

Chapter 8

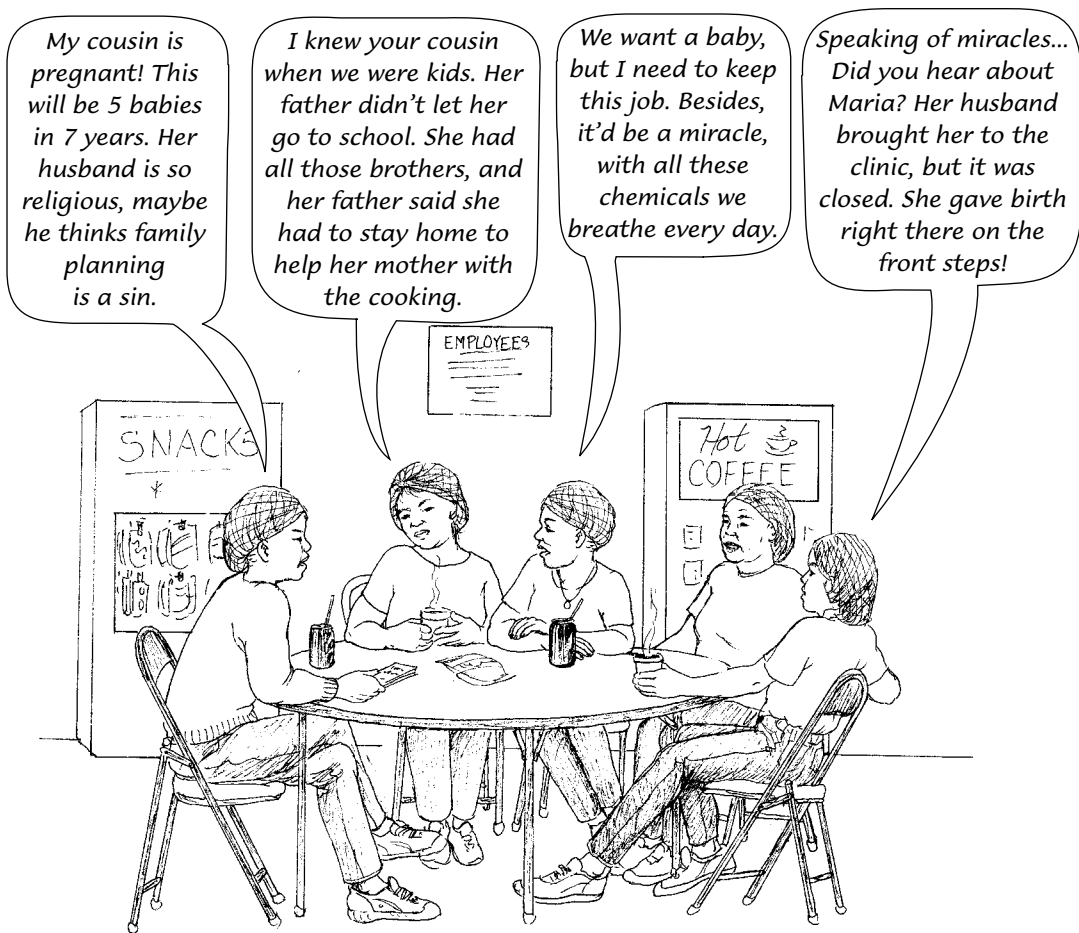
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Healthy Pregnancies and Safe Births



Welcoming a new child into the world is cause for celebration. Pregnancy and childbirth can be happy and uplifting times for parents, families, and entire communities. When families and communities make the health of girls and women a priority, there is even more cause to celebrate because mothers and newborns will be healthier. To ensure that women experience healthy pregnancies and safe births — what we call “safe motherhood” — communities need to address many aspects of women’s health. Women need to have fair and equitable access to quality health care, enough food, safe jobs, and education. In addition, of course, women need good care during pregnancy and while giving birth, and they should have access to emergency care if needed.

Safe motherhood begins before pregnancy



Having a skilled midwife provide pre-natal care and attend a birth can make a big difference in the mother's and the baby's health. But many things can threaten safe motherhood, such as whether the mother has been exposed to toxic chemicals at work, has an STI, or has suffered domestic violence or a lifetime of poor nutrition. This chapter focuses mostly on what women need during pregnancy and childbirth, but safe motherhood starts in childhood and is influenced by many things.

When girls eat enough healthy food they grow the strong bones, muscles and blood they will need to have healthier pregnancies later on.

When girls live free of violence, sexual assault or harassment, and harmful traditions like genital cutting they grow up to be women with fewer health problems.



When girls get an education they lead healthier lives. Women who have more schooling are more likely to wait until they are fully grown to have a child and to space pregnancies more than 2 years apart, so their bodies are healthier.

When girls learn about their bodies they can take better care of their health their whole life. Girls need this information before they start monthly bleeding and before they start having sex, so they can know how pregnancy happens, how to use birth control methods to prevent pregnancy, and how to protect themselves from sexually transmitted infections.

When and if a woman decides she is ready to become a mother, she is more likely to experience a healthy pregnancy and birth if she has access to:

- **family planning** that enables her to decide when and how many children to have. This can help ensure that all pregnancies are wanted. Using family planning so there is enough time between pregnancies will give a woman's body time to grow stronger again, and lead to safer pregnancies, healthier mothers and children.
- **work that is not harmful** to women's bodies and to the developing babies. Safe working conditions enable women to take care of their health during pregnancy and avoid problems during childbirth. Sitting or standing for long hours, lifting and carrying heavy loads, exposure to toxic chemicals, and other harmful working conditions will affect a woman's health before and during pregnancy.
- **sexually transmitted infection** prevention and treatment. STIs can cause problems with pregnancy and birth for the mother and for the baby.
- **good health care** before, during, and after pregnancy and birth. A woman needs to be healthy before becoming pregnant. She also needs care and support during pregnancy and a skilled caregiver at the birth to help keep her and the baby safe. As her body is recovering from giving birth, she also needs good care and support.
- **access to emergency care** when needed. Although most births happen without needing medicines or complicated medical equipment, women need to have good emergency care close by, in case something goes wrong.



Good care during pregnancy

Every pregnant woman needs the love and support of her family and community, whether she is married and already has children, or is very young, alone, or pregnant for the first time. She also needs access to good health care and proper nutrition.

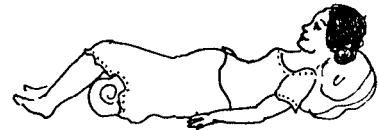


Comfort her if she feels ill, tired, or afraid. As women's bodies change during pregnancy, their feelings often change too.

Help her with daily chores so she does not have to lift or carry heavy things. Doing light work is good exercise.

Make sure she has water to bathe or wash regularly.

Make sure she gets enough rest. A pregnant woman needs to avoid sitting or standing for too long. She will feel better if she can lie down and rest for a few minutes when she is sleepy or tired. Resting often is good for a pregnant woman.



A pregnant woman and her family can learn about pregnancy and birth by talking with midwives and health promoters in the community. Also, books such as *Where Women Have No Doctor* explain what to expect during pregnancy, including healthy signs and common discomforts.

Prenatal care with a trained health worker

Prenatal check-ups are important to make sure the baby is developing well and that the mother is staying healthy. Good prenatal care requires some training, but it is not difficult to learn and does not require expensive equipment.

A pregnant woman should try to have at least 3 to 4 check-ups, one as soon as she thinks she is pregnant, the next one after about 6 months of pregnancy, and then 2 more during the month before the baby is expected.

Prenatal check-ups give women and their partners a chance to ask questions and learn about healthy pregnancy as well as danger signs. If there are problems, a health worker will be able to find and try to take care of them early in a pregnancy before they become dangerous. A health worker can also help a woman be tested for sexually transmitted infections, including HIV, so she can take medicines if necessary. Health workers can talk to the woman about her feelings and fears, and help her and her partner plan for a safe birth.



