stimulates the womb to contract and push the placenta out. When the placenta comes out it should be looked at carefully to check that it is complete. If it is not complete, seek help from a health worker. After the baby is born there can be serious bleeding, even if the labour has gone well up to this point. This is why it is important to have planned ahead for the labour – so you can be sure of a trained person being present at this stage.

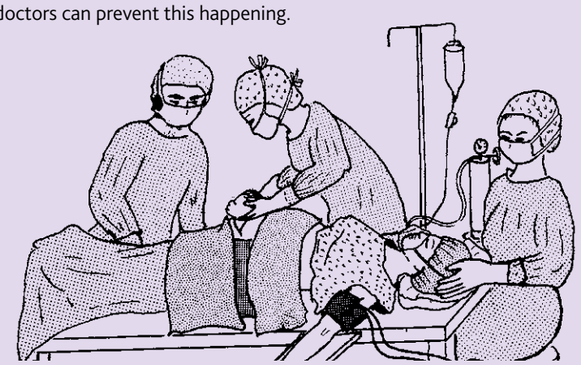
Danger signs in labour

Waters break but labour does not start
Baby lying sideways
Bleeding before the baby is born
Too long labour (contractions at least 10 minutes apart for 24 hours or more)
Green or brown waters
Fever
Fits or convulsions

If you see any of these signs, get medical help IMMEDIATELY

Caesarean section

When the baby cannot be born through the vagina, an operation called a caesarean section is necessary. The mother will be given drugs to make her sleep without pain (anaesthetic) or she will have an injection in her back so that she does not feel pain below the waist. The doctor makes a cut in her belly and carefully takes the baby out. After the cut is sewn up, the mother stays in hospital for some days to recover. It is then advised that future babies are born in a hospital. A woman can give birth normally after having one caesarean section for a previous birth, but there is a small risk of the womb tearing, which can lead to the deaths of both mother and child. In a hospital, midwives and doctors can prevent this happening.



Maghoo's fifth baby survives

by Imroze Goel

'At last the joy of seeing a living child in my lap!' Maghoo was delighted to have her first baby boy delivered at home by a trained traditional birth attendant (TBA).

Richard Hanson / Tearfund

Women in Pakistan learning about health and hygiene promotion.

Maghoo has to work with her husband and mother-in-law in the fields as men do and she has to cook for a large family. Poverty and poor health practice often threaten her. 'Life is hard and without the proper knowledge and health awareness we rural people are blind,' she says.

Maghoo lost her first four babies during home-based deliveries by an untrained TBA in the community. During her pregnancies, she had to walk long distances, sometimes in desert areas, to offer sacrifices, because her family believed that she had an evil spirit in her womb. They spent almost all their savings and sold their animals to try to get rid of the evil spirit. After eight years of marriage she could not give a baby to the family, who wished to see a baby born to their eldest son. Maghoo became very lean and anaemic.

The family started telling her husband to marry another wife, since she was not able to have any children for the family.

In the meantime the family had to move to another village. In this village there was a trained TBA who provided information about mother and child health, hygiene and safer childbirth.

Maghoo, pregnant again, was visited by the trained TBA, who saw that she was lean and anaemic and found complications. The next week a SaCHA (Sahara Community Health Associations) health team visited the village. During the men's awareness session about maternal and child health, Maghoo's husband took great interest and asked many questions. He shared his wife's problem, discovered the facts and was pleased to get answers. He became motivated and took his wife to SaCHA's women's motivator and midwife who provided them with basic mother and child health care awareness, which changed their practices and their attitude towards safe delivery. Then, with the help of the TBA, she was taken to the nearest hospital regularly for antenatal care during her pregnancy. Her husband arranged and paid for the rickshaw transport. She visited a midwife regularly and received proper care and diet. Eventually she delivered a baby boy.

The family and husband were all delighted to see their first son. After learning from the maternal and child health counselling, they stopped all the wrong practices. Her husband is now not willing to consider marrying another woman. He allows Maghoo to use family planning and visit health teams – he even happily takes her to the clinics.

Maghoo was the victim of a lack of knowledge and of men's power and control in women's lives.

The two things that made a difference for Maghoo in her fifth pregnancy were:

- her husband's care and wise decisions during her pregnancy

Traditional birth attendants (TBAs)

There is an ongoing debate among experts about whether trained TBAs are effective at preventing maternal deaths. As a result of research, some governments have decided not to provide money to train TBAs.

