

Sharing Solutions

A birthing stool helps disabled women give birth naturally

Fatuma Achan lives in Uganda and is the mother of 6 healthy children. She is also paraplegic (paralyzed in both legs) because she had polio as a child.

When Fatuma was pregnant with her first 2 children, the doctors at the local clinic told her that because she was paralyzed, she had to give birth by an operation (a Cesarean section, or C-section). This is what doctors tell many disabled women.

When Fatuma was pregnant with her third child, she did not want to have

another operation. She knew that other women in her community sometimes gave birth by squatting. Fatuma also knew that because her legs were paralyzed, she would not be able to hold herself in the squatting position. So she built a birthing stool which helped her to stay



in the squatting position so her baby could be born through the vagina.

Even though Fatuma is paralyzed, her womb is still strong and can squeeze itself (contract) to push out a baby. The position of her body on the birthing stool helped the baby drop down out of her body through the vagina, just as it does for other women who squat during birth. Since Fatuma built the stool, she has given birth to 4 children without an operation!

Creative Education

A picture is worth a thousand words

People need to know when something is wrong during labor so that they can help a woman get medical care right away. Using pictures can help people remember the danger signs they may see when a woman is giving birth. In Bangladesh, people made a set of six picture cards showing the danger signs women may have during childbirth. For example, one card

shows a woman bleeding. Another card shows a woman with very swollen legs. The cards are used during talks with pregnant women to explain when women may need to go to a clinic or hospital.

Since other family members often make the decisions about whether women should get medical care, it is not enough to just teach pregnant women these danger signs. The health workers have also used the picture cards to teach husbands and mothers-in-law. They even made posters of the danger signs to hang in clinics, drug stores, markets and community meeting places. Health workers can make their own cards about other health topics as well.

To learn more about the Bangladeshi picture cards, contact:

Centre for Health and Population Research, International Centre for Diarrhoeal Disease Research, GPO Box 128, Dhaka-10000, Bangladesh
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Fig. 3a: Bleeding during pregnancy

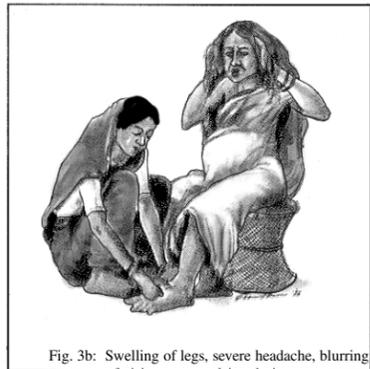


Fig. 3b: Swelling of legs, severe headache, blurring of vision or convulsion during pregnancy

The Women's Health Exchange is a publication of the Hesperian Foundation.

The Hesperian Foundation is a non-profit organization committed to improving the health of people in poor communities throughout the world by providing tools and resources for health education and informed self-care. We believe that people can and should take the lead in their own health care.

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Women's Health Exchange

A resource for education and training

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Pregnant women need access to emergency care

A woman rarely needs a doctor's care to give birth, especially when she has help from a midwife who is trained in safe birthing methods.



life and death for most women who have problems during childbirth is access to emergency care.

If a woman has a difficult birth, her life can almost always be saved with emergency care. In countries like Canada and Cuba, very few women die in childbirth anymore because almost everyone has access to hospitals with blood banks, medicines, and well-trained staff. Most women in these countries also receive prenatal care and have enough food to eat.



But it is not so easy for women in other communities. Read Domingus' story below.

When Domingus' labor pains started, her husband, Amadu, was selling goats in another village. There was no midwife in her village, but her mother-in-law, Quinta, stayed with her. After two days of painful contractions, the baby still would not come out. As Quinta watched Domingus get weaker and weaker, she began to think about taking Domingus to the hospital. But Domingus could not leave the village without Amadu's permission.

When he returned 4 hours later, Amadu agreed that Domingus needed to go to the hospital 120 km away. But the man in the village with a truck would take Domingus only if they paid him a large sum of money.