Midwives provide good care

For thousands of years, since long before there were doctors or hospitals, midwives have been the guardians of safe motherhood. This is still true today. We use the word “midwife” to talk about any person trained to give women complete prenatal and birth care. Some midwives are trained by other midwives; some go to school and receive a certificate or a diploma. Most midwives do both. Midwives play an important role in women’s health because:

- they are often the only health workers in poor communities, or the only health workers women can afford.
- they usually live in the communities they serve, so families know and trust them.
- they usually spend more time with women than a doctor or other health worker would, which helps them notice danger signs and better understand women’s needs.
- they are usually women, and many pregnant women feel more comfortable talking to and being examined by another woman.
- they help women give birth in ways that respect their desires and traditions.



Women prefer to give birth with me because we have a personal relationship. I respect their wishes, such as letting them keep the placenta instead of throwing it away as the hospital does. We believe this keeps the woman and baby safe from evil, and it does not harm anyone.

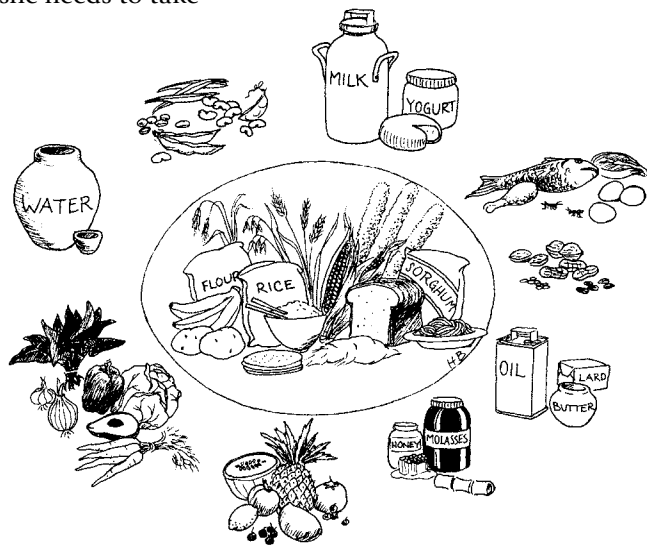
Good nutrition for a healthy pregnancy

A woman who eats well and takes good care of her body is much more likely to have a healthy pregnancy and healthy baby. Eating well helps the baby grow in the mother's womb, helps prevent heavy bleeding after birth, and helps a mother recover her strength quickly.

A pregnant woman needs to eat enough food every day, especially foods rich in iron, such as meat, fish, chicken, eggs, beans, peas, and leafy green vegetables. If there is not enough food for everyone in the family, the woman should always get as much as, and if possible even more, than everyone else. She should also take folic acid and should ask her health worker if she needs to take other vitamins.

A healthy diet includes:

- **main foods** (starches such as rice or cassava)
- **foods that help build the body** (protein foods such as meat, beans, eggs, and milk)
- **energy foods** (fats and small amounts of natural sweets)
- **protecting foods** (foods with lots of vitamins and minerals such as fruits and vegetables)



Just as eating well has many good effects, eating poorly or not enough can be harmful to a pregnant woman and her baby. Poor nutrition can cause anemia, which leads to weakness, difficulty fighting infections, and other health problems. It can cause a baby to be born very small or with birth defects, and it can increase the chances of a baby or mother dying during or soon after birth.

Poor families may simply not have enough food, and the food they do have may not be shared equally between males and females. Sometimes customs or beliefs prevent women from eating enough. See Chapter 3: Gender and Health, for ideas about how to prioritize women's health and needs. It is possible for communities to find solutions to problems such as gender inequality and poverty. See some stories and strategies in Chapter 2: Communities Organize for Women's Health, for how people have mobilized to make changes that help everyone be able to lead healthier lives.

Activity

Build a house for healthy pregnancy

This activity lets everyone share ideas about what local foods help a woman have a healthy pregnancy and birth.

To prepare: You will need materials to build a frame of a little house, such as sticks of similar size, and some paper or cloth to cover the frame. You will also need paper, tape, crayons or markers for people to draw with, or pictures of foods that you have made or cut out of magazines.

- 1 To begin, share information about good nutrition for pregnant women and then ask how building a strong house relates to good nutrition for a woman and her baby.

*A house needs good walls to hold up the roof,
just like a woman's body needs good foods to
keep her standing and able to do her work.*



- 2 Work with the group to build a little house by making a frame out of sticks, and cover it with paper or some cloth.
- 3 Ask the group to draw pictures of local foods or gather the pictures you have cut out of magazines. Be sure to include fruits, vegetables, beans, and other nutritious foods.
- 4 Ask people to put the main foods on one wall, the foods that help build the body (protein foods) on another wall, energy foods (fats and small amounts of natural sweets) on another wall, and water and milk on the fourth wall. Ask them to choose protecting foods (fruits and vegetables) for the roof. Also ask them to point out which foods give pregnant women the 5 important vitamins and minerals they need: iron, folic acid, iodine, calcium, and Vitamin A. Remind them that the most important foods for a pregnant woman are protein foods.
- 5 To conclude, look at the house you have built. Which walls are the weakest (have the fewest foods)? Are there other, easily available foods that can be added to strengthen the walls or the roof? Do pregnant women in the community eat all of these foods? If they do not, why not? Ask the group to think about ways to ensure that all pregnant women in the community eat the foods they need.

Mapping the way to safe motherhood

Safe motherhood requires conditions in the community that promote and support the health of women and girls, and it requires easy access to prenatal care and other health services.

Making a map with a group, based on what they see or know about their community, is a good way to collect and share information. Making and discussing a map can help people identify community resources or strengths they may not have been aware of that support women and girls. Maps can also help people identify problems that need to be addressed to make motherhood safe for all women. Here is an example of community mapping to look at all the conditions and services that support the health of girls and women in the community. You can adapt this to look at specific health issues.

Activity

A map to safe motherhood

This activity can be done over the course of several meetings or during a longer workshop.

- 1** To begin, ask people about maps and how they use them. You can explain that a map is a picture of a place — a workplace, a community, a country, or a health center — that uses symbols to show where certain things are located in that place. For example, squares can show houses, blue lines can show rivers, and black lines can show roads.
- 2** Form teams to work on making the map, and together agree on their assignments. For example a team might visit the health center to look at what services are available and how friendly and accessible the staff is. Another team might go to the local market to see what foods are available. And a third team might go to the high school to see what support girl students receive to promote their health.
- 3** Walk and talk. Each team will walk around and make notes about the problems they see — things that may prevent women and girls from being healthy and becoming healthy mothers. Also make note of all the things that are available and accessible to help women and girls be healthy. The teams can interview people to learn more.
- 4** Draw the maps! Provide each team with a large sheet of paper, pencils, markers, or other materials they can use to make their maps. Ask them to describe to each other what they observed during their visit and then begin sketching a map. To start, you can ask them to draw landmarks on their map, for example, stairs, rooms, offices, signs, and other things they saw inside or outside the health center.

Activity

A map to safe motherhood *(continued)*

I don't draw very well, but this actually helps everyone feel comfortable and participate. We can all laugh at my simple stick people, and when everyone sees they can draw at least as well as I can, they are more willing to draw too.



Ask each team to describe and draw onto the map things they saw or learned about that promote or are helpful for the health of women of all ages. This can include physical things, such as a safe place for children to play during prenatal check-ups in the health center, or different kinds of staff such as a nurse who visits the high school to provide health education. It can also include things such as food that supports good nutrition. Or a community health worker who is trusted and respected.