Many TBAs are poor and uneducated, but pregnant women within their communities often prefer to see them first, rather than a midwife or doctor from outside the community. The effectiveness of a trained TBA will depend on the quality of her training and her own motivation to change her practices. If there is still pressure from the community to deliver babies at home in the traditional way, and if the TBA fears missing out on income by helping women to see midwives and doctors rather than delivering at home, she may not provide the life-saving advice that is necessary.

Where possible, TBAs should help women ensure that they deliver in a health centre with a professionally trained midwife. However, the reality is that some TBAs work in remote areas, far from health centres and hospitals.

TBAs play a vital role in recognising problems during and after delivery, so that the woman who delivers at home and runs into problems can be transferred to a health centre to receive effective treatment as quickly as possible.

- care from a midwife and a trained TBA who helped her get medical advice during pregnancy.

The SaCHA team are continuing to run awareness programmes in communities on maternal and child health for men as well as for women. They show skits (short dramas), share messages, tell stories and involve the men who attend. Maghoo and her husband are now SaCHA volunteers, who themselves refer women and men to attend community meetings.

Imroze Goel is the Coordinator at SaCHA (Sahara Community Health Associations), Diocese of Hyderabad, Kunri, Pakistan. Maghoo's name has been changed.

Anaemia

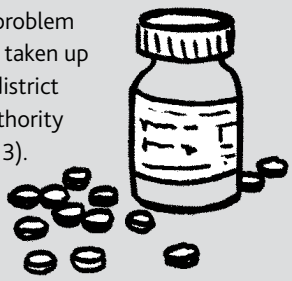
Maghoo was anaemic – having weak blood. Anaemia is common in pregnancy, because pregnant women make extra blood for the growing baby. It is a common cause of death that is easy to prevent.

Symptoms include tiredness, weakness and feeling faint, especially when getting up from a sitting or lying position. A good diet, including foods high in iron such as green leafy vegetables, eggs and red meat, can prevent anaemia from developing.

However, many women start pregnancy without iron stores in the body and cannot get enough iron from diet alone. Iron and folate tablets should be available as part of antenatal care at your health clinic.

To improve access to tablets and use by mothers:

- Instead of relying on mothers to come to the clinic for tablets, community health workers could give them out.
- Reassure mothers that black stools (faeces) are common with iron tablets, and that they should not worry.
- If the tablets are not available, or only available sometimes, then the problem should be taken up with the district health authority (see page 3).



BIBLE STUDY Childbirth in the Bible

by Rev Meagan Manas and Helen Gaw

These three Bible studies can be used together or separately. The opening activity can be used before any or all of the discussions.

OPENING ACTIVITY

Introduce yourselves by sharing a 'birth story'. Nearly every family or group of friends has a story about a remarkable, funny, or difficult birth. Ask participants to share these stories with one another, if they feel comfortable doing so.

THE BIRTH OF JESUS

Read Matthew 1:18-25 and discuss:

The Christian tradition has placed much importance on Jesus' mother's unmarried status because of the fulfilment of prophecy regarding a virgin conceiving.

- *If Mary walked into our church, how would we treat her?*
- *If Mary walked into a hospital, how might she be treated?*

Read John 1:14 and discuss:

We read that 'The Word became flesh and dwelt among us'.

- *How does this affect the way you think about maternal health?*

Read Luke 2:1-7 and discuss:

- *How does the story of Mary giving birth to Jesus in a stable, because there was no room in the inn, relate to the story of maternal health in your family and in your community?*

Thinking about all the passages of scripture above:

- *What does God teach us about the significance of maternal health through Jesus' birth?*

NAMES GIVEN IN SORROW

In the Old Testament we find that sometimes babies were given names which show the difficulty their mothers had in labour. Benjamin, which means 'son of my right hand', was given the name by his father. Rachel, his mother, had given him the name Ben-Oni, which means 'son of my trouble', before she died (Genesis 35:16-18). Jabez was so called because the name sounded like the Hebrew word for pain – but he turned his pain into a prayer (1 Chronicles 4:9-10).

- *How do the stories of our births affect our lives?*
- *How does God bring healing from difficult births?*

CHILDBIRTH IS NOT RITUALLY UNCLEAN

In some parts of the world, a woman in labour is considered unclean and the process of childbirth is considered unclean. In Leviticus 12 we read that women who had just given birth in the days of the laws given to Moses were ceremonially unclean, which meant they could not enter into the place of worship. What difference does Jesus make?

