



Obstetric Care in Emergency settings



*Catherine Giboin - Medecins du Monde
October 2008*



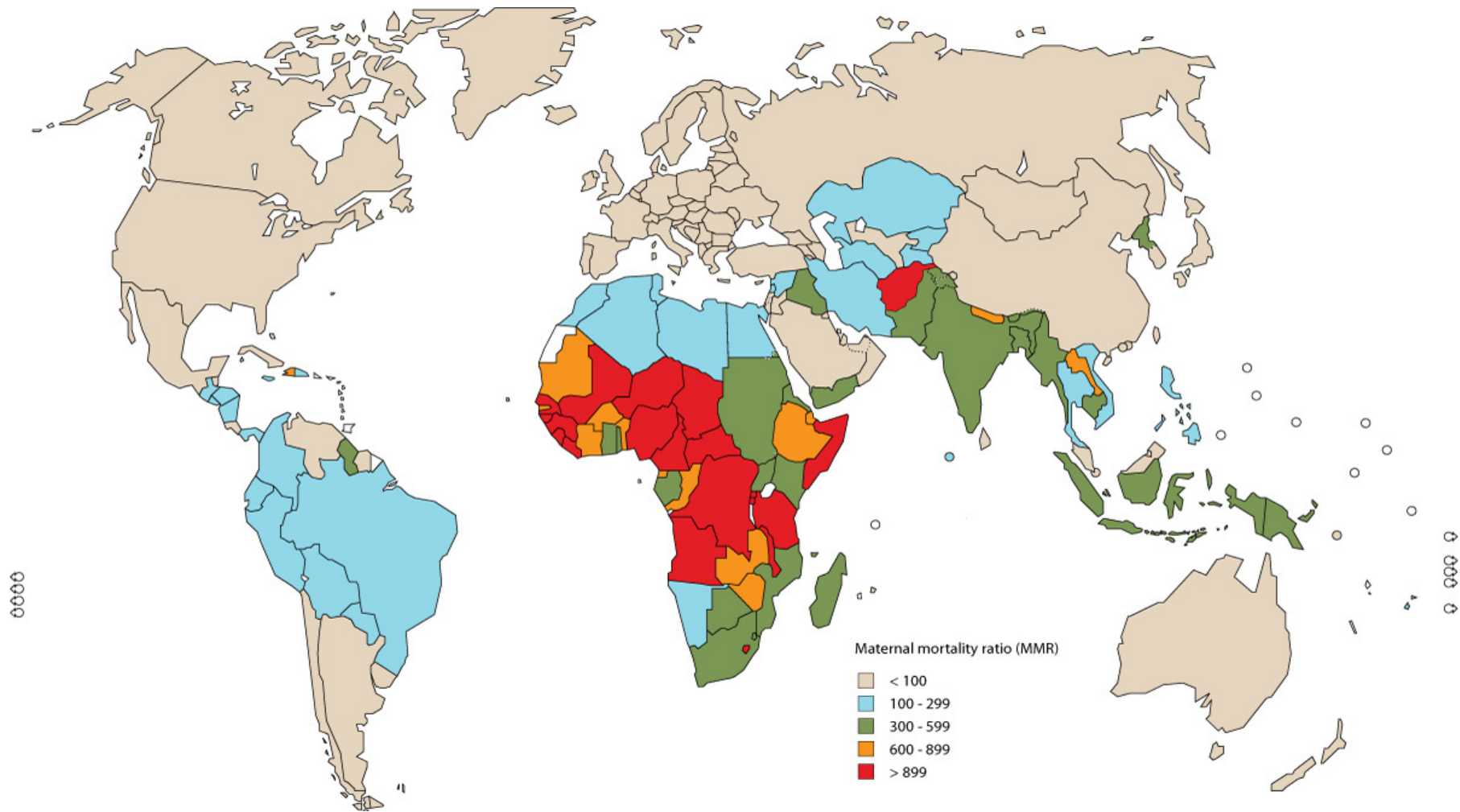
536,000 women die as a result of pregnancy related complications and child birth

