



Maternal Health

Prepared by Rebecca Marsh

WARNING: Learning about the conditions in which many of the world's women give birth is disturbing. It will be difficult to investigate this travesty without gaining a desire to seek to influence a change in the situation and involve oneself in meeting needs.

How to use this Study Guide

- Read over the entire guide before you meet with your Global Women (GW) community and determine which parts you will want to use when you gather. Ask different ones to present the various parts of the guide in creative ways. In prayer, ask the Holy Spirit to guide your preparation and to open the hearts and minds of those who gather to ways they can personally respond to the needs mentioned.
- When you gather as a community, begin with prayer and then ask some opening discussion questions to help focus thoughts on the topic; use the suggested scripture; investigate the topic using the materials presented below; determine ways your GW community can address/meet the needs mentioned on both a local and global scale; consider further ways your GW community can influence decision-makers about these needs.

Suggested Scripture

He will feed his flock like a shepherd. He will carry the lambs in his arms, holding them close to his heart. He will gently lead the mother sheep with their young.

Isaiah 40:11 (NLT)

Overview of the Issue

When many of us think about the birth of a child we envision the mother being whisked away to the nearest hospital where nurses rush her into the sterile delivery room. Under bright lights and with the option of pain-blocking medications she delivers a healthy baby into the arms of her doctor. A doctor she has seen many times throughout the course of her prenatal care. At the end of this production, with tears of joy, the mother holds her newborn and meets her child for the first time. This is a time of happiness; family and friends send gifts for the baby and assist the parents with meals and other practical necessities at their homecoming.

In many other parts of the world, however, childbirth becomes an event for mourning rather than celebration. Sometimes mothers will tell their husbands and other children “goodbye” before giving birth to their babies, because they know that they may not live through the event.

Every minute a woman dies in pregnancy and childbirth while 10 million more will suffer from illnesses and lifetime disabilities that develop from complications of pregnancy and childbirth. Pregnancy and childbirth are the leading cause of death and disability for women in the developing world.

Worldview

The devastating effects of these tragedies cannot be over-emphasized. When mothers die during delivery, their newborns are much more likely to die within two years; children up to the age of ten who do not have a mother are three to ten times more likely to die within two years than are children who have a mother. Every year there are two million more children without a living mother.

In other words, when mothers die, children die, and those kids who do survive are more likely to have poor health, stunted growth, suffer from malnutrition, and not receive immunizations. They also become greater targets for oppression and abuse. These children will enter school later and exit school earlier than their peers with mothers. Girls are even more affected as they are often expected to do the work their mothers would have done. Often these girls will be married at a younger age so as to lessen the financial burden on their families. Girls who give birth before the age of fifteen are five times more likely to die in childbirth than mothers in their twenties. It is easy to see how a cycle of maternal mortality is created and continued.

What is even more striking is the difference in maternal mortality rates between wealthy nations and developing nations. First-world nations see nine maternal deaths for every 100,000 live births, whereas developing nations have, on average, 450 maternal deaths; in some nations, 1,000 women per 100,000 live births will not survive. Sub-Saharan Africa and Southern Asia account for 85 percent of all maternal deaths. When mothers die, their communities suffer economically; communities must care for the motherless children while having fewer workers to bring in income. Extensive poverty and high maternal mortality rates are intimately connected.

In an age of extensive medical knowledge, these deaths are totally unacceptable and almost always avoidable so long as women have access to health care before, during and after childbirth. Yet in Sierra Leone, there is only one health worker for 2,800 people and one nurse for 8,600 people. The fifth United Nations Millennium Development Goal (MDG) aims to decrease worldwide maternal mortality by 75 percent and achieve universal access to reproductive healthcare by 2015; however, of all the MDGs, this one has seen the least progress. In fact, since the mid-1990s, developing nations have received less funding from donors for family planning services for each woman.

Why? We live in a world with widespread gender discrimination and the undervaluing of women and children, and many countries have social, cultural, legal, economic and logistical barriers that deny women lifesaving healthcare. Women receive less nourishment and less education than men, and their work, which often goes unpaid, is ignored and underappreciated. In general, there is not the political will to save women from these unnecessary deaths, even though doing so would help uplift nations from poverty and bless their people with better health and education.