After borrowing some money from Amadu's brothers, they left for the city. But the road was so muddy that the truck got stuck. It took 7 men and 2 hours of hard work to push it out. Meanwhile, Domingus fainted. When they finally arrived at the hospital, a crowd of people was waiting to be seen. When it was Domingus' turn 3 hours later, the doctor said that she needed an operation to get the baby out. But Domingus was so weak that she and her baby died during the operation.



Women in poor communities face many of the same barriers that Domingus faced. Not only do many women live far from hospitals or health care, but hospitals in poor countries are often overcrowded. Many do not have the staff or supplies needed to offer life-saving care for difficult births.

continued on page 2

Why do some women die during childbirth?

- Heavy bleeding before, during or after birth
- A blocked birth: when the baby is sideways in the womb, or cannot fit through the mother's hips
- Infection in the womb during or after birth
- Eclampsia, a problem that causes fits or convulsions, high blood pressure and liver or kidney failure



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Pregnant women need access to care, *continued from page 1*

But poor communities around the world are finding ways to make birth safer in spite of these barriers. Here are some examples:

Support the training of a community midwife.

A training program in Uganda

teaches midwives life-saving skills, including how to stop severe bleeding and how to treat infection.

Teach people the danger signs women may have before, during and after childbirth.

If people can recognize these signs, they will be more prepared to take action when a woman needs to go to the hospital. To teach people the danger signs, health workers in Bolivia have created booklets and radio programs. In Ghana, groups held community meetings and trained town criers (people who announce the news on the streets). The poster in this issue also describes these danger signs.

Make emergency plans to transport women to hospitals quickly.

In one community in Sierra Leone, no one owned a car, so people built a hammock to carry women. In the Gambia, a group made a motorized cart to take pregnant women needing hospital care to the bus stop and boat port.

Organize to demand better emergency care.

People from a remote area of Honduras held a protest in the capital city to demand that the Ministry of Health open a hospital that had been built but never staffed.

Find ways to provide better care. In Kumasi, Ghana, community members rebuilt their health center's maternity room and operating area, set up a

fund for medicines, and trained a doctor and several midwives in emergency care.

A community in Nigeria also set up a blood donation system for women who may have heavy bleeding in childbirth, since the nearest hospital did not have a reliable blood supply. They started a loan fund for families who can not pay for hospital care.

Even when communities do not have

easy access to good hospital care, people can make birth safer for women in their community. See the learning activities in this newsletter for more ideas.

Information taken from "Preventing Maternal Mortality through Emergency Obstetric Care" by May Post.



Dear friends,

We are writing to share a story about one of our wonderful health educators:

Neusa, a tiny farm woman, lives by the city garbage dump. She had finished only 4 years of schooling when she began our Health Educators training program in 1993.

Claudia, one of Neusa's patients, was a 23-year-old pregnant woman who had been pregnant 3 times before but had lost each baby because of high blood pressure followed by convulsions during the last month of her pregnancy. Claudia was a sad woman, quiet and resigned to her fate of never having children. Neusa talked with Claudia about her health, and gave her vitamins and encouragement about her pregnancy, care she had never received before. Claudia looked forward to Neusa's visits. One day, in her 8th month, Claudia woke up with a painful headache and swollen legs. She had no mirror in her hut to see her face, but when Neusa arrived, she was shocked to see how swollen Claudia's face was. (Swelling can be a sign that a pregnant woman may soon have a fit.) Neusa knew that without help, Claudia would once more lose her baby and possibly her own life!

Since it was the week before Christmas, the hospital had only a few doctors and nurses working. They did not want to take more patients, so they gave Claudia an injection and told her to go home and wait until her baby was ready to be born. Neusa would not accept this and went to the hospital director's office to explain Claudia's situation and past problems. But even after showing her badge and saying that she was a health educator, he told her there was "no room in the inn" and that Neusa must take her home, medicate her and wait.

