



Case histories

To make motherhood safe women need better health, skilled care, and swift access to life-saving technology if things go wrong. The latter requires someone who can recognize the problem early on, good transportation, and efficient facilities within reach. To this day over half the births in developing countries are not attended by trained personnel, and many women who seek skilled help in emergency arrive too late for anything to be done. Under such circumstances of poverty and under-provision the normally happy event of childbirth can easily turn into the kind of tragedy that is illustrated in the following case histories.



CASE HISTORY No. 1: Illegal Abortion, Colombia

ESPERANZA, 30, had already borne five children, one of which had died at the age of 10 months, and neither she nor her husband was happy when she became pregnant again. The health centres accessible to her provided MCH care but not family planning service. Esperanza did not know about the Family Planning Association clinic in the capital city of the province.



Esperanza had recently found work as a housemaid in the city, and her wages were much needed by the family. She took the decision alone to visit an abortionist in town. She was frightened, and unsure what was actually done to her. After 3 days of bleeding Esperanza developed severe abdominal pain and began to vomit. Her husband took her to hospital where the diagnosis was incomplete septic abortion. She was treated and sent home after 48 hours. The pain returned, but Esperanza did nothing about it at first, fearing she would lose her job if she took any more time off. When she developed a high fever and started vomiting, she was admitted to the Intensive Care Unit of the hospital. Abdominal surgery was performed for peritonitis, but her condition deteriorated, her heart-beat became irregular and she died five days later.

CASE HISTORY No. 2: Obstructed Labour, Nigeria

BOLA, 17, and her husband were farmers living in a remote village. They had their own little house with no electricity, and the open field served for refuse and excreta disposal. The couple had no formal education, and Bola was married at 13. Her first child was born dead after 4 days of labour. The prolonged and obstructed labour caused a hole between Bola's bladder and her vagina. The consequences of this fistula are incontinence and a persistent smell of stale urine, which makes many women suffering from this injury into virtual outcasts. However, Bola had undergone



reconstructive surgery, and became pregnant again two years later. Living far from a health centre she had no prenatal care. In the seventh month of her pregnancy Bola started to bleed from the vagina while carrying water home from the river. Later that day her membranes ruptured and labour started. After three days of labour without progress, Bola was taken to hospital in a state of distress, with a high temperature and pulse rate. Though the baby was small, rigid scar tissue from the fistula repair was obstructing its delivery. The baby was dead and was delivered by destructive operation in hospital. On the third day after delivery Bola was very ill. Infection of a ruptured uterus was diagnosed, but her poor condition due to undernourishment and anaemia militated

against her survival. Bola realised she was going to die and communicated her fear and misery to the hospital staff. In spite of surgery to remove her infected uterus, Bola died in hospital.

**CASE HISTORY No. 3:
Postpartum haemorrhage, Yemen**

Twenty-seven year old FATIMA lived in a remote village on the top of a steep hill. Her husband Mohammed worked as a labourer in Saudi Arabia. Fatima had five girls which she had delivered safely in the village, and since the nearest health station was a long walk away she received no prenatal care during her sixth pregnancy. At full term one day in the late afternoon, her membranes ruptured. Within seven minutes she had three strong contractions and



gave birth to a baby boy. The afterbirth did not come away and initially there was no bleeding. However, about an hour later Fatima felt weak, had difficulty breathing and was bleeding quite heavily from the birth canal. The family agreed that it would be best to take Fatima to hospital in Sanaa. However, a woman needed permission from her husband for transfer to hospital. In Mohammed's absence another male relative had to give permission. More than two hours elapsed before her uncle was located in a neighbouring village. A stretcher was then prepared and several men took Fatima, by the light of a lantern, down the track to the bottom of the hill. From there they

continued for another 15 km. along the rough road, at the end of which they reached an asphalt road. The hospital was another 40 km. away. At that point, dawn breaking, they noticed that the stretcher was soaked with blood. Fatima had groaned at the beginning of the bumpy journey but as she became quiet later on, she was presumed to have fallen asleep. One of the men felt her forehead and thought it unnaturally cold. It was clear that Fatima had passed away during the night while haemorrhaging massively. Sorrowfully, but resigned, they began the weary climb back to the village with the deceased woman. It was ironic that in gaining a son, they lost the mother.

**CASE HISTORY No. 4:
Puerperal Sepsis, India**

GEETHA, 38, had lost all four of the children born to her within their first weeks of life. She did not know the reason why any had died, and she and her husband continued to hope for a child who would survive. In spite of her tragic past experiences, Geetha did not have prenatal care during her fifth pregnancy, and she delivered at home with the help of an untrained traditional birth attendant. Labour was quick and there were no problems with the afterbirth. Geetha was taken



to hospital 14 days after delivery when she developed a high fever and became confused. Examination revealed puerperal sepsis, and she was treated with antibiotics and intravenous fluids. Her condition continued to deteriorate and culture results showed that her infection was resistant to the antibiotics she was receiving. She remained confused and died two days later, not peacefully but in a state of agitation. A visit to the home subsequently revealed that Geetha had lived in great poverty with her family, in conditions where a hygienic delivery would have been impossible. It turned out that Geetha had been feverish and breathless long before she was taken to hospital, but on questioning her husband, he admitted dejectedly that he had resisted taking his wife for treatment until her condition seemed really serious because he could ill afford the cost of the journey.

CASE HISTORY No. 5: Toxaemia, Ethiopia

NEGISTI was not married. She was 18, lived with her parents just outside the city, and was in her last year at school. Negisti became pregnant unintentionally and, afraid of her parents, she left home to conceal her pregnancy. At the end of the 9 months she returned home and confided in her mother, who tried to conceal the situation from Negisti's father. The girl had headaches and vomiting for a while before she went into labour. Then, very early one morning she complained to her mother of abdominal pains, and contractions subsequently began. Eight hours later Negisti started to have convulsions, and at that point her mother hid her in a shed in the garden to keep the situation from her father. However, when the convulsions grew worse and more frequent, Negisti's mother became really afraid and decided to tell her husband. He immediately arranged transport to take his daughter to hospital in the city, where they arrived 16 hours after labour had begun.



Negisti was unconscious; her breathing was loud and her tongue bleeding where she had bitten it during her fits. Her parents were told that Negisti's headaches before delivery had probably been caused by toxaemia — high blood pressure associated with pregnancy — and at hospital eclampsia was diagnosed: her blood pressure had become catastrophically high, causing her convulsions. The girl was sedated and delivered of twins, both dead. But treatment came too late. She went into an irreversible coma, probably due to a brain haemorrhage following 9 hours of severe convulsions, and died.