He shows us that cleanliness on the inside is the most important thing (Matthew 23:25-28). God showed Peter that he 'should not call anyone or anything unclean' (Acts 10:28).

Do we still think that there is something unclean about a woman's body, menstruation, labour and childbirth?

If so, as followers of Jesus we need to change our thinking. Consider that he himself touched and healed a woman who had been bleeding for 12 years (Luke 8:43-48).

- *If we live in a community where women who are in labour or who have just given birth are considered unclean, can we challenge these beliefs?*
- *Can we do anything to make sure that women who are considered unclean by their communities receive the help they need?*

The first part of this Bible study has been adapted from a resource written by Rev Meagan Manas for National Council of Churches, USA. You can find more information at www.fistulastories.org.

RESOURCES Books ▪ Websites ▪ Training material

TILZ website www.tearfund.org/tilz Tearfund's international publications can be downloaded **free of charge** from our website. Search for any topic to help in your work.

Previous *Footsteps* on women's health

- *Footsteps 3* Family spacing
- *Footsteps 8* Mother and child care
- *Footsteps 24* Women's health issues
- *Footsteps 69* Breaking taboos (sexual health)
- *Footsteps 86* Article 'Fatu's story' on preventing fistula (a hole in the birth canal that can develop as a result of long or obstructed labour)

Where Women Have No Doctor

This book is suitable for any woman who wants to improve her health. It is also useful for health workers who want more information about the problems that affect only women or that affect women differently from men. There is a section on pregnancy, birth and breastfeeding, which has been used as the basis for the *Safe pregnancy and birth* app described opposite. It costs £7.50 when ordered from TALC (see details below).

TALC baby

Available on four sides of A4 paper. Stick it onto cardboard and cut it out to give a two-dimensional model with which to illustrate the importance of the position of the baby's head during birth. Download the instructions in PDF format (English) from www.talcuk.org or order a free paper version which is available in the following languages: English, Arabic, French, Portuguese and Spanish. A single master copy of the instructions will be sent to you from which you can make your own extra copies. There is an additional set of sheets that teach on cutting the cord.

Guardians of Our Children's Health toolkit

This toolkit teaches how the man's responsibility in the family home applies to caring for his family's health and building partnership with his spouse in the area of antenatal care and childcare. The focus is on the prevention of parent-to-child transmission of HIV.

The toolkit includes material for facilitators and pictures and props to use in training sessions. It is now in the process of revision ahead of the production of a second edition. If you would like to apply for a copy of the revised version, or if you are interested in finding out more, please email publications@tearfund.org or write to 'HIV unit' at the Tearfund address (see page 2).

Medical Aid films:

UNDERSTANDING YOUR BODY

The DVD contains two nine-minute training films aimed at frontline health workers, nurses, young adults and teenagers. The first is on how babies are made and teaches the basics of male and female reproductive biology. It details the menstrual cycle and how keeping track of a woman's period allows her to estimate her most fertile days, which can help as a method of planning a pregnancy. The second film is on how to plan a pregnancy and teaches the various methods of contraception available and how these can be used in helping to plan a pregnancy as well as in protecting against sexually transmitted infections.

SAFE DELIVERY AND A HEALTHY NEWBORN

The DVD contains eight 5–15 minute training films. The first is on warning signs in pregnancy, the second and third on steps to a clean delivery using a new clean razor blade and a clean knife, the fourth is on caring for a newborn in the first hours after delivery and the fifth is on management of bleeding after the birth, known as postpartum haemorrhage (PPH), in a village setting where there is a hospital or health centre within four hours for referral. The sixth is on management of PPH in a setting with no resources that is more than four hours from a hospital or health centre. The steps shown are to save a mother's life when there is no other option. This film must be used responsibly. It is intended for local midwives, nurses, junior doctors and birth assistants under skilled supervision only. The seventh and eighth films are on how to care for a newborn.

The films are aimed at community health workers who will then pass on the information to those they care for. They are available in English, French and Swahili. They are free, but postage must be paid.

Where Women Have No Doctor, the TALC baby and the Medical Aid films can all be ordered from:
TALC, PO Box 49
St Albans, Hertfordshire, AL1 5TX, UK

info@talcuk.org

The completed TALC baby after it is stuck onto cardboard and cut out.

