

Transformation in Somaliland: Edna Adan Maternity Hospital

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By: Tami Gorodetzer

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Biological Context

- Humans are the only mammals that need assistance with birth
- Four types of pelvis shapes: gynecoid, android, anthropoid, and platypelloid
- No explicit evidence of attractive childbirth
- Most women have gynecoid pelvises - Caucasian
- Most accommodative for birth - African
- Anthropoid pelvises are the least accommodative to birth - African

Not all of the biological facts are as supportive as they seem, about 20%

Someone is doing something, though!

- Edna Adan of Somaliland
- No school for girls, 1984
- Became her country's first qualified nurse-midwife
- Returned to NGO and lived as a UN official
- Built a hospital over the town ruins from the war
- 40 beds, 76 staff members

Biological

- Anatomy two basic evolutionary trade-offs
- One: Pelvis
 - When ancestors began walking upright, a large pelvis was exhausting and was insufficient for walking and running
 - The pelvis became more narrow which is great for running, but bad for childbirth
 - Narrower size pelvis allows for locomotion and childbirth survival
- Two: Brain Size
 - Babies got bigger to allow bigger, more complex brains
 - Larger brains are an advantage only after a baby is out of the womb

Topic of Schooling and Rural Health Systems

- Education has been associated with lower infant mortality than stronger contraceptive and nutritional use of household education
- Education highlights probability of choosing a living and successful one
- World Bank - For every one thousand girls who get one additional year of education, two fewer women will die in childbirth
- Health systems are often to be created because of the shortage of doctors in rural Africa
- The health professionals receive remuneration based on % of outpatient and inpatient conditions
- Do they get it? Hospitals, who will work there?
- Spend time for training they other tasks to incorporate other things like support
- Doctors and nurses don't show up for work, but of doctors who about 70% attend six months when they were an doctor

Women are doing hard

- Millennium Development goal 5: Reduce maternal mortality by 75% by 2015
- The 1990s actually saw an actual improvement in maternal and newborn health in 92% of the world's population
- Since 2000, women died like a bomb
- In 1990 8.5 million on per day
- Now we are still 8.5 million, maternal health isn't
- In 2014, 8.5 million on per day

What are other countries doing?

- Sri Lanka: Women in Sri Lanka have one chance in 850 of dying in pregnancy
- Sri Lanka invests in health and education, with special attention to gender equality
- Educating girls has led to women having a higher economic value and more influence in society
- Rudimentary health posts, rural hospitals, district hospitals, and then provincial hospitals and specialist maternity centers
- They have also established a network of trained midwives across the country
- Vitamin A Supplements in Nepal reduced 40%

Women for Women

- In much of the world, women die because they aren't thought to matter
- Maternity deaths are reported in America because of antibiotic and blood transfusion, but also women's overuse
- Women's lives became more important
- Maternal health is considered as a woman's issue
- It is not because of the underpinning international agencies
- Women are not being born yet to make the decision that their lives are worth saving
- Women are not being born yet to make the decision that their lives are worth saving
- The historical and theological objections were created to explain why women should suffer during childbirth
- Much to be in reaction to the string

How do you increase a woman's worth?
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Truth Behind The Death

- There are four other factors that contributed to 70% of maternal deaths that were not related to lack of rural services
- These are: Biological, Lack of Schooling, Lack of Rural Health Systems, and Disregard for women

The Final Step

- Until we have the best medical training and equipment, biological, medical, and nutritional

Protein Supplements

- Protein supplements are a key component of a healthy diet, especially for women who are pregnant or breastfeeding
- They help to build and repair tissues, produce hormones, and support the immune system
- They are also important for the development of a healthy fetus or baby

Iron Supplements

- Iron supplements are a key component of a healthy diet, especially for women who are pregnant or breastfeeding
- They help to produce hemoglobin, a protein that carries oxygen to the cells
- They are also important for the development of a healthy fetus or baby

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Someone is doing something, though

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- Because her country's first qualified nurse-midwife
- Recruited to WHO and lived as a UN official
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India

- Some areas are paying their women to deliver in health centers
- Rural health workers also get a bonus for each woman brought in for delivery
- Incentives are provided for pregnant women to get transportation to clinics
- Great results: 15% to 20% health center deliveries
- Women returned for birth control and other services

Edna Adan, Tami Gorodetzer
© No special degrees

Is this the right way to do it? What other options are there?

