

## **Great Lakes Region: Risks of Poor Maternal Health**

### **Biological Determinants**

Complications from childbirth and pregnancy are a leading cause of death and disability among women who are of reproductive age in the Great Lakes Region of Africa. This “silent epidemic” takes the lives of millions of mothers, newborn babies and children each year from causes that are often both preventable and treatable. According to the World Health Organization (WHO), approximately 80% of maternal deaths are due to direct obstetric causes which include:

- severe hemorrhage
- infection (sepsis)
- eclampsia
- obstructed labour and unsafe abortions

In addition to these main causes, a large proportion of pregnant women in this region are dying from indirect obstetric causes such as:

- anemia
- cardiovascular disease
- malaria
- HIV/AIDS
- tuberculosis

### **Hemorrhaging**

Hemorrhaging during any stage of pregnancy can be detrimental to the health and safety of both the mother and child. While vaginal bleeding during the first three months of pregnancy is a relatively common occurrence, if this bleeding is severe then it may require professional assistance and treatment. Bleeding during the last six months of a nine-month pregnancy is abnormal, and should be examined by a trained health care provider. When bleeding occurs after the twenty-eighth week of pregnancy it should be considered an emergency requiring immediate attention.

### **Unsafe Abortions**

Maternal mortality due to unsafe abortions is common amongst refugees in the Great Lakes region. The illegal nature of abortion coupled with the refugee status of pregnant women forced to flee to neighbouring regions often leaves little alternatives when faced with an unwanted or dangerous pregnancy. Social and cultural norms around pregnancy and abortion often prevent women from seeking help, and desperation often leads to drastic measures to terminate the pregnancy. Lack of education about the risks involved in performing an

abortion inevitably increases maternal mortality rates.

## **Obstetrics**

Indirect obstetric causes are often the result of a weakened immune system in pregnant women which makes them more susceptible to illness and infection. Adequate nutrition during pregnancy is essential to preventing increased risk of susceptibility. Studies of maternal mortality in the Great Lakes report that cerebral malaria is the single most important cause of death.

In Tanzania, malaria occurring in areas of high endemicity is often associated with maternal anemia and low birth rate whereas in areas of low endemicity malaria is usually linked to acute maternal illness, maternal death, stillbirths, and abortions.

## **HIV/AIDS**

Many women are unaware of their HIV/AIDS status which makes it difficult to assess the extent to which HIV/AIDS impacts maternal mortality. Of the 40 million people that are reported to live with AIDS, two thirds of this population is based in sub-Saharan Africa. Approximately 10% to 20% of pregnant women in the major capital cities of the countries in this region are infected with HIV, with HIV prevalence being as high as 40% in some parts of these countries.

Pregnant women who have HIV/AIDS are more susceptible to the direct obstetric causes of maternal mortality and may be more susceptible to infections and post-surgical complications. Cases of Malaria and Tuberculosis infection have also been shown to increase in women who have HIV/AIDS. Tuberculosis is one of the leading indirect causes of maternal mortality worldwide, but has been shown to have a synergistic effect when combined with HIV. Malnutrition during pregnancy has also been shown to exacerbate the progression of HIV which in turn increases susceptibility to other infections.

## **Women in Society**

The role of women in society can also have a negative impact on maternal mortality rate. In some countries in the region, women are in a position of disadvantage in society leaving them little say in matters regarding their own health or that of their children. Furthermore, surveys have shown that less than a fifth of women use some method of contraception. This is due to both a lack of knowledge about possible contraceptives as well as lack of control over matters regarding family planning.

The role of women in society and within the family also impacts maternal

mortality. Given that women often have a lower status in society, giving birth is seen as a rare opportunity for women to display their strength and courage. Those who give birth unassisted are “silently admired” and are thought to bring honour to their husband and their families. In countries such as Uganda, where women often have a lower social status than men, the unique nature of childbearing coupled with community perceptions and cultural expectations were found to have significant bearing on maternal mortality.

### **Increasing Awareness**

One of the most effective ways to tackle the disproportionate rate of maternal mortality in this region is to increase awareness about how to stay healthy during pregnancy and identify and act upon warning signs of complications that could arise. By training midwives and family members alongside those who are pregnant, the knowledge of how to recognize danger signs will help to reduce maternal mortality. This education needs to be compounded by ensuring that pregnant women are able to have access to antenatal services and care facilities. Since these facilities are often difficult to access for those living in rural settings, more needs to be done to facilitate transportation.

Better access to transportation can reduce maternal mortality rates. While ambulatory care is not often feasible, the establishment of a network of communication amongst volunteers via cell-phones and bicycle ambulances will help ensure that pregnant women have a means by which they can arrive at health facilities to receive treatments in emergency situations. Besides these cellular and ambulatory networks, mobile clinics need to be made accessible to rural locations such that prenatal screening can be provided to those who are unable to make use of other health care facilities. Coordinating mobile clinics such that they include both skilled health care providers and those still in training provides a greater number of people able to provide services. Information exchange is facilitated by including village and community health workers in the framework of these mobile clinics. Conducting information sessions will help create a general awareness about emergencies that may arise during pregnancy and how best to deal with these situations.

The biological risks of poor maternal health are not limited to this part of the world, and yet the Great Lakes region of Africa has some of the highest maternal mortality rates in the world. Many of the direct and indirect obstetric causes of maternal mortality are preventable and treatable when dealt with by experienced health care providers. The main priority in reducing maternal mortality is to educate women on pregnancy in general as well as alerting them to abnormalities that may occur and identifying stages at which they should seek professional help.