Next, ask each team to draw the things they found that are barriers to health for women and girls, or to care for pregnant women. Barriers can be physical things, such as stairs that make it hard for women with disabilities to get into the building, or lack of space or a bench for women to wait comfortably. Barriers can also be things that discourage some women from seeking care.

5 Put the maps together! Have each team hang their map on a wall. Try to arrange them on the wall in a way that people can recognize as their community (even though the maps will not be drawn in the same way). You could draw in a road, big buildings or larger landmarks to help everyone in the group see how the maps relate to each other. Allow time for everyone to look at each other's maps.

6 Discuss the maps. Ask each team to explain their map to the rest of the group. Each team then marks or circles the problems or barriers on their map in one color, and the strengths or positive things in another color to make them easier to see.

Discuss the strengths in the community that make it possible for girls and women to be healthy and become healthy mothers. How can those strengths be built upon or better used?

Discuss the barriers to good health, and barriers to health care services for women and girls. Which problems or barriers seem the most important to address in order to improve the health of girls and women?

7 The group might then decide to make an action plan to build on the strengths or address the barriers they have identified. Ask the group to consider how they can share their maps or conclusions with others in the community.

Why do women die during pregnancy and birth?

Most healthy women do not have serious problems during pregnancy, and most births are not emergencies. A skilled midwife or trained birth attendant can often manage a difficult birth so it does not become an emergency. But every minute of every day, a woman somewhere dies from causes related to pregnancy or giving birth. Most of these deaths occur in poor communities, and many of them could be prevented.

When a pregnant woman dies, the direct cause of her death is usually obvious. The most common direct causes of death during pregnancy and birth are bleeding too much, infection, high blood pressure (eclampsia), and obstructed labor. (Obstructed labor happens when the baby is lying sideways in the womb or cannot fit through the space between the mother's hips.) But beneath these causes are other conditions that explain why a woman bled too much or had an infection or obstructed birth, and why she did not get the care she needed to save her life.

Vanna's unsafe pregnancies

Vanna grew up in a village in Cambodia that was hours away from the main roads. She was the youngest child and always ate after her 4 older brothers. There was usually little food left, so Vanna was small and thin. Doing chores made her tired. When she was 15, a man who had gone to work in another province returned to live in the village, and he asked Vanna's father for permission to marry her. Vanna did not like the man, and she did not want to be married, but her father was pleased that the family would no longer have to feed or support her. Vanna went to live with her husband and her in-laws. She gave birth to a daughter when she was 16. The birth was difficult, and Vanna lost a lot of blood. She was very weak for a long time, but she survived.

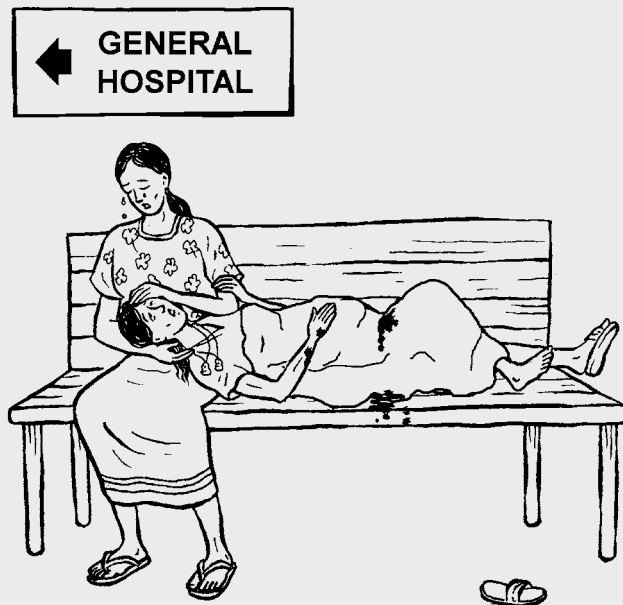
Vanna's neighbor Arun came to visit her often and brought teas that she said would help Vanna get stronger. Arun also talked to her about waiting at least 2 years to have another baby, and she offered to go with Vanna to the health center in another village where Arun had learned about family planning. But Vanna was afraid to talk to her husband about these things, and she got pregnant again before her daughter was 1 year old. There was not a lot of food to eat, and because she was so small, no one in her husband's family thought she needed as much food as the others.

Arun worried about Vanna and offered again to go with her to the health center. But Vanna's mother-in-law told her not to go. It would cost money, she said, and she had heard that people at the health center insulted women from the community. She took Vanna instead to visit the local shaman, a traditional healer who gave her amulets to wear that he said would protect her and her baby from harm. He also performed a ceremony with offerings to the ancestors, asking them to favor Vanna with a healthy baby.

When Vanna was in labor with her second child, she began to bleed before the baby was born. Arun wanted to take her to the hospital right away, but Vanna's husband was not there to give her money, and Vanna did not want to go without his permission. Arun asked the village leader to take them in his truck, but he did not have enough fuel to make the 30-kilometer round trip. So Arun talked to several neighbors and borrowed money to buy the fuel and pay the hospital. By then Vanna's mother-in-law could see that Vanna was in danger, and she gave permission for her to go to the hospital.

When Vanna and Arun reached the hospital, Vanna was too weak to move or speak. A nurse scolded Arun for waiting so long to bring Vanna for help. The nurse was angry and said she was tired of seeing stupid people who believed in amulets.

When the doctor examined her, he told Arun that Vanna would need an operation. But it was too late. Vanna had bled so much that she died in Arun's arms. Arun was very sad and very upset that she had not been able to help Vanna. She decided to talk with other women in the village and do something to solve the problems that had led to Vanna's death.



Activity

"But why?" game

Why did Vanna die? "But why?" is a question game that helps people discover the root causes of a problem. Practice this game with a group by telling or reading Vanna's story and then ask the group to share ideas about why Vanna died. After each answer, ask, "But why?" to explore as many causes as possible. For example:

Why did Vanna die?

Because she bled too much.

But why did she bleed too much?

Because she waited too long to go to the hospital.

But why did she wait so long to go to the hospital?

Because she did not have money or her husband's permission.

But why didn't she have money or her husband's permission?

Because Vanna didn't have any control of the family's money or power to make decisions.

But why didn't she have power to make decisions about herself or have money?

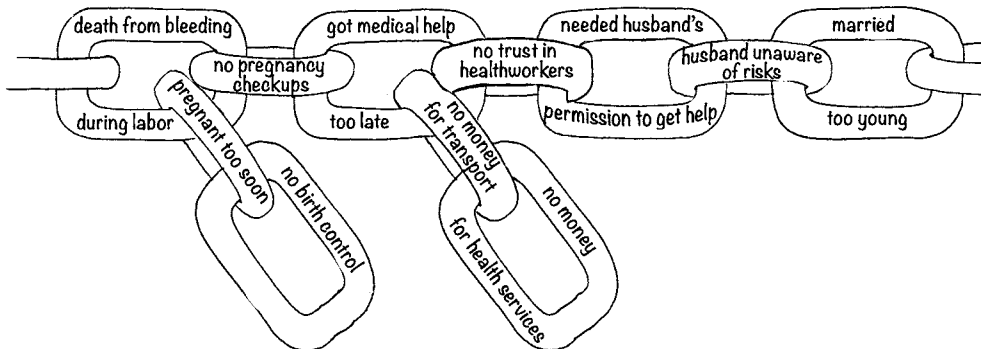
Because she was taught from an early age that women must obey their husbands and fathers and cannot ask for things they need.

The "But why?" game continues as long as people keep thinking of reasons for each cause. You can use the answers with the activity, Building a chain of causes, on the next page, to see how causes link together and discuss ways to break the chain.

