Maternal Mortality in Developing Nations: Hemorrhage and Infection; Poverty and Inequality

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Abstract

It is often said that “statistics are people with the tears washed off;” this thesis was written with that in mind. Based on reviews of journals, ethnographies, and my own experiences in Mali, West Africa, I have created a thesis that blends a fictional first-person narrative with scientific discussion. In doing so, I hope to bring readers into the world of women who live in developing places where maternal deaths are a reality of life. This work shows readers how maternal deaths that are attributed to complications such as hemorrhage and infection are at their root caused by poverty and the inequality of women. Furthermore, it describes interventions that could be made to lower maternal mortality, many of which require relatively few resources.

Background

Childbirth is naturally a high-risk part of women’s lives. However, in some parts of the world, the chances of dying in childbirth are much higher than others: women in developing countries face a staggering one in 16 chance of death for each pregnancy (Beyond the Numbers). The UN’s Millennium Development Goals are targets created to address the world’s biggest problems, including maternal mortality. The fifth goal mandates a reduction in maternal mortality by 75% between the years of 1990 and 2015 (WHO Millennium Development Goals). To accomplish this goal, progress must be accelerated greatly.

The most common direct causes of maternal mortality in developing places worldwide include hemorrhage, infection/sepsis, hypertensive disorders, obstructed labor, and complications of abortion (WHO Causes of Maternal Death). Indirect causes of mortality and morbidity abound, with poor nutrition, malaria, HIV/AIDS, and anemia contributing most. In Africa, hemorrhage and infection are the biggest killers (see Figure 2). Complications seen in developing countries that so frequently lead to death are rarely fatal in settings with higher-quality healthcare. Modest healthcare facilities and providers with relatively little training can make an enormous difference in maternal mortality (Khan et al.).

Selected Bibliography

[References relevant to the thesis content]

Stories of Maternal Death in Mali

Scenario 1 in Figure 1 above summarizes the story of Sayan Dembélé, a 17-year-old girl who had an abortion while she was away at high school in the capital, Bamako. Sayan slept with an older man who gave her money for schoolbooks and clothing, and because she did not know how to obtain or use contraceptives, she became pregnant. She traveled back home after the abortion following an unsafe abortion that punctured her uterus. The damage to her uterus caused hemorrhage which led to her death. This scenario could have been prevented if contraceptives were readily available and affordable through government-run health centers. She would not have slept with the older man if at all, though, if she had enough money to buy her own books and respect herself as a woman more.

Scenario 2 is the story of Mariam Kamattar, a 14-year-old girl who had recently married an older man because her family needed the bride price she earned from this arranged marriage. Mariam’s pelvis was too narrow for her to deliver vaginally both because of her young age and stunted growth due to poor nutrition. Because the decision to transport her to a hospital was made too late and the transportation (a donkey cart) was too slow, she died en route.

In Scenario 3, 43-year-old Awa Keita was pregnant for the ninth time. Because she did not attend prenatal consultations, Awa was not aware of her pregnancy-induced hypertension. If she would have attended these appointments, the health care provider would have categorized her as a high-risk bride due to her age and high parity. She would have been sent to give birth at a hospital where eclampsia could have been prevented or treated. Additionally, if contraceptives were available to Awa she might have never become pregnant in the first place.

In Scenario 4, the story of the protagonist Oumou Diarra. In Oumou’s first pregnancy, she was sick with malaria because she did not know how to prevent infection with mosquito nets and chemoprophylaxis. Oumou miscarried due to her infection, but she was never aware because she did not attend prenatal consultations. After the traumatic delivery of the miscarried baby, Oumou contracted a life-threatening infection due to the midwife’s use of non-sterile instruments to artificially rupture the amniotic sac.

The paper ends with the story of Oumou’s successful birth after her sister-in-law Kenny Keita, the new midwife, teaches the women of the village about what went wrong in Awa, Mariam, Sayun, and Oumou’s scenarios and how they can prevent these things from happening to them and their families.

* Please note that these are all fictional names and stories, though they are based on reality.

Key interventions to reduce maternal mortality in developing places

1. Educate girls and women
   - Encourage girls to continue their formal schooling
   - Offer programs to educate women on health topics
   - Teach women that prenatal consultations save lives
   - Place more value on girls and women and their work
   - Allow women to make their own decisions about their health care and pregnancy – end spousal authorization

2. Alleviate poverty
   - Provide viable economic opportunities for men and women
   - Invest in education and health care

3. Give health workers better tools to do their jobs
   - Enhance and expand formal training of midwives and nurses, and provide continuing medical education
   - Bring midwife training up to the level of international standards for skilled birth attendants
   - Improve health care facilities and equipment, and provide new ways to properly sterilize tools
   - Provide practitioners of traditional medicine with some biomedical training

4. Enhance availability of contraceptives
   - Make them obtainable through government health centers at affordable prices
   - Educate men and women on risks of grand multiparity and advantages of smaller families

5. Create systems of reliable emergency transportation
   - Organize villages to create plans and means to transport people who need emergency medical attention that cannot be addressed locally
   - Put pressure on local and national government to address this issue