MaterCare International

"maternal health is a human right"

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MCI RECEIVES INTERNATIONAL FUNDING FOR CONSTRUCTION FOR THE BIRTH TRAUMA CENTRE

MCI has received funding from a number of donors to construct a Birth Trauma Centre in Ghana. Among the donors are Ireland Aid, The Overseas Aid committee of the States of Guernsey, Channel Islands; the Italian Bishops Conference of Italy; the Beswick Foundation; Australia, the Catholic Women's League of Canada and the Morrow Foundation, Canada; as well as donations from religious congregations, parishes and individuals in many countries.

The 40 bed Centre will provide treatment and rehabilitation for women with obstetric fistulae, and training for doctors in the surgery and for nurses in the nursing care of these patients. The centre will be located in Mankessim a junction town, in The Women's Mercy Centre that is owned by the Archdiocese of Cape Coast. Included in the centre will be a birthing centre for destitute women and a counselling centre for abused women, those who are HIV + and those with obstetric fistula.

The self contained Birth Trauma