Activity

Building a chain of causes

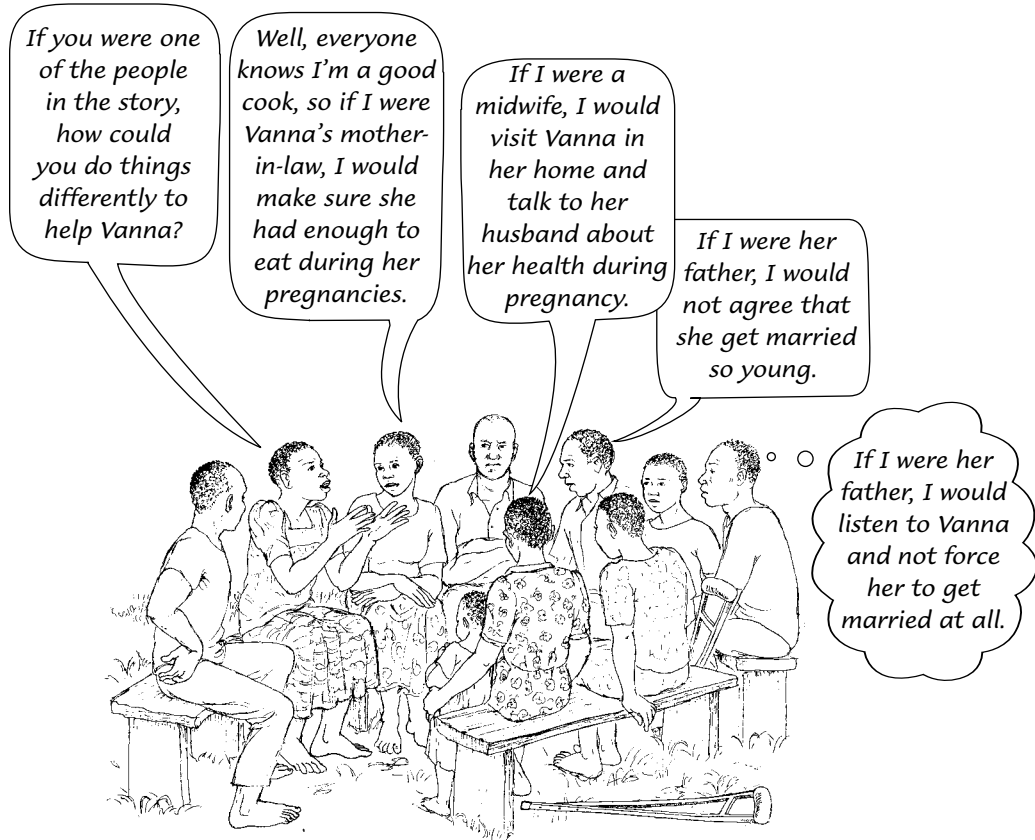
- 1 Tell your own story about a woman who dies giving birth. To prepare the story, talk with midwives, health workers, family members, and other people who may know what happened to pregnant women in the community who died. Find out what problems those women had and why they did not get the help they needed. As you discover common problems, include them in the story.
- 2 Play the “But why?” game to look at why the woman in the story died. Make a “chain of causes” by cutting pieces of paper or cardboard into shapes like links in a chain.
- 3 If everyone knows how to read and write, pass out the links and ask people to write their answers on them. Or ask people to say their answers out loud, and you write them on the links.
- 4 Group the causes in a chain by linking each cause to another cause it relates to. You can make this more active by asking people to walk around and share their links with each other. Ask them to link arms when they find a person with a link that has a related cause written on it.



- 5 Give people a chance to talk about their own experiences. You might ask, “What parts of the story remind you of things that have happened to women you know?” You can go around in a circle and give everyone a chance to share, or people may want to talk in pairs and then share with the whole group.
- 6 Break the chain! Look at the links on the chain and ask a question such as, “What would happen if we broke the link called No pregnancy check-ups?” With that link gone, Death from bleeding during labor is less likely, as is Got medical help too late. The chain is still there, but not as strong as before. If you can take action to break off some links, more women could experience safer motherhood.

Think of solutions to save women's lives

One way to do this is to change what happens in the story. Ask people to retell the story with changes in it that could save the woman's life. Small groups could act out different solutions. You might ask how men in particular could help. To help the group to think about change, see the activity, "Happy ending" role plays (page 153).



Another way to look at root causes and solutions is doing a Problem Tree activity like the one on page 256.



I used a Problem Tree activity, but instead of writing the causes of the woman's death on the roots, we wrote them on pieces of brown paper and put them around the base of the tree so they looked like fallen leaves. After we brainstormed solutions, we wrote those on bright green pieces of paper that we put on the branches, making the tree look very healthy!

Activity**Voting with dots**

A group may think of many possible solutions or things they would like to change. Sometimes there are so many ideas, it can feel overwhelming! It can be difficult to decide how to begin or where to focus the energy of the group in its organizing work.

This activity is a fast and amusing way to let everyone share about what are the most important ideas, solutions, or problems to address. This can make it easier for the group to plan and carry out action.

- 1** On paper that you can hang on a wall, make a list of all of the different ideas that have been suggested for actions to make pregnancy and birth safer. Be sure to write large enough so everyone can see the list.
- 2** Review the list with the group to make sure all the ideas have been included and add any that are missing. Let anyone in the group ask questions about the list to make sure everyone understands all the ideas.
- 3** Ask the group to look at the list and think about: What actions are the best to address the challenges in our community? What are the easiest actions to do with our existing resources? What action would make the biggest change for women?
- 4** Give each person 5 colored dots made of tape (or cut out small squares of colored paper with masking tape on the back), and ask them to place one dot for each of the 5 ideas they think are the most important. If there are not many ideas on your list you can give people fewer dots to vote with.
- 5** When all dots have been placed on the list on the wall, review as a group which ideas have the most votes and which did not get very many votes. Discussing the results of dot voting can help the group select what to focus on.

After dot voting, you may have complete agreement. If you do not, you may need more discussion and another round of voting. At some point, you may agree to let the majority rule.

See the activity, *Make an action plan* (page 26) to learn more about making an action plan, and about the work that a community in Peru did over time to improve care for pregnant women.

Improve access to care for pregnant women

Making sure pregnant women have access to care can mean many things. It includes knowing who the health providers are and where the nearest hospital is in case of emergency. It also means helping women make plans to ensure they have regular prenatal visits, and know how they will get themselves to the hospital if they need to. And it also covers identifying and addressing the barriers women face in getting good care.

Plan for the birth

A pregnant woman should be able to make her own decisions about where and how she wants to give birth, but she also needs the support of her family and community, and support from the health workers who assist her with the birth. In many families, it is especially important to include men, mothers-in-law, and other family elders in making a birth plan. These are the people who will be nearby, will be able to help, and may also control the family's money or vehicle.

These are some questions that can help a woman and her family make a birth plan:

- Where will the birth take place? Will she have to pay fees? How much? Who will pay?
- What supplies are needed, and who will provide them?
- How will she get there? Does the woman need transportation? How much will it cost, and who will pay?
- Who will take care of her other children, her crops, and her animals while she is in labor and recovering after the birth?

I help each woman think about how she wants to give birth by talking about it with her every time I see her for a check-up.

I try to prepare women and their families, so they have everything ready when she goes into labor.

I think a woman has fewer problems during birth when she has made her own plan and knows what to expect.