But Neusa would not give up. She knew that Claudia's condition was too dangerous to return home. Instead, she took Claudia to the police station. There Neusa made a ruckus. She may be a tiny woman, but she has a voice and a gleam in her eye that is unforgettable. When she is 'in battle,' she is not easily ignored!

Finally, a police car took Neusa and Claudia to a hospital in Jacarepaguá (an hour away from Neusa's village). By the time they arrived, Claudia's blood pressure was very high and she was feeling faint, so the doctors did a C-section (an operation to take out the baby) and she gave birth to a healthy baby boy. Neusa's health knowledge, self-esteem, and her love for her work saved this baby's life—and perhaps Claudia's too!

Barbara and Agostinho de Souza

Rio de Janeiro, Brazil



Midwives united to put pregnant women first

For many Mayan communities in Chiapas, Mexico, the word *midwife* has come to mean many things: health worker, teacher and organizer, as well as a person who puts the needs of women first. Some of the Mayans fled from Guatemala to Mexico to escape the government's brutal violence against native people. Isolated from their original communities, many now live in Mexican villages hours away from the nearest hospital. To make childbirth safer for these women, midwives have decided that they need to work together, share their knowledge and strengthen their training.



Mayan midwives at a health training

In 1993, a group of Mayan midwives and health workers formed a network called *La Red de Parteras y Promotoras Integradas en Chiapas* (Network of Midwives and Health Workers in Chiapas). The Network helps midwives and health workers learn how to care for women throughout their pregnancy, instead of just at the time of birth. The midwives also learn life-saving techniques, such as how to give injections of oxytocin after birth to stop bleeding. When a midwife completes the Network's training, she receives a birthing kit with sterile tools and medicines she may need when she helps women give birth. If a woman is at risk for having a difficult birth, her midwife may send her to the Network's office close to a hospital during the week the baby is due to be born so the woman will be able to get emergency care if she needs it.

There is a lot of pressure on midwives to be "professional" and "modern." For example, people sometimes expect midwives to give injections to strengthen labor simply because they have come to think of injections as a powerful, modern medicine. But the same medicine (oxytocin) that can save a woman from bleeding to death after birth can also kill her if it is injected during labor. The Network helps midwives reject dangerous medical practices at the same

time that it strengthens their 'professionalism.'

Yet having training in 'modern' birthing methods does not mean that Mayan midwives look down on other midwives who have less professional training. Nor do they reject their own traditional knowledge which has helped them for hundreds of years. Instead, the Mayan midwives meet often with other midwives to share traditional knowledge, such as the use of plants like chamomile, which relaxes the mother so birth is less painful. They invite the midwives to join the Network and even to attend births with them so they can learn from each other's experiences.

The midwives have discovered that they do not need to guard their knowledge in order to keep their communities' respect. Instead of working alone, the midwives also have started working with health workers to help them better deal with emergencies. When a woman needs to go to the hospital in the middle of the night, both the health worker and the midwife will knock on doors to wake up a group of men to carry the woman to the road. All health workers can read and write so they help midwives read important information on medicine labels or fact sheets. In return, the health workers learn how to give better care during labor by watching the midwives help women give birth.

The Network of Midwives in Chiapas is an example of how much people can gain from sharing their experiences, traditional knowledge and medical training. Working together has helped midwives in small villages do much more than just help women give birth. They have become health workers who believe that good health is a human right and who see themselves as part of a community solution that helps women stay healthy.



