Living after nearly dying

The lived experience of pregnancy-related near-misses

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All names pseudonyms
Maternal near-miss: the near death of a woman from a complication during pregnancy, childbirth or within 42 days after the termination of pregnancy (Say et al. 2006)
To be honest, at the moment things are very difficult because life has become very expensive, and there isn't anything I can sell at the moment. If a member of my family falls ill, this time it will be very difficult to help them out, because I no longer have anything. I have nothing left to sell
The consequences of near-misses

- Cohort of 1014 women (377 near-miss, 677 uncomplicated delivery)
- Four structured interviews (Day 3, 3 months, 6 months, 12 months and 4-5 years after discharge)
- Medical data at discharge; medical exams 6 and 12 months
- Verbal autopsies of deaths
- In-depth follow-up of sub-sample of 82 women (64 near-miss, 18 uncomplicated) through repeated open-ended interviews and observations during home visits in the year after discharge
- Follow-up interviews with 16 women three to four years later
Health and survival

Compared with controls, near-miss women experienced:

- Poorer reported health status (Filippi et al. 2007)
- High and catastrophic health expenditure (Storeng et al. 2008)
- Constraints on access to care, including family planning (Ganaba et al. 2010)
- Increased risk of dying over a four-year period (Storeng et al. 2012)
Maternal survival over 4 years: near-miss women more likely to die
Near-miss

An obstetric success...
...and a personal catastrophe

An acute emergency...
...and lasting disruption

Reveals vulnerability...
...and remarkable resilience
Success or catastrophe

A near-miss is an obstetric success in that a maternal death has been averted.

...But it is also a health crisis often requiring mobilisation of all available social and financial resources.
# The cost of hospital obstetric care (2005)

<table>
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<tr>
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<th>Near-miss complications</th>
<th>Caesarean sections</th>
<th>Uncomplicated deliveries</th>
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</thead>
<tbody>
<tr>
<td>Median hospital cost</td>
<td>29,179F</td>
<td>63,001F</td>
<td>11,724F</td>
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<tr>
<td>Expenditure (proportion of GDP per capita)</td>
<td>12.7%</td>
<td>27.4%</td>
<td>5.1%</td>
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Lasting disruptions

Â Bodily integrity - through injury, on-going illness and loss of strength and fertility
Â Household economy - though debts and loss of productive capacity
Â Women’s social identity and social stability – through loss of social standing and marital loss
ACTIVITÉS QUOTIDIENNES DE LA FEMME

LES OCCUPATIONS DES FEMMES AFRICAINES
Vulnerability and resilience

- Near-miss women are vulnerable to ill health and its consequences
- But also resilient; they recover from shock, illness and hardship
- Resilience not just “bouncing back” – a process rather than a quality
- Revealed through trajectories of adaptation
- Depends on the mobilisation of social and bodily capital
Embodied inequality

How we literally incorporate, biologically, the material and social world in which we live and then express this assimilation in uneven population patterns of health and disease (Krieger 2001:672)
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Further reading

• Storeng KT, Akoum MS, Murray SF. 'This year I will not put her to work': the production/reproduction nexus in Burkina Faso. Anthropology & medicine. 2013;20(1):85-97.