Prepare for emergencies

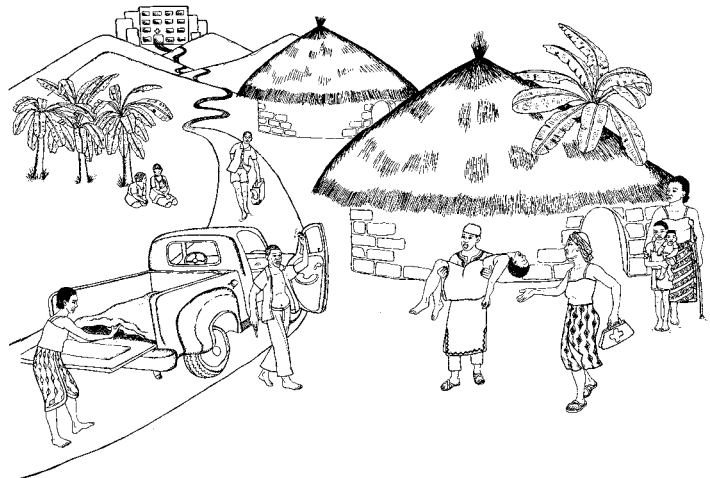
Any woman can have an emergency during pregnancy or birth. In case of emergency, a woman needs to be able to get medical care within 2 hours. Planning for emergencies means being able to act quickly, get help, and save the life of the woman and her child. During the last weeks of pregnancy, if the hospital is too far away to reach in 2 hours, a woman can stay with a friend or family member who lives closer to a hospital.

The 4 delays

Some problems during pregnancy or birth can become very dangerous very quickly. Four common delays in getting help make the danger worse. These delays must be shortened to prevent women from dying:

- **A delay in seeing the danger.** People may not know enough about birth and the signs of danger during birth. They do not see that something is wrong, so they do not act quickly enough to help. See pages 238 to 240 to learn about danger signs.
- **A delay from taking too long to decide to get help.** People may know something is wrong, but they do not decide to get help quickly enough. Many people are not ready for emergencies. They may not have transportation or money to pay doctor or hospital fees.
- **A delay from taking too long to get to the hospital.** The hospital may be very far away, or the trip may take too long for other reasons.
- **A delay in getting care at the hospital.** The hospital may not have the supplies or trained staff it needs to save women's lives. There may be communication problems, especially if the nurses and doctors do not speak the woman's language. Health workers who do not treat women with respect often leave them waiting too long for care.

Use an activity such as the "But why?" game (page 222) to help people gain a deeper understanding of each of the 4 delays and to feel less overwhelmed by them. When you ask, "But why don't people see the danger?" and they answer, "Because they don't know the danger signs," you can begin to expose the root causes and get ideas about how to organize people to address these problems.



Barriers to prenatal and emergency care

Why do women not get health care when they need it? There are many reasons why women do not get good prenatal care, do not plan for emergencies, or wait too long to get medical care when their lives are in danger. The stories *Never again! How a needless death became a call for change* (page 18) and *Vanna's unsafe pregnancies* (page 220) include examples of common reasons. In those stories, both women were afraid to go to the nearest clinic, health center, or hospital. They did not feel welcome in those places, and they did not trust the health workers to treat them kindly and with respect.

If women in your community are afraid or unwilling to go to a health center or hospital, try to find out why. When you know the reasons, you may be able to work with community leaders and people at the health center to make changes and gain the community's trust.

Role plays can be a good way to help a group look more deeply at the different barriers that keep pregnant women from getting the care they need. Here are some examples of situations that can be used to create theater and role plays about why pregnant women do not go for care. (It is best to prepare these scenarios ahead of time.) For more information about role plays, see *Role plays to discuss gender-based violence* (page 146) and *Teaching with drama* (pages 324 to 326).

A 15-year-old girl finds out she is pregnant, and she is afraid of what will happen when her parents find out. The nurse at the health center is very religious, and talks with parents when their daughters come to the health center looking for family planning.

A woman is pregnant. She already has 5 children. Her husband is away in another country trying to earn money because he could not find a job at home. He has not been able to send money home yet, and she is having a very hard time getting enough food to feed her children. She did not have problems with the births of her other children, so she hopes things will go OK with the birth of this baby.

You can also prepare a skit or play using the information in the story, *Vanna's unsafe pregnancies* (page 220).

Activity

Role play why pregnant women do not get care

- 1 Divide the participants into several smaller groups of about 5 people each and ask each group to spend 15 to 20 minutes preparing a 5 minute play. Each group presents their role play for the other participants. Encourage everyone to play a part.
- 2 To help the groups prepare their skits you can ask them to think about questions like:
 - How would the woman be treated by the staff at a health center? Would she be treated differently than others? How are unmarried women treated?
 - How long might she have to wait to see a health worker? What are the hours that the health center is open?
 - How much do services cost? Does everyone pay the same for the same services? Do staff expect bribes or charge extra fees?
 - How far away is the health center?
 - What does the health center look like? How it is supplied?
 - Who do pregnant women prefer for care before, during, and after birth? Why do they prefer that person or those people?
- 3 Have each group perform their skit.
- 4 Once all the actors have stepped out of character, discuss what barriers prevent women from seeking and receiving the care they need.
- 5 Conclude this activity with Head, Heart, Hands (page 236). This helps people reflect on what they have learned by examining thoughts (head), looking at feelings (heart), and considering what to do about it (hands). In this case, you want participants to identify changes to make at the hospital or health center that would make it easier for all pregnant women to get the care they need.

We did an informal survey and asked women about their experiences at the health center. We wrote down their stories and shared the stories with others at a big meeting. We were careful not to use the women's real names. It was powerful to hear the testimonies of the women talking about why they did not feel comfortable going there to get care.



Health problems that require extra care

Some women should always try to give birth in a medical center or hospital, even if they have regular check-ups with no danger signs during pregnancy. This includes women who:

- are under age 17 or over age 35.
- have had more than 5 births.
- are sick or who may have anemia (blood weak from lack of iron) because they have not had enough healthy food to eat.
- have diabetes (too much sugar in the blood).
- had problems with a previous pregnancy and birth, such as severe bleeding, high blood pressure, or very long or obstructed labor.
- had a previous birth by Cesarean section.

A woman with HIV may be able to have a birth that is safer for her baby at a hospital.

Birth by operation (Cesarean section, C-section)

Most women are able to give birth naturally, through the vagina. But this can be dangerous for a woman or her baby under certain conditions, such as when the baby is in a difficult birth position and cannot pass through the vagina, or when the woman is bleeding, has eclampsia or a severe infection, or if the opening to the woman's vagina was made very small after genital cutting. When complications like these make it dangerous for a woman or her baby to go through normal labor and birth, a cut is made in the woman's belly so her baby can be born.

A C-section is sometimes necessary to save the life of a woman and her baby. But too often they are done because they are easier for the doctor or the hospital — not the woman — and the doctor can control everything that happens.

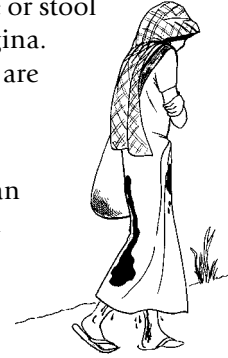


Our safe motherhood group learned that delivering babies by C-section increases health risks for mothers and babies. When needed, it can save their lives, but otherwise it is safer for the mother and baby to have a vaginal birth. We learned the acceptable rate of C-sections is 13 percent. We decided to track the rate of every doctor and of the hospital, and then we made this information public. In the past, half of the women had their babies by surgery! Since our action, less than one quarter of women have surgery to deliver their babies — and mothers and babies have had fewer complications.

Obstetric fistula: a preventable injury

Some women who survive a long, difficult labor suffer afterward from a serious injury called *obstetric fistula*. The fistula is a hole in the woman's vagina caused by a baby's head pushing hard in the same spot for a long time. After the birth, urine or stool leak through the hole and out of the woman's body through her vagina. There is nothing she can do to control the leak. Women with fistula are usually confined to their homes. They are often abandoned by their families and stigmatized in their communities.

Fortunately, fistulas can be repaired with an operation. They can also be prevented. Fistulas are rare in places where pregnant women get regular check-ups by trained health workers and give birth in a well-equipped clinic or hospital if their labor is too long. Fistulas occur most frequently in places where girls marry when they are very young and get pregnant before they are fully grown, and also in places where genital cutting is common.



