

Researcher, midwife, mother

Three women on the challenges of maternal and neonatal health

Every day about 800 mothers die from preventable causes related to pregnancy and childbirth. Most could have been prevented through skilled care and efficient monitoring. Although maternal and infant mortality has dropped by almost 50% since 1990, the Millennium Development Goals (MDGs) on child mortality (MDG 4) and maternal health (MDG 5), have not been reached. ITM and its Moroccan partner École Nationale de Santé Publique (ENSP) will draw attention to these issues during the 57th ITM Colloquium in November 2015. Three women - a researcher, a midwife and a mother share their story on motherhood

Alexandra Hörlberger & Eline Van Meervenne

A social death

Bouchra Assarag –Researcher ITM-ENSP

Physician Bouchra Assarag from Morocco obtained her degree in medicine in 2002 followed by a Master in Public Health (MPH) in 2008. Later that year she took up an assignment in a health centre in a remote mountainous region. There she was confronted with the problems faced by expectant mothers who have little or no follow-up after their pregnancy, and no chance of a Caesarean section. They were often affected by social stigmatisation following long-term health problems.



Following this experience Bouchra was convinced that more research was needed on maternal and child health. She decided to undertake a PhD in maternal morbidity at ITM. If complications during or after pregnancy are not properly monitored, severe (permanent) damage can ensue. “For many women, these conditions mean a social death,” says Bouchra. “The women are at risk of being rejected by their husbands and families-in-law. In addition, the unequal relationship between men and women complicates matters and does not allow for an open dialogue concerning sexual health.” Bouchra stresses that doctors, midwives and nurses need better training in the human aspect of deliveries. Clear and open communication is essential.

Thanks to Bouchra’s doctoral research, a thorough investigation on the social consequences of maternal complications is being carried out in Morocco for the very first time.

The missing link

*Marie Chesnay MPH-Disease Control
2014-2015 ITM alumna*

Midwife Marie Chesnay was exposed to the harsh realities of maternal health when posted in Chad. Women too young to be mothers often suffered irreparable damage from while giving birth, whilst others living in very remote areas sought medical help too late, with fatal consequences. However, it was also in Chad that Marie experienced her most powerful experience as a midwife, one day when a troubled young woman was rushed in by her family. The heavily pregnant



adolescent was in labour with a dilated cervix, but would not cooperate with the midwife and nurses owing to a psychological condition that afflicted her. The medical team was forcefully restraining her, afraid that her erratic behaviour was being caused by evil spirits that had possessed her. The situation threatened to end badly because of the lack of communication between staff and patient, when Marie took charge and removed the suffering young woman from the controlling grip of those present. The family was made to wait outside, whilst Marie created an environment in which the young woman felt safe. Refusing to remain on the delivery table, the patient writhed in pain and chose the ground as her sanctuary. The local nurses watched in disbelief as Marie crouched beside her and safely delivered a healthy baby. Marie stresses that a midwife is the bridge between the medical and the social, offering non-judgemental support and removing all other stressors so

that the woman’s focus can be the carefree birth of her child.

The human touch

*Kévine Nkaghère Mbuembue –MPH-
Health Systems Management and Policy
2014-2015 ITM alumna*

Kévine Nkaghère from Cameroon is a physician, studied at ITM, and is a mother of two – the most recent of which was born during her year in Antwerp. Looking back, her first child was born in a very different context. In Cameroon, families must save up for a birth, as health care requires out-of-pocket spending and tipping, if extra services are



required. Those who can afford to, opt for an obstetrician to accompany their pregnancy, whilst the less affluent seek the assistance of a midwife. The care received is very hands-on with little distance between the medical professional and patient, which reassures the mother-to-be. In Belgium, Kévine received excellent pre- and post-natal care, yet felt that she was held at arm’s length. She would have preferred a more human approach amidst the well-planned schedule of appointments and hi-tech equipment. Kévine gave birth to her healthy second child in a Belgian birthing suite, accompanied by her mother and 3-year-old daughter. Had she been in Cameroon, this would have taken place alongside many other women, away from her family. She stresses that both countries have their pros and cons and has learned a lot from both experiences.