

## Saving Lives During Childbirth: The Time is Now

December 1st marked the launch of Niger's HDI-assisted pilot project serving more than 20,000 young women in Bankilare, Niger. The goal is to rapidly reduce maternal deaths and prevent obstetric fistulas by getting women who need one to c-sections. HDI's Chair, Ambassador Barbro Owens Kirkpatrick, former ambassador to Niger, launched the project with the regional governor, in the presence of a TV team from San Diego. Four years of work started moving from the drawing board, over to women who need a c-section to survive in a place where health statistics are among the worst in the world.

When labor is obstructed, "The result is a devastating series of outcomes for a mother and her baby," Ambassador Owens-Kirkpatrick recalls. "Most of the time, the baby dies during childbirth and the mother, if she survives, is often left with a fistula, a burden she may have to carry for a lifetime."

While surgery is increasingly becoming available to treat women with obstetric fistula, prevention is the very best cure.



*Wouldn't it be wonderful if this young girl's smile wasn't because she has received surgery for obstetric fistula?*

Married in childhood, many teens move to their husband's family and become pregnant soon after they begin menstruating, before their pelvis is physically mature enough for childbirth. Blocked

births lasting for days often result and usually lead to stillbirth. For the mother too, death is all too common. Women who survive are often left with a fistula - a hole in the vaginal wall that develops after days of being squeezed between the baby's head and the pelvis.

A woman with a fistula is often turned away from her home and husband because of the sight and pervasive smell of constantly leaked bodily waste. She endures life-long stigma, ostracization, and guaranteed, permanently worsened poverty unless the hole is repaired. Even women's own families sometimes don't take them back. And infection is always a threat with an open vaginal hole in the presence of leaking bodily fluids.

The sun must NEVER set twice over a woman giving birth, and every woman can diagnose sunset as reliably as any professor of medicine.

That's the basis for this community-based project to rapidly prevent obstetric fistulas and maternal deaths, by getting women who need one to c-section in time to save their dignity and their life.

You can find more information and previous newsletters on our website, [www.hdi.no](http://www.hdi.no).

So far, HDI has:

- Secured international policy agreement for the proposed approach

- Launched a pilot project for 292 villages with an estimated 90,000 -100,000 people in the 3,059 sq. miles (4,650 sq. km) project area, together with the political leadership of Niger
- Introduced more than 150 traditional and religious leaders to the project in a 1-day training
- Trained 16 supervisors (nurses and other health workers) from 15 local health posts and centers.
- Organized recruitment of about 600 Village Volunteers, a man and a woman in each village
- Prepared for the January 2008 3-day training of the 600 volunteers
- Organized communications for two ambulances in the district, including a special phone number to call for the ambulance and 2-way communication so each ambulance can be in contact with the hospital and health centers
- Organized a communications system for all health posts and health centers in the area.

The benefits of this project will start accruing immediately to young women in obstructed childbirth, as soon as the trained volunteers return to their villages.

### **Women in these cultures can die right near a hospital.**

If the husband happens to be away for seasonal agricultural work and is unavailable to give his permission, nobody usually takes a decision that might cost money. In fact, in one country, a woman died even though her house and the hospital shared an outer wall, because her husband was not around to give permission for her evacuation to that hospital.

In other words, availability is not enough. This needs a system, a system that works! And we have a system that works - one that has proven its worth under the most difficult of circumstances in the eradication of guinea worm disease.

Because pregnancy takes a while, there is time for the volunteer to speak with the pregnant woman, the husband and family, to secure permission in advance for her evacuation in case that becomes necessary in spite of all fervent hope and prayers.

**Can this really work?** Yes it can. Countries expect at least a 75% reduction in obstructed labor deaths in the first two years of the project. And new fistula cases should be reduced by over 50% during that time.

**So, now what?** The project is to be operational by the end of January, when all village volunteers have been trained. HDI is also assisting the Bankilare area by putting a phone at each of the two bases where the district's 4-wheel-drive ambulances are located, to get rid of a major source of delay. And we're putting 2-way communications into the ambulances, so they can speak directly with hospitals and the rural health clinics.

We are, in other words, moving from planning to implementation in the villages, where the women themselves and their families will benefit. There is much to be done, and HDI is moving forward resolutely to help save the lives of women and children and prevent obstetric fistula.

## **Zero cases of Guinea Worm through November in all but 2 HDI-assisted countries**

After average reductions in Guinea worm cases of 74% (Range: 44% - 97%) in 2006, all HDI-assisted countries reported no cases through November of 2007, except Niger (11 endemic cases) and Mali (223 cases including an outbreak of 86 reported in two villages).

Compared with the approximately 12-month incubation period for Guinea worm, it has been 17 months since Ethiopia saw an indigenous case, 14 months for Ivory Coast, 12 months for Burkina Faso, 11 months for Togo, and 52 months for Uganda.

Exportation of cases from Ghana and Sudan remains a threat to all of these countries, although Ghana and Sudan are reporting progress and efforts are afoot to protect their neighbors.



## **More trained in LF surgery, and professor joins with HDI**

HDI's successful West African LF Morbidity Project continues to train district surgeons and

teachers of surgery in the improved, WHO-endorsed approach to LF-surgery. This benefits men who have sometimes massive accumulations of fluid in the scrotum, and their families. Professor Serigne M. Gueye, internationally recognized head of surgery and professor of urology at the medical school in Dakar, Senegal, is now adding his efforts to those of Dr. Sunny D. Mante from Accra in Ghana. This will increase the speed with which HDI can bring the benefits of the improved method to men suffering from LF-hydrocele.

In August, HDI reported results of a Bill and Melinda Gates Foundation / World Bank-funded evaluation of surgery outcomes after that project's initial couple of years.

92.4% of those found for follow-up in Ghana reported "very high satisfaction with the surgery." And most men not found for the large Ghana study were apparently away because they were now employed and working in other parts of the country - a very good sign.

Nevertheless, HDI has taken steps to prevent unacceptably high rates of usually mild but sometimes catastrophic postoperative infections that were seen in some settings when the antibiotic cover and/or other specifics prescribed in the procedure were not adhered to, especially during large surgery "campaigns."

HDI sees quality control and outcomes-evaluation as important aspects of this project which aims to assure appropriate treatment to patients in remote locations of developing countries. It is particularly important to ensure that good outcomes are being produced when offering elective surgery designed to replace a procedure that was known to often result in unacceptably high rates of post-operative recurrence and infection, lymph scrotum and other disastrous outcomes. Ethically, this is especially true when offering treatment as part of an organized national disease elimination program.

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**You'll find more information about HDI (Health & Development International) at [www.hdi.no](http://www.hdi.no). Or contact:**

Ambassador Barbro Owens-Kirkpatrick, Chair, HDI Inc., 1101 Klish Way, Del Mar, CA 92014, USA, Tel: 708-386-3688  
Dr. Anders R. Seim, HDI, Svestadvn. 27, 1458 Fjellstrand, Norway, Tel: +47-6691 0022, Fax: +47-6691 9416, email: [anders@hdi.no](mailto:anders@hdi.no)

**Benefits of HDI's work reach millions in Africa and elsewhere, though its annual budget is less than \$500,000.**

**Please support HDI through online donation, by check or bank transfer. Your contribution is especially needed to help save women's lives, and is tax deductible to the extent of the law in the US and Norway. Help stop the indignities and poverty that obstetric fistula guarantees. Obstetric fistula and many deaths of women in childbirth can be prevented, even in remote parts of developing countries. It can be done, and it's time to stop these tragedies now!**

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