One woman dies every minute

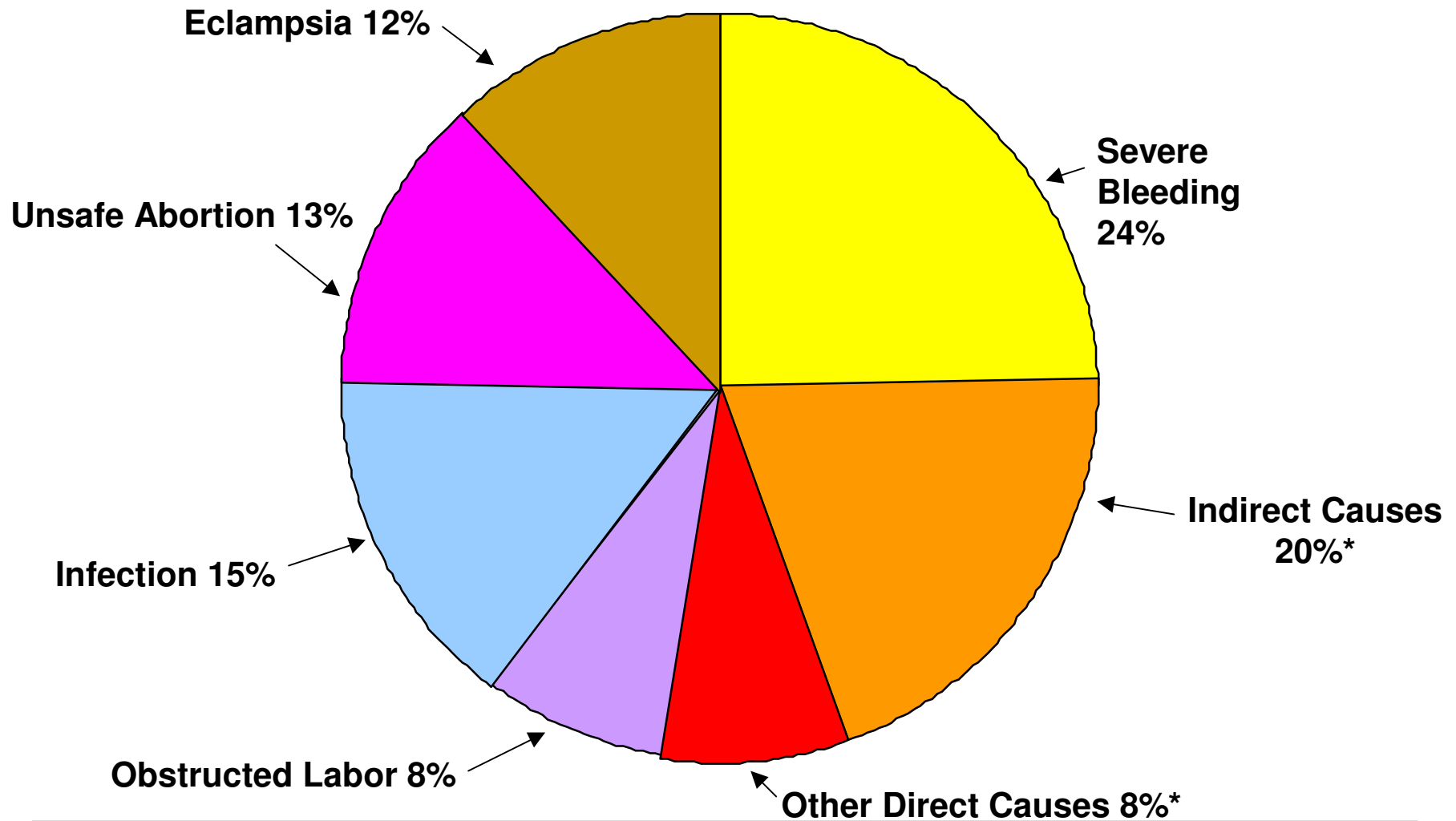
99% of all maternal deaths occur in the developing world

WHERE ? Maternal mortality estimates in 2005

estimates developed by WHO, UNICEF, UNFPA and the World Bank



Causes of Maternal Mortality



*Other direct causes include: ectopic pregnancy, embolism, anesthesia-related

*Indirect causes include: anemia, malaria, heart disease

Source: "Maternal Health Around the World" World Health Organization, Geneva, 1997

What can be done ?



A broad consensus about the core health sector strategies to reduce the number of maternal deaths

1. Comprehensive reproductive health care incl. family planning
 2. Skilled care especially during child birth
 3. Emergency care for all women with life threatening complications
-

The Three delays model



1. Delay in deciding to seek care
 2. Delay in reaching a treatment facility
 3. Delay in receiving adequate treatment at the facility
-

Emergency Obstetric care



Components of Basic Emergency Obstetric Care include:

- Treatment for sepsis
 - Treatment for eclampsia
 - Treatment for prolonged or obstructed labor
 - Post-abortion care (PAC)
 - Treatment for incomplete miscarriage
 - Removal of the placenta
 - Assisted delivery
-

Basic EmOC in South Darfur

Jebel Mara



1 clinic
3 health posts
80 to 100,000 people
11 midwives



Basic EmOC in South Darfur



After 6 months :

- Clinic & health posts are equipped for basic EmOC
 - Refresher training for the 11 midwives
 - Clean delivery kits to all pregnant women and TBAs
-

Emergency Obstetric care



Comprehensive EmOC services include the services listed above, and also:

- Surgery (specifically, Caesarean section)
 - Anaesthesia
 - Safe blood transfusion observing universal HIV precautions
-

Emergency Obstetric care



Estimated average time from onset of complication to death

- Haemorrhage
 - Postpartum: 2 hours
 - Antepartum: 12 hours
 - Eclampsia: 2 days
 - Obstructed labour: 3 days
 - Infections: 6 days
-

Comprehensive EmOC



Referral system

- Al Fasher Hospital : 6 hours by road
- Nyala Hospital: 5 hours by road

Both are MOH hospitals with WHO supervision



“Women are not dying because of the diseases we cannot treat, they are dying because societies have yet to make the decision that their lives are worth saving”

Mahmoud Fathalla

*Former President of the International Federation
of Gynaecology and Obstetrics)*