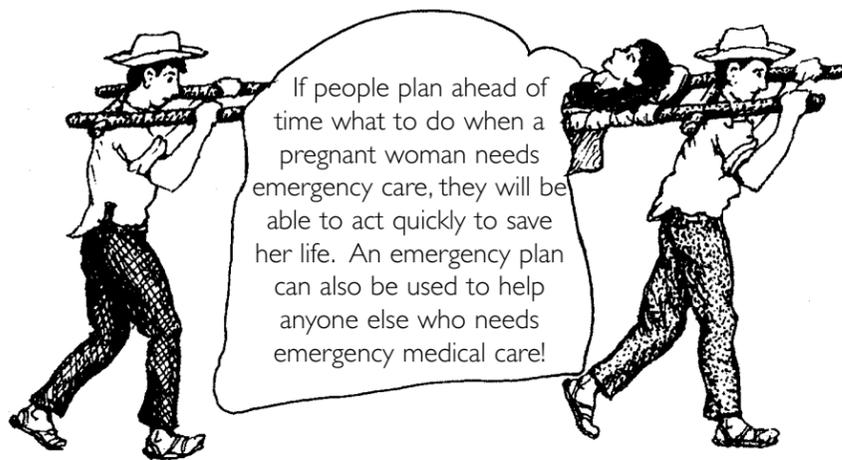
Photo courtesy of La Red de Parteras y Promotoras Integradas en Chiapas

Actions that can save women's lives

Even in places far away from hospitals, people can help pregnant women stay strong and healthy. They can also prepare for times when pregnant women may need emergency care. People need

to work together to decide what steps they should take to make birth safer. Below are some ideas, but every community needs to make its own plan.

Make a community emergency plan!



What needs to be part of the plan?

- Transportation: How will she get to the hospital?
- Money set aside to pay for medical fees, fuel, and bus fares
- Who will care for her children and other responsibilities while she is gone?
- What medical supplies might she need?
- Who will go with her to the hospital?
- Who can help make decisions in an emergency if the husband or partner is away?

People can do a lot even before women are pregnant to make sure that childbirth is as safe as possible in their communities. Here are some ideas:



- During pregnancy, women need regular prenatal visits with a midwife, nurse, health worker or doctor.
- Make sure pregnant women eat well, especially foods rich in iron like green vegetables, nuts and seeds, red meat, chicken or eggs.
- Teach health workers how to care for pregnant women and to look for signs that a woman may have a difficult birth.



- Train a midwife for your community or help your midwife get better training in life-saving skills.
- Teach everyone to recognize the danger signs of pregnancy and birth.
- Teach young people about their sexual health and how to make good decisions about sex. Help girls understand the health risks of becoming pregnant before their bodies have finished growing.
- Encourage girls to wait until they are 18 to get married.
- Work to make birth control available in your community. When a woman uses birth control to space her children at least 2 years apart, her body has time to recover and be strong for the next pregnancy.
- Organize to demand better emergency health care services.

Everyone, men and women, can help make birth safer in your community!

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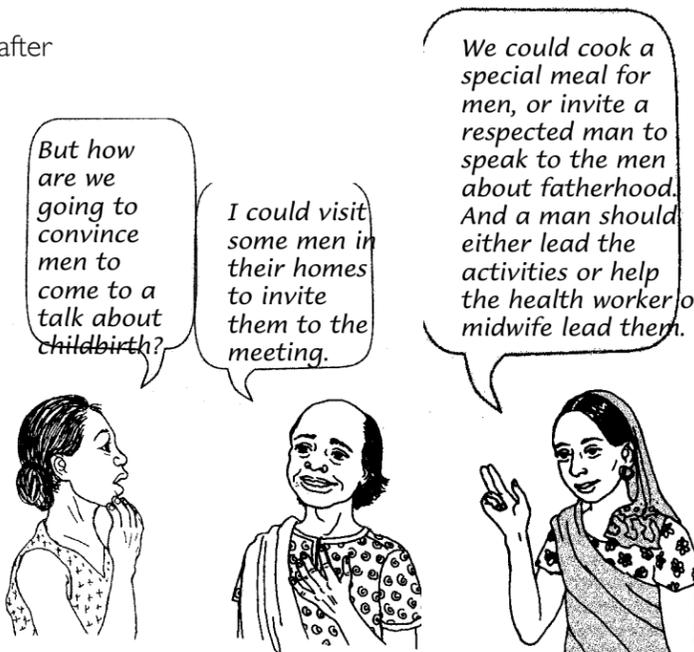
Learning activities



Men often feel a great deal of pride and happiness after the birth of a new child. But too often a woman must prepare for and give birth without the father's support, either because childbirth is thought of as 'the woman's responsibility,' because the man is away, working, or because he is out celebrating with his friends.