Lack of Schooling and Rural Health Systems

- Education had been "associated with lower desired family size, greater use of contraception, and increased use of hospital education"
- Education highlighted probability of winning a living and accumulating money
- Most women help afford health care education. The longer women stay in school, the more money they have to spend on their children
- Health workers are slow to be credited because of the shortage of doctors in rural Africa
- The few health professionals make relationships lower, lack of supplies, and difficult conditions
- So they don't get a hospital, who will work there?
- Because of the training they often have to do cooperative rather than curative
- Doctors and nurses don't show up for work, but of doctors were absent from clinics across the continent when they were on duty

Why are we doing this?

- Millennium Development goal: 50% reduction maternal mortality by 2015
- The World Health Organization (WHO) estimates that 830,000 women die each year from complications of pregnancy and childbirth
- 30% of the world population
- 100 million women live in 100 countries
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Disparities for Women

- The world women die because they aren't thought to matter
- In such a world, women's health is not a priority
- Blood transfusions, but also women's care
- Women's health is not a priority in the mainstream international agenda
- It is never included in the mainstream international agenda
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The Truth Behind The Death

- There are four other factors that contributed to Edna's death that were not related to her maternal uterus
- These are: Biological, Lack of Schooling, Lack of Rural Health Systems, and Disregard for Women

The Tree System

- Used for the tree system
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Female Reproductive

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The First Steps

- what are the real reasons behind maternal mortality?
- Medical, sociological, biological

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Prudence Lemokouno

- Yokadouma, Southeast corner of Cameroon
- Fourth birth
- A blocked cervix prevented typical birth
- After three days, the birth attendant jumped up and down on Prudence's stomach
- This ruptured her uterus and she was rushed to the hospital for an emergency cesarean.
- The doctor refused to operate without the \$100 payment
- She lied in a bed in the maternal health area for three more days untreated
- The fetus was dead and slowly poisoning Prudence
- The doctors argued the problem was a resource shortage exacerbated by uneducated villagers who wouldn't pay

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Prudence Continued

- The doctor left the hospital to teach the family a lesson about doing as they are told
- "This is up to God, not us. If she dies, that would be God's will."
- When the doctor finally operated, he had to remove twenty centimeters of her small intestine without the help of antibiotics to fight infections
- Prudence entered a coma
- No one continued to care for her besides the family
- Three days after surgery, Prudence died back in her village

What would happen if something like this occurred in the US?

How is religion manipulated in these areas?

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But if it's biological, how are we supposed to do anything about it?

Lack of Schooling and Rural Health Systems

- Education has been "associated with lower desired family size, greater use of contraception, and increased use of hospitals"
- Both patients and health service workers would benefit from stronger education
- Education heightens probability of earning a living and accumulating money which can help afford health care
- World Bank "...for every one thousand girls who get one additional year of education, two fewer women will die in childbirth"
- Health systems are slow to be created because of the shortage of doctors in rural Africa
- The few health professionals endure relentless hours, lack of supplies, and difficult conditions
- So say they get a hospital, who will work there?
- Sometimes the training they offer leads to emigration rather than more support
- Doctors and nurses don't show up for work, 39% of doctors were absent from clinics across six countries when they were on duty



Disregard for Women

- "In much of the world, women die because they aren't thought to matter"
- Mortality rates decreased in America because of antibiotics and blood fusions, but also women's suffrage
- Women's lives became more important
- Maternal health is diminished as a "women's issue"
- It is never included in the mainstream international agenda
- "Women are not dying because of untreatable diseases. They are dying because societies have yet to make the decision that their lives are worth saving."
- Mythological and theological explanations were created to explain why women should suffer during childbirth
- Huichol Tribe in Mexico: tying the string

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