

Pregnancy still a death sentence for many Liberian women

June 5 2012, by Zoom Dosso

Hawa Kollie lies on her back screaming in pain, her head throbbing and body aching after the loss of first her baby, and then her uterus. Like many Liberian women, she got to the hospital too late.

As the 40-year-old woman went into labour, rain lashed her town in central Liberia, turning the 15 kilometre (nine mile) dirt road to the region's only <u>hospital</u> muddy and barely passable.

"After a downpour of rain we received a call from a nearby town at about 10pm informing us that someone there was in labour," said Sampson Arzoaquoi, medical director of the Phebe hospital.

"We immediately dispatched the ambulance and so, because of the bad road condition, it took the driver four hours to go and come back."

By the time Kollie arrived at the hospital, the baby was dead and her <u>uterus</u> had ruptured. Doctors carried out an <u>emergency surgery</u> to remove her uterus and save her life, but there isn't enough <u>pain</u> <u>medication</u> to ease her recovery.

Phebe is the only hospital serving some 400,000 people in this central region of Liberia, which like many suffers from a lack of electricity, equipment and trained staff.

With few trained <u>obstetricians</u> of its own, Liberia relies on doctors sent from countries such as Nigeria and China. The country has only 300



trained midwives and needs 1,400, according to government figures.

With hospitals out of reach, mothers in remote towns and villages still turn to traditional midwives during <u>childbirth</u>.

For Nyenpu Flomo, 21, this decision was nearly fatal.

"She had home delivery and after that she went unconscious and so they rushed her to the hospital. When they brought her, she was in a very <u>critical condition</u> and so we took her to the <u>emergency room</u> and started treating her," said Arzoaquoi.

The following day her family arrived at the hospital demanding she be discharged, saying "her problem was not a hospital problem" but a result of witchcraft.

"These are the challenges that <u>pregnant women</u> in villages are faced with. When women are in labor, they don't come to hospital on time. They wait to the dying minute before they are rushed and sometimes by the time they arrive at the hospital, they are already dead," Arzoaquoi added.

Grappling with the after effects of 14 years of civil war which devastated the <u>health</u> system, Liberia's health sector is overwhelmed by the huge death toll of mothers and children.

In Liberia, 994 mothers out of 100,000 giving birth will die, as will 71 of each 1,000 babies born, according to the World Health Organisation (WHO).

"The maternal health situation in Liberia is influenced by several factors including inadequate health facilities across the country, poor sanitary conditions and the failure of pregnant women to seek medical



consultations during pregnancy," Musu Duworko, Family Health and Population Advisor at the WHO office in Liberia, told AFP.

However government is determined to create a functioning, decentralised health system.

In March 2011 President Ellen Johnson Sirleaf launched an ambitious five-year plan to halve the rate of maternal and newborn deaths in Liberia which remains one of the highest in sub-Saharan Africa.

The plan also calls for a 50 percent increase in the number of skilled birth attendants across the healthcare system, around-the-clock access to quality basic and emergency obstetric and newborn care and better access to family planning services.

Moses Pewee, assistant minister for curative services at the health ministry, said government has allocated \$145 million (115 million euros) to implement the project and is working with agencies such as WHO and UNICEF to secure further funding.

"We can't watch our citizens die in such a great number," he said.

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