Websites for health professionals

maternova.net
Low cost equipment

www.glowm.com
Global Library of Women's Medicine – Safer Motherhood

www.whiteribbonalliance.org
Click on 'Technical Resources' at the bottom of the page

TILZ is changing!

TILZ is the Tearfund International Learning Zone. It has thousands of pages of information on topics of interest to rural development workers, health workers and others at the grassroots of development work.

In the last few months we have been working hard to move all this information to a new type of website. The content and website address will be the same but the website will look different. It will be easier to find the information you need by:

- clicking on a menu and selecting a topic on the list that appears
- typing what you want to find into the search box.

For example, if you want to find articles about starting small businesses, you could type 'micro-enterprise' or 'business' into the search box. Or if you want to find articles about HIV, you could click on HIV on one of the menus towards the top of the screen.

Maternal health information at your fingertips

by Lily Walkover at Hesperian Health Guides

Every pregnant woman has the right to a healthy pregnancy and birth, but many women lack access to the information they need, and knowledge about when to seek medical help. Is it possible that mobile phones can help? With the expansion of mobile technologies, there are new and exciting opportunities to increase access to life-saving health information.

Hesperian Health Guides, publisher of *Where There Is No Doctor*, has developed a mobile app to support community health workers, pregnant women and their families. The word 'app' is a short form of the word application. A mobile app is a programme specifically designed for a mobile phone.

The *Safe Pregnancy and Birth* app contains information on:

- how to stay healthy during pregnancy
- how to recognise danger signs during pregnancy, birth, and after birth
- what to do when a danger sign arises
- when to refer a woman to emergency care
- instructions for community health workers with step-by-step explanations such as 'How to take blood pressure', 'How to treat someone in shock' and 'How to stop bleeding'.

This app is designed to help pregnant women, and the people who care for them, learn how to identify danger signs during pregnancy and birth, as well as life-saving actions that can be taken. The clear images and simple step-by-step instructions make it useful for a range of situations, for example:

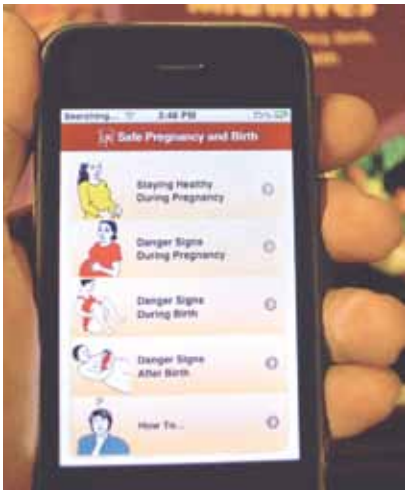
- training health workers, or independent learning
- aiding communication between a health worker and a pregnant woman and her family
- helping guide someone through an emergency.

Safe Pregnancy and Birth can be used on any Android or iPhone, as well as online for those who do not have a smart phone. Hesperian is currently working to make the app available on lower-end phones, as well as in more languages. Like all Hesperian content online, it is available free of charge.

The app has been downloaded over 70,000 times in 179 countries, and recently won the 'She Will Innovate' competition hosted by Intel and Ashoka changemakers.

TO ACCESS THIS LIFE-SAVING APP:

This is the icon for the Safe Pregnancy and Birth mobile app – use the following instructions to download it onto your smart phone.



FOR ANDROID OR IPHONE: On your phone, go to the app store where you can download apps. Search for 'hesperian' or 'safe pregnancy and birth' to find and download the app, and to start learning life-saving health information!

TO USE THE APP ON A COMPUTER WITH AN INTERNET CONNECTION:
Visit www.hesperian.org and click on 'Books and Resources'. Select 'For Mobile Devices' from the drop-down menu and select 'preview the app here' under 'Don't have an iPhone or Android?' Use the cursor to navigate through the app.

Hesperian has an open copyright policy, and encourages translations and adaptations of its content. The app is available now in English and Spanish. Please contact **mobile@hesperian.org** if you are interested in translating the app into additional languages or adapting it for use on different kinds of phones.

Mother Buddies

by David Deakin

HIV and maternal mortality have been called 'the two intersecting epidemics' (*The Lancet*). A pregnant woman who is living with HIV is six times more likely to die in pregnancy or childbirth than a woman who is not living with HIV.