Many health workers and midwives are working to change attitudes in their communities that keep men from participating in pregnancy and childbirth. Men should share the responsibility for helping women stay strong and healthy during pregnancy and for making a plan in case a woman needs emergency care during childbirth.

These learning activities work best with a group of 10 or more men. If you decide that you also want to include women as well, make sure that the meeting still focuses on men's role in pregnancy and birth.



What will men learn from these activities?



- Women usually give birth safely. But when something goes wrong during birth, it is very important that everyone, including men, helps a woman get the care she needs to save her life.
- There are many ways men can share the responsibility for a safe childbirth before, during and after the baby is born (page 6 shares some ideas).



Trainer's tip: Before planning these activities, ask yourself what men in your community already know about birth and pregnancy. They may first need activities to help them learn some basic facts before they are ready for these learning activities. These books have information you can use when planning a meeting about maternal health:

To learn how to make teaching aids about childbirth, read Chapter 22 in *Helping Health Workers Learn* or Appendix B of *Book for Midwives*.



For information about birth, pregnancy, and midwifery, see *A Book for Midwives*.

For information on pregnancy, sexual health and women's health, see *Where Women Have No Doctor*.

1. Tell a story about a woman who dies in childbirth.

Telling the story from the man's point of view will help men relate better to the story.



Every community has its own stories. A story often helps people see how a sad event, like a pregnant woman's death, has many causes besides her physical problem. We call these root causes.

Tell a story, or have a group create a play or skit to perform during the meeting. Some health workers suggest inviting a man from the community whose wife died during childbirth to tell his story instead of inventing one. However you decide to use a story, your goal is to help people see that there are many different problems that make it difficult for women to survive difficult births.

A village story:

My first wife Yeli was 14 when I married her. She became pregnant right away. I am much bigger than Yeli and I guess the baby was too big to fit through her narrow hips. When a day and night of hard labor passed without the baby coming, my mother wanted to take Yeli to the hospital in the city several hours away. Since it was much too far to walk, she asked a man in the village to drive them. But he would not drive them without my permission, and I was away working in the mines. Then they tried to take a bus to the hospital. But the bus had broken down and never came. After three days, Yeli and our baby died.

Your story needs to describe what really happens where you live. To give you an idea of how a city story could be different from a village, read these examples:



A story from the city:

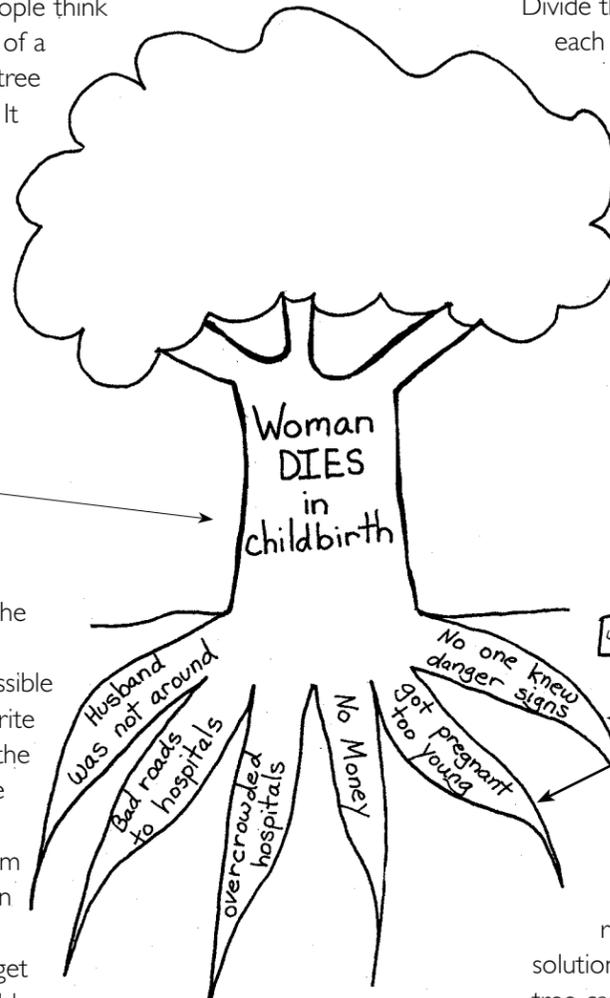
In Tubai's family, the women often eat much less than the men, especially when times are hard. When Tubai was pregnant, she always felt weak and tired. She never had a prenatal visit at the clinic in her city because her husband told her he had no money for these visits when she was not sick. After her son was born, Tubai began to bleed heavily. When her husband returned hours later from drinking and celebrating with his friends, he got a neighbor to take her to the hospital. But too many people were waiting to be seen, and Tubai bled to death while waiting for her turn.

2. Make a tree to discuss the causes of the woman's death.

One way to help people think about the root causes of a problem is to make a tree out of cloth or paper. It should have roots, a trunk and branches. Explain that for a tree to be healthy, its roots must be healthy.

On the trunk, write or draw the main problem from the story.

Ask the group why the woman in the story died. As people list possible causes of her death, write them on the roots of the tree. After people have named all the causes from the story, ask them what other problems in their community make it hard for women to get the care they need. Add these to the roots.



3. Find solutions to the root causes of the woman's death.

Divide the men into small groups. Give each group a few of the root causes the group discussed in step 2. Ask each group to find solutions to their root causes and to think of as many solutions as they can. Ask each group to explain how men can participate in each of these solutions.

- men stay nearby
- have truck ready
- make a loan fund
- teach girls about sexual health
- demand better emergency care
- teach everyone danger signs
- woman stays with relatives close to hospital

Tape the solutions over the root causes they fix. As each group lists their solutions, write them on pieces of paper and tape them over the root causes on the tree. These solutions are new healthy roots so that the tree can grow. As a large group, discuss how men can be a part of each of these solutions.



This group is performing a skit. To add humor and to make people stop and think, a man is pretending to be a pregnant woman.

4. Men share responsibility for changing the story to have a happy ending.

Ask the group to use the solutions from step 3 to change the story so the woman does not die. In this step, make sure to include ways men can help support pregnant women. There are many ways to retell the story. Small groups can each create their own story, the whole group can make up a skit, or you can tell a group story.

In a group story, one person begins the story, putting the people in the story into a difficult situation. Then they pass the story to the next person to solve the problem and create a new one for the next person.

For example...

It was the dry season when Tubai was pregnant. Her whole family was hungry... Your turn, Rajiv...



...but everyone shared a little of their food with her to keep her strong and healthy. When her labor pains began, her husband's friends invited him out to celebrate his new baby...

My turn. Let me see...but instead he stayed at home to be ready just in case she needed his help...



5. Don't let men's participation end with this meeting!

After changing the story so the male characters are more supportive of the pregnant woman, discuss what role men usually play in pregnancy and childbirth in your community. One way to do this is to ask men to talk about where they were during their children's births and how they were a part of the birth. Discuss

why it can be difficult for men to be involved in birth and pregnancy.

Now ask the group to think about the solutions they created for the root problems in the story. Would those solutions work if men did not participate? End by asking how the solutions may benefit people. (Write the benefits as fruit on the tree.)



The next step is to bring men and women together to start a project in your community to make birth safer for pregnant women. See page 6 for more ideas.