(Information found from The Millennium Development Goals Report (United Nations 2009) and the White Ribbon Alliance)



One Global Women Response

Global Women has partnered with Operation Mercy to help make maternal health education in Afghanistan a reality. Through BLiSS (Birth Lifesaving Skills) classes, women and men learn about pregnancy, childbirth, and child development as well as basic first aid. This is one story from Afghanistan:

A woman in the Faryab province who had not attended the BLiSS classes went into labor and was being helped by a traditional birth attendant. The labor continued too long, so several BLiSS-trained women went to see if they could help. They asked the birth attendant what she had done to help her patient: *Had she washed her hands? Had she examined her? Was the young woman bleeding? Had her water broken? Did she have a fever? Had she been given tea to drink? Was she being kept warm?*

Because the birth attendant could not answer to their satisfaction, the women arranged for transportation, prepared a sweet drink for the mother while they were waiting, and then took her to the clinic. The baby came as a breech presentation and the birth was complicated, but the mother and baby survived. The doctor told them that if they had not taken her to the clinic, it is likely that both mother and baby would have died.

Let's Talk About Maternal Health

1. How do you think it feels to be a pregnant woman living where there are few, if any, roads to get to a small clinic with no doctors? Perhaps you will be one of the fortunate women who has access to a birthing attendant with a few hours of training. Or perhaps you will be like three out of four women in Zambia who never make it to the hospital. Imagine giving birth on the hard, dusty ground with only saw grass to cut your baby's umbilical cord. Imagine waiting a week or more to name your baby – making sure you do not get too attached in case your baby dies. Discuss what fears and hopes such a woman has.
2. If you were to connect with such a woman, what would you say to her?
3. What would you say to the husbands/ fathers in these nations? (Remember, they are losing their wives and the mothers of their children and are becoming single parents). What would you say to tribal and community leaders who often contribute to these dire conditions by their own actions and attitudes?
4. How can the women be Jesus' "hands and feet" to the men, women and children—and their communities-- caught in the cycle of maternal mortality and poverty?

Ideas for Involvement

- Get to know International women or women living in extreme poverty in your area and help them access prenatal care and arrange for a safe birth. Consider meal planning and grocery shopping with them to help them understand proper nutrition. Remember to always respect their cultural and religious practices as you offer your friendship.
- Write your elected officials, highlighting the needs of women around the world and asking that they send funding to the United Nations to achieve the MDGs. A sample letter is at the end of this study guide.
- Gather a group of women together and assemble birthing kits to be sent to women in need around the world. See birthing kits options at the end of this discussion guide.
- Raise money to donate to organizations and missions personnel that are helping women in need.
- If you are a health worker, pray about going, whether short-term or long-term, to help women in need. If you cannot go, help send someone who can.
- Study *Half the Sky: Turning Oppression into Opportunity for Women Worldwide* using the free study guide that can be downloaded from the Global Women Web site at www.globalwomengo.org.

Matters of Prayer

Pray that the Gospel of Jesus Christ, which uplifts and frees women, would penetrate the nations and remove the sin of gender discrimination.

Pray that wealthy nations would keep their promises in funding the U.N. Millennium Development Goals, especially the 5th one which aims to decrease global maternal mortality by 75 percent and provide universal reproductive healthcare by 2015.

Pray for wisdom and creative solutions for those trying to solve this problem. For example, many women around the world will not take a multivitamin, fearing it is a form of birth control; however, it is an easy and inexpensive solution to add micronutrients, such as iodine and folic acid, to everyday foods such as cooking oil and flour. These nutrients are essential for safe pregnancies and healthy mothers and babies. Those working in maternal health need a greater measure of cultural sensitivity and good ideas if they want to see this problem solved.

Pray that God will call up women to go to these nations. With the gender divide present in many nations, women can only be attended to by other women. There is a need for female health workers and teachers to go to these places to help women through pregnancy, childbirth and post-partum as well as train local women on how to do the same within their own communities.

Pray that God would comfort those who are mourning.