Fistula causes leaking urine or stool.

Preventing fistula and healing lives in Pakistan

Women in rural communities in Pakistan suffered the shame of fistulas for many years. Now, doctors and midwives are helping people in those communities understand the true cause of the problem and stop believing the myth that fistula is a curse. A male doctor, Shershah Syed, founded Koochi Goth Hospital for Women in Karachi, and led a public education campaign to raise funds to provide care for over a thousand women who suffered from fistula. An actress, Shema Kirmani, uses community drama to raise awareness about fistula and maternal mortality, and to explain how to get treatment to repair fistula.

These efforts to prevent fistula and help women get early treatment have resulted in fewer women suffering from this problem. Community education and public dialogue have also reduced stigma. Midwives and village leaders involved in raising awareness about fistula became connected to national and international struggles for women's rights and human rights. These connections have given them stronger skills to advocate for safe motherhood and women's rights in Pakistan. Similar work to promote women's rights and human dignity is happening in 40 other countries in Africa, South Asia, and the Middle East.



In Uganda, hundreds of people participated in a 10 kilometer run to draw attention to the health problems caused by fistula.

Involve men in safe motherhood



If I could give one piece of advice, it would be: don't leave men out. We often think, "Oh pregnancy, that's a woman's thing." But we learned the hard way that things don't change much if men don't also learn about birth and become more involved.

Although tradition sometimes says that men do not participate in births, this is changing. Even if people prefer that men not be present during birth, there are still many important ways men can support women during pregnancy, prepare for births, and help during emergencies.

Men can partner with women for safer births. They can:

- learn about healthy pregnancy and childbirth and support women's decisions that protect their health.
- learn the danger signs of pregnancy and birth and what to do about them, and save money to pay for emergency needs such as fuel and hospital fees.
- make sure a pregnant woman gets enough food to eat and rest each day and go with her to check-ups during the pregnancy.
- learn ways to help a woman relieve the pain of labor (such as relaxation, breathing methods, or massage) and help her with these during birth.
- help out as much as they can and make plans for others to do her work (housework, childcare, fieldwork) for a few weeks after the birth, so she can heal and regain her strength.

I was not present during the birth of my children, but I asked my sister to be with my wife. And I saved money just in case it was needed.

My father waited at a bar with his friends when I was born. But for my son, I knew I wanted to be at my wife's side through the whole birth.

I always assumed that birth was "women's business" and I had nothing to do with it. But my girlfriend made me take a class on birth that was just for men. I learned about the danger signs and when her water broke but labor did not start, I drove her straight to the hospital.

When my sister went into labor on the way to her factory job, strangers at a bus stop helped her! That made me think — everybody should have information about birth and danger signs.



Men can learn about women's birth experiences

How can men be expected to play a helpful role in childbirth if they know nothing about what birth is like? One way to teach both men and women about birth is to show a movie or skit about birth and discuss it. Movies or skits can also show how men can provide support in different ways during labor.

The activity on the next 2 pages, A fishbowl about birth experiences, gives men a chance to listen in on a women's circle sharing their experiences giving birth. A discussion afterwards can encourage women and men to say what they need from each other so men can be more helpful during birth.

In my culture, it would be scandalous for men to hear about such a private, female activity as birth from women they know!



The first time I did this, only the more open-minded and younger people participated. But soon, the men were talking to each other about the activity, and with our permission, the ones who participated shared what they learned with the other men.

Muslim women are not supposed to talk with men about birth or anything to do with sex. But there are ways to get men involved that respect our religion and traditions. We held a men's training that started off with prayers by the Imam. This showed that the mosque supports our work.



Activity

A fishbowl about birth experiences

- 1 Bring together in a circle a group of 4 to 6 willing women who have given birth. (You may want to meet with them first to prepare.)
- 2 The men can either form a circle around the women's circle, or be separated by a curtain or other barrier to give both sides privacy.
- 3 Explain to both groups what is going to happen:

I will be guiding a conversation about birth with the women.



Men, please listen without saying anything. You will also have a turn.

- 4 Here are some questions you might use to help women talk about their birth experiences:
 - What about your birth did not go as planned?
 - How did you deal with the pain of childbirth? What helped?
 - How did other people help you during birth?
 - What did you appreciate or enjoy about birth? What was difficult?
 - How did giving birth change you?
 - In your birth, were there men who helped you or were supportive somehow? What did they do?
 - Did lack of support from men affect your birth? How?
 - If you had an emergency during your birth, what role did men play in the decision to get help?

- 5 After 30 minutes or so, the women stop, and the group leader asks the men to talk about what they heard. He also asks if they have any questions for the women.
- 6 The group leader asks the men's questions and lets the women respond.



Activity

A fishbowl about birth experiences *(continued)*

7 If the men and women are in 2 circles, change so the men are in the inner circle and will do the talking. This time the women listen. Here are some questions you may ask the men:

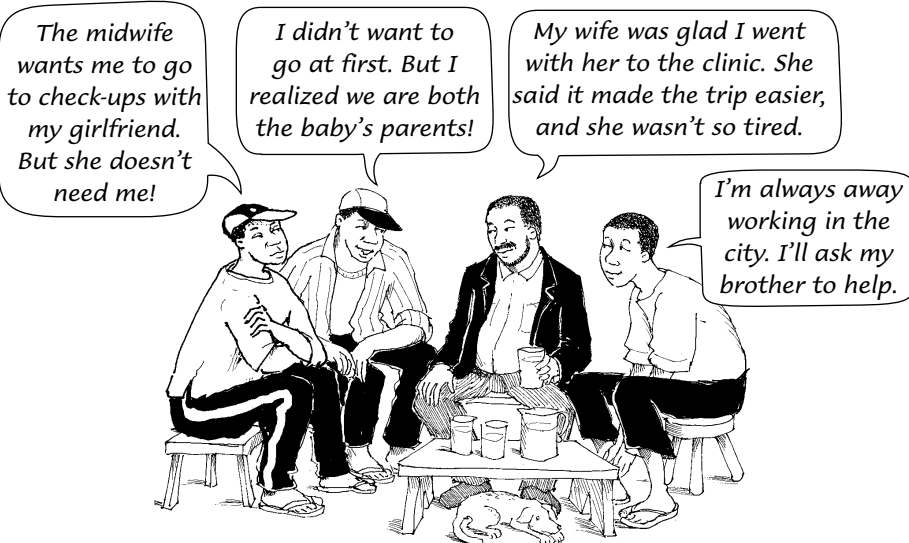
- What does it feel like to become a father for the first time? How did your life change with fatherhood?
- Where were you during the birth of your children?
- Did you participate in the birth? How or why not?
- Did you celebrate? How or why not?
- What did you feel about what your partner was experiencing during the birth?

8 Shift the discussion to more general questions. What do the men and women think about how men could be more helpful during childbirth?

First ask the women: How could men support or help women more before, during, or after childbirth? What attitudes or ideas need to change? If there is a problem, what role could men play in getting help?

Then ask the men: What do men need in order to be more helpful with birth? How can men be more supportive after childbirth? What could others in the community do to make it more likely that men will play a helpful role during the births of children?

You could end using the activity, Head, heart, hands described on the next page.



This guided reflection is a good way to close a workshop or discussion. It can help everyone think about and share what they have learned (“head”) and how they feel (“heart”) about what has been discussed. The most important part is to ask people to share what they will do differently or what change they want to make (“hands”). It does not require much time or any materials.

Activity

Head, heart, hands

Invite the group to sit or stand in a circle and to reflect quietly for a minute about the discussion or workshop.