IMPACT (Improving Parent and Child Outcomes) is a Tearfund partner programme that uses the concept of 'Mother Buddies'. These are trained church volunteers, mainly mothers living with HIV, who want to pass on their learning and experience to other expectant mothers in their community. They visit vulnerable pregnant women about eight times over a 12–15 month period, covering 6–9 months of pregnancy and 6 months after birth. They support the family through encouragement and friendship, and by providing information and helping women to attend antenatal appointments.

They are assisted by a mobile phone system called MiHope (Mobile interactions bringing Hope) which provides communications, information and data collection capabilities (in this way it is different from the *Safe Pregnancy and Birth* app on page 11, which is purely information).

The communication system uses mobile instant messaging, which enables 1000 chat messages to be sent for the price of a single text message (SMS). It provides information in national languages on all aspects of IMPACT – from prevention of unintended pregnancies and recognising pregnancy complications through to birth and infant care. The data collection tool guides the Mother Buddy on what questions to ask through each of the eight visits. Information is collected on the phone, which links into the Ministry of Health. There is also a facility to remind mothers of their next clinic appointment automatically. All data collected is then not just available on the phone but in a securely accessed web portal – enhancing monitoring, analysis and evaluation.

The IMPACT programme is already running in Malawi and is about to start in Nigeria. Some names have been changed.

David Deakin is Tearfund's Head of HIV – david.deakin@tearfund.org

IMPACT in action

Joseph and Memory are a married couple who are both living with HIV and recently had their child Patience. They were supported by Evelyn, a Mother Buddy from the Evangelical Association of Malawi. 'We are so grateful to Evelyn for all of the advice and support that she has given us during the pregnancy and birth – mother and baby are doing just fine!'

David Deakin / Tearfund

Memory with two-week-old Patience, other family members and Mother Buddies Evelyn and Snarlet.

MiHope screenshot illustrating Mother Buddy visit schedule with clients.

Where the church is the ambulance

In parts of rural Nepal, cultural and religious beliefs can sometimes mean mothers do not get the health care and support they need. Often, these beliefs mean that women who are menstruating or in labour are considered unclean. People do not want to touch, or even see them!

If a woman in labour is considered unclean, who will transport her to a health facility?

A church group in the District of Dailekh, Nepal, has started a simple ambulance service to reach remote communities in the mountains. Some Village Development Committees are very far from the district hospital. Even if there is a road, it might still take four hours to get the patient from the village to the road from where a vehicle can take them on to the health post or district hospital.

The ambulance service is now well advertised in the communities. The community knows to contact the church group by mobile phone when someone needs help to get to a health post. At the moment there are usually between one and three cases a month. Most cases are accidents – for example a person who has fallen out of a tree while cutting firewood – but others are women who have started labour.

When they started the service, the group members carried people in a basket on the back of the 'porter', but now the church has bought a stretcher to carry the women as this is better. The group has shared this idea with other churches and as a result, in another district a second church has started its own ambulance service.

One fear is that the church groups will be blamed if things don't go well with the patient, or that there will be an accident while the patient is being carried. However, this has not happened so far, and when patients recover, they sometimes visit the church to thank the group for what they have done.

As part of Tearfund partner Sagoal's work with local churches, church 'Core Groups' have been mobilised to work with communities using the church and community mobilisation approach. If maternal health issues are highlighted as a need by the women in the community, the church Core Groups work with health workers and the community to challenge traditional viewpoints, increase the sense of value of women and reduce stigma.

Buddhiman Shakya, Senior Coordinator in Sagoal, was interviewed by Steve Collins.

LETTERS

News ▪ Views ▪ Information

Please write to: The Editor, Footsteps, 100 Church Road, Teddington, TW11 8QE, UK
Email: publications@tearfund.org

Using aprons in teaching

I would like to contribute an idea to the magazine. We work a lot with children and parents. We run circus performances to educate children, as well as a rehabilitation centre for men. Instead of writing songs, scriptures and health teaching on cardboard, a good idea has been to take plastic aprons, and sew a transparent plastic pocket in size A4 on each one. You can invite someone from the audience up to the front to put on the apron and help with the teaching. Using the plastic pocket on the apron, you can change the subject and hide other papers behind. You can print the text on A4 paper using a printer, you can take photocopies etc. And it is light and easy to travel with, wherever you go.

You can either attach the plastic pockets to the aprons upright or sideways, depending on which way round you want to use the paper. It is good to have at least three aprons, if possible in different colours. If you have a good number of aprons, you can write only one letter on each A4 page, and ask the children to stand in a row to spell out words.

