Dining for Women

presents

Midwives For Haiti
If I was sitting with you tonight I might ask you how many of you know someone personally who died from complications of pregnancy and childbirth. Most of you would say you do not know of anyone. This is completely different than the responses I get when asking a group of women in Haiti this same question. All of them know a sister, a neighbor, a friend, a daughter, a cousin—someone who died because she was pregnant. It was the compelling stories of women in Haiti that led to the beginning of the Midwives For Haiti project.
In Haiti, it is bad enough just being a woman. To get clean water and food for your children is a daily struggle and to be able to find the money to put your child in school is a dream many cannot attain. You cook outside over charcoal, you grow and sell produce, you have no vehicle and no roads so you travel by donkey or by foot. The average income in Haiti is $1.25 a day. Life is very hard there.
But it gets worse if you are pregnant. There are 610 deaths for every 100,000 births in Haiti compared to 21 for every 100,000 births in the U.S. The causes vary from socio-economic and cultural to lack of basic knowledge about how to prevent or treat common problems in pregnancy.
Pregnancy is dangerous. In some parts of the world mortality is greater than 2000 women per 100,000 births. Every 2 minutes a woman dies in childbirth somewhere. That is like 2 jumbo jets full of women crashing every day. Politicians would never tolerate this if there were men involved. Yet the world is moving very slowly to fulfill the pledge made in 2000 as Millennium Development Goal 5: to reduce maternal mortality 75% by 2015.
The reasons women die in childbirth are the same everywhere. The most common cause is hemorrhage after a delivery. Bleeding can be so heavy that there is no time to carry a woman to a hospital.

Without prenatal care women can develop high blood pressure that has no symptoms until the woman is very sick. Then without warning she begins to have seizures. A frightened family may be able to carry her to a hospital but too often the baby has died and the woman dies soon after.

Without knowledge of how to perform a clean delivery women are at risk of infection. Allowed to take hold in her body treatment with antibiotics may be too late for a cure. Early recognition of the signs of infection can save a life.

Women may labor with their babies positioned so they cannot deliver normally. Or their labor contractions may need to be stronger. Without the availability of an operating room the woman and baby can die from a labor that is too long.

And women can bleed to death or die of overwhelming infection after an abortion or miscarriage that leaves too much tissue in the uterus.

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<th>Reasons Women Die</th>
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<td>bleeding after delivery</td>
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<td>pregnancy related high blood pressure</td>
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<td>seizures</td>
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<td>infection</td>
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<td>obstructed labor – cesarean deliveries not available</td>
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<td>unsafe abortion – spontaneous and elective</td>
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The World Health Organization has determined that a skilled Birth Attendant is what can make all the difference between life and death for women in pregnancy. Midwives For Haiti is training skilled birth attendants. Our gift is education. Our goal is for every pregnant woman to have a skilled birth attendant to help her have a healthy baby.
Certainly this kind of technology can prevent death from all of these causes. **In fact, because of this technology, most obstetricians in the United States will never see a maternal death in their entire careers.** The medicines and tools to prevent or treat all of the common causes of maternal death are abundant in our country.
But it does not take modern technology to save lives. It can be done with a few dollars worth of medicine, a truck, a place to refer emergencies and a skilled birth attendant.
The key ingredient is the skilled birth attendant who can identify problems before they are life threatening and use medicines to treat bleeding or high blood pressure. She can help the woman make a plan to be transported to a hospital in an emergency. She can be with her during her delivery to comfort, reassure and assist her with a clean and safe delivery. She can teach women and families about how to watch for danger signs and how to make healthy decisions.

Haiti has fewer than 200 university trained midwives. The university will never be able to supply the 1200 midwives needed in Haiti.
Because there are not enough midwives 75% of women in Haiti deliver without the help of a skilled attendant. For the poorest 1/5 only 6% have skilled help.
Midwives For Haiti has already made a significant contribution to the number of midwives in Haiti by training 56 skilled midwives. With the opening of a second school in Leogane in 2013 we will add another 25 midwives to Haiti’s workforce next year and 30 more the following year.
Students attend school 5 days a week for 10 months. Half of their time is spent in the classroom and the other half is devoted to clinical experience taking care of patients in prenatal clinics and the hospital.
Training is focused on early identification of problems to prevent life-threatening situations and in the management of emergencies such as postpartum hemorrhage, seizures caused by high blood pressure, and infections.
Midwives For Haiti is also bringing prenatal care to poor women in remote locations. A mobile clinic visits 16 villages each month. The jeep that carries these women to the villages was modified to handle the rough roads of rural Haiti and equipped with the capability to go through rivers and places there are no roads.
Prenatal care is fundamental to reducing maternal mortality. While women are waiting to be seen, one of the midwives provides education on various topics such as breastfeeding, danger signs of pregnancy, pre-eclampsia and nutrition.
The women attending the clinics receive prenatal vitamins, iron supplements and treatment for intestinal worms.
They are tested for HIV, syphilis, gonorrhea, chlamydia and malaria.
They are screened for high risk problems and referred to physicians if necessary.
The midwives that run our mobile prenatal clinic are an example of the good that can be done in Haiti with education. They are providing competent and compassionate care everyday. They are proud of their profession and of their ability to make pregnancy safer for the women in many communities.
Dining for Women will be supporting our new school in Leogane and the mobile prenatal clinic. All of our teachers are Haitian and the full annual salary of our two teachers in Leogane will be paid by Dining for Women.

DFW will also pay the salary of our mobile clinic midwives and our driver. Financial support will also help buy some of the medications and test kits used throughout 2013.

We expect to provide approximately 6000 prenatal exams during 2013. This is care that can prevent life threatening complications such as seizures due to eclampsia. The education provided to women makes them and their families healthier.
I am Nadene Brunk, Founder of Midwives For Haiti. We are grateful for the chance to tell our story to the membership of Dining for Women. As our circle of friends and supporters has grown so has MFH grown. We are able to touch the lives of more women each year. We know the value of networks and relationships. To be able to tell our story to you is an invaluable opportunity to bring new energy and ideas to MFH. Our volunteers in Haiti come from all over the U.S. We invite midwives, nurses, doctors and educators to join us in Haiti. We thank you for your donation and promise to do our best to improve the lives of women in Haiti.
The women of Haiti thank you, too.