- 1 Ask the following reflection questions: What happened during the workshop or meeting? Think about something you learned. Give people a minute or two to reflect silently on this question. Then ask 3 or 4 participants to each share one thing they learned with the group. (If more people want to share, that is always OK if there is time!)

- 2 Next, ask everyone to think about how they felt about one thing from the workshop or discussion. Give people a minute or two to reflect silently on this question. Then ask 3 or 4 participants to share with the group one thing they felt during the workshop or discussion. (It is best to let people volunteer rather than calling on someone who might not be comfortable sharing.)



I felt happy. Hearing the birth stories made me remember the joy of seeing my baby girl after she was born.

- 3 Next, ask everyone to think about one thing they will do because of what was discussed today. Give people a minute or two to reflect on this question. Then ask 3 or 4 participants, or anyone else who wants to speak, to each share with the group one thing they will do.

I will talk with my brother. His wife is pregnant, and I will talk to him about how important it is to be prepared for her to go to the hospital in case of an emergency.



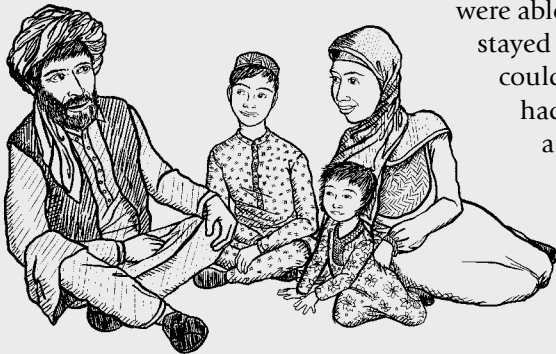
Men learn about childbirth and danger signs

In Afghanistan, men do not usually attend births and rarely help prepare for them. But one group of men attended a class about birth just for men, and they have started to change. The trainers used picture cards to teach about the danger signs, and they used role plays to practice making quick decisions during birth. In the role plays, the men were very serious when they played all of the roles — even the role of “mother-in-law” or “pregnant woman.”

At the class, the men also heard the stories of 2 families. One couple did not use family planning. They had a baby almost every year, and there were several difficult births. With the woman’s last 2 births, she had bleeding that was difficult to stop after the babies were born. Without a chance to recover her strength between births, she became very weak. When this woman had her 8th baby, she became very ill after the birth and died.



The other story described a woman and man who used family planning. They waited a few years after their first child to have the next one. Their children were able to go to school, and the woman stayed healthy and strong. The men could see that their communities had both of these types of families, and that men had a role to play in talking to their wives about family planning and using some method of birth control. For an activity to compare 2 families, see Story game: A tale of 2 families (page 182).



The hardest part of the training was when men shared stories about pregnant women or babies who died because no one knew how to help them. The men copied the trainers’ picture cards to show their wives, families, and neighbors to discuss the danger signs they learned. When some of these women had long labors and signs of obstructed labor, the men were ready and quickly decided to make the long trip to the hospital.

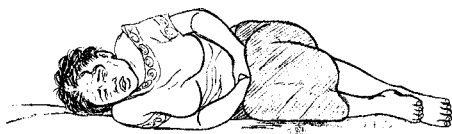
Learning the danger signs

More women's lives would be saved if everyone knew the signs that mean a woman's life could be in danger during pregnancy, birth, or the first 2 weeks after giving birth. Learning the danger signs is an important part of being prepared for emergencies.

Danger signs during pregnancy

Help a woman go to a health center or hospital quickly if she has:

bleeding from the vagina. Early in pregnancy, this can be a sign of miscarriage (loss of the pregnancy) or, later in pregnancy, of the placenta separating from the womb.



severe pain in the first 3 months, with or without bleeding. This can be caused by a pregnancy developing outside the womb. This can kill the woman.

signs of infection (fever, chills, a bad smell from the vagina). Infection of the womb is very dangerous. It must be treated or the woman can die.



swollen face and hands, severe headaches, or dizziness. These problems, along with high blood pressure, are signs of pre-eclampsia. Eclampsia can kill the woman.



convulsions or "fits" (eclampsia). A pregnant woman with convulsions or who is unconscious needs medical help right away to save her life.

In Oaxaca, Mexico, everyone listens to the radio, so a safe motherhood group made a series of short dramas. Each drama is about a different danger sign of pregnancy, and each time the woman's family or neighbors take her to the hospital and save her life. The dramas end with tips about how to have a healthy pregnancy.



Danger signs during labor and birth

A woman with danger signs during labor needs to get to a hospital in less than 2 hours or the woman or baby could die. Some danger signs are:



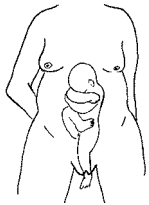
heavy bleeding. A sudden gush of blood or a steady flow of blood is very dangerous. Two family members should go with the woman to give blood in case it is needed.

severe, constant pain in the belly, different from labor contractions. This can mean the placenta (afterbirth) is separating from the womb, which can kill the mother or baby.

severe headache and convulsions. These are signs of eclampsia. The woman needs medical help right away.



very long labor. Strong labor longer than 1 day or 1 night (12 hours), or pushing for more than 2 hours with no signs that the baby will be born soon are signs of obstructed labor that can kill both the mother and the baby.



an arm or leg comes out first. This means the baby is lying in the wrong position for birth.

waters break, but labor does not start. To prevent infection, birth should happen within 24 hours after waters break. Seek medical help if labor has not started 12 hours after a woman's water breaks.



waters are green or brown. This means the baby passed stool in the womb. The baby may have trouble breathing or get an infection because of stool getting into his or her mouth.

Danger signs after giving birth

Danger signs may appear anytime during the first 2 weeks after a woman gives birth. These include:

heavy bleeding or a constant flow of blood. This can be caused by tears in the vagina or the womb, but the most common cause of dangerous bleeding after a birth is “retained” or “stubborn” placenta. This happens when the placenta (afterbirth), or even a small piece of the placenta, stays inside the womb.

signs of infection (fever, chills, a bad smell from the vagina). Infection of the womb is very dangerous. It must be treated or the woman may not be able to have any more children or she may die.

dizziness, weakness, nausea, fainting. It is normal for a woman to be very tired after giving birth, but if she feels dizzy or sick, she may be bleeding inside (this is called internal bleeding).

severe headaches and convulsions (eclampsia) can also happen after giving birth. Get medical help right away.



Activity**A guessing game with skits: It's an emergency!**

This game is a fun way for a group of people to learn the danger signs for emergencies during pregnancy, birth, and the 2 weeks after the baby is born.

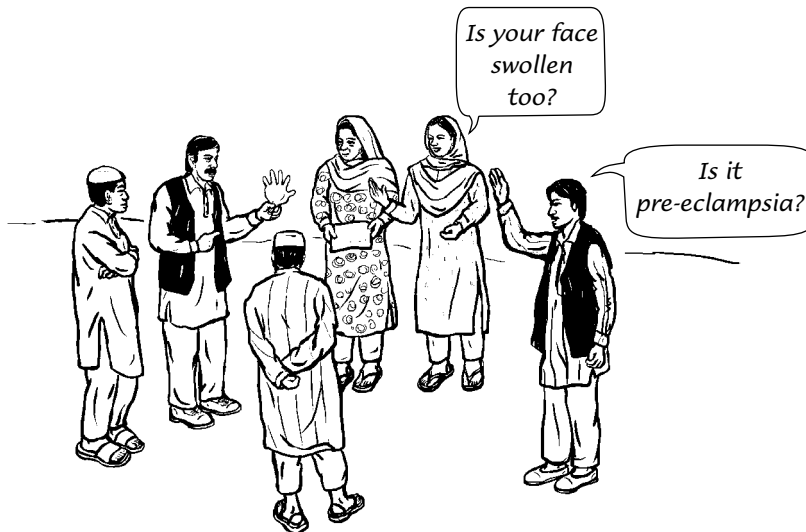
To prepare:

Assign each person a danger sign (see the list on pages 238 to 240) and ask them to prepare a short skit (play) to act out this danger sign, explaining that the rest of the group will watch the skits and try to guess which danger signs are acted out. Encourage people to use or make props (such as a glove stuffed with cotton to show swollen hands, red paint or marker to show blood, or a bundle of cloth as a newborn baby). Each person can ask another person to join in the skit.