Investigate More About It

- Watch this video on Maternal Mortality at www.youtube.com/watch?v=zD533COME4A
- Family Care International at www.familycareintl.org
- The White Ribbon Alliance for Safe Motherhood at www.whiteribbonalliance.org
- World Health Organization at www.who.int
- United Nations Millennium Development Goals Report 2009 at www.un.org/millenniumgoals/
- Unicef at www.unicef.org
- Save the Children at www.savethechildren.com
- US Aid Maternal and Child Health at www.usaid.gov/our_work/global_health/mch/
- U.S. National Institutes of Health at www.fic.nih.gov
- Red Cross at www.redcross.org

About the Author of this Discussion Guide



Rebecca Marsh is interested in world cultures and politics, travel, reading, movies, going deep with friends and making new friends, ethnic cuisine, living healthy and justly, walking with Jesus. She lives in Homewood, Alabama with her husband and two sons. You may contact her at mrszoya@gmail.com.



Sample Letter

Handwritten letters often receive the most attention. To find contact information:

For your congressman or congresswoman: www.house.gov/house/MemberWWW.shtml#W

For your senator: www.senate.gov/general/contact_information/senators_cfm.cfm

If you prefer to write you own letter, you may find the information helpful at <http://usgovinfo.about.com/od/uscongress/a/letterscongress.htm>

To Your Senator:

The Honorable (full name)
(Room #) (Name) Senate Office Building
United States Senate
Washington, DC 20510

Dear Senator:

To Your Representative:
The Honorable (full name)
(Room #) (Name) House Office Building
United States House of Representatives
Washington, DC 20515

Dear Representative:

I am writing to ask you to back legislation that would send funding to the United Nations in support of the Millennium Development Goals, with special attention to goal 5: *Improve maternal health*. I am a part of a U.S.-based nonprofit organization, Global Women, whose purpose is connecting and empowering women to transform our worlds. Maternal health has been a signature issue for our organization since it was founded in 2001.

Every minute a woman dies in pregnancy and childbirth while 10 million more will suffer from illness and lifetime disabilities that develop from complication of pregnancy and childbirth. Pregnancy and childbirth are the leading cause of death and disability for women in the developing world.

The United Nations must have our nation's support and full participation in fulfilling the MDGs. Please take a leadership role in achieving this goal. Please insure that the voices of the suffering and dying mothers are heard around the world.

Respectfully,

Birthing Kits

Birthing Kits dramatically help improve maternal and fetal health and are needed worldwide. Global Women has two kit options. One kit is used for 10 births by trained Birth Attendants in Haiti. Complete birthing kits should be boxed and shipped, preferably in a dish moving box, to Covenant Community Church, PO Box 510, Elba, AL 36323. Enclose at least \$10 per kit supplies to help cover the cost of shipment to Haiti. Checks can be made payable to Covenant Community Church.

All items may be sent without assembling kits.

- 25 Cotton balls (place in Ziploc bag)
- 10 Plastic drop cloths (thin polythene sheets, can be purchased 10 to a roll in perforated sheets)
- 20 4×4 gauze squares
- 10 single edge razor blades
- 1 empty pill bottle (to place razor blades inside after use)
- 2 rolls of medical tape (1 inch)
- 1 bar of Ivory soap
- 1 16 oz. bottle of Betadine (off brand acceptable, tape lid and place in Ziploc bag)
- 10 pair gloves (20 total - place in Ziploc bag)
- 10 incontinence pads (the kind that are placed on a bed under a patient)
- 1 trash bag (to hold birthing kit contents)

Single-use kits are sent with mission teams and medical supplies worldwide on a regular basis. Contact Jim Tucker at medmission@gmail.com or 205.566.1374 for shipping instructions. To help defray shipping, please include a love offering to Medmission.

Pack all items in a one gallon zipper-lock plastic bag:

- 1 Polythene sheet – this can be a plastic drop cloth found in painting departments
- 3 pairs of medical gloves (medium) – place the gloves in a separate small zipper plastic bag
- 2 disposable scalpels
- 1 small roll of thin medical tape
- 1 small bottle of Betadine – put the Betadine in a separate zipper plastic bag
- 1 bar of anti-bacterial soap
- 8 maternity pads or 10 ordinary pads
- 20 sterile 4 x 4 inch gauze pads

A missionary to the Karen tribal people along the Thai/Burma border) wrote to Global Women: *you were instrumental in sending many birthing kits to me to take back to the Karen who are still living in the jungle. I checked with a nurse who takes the kits to the people and she said that the birth mortality rate has been cut in half because of receiving the birthing kits!*



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