Kirsten S L Valentim Pinheiro
Caixa Postal 171
CEP 60 030 970 Fortaleza
Brazil

Do you have a condom in the labour room?

All rural hospitals need to have a 'PPH box' in the labour room.

You might ask what a PPH box is. Some methods for treating bleeding after birth, known as postpartum haemorrhage (PPH), require material which is not usually found in the labour room, especially condoms for balloon tamponading. In an emergency there is no time to run from one cupboard to another, hunting for these things. It is wiser to have a PPH box.

A PPH box could be an ordinary cardboard carton or a plastic box. It is always ready and kept aside for an emergency, and when the labour room faces a woman with a PPH this box is brought close to the patient and the required material used as needed.

Dr Shalini Cherian
Emmanuel Hospital Association
India

shalini@eha-health.org

EDITOR'S NOTE: *Condom balloon tamponading is when a condom is used as a balloon inside the womb to put pressure against the wound left by the placenta and stop the bleeding. This letter is an extract from a longer article about condom balloon tamponading, which is available from the Editor.*

Circo Vitoria

Children in Brazil wearing aprons to share teaching as part of an educational circus performance.

‘Men are treated like kings here’


Faith Alive

Faith Alive, a hospital based in Jos, Nigeria, has deliberately taken steps to involve men in its antenatal services, which include HIV testing for the prevention of parent-to-child transmission of HIV. When a woman attends the clinic, she is given an invitation card for her partner to come to the hospital for a routine discussion. There is no mention of HIV testing on the card. The hospital staff appreciate that many men will be taking time off work to attend the clinic so they are flexible in scheduling visits for men and give priority to men at the clinic.

Men are invited to come to group discussions. The group leader begins the discussion by welcoming participants, thanking them for coming and explaining the importance of a father’s role in antenatal care. The group leader asks for a male volunteer to demonstrate his knowledge of how to bath a baby or change a nappy. This is a great source of laughter and entertainment and allows participants to be involved in a fun and playful way.

The sessions end with teaching about HIV and the importance of testing to prevent passing HIV from parent to child. Men are offered HIV tests immediately without needing to make a separate appointment. Antiretrovirals (medicines used to treat the HIV virus) are given to those who need them.

Men proudly wear the T-shirts labelled ‘Caring Dad’ or ‘Loving Dad’ that they are given when they attend the clinic. These do not bear any mention of HIV or the hospital. This encourages men to follow through with their responsibilities as fathers and to tell other men about what they have learned in the group discussions.

Caroline Onwuezobe, who heads the men’s outreach at the antenatal clinic, states, ‘Men are treated like kings here, unlike other hospitals where it’s not the culture for men to come to antenatal clinics’.

Case study written up by Jennifer Snelling.

Why have an HIV test in pregnancy?

- If parents know their HIV status during pregnancy then they are in a much stronger position to protect their unborn child.
- At the same time as having an HIV test, you can often receive a test for syphilis. A mother may have syphilis in pregnancy without knowing, and it can damage or even kill her unborn baby. A single dose of penicillin early in the pregnancy will protect her baby.
- It is important to have an HIV test as early as possible in pregnancy. If the mother is living with HIV, she can then start taking antiretrovirals, which reduce the chances of her transmitting HIV to her baby.
- Parents living with HIV can learn how to plan the birth and early care of their newborn so that they reduce the chances that their child will also be living with HIV. They will need the support of health workers to do this.

Caroline interviewed one of the men who attended the clinic for antenatal appointments.

Why did you start accompanying your wife to antenatal appointments?
I was invited by the antenatal clinic. I thought it wise to follow her to antenatal clinic to have information about every issue myself so I could use it to save both mother and baby if necessary.

How many times have you accompanied your wife to appointments?
Six times including the day of birth.

Has anything changed for the better in your wife’s health since you started accompanying her?
Yes, her attitude to taking the medications given at the antenatal clinic improved – she was no longer reluctant to take them properly. She followed all the instructions given to her.

Was your wife’s experience of birth better because of going to the appointments?
Yes, there was every excitement, joy and encouragement in her, and even as she went in to give birth, she was supported.

Do you think men are more likely to accompany their wives to antenatal clinic now?
I think more men will accompany their partners to antenatal clinic now, seeing what I learnt when I went, and the way I was treated nicely. Most men are ignorant of the fact that fathers should be involved, which makes many reluctant, but as they get to become aware of it, I’m sure they will go.

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