To play:

Each person performs a short skit while the rest of the group watches. Once the skit is completed, ask the rest of the group to call out their guesses for which danger sign is being depicted with the skit. If the group wants more information they can call out questions and the person who performed the skit can answer "yes" or "no" to the questions. Once the group has correctly guessed the danger sign, have everyone applaud and thank the actors.

Continue playing until everyone has performed a skit.

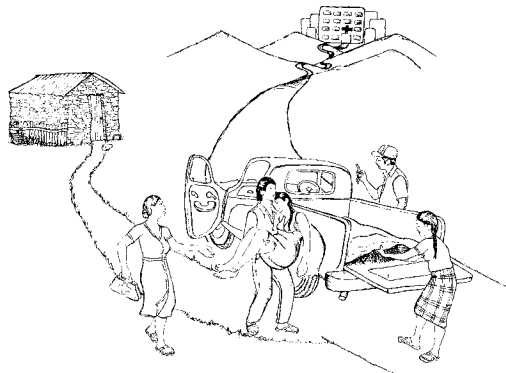
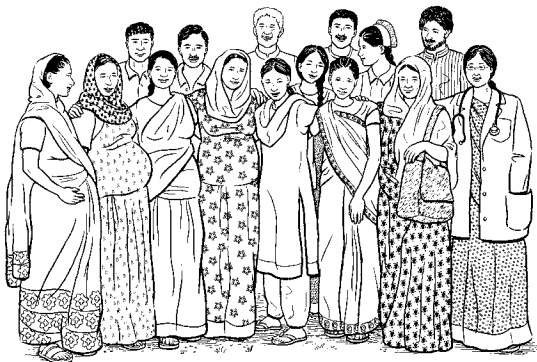


Community solutions to make birth safer

One of the things communities can do to help make birth safer is to ensure that women get emergency medical care when they need it. Here are some ideas people have used to help women and families when there is a birth emergency.

Form an emergency health committee.

A committee can be made up of midwives, nurses, doctors, husbands, pregnant women, teachers, and business owners who meet regularly to make sure services are available and adequate for pregnant women in the community.



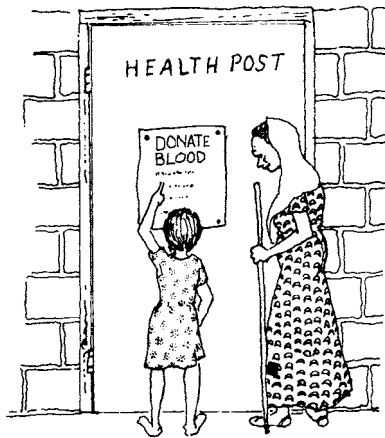
Organize emergency transportation.

Neighbors or business owners who own cars, trucks, or other vehicles take turns being available to take women to the hospital. Some communities have built bike trailers to carry pregnant women who need to go to the hospital.

Create an emergency loan fund. Each family contributes a small amount of money, so funds are always available to loan in an emergency. The emergency health committee decides how the money is used: to pay for medical care, fuel, transportation, or other things. The committee also decides when and how the money must be paid back to the fund.

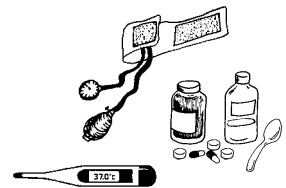


Safe motherhood houses. If a community is too far away from the hospital, or the road is bad sometimes, women will be safer during the last weeks of pregnancy if they have a place to stay closer to the hospital. If several communities can work together and get the support of the government health system, they may be able to pay for a small house or rent a room near a hospital in the city. Then pregnant women can go to the hospital quickly if there is an emergency.



Safe blood donations. One tribal leader in India had a relative who died when she could not get blood. The nearest hospital did not have a reliable blood supply. So this man encouraged community leaders in neighboring villages to donate blood and to organize yearly donation campaigns. The leaders asked local youth to lead these efforts. Now many people give blood. All the blood is screened for infections, so everyone knows it is safe. By doing this, these communities are helping save the lives of women who have heavy bleeding during childbirth. And because of this grassroots work, for the last 15 years, the hospital has always had a blood supply ready for any emergency.

Community medicine kits. If anyone in the community knows how to treat some birth emergencies, then the community should buy some basic medical supplies and keep them in a safe place. Some examples of useful medical supplies are a thermometer, a blood pressure cuff, antibiotics to treat infection, medicine for seizures, and medicines for heavy bleeding after the birth, such as oxytocin and misoprostol. See *A Book for Midwives* or *Where Women Have No Doctor* for information about using these medicines.



A man speaks out for access to emergency transport in Tanzania

In a Tanzanian village, a 14-year-old girl named Teresia was pregnant. Teresia was not yet a fully-grown woman, and she had not planned on becoming a mother so young. The health center nurses knew giving birth could be dangerous for her and her baby because her pelvis was probably too narrow for the baby to fit through. They told her family she should give birth at the regional hospital in case she needed an operation. So her family saved money to pay for an ambulance.

But when she went into labor, the price of gasoline had gone up, and the family did not have enough money to pay for the trip. The health center's officer refused to let her ride in the ambulance, even though he knew her life was in danger. He scolded the family for waiting to go to the hospital, and said, "It is your responsibility if she dies." The village secretary, Abdallah Sadiki Aziz, heard of the problem and sold his bicycle to help buy enough gasoline for the ambulance, and he went with the girl and her family to the hospital. When they reached the hospital, Teresia had a Cesarean section, but her baby had died. Teresia never recovered from the birth and died a few weeks later.

Many months later, members of an organization called Women's Dignity visited the village and talked with the local officers about safe motherhood. Abdallah spoke out, criticizing the local health officer for continuing to charge people who needed the ambulance service. Women's Dignity invited him to a meeting with the district authorities where he explained how the officer had refused to help Teresia. Because of this, the officer in charge of the health center was transferred. Abdallah said, "The new clinical officer made sure that the ambulance is free of cost for pregnant women and small children with emergencies. The villagers are happy, and many have come to thank me for speaking out."



Abdallah was also invited to speak at Tanzania's first Popular Tribunal on Girls' and Women's Lives. He was interviewed by reporters and spoke on national radio. People across the country learned what he had done, and about the dangers girls and women face every day giving birth. Abdallah says, "I don't want to draw too much attention to myself, but I was glad I got a chance to tell district officials about Teresia's case. I enjoyed speaking at the Tribunal, because I learned a lot about human rights, things I didn't know before. I will use this knowledge to tell others in the village. But I don't want people to think I am a troublemaker, especially not the health center staff. My wife, my children, and I rely on them when we are ill. However, if a similar problem happens once more, I would certainly speak out again, for the sake of the women of our village."

Change happens when people organize

Since Abdallah testified, there has been a wider push to promote safe motherhood nationally. Tanzania's current policy, the National Road Map Strategic Plan, requires half of all health centers to provide comprehensive emergency birth and newborn services by 2015. Although these legal developments are promising, practices are slow to change. Safe motherhood advocates in Tanzania say women still pay bribes to get medical attention at health facilities and face constant shortages of basic birthing supplies and medicines. The laws are a step in the right direction, but now activists must continue to apply political pressure to uphold the new regulations.

If that can happen in Tanzania, it can happen in Mexico too. I am going back to my community to talk with the men about organizing to make sure no woman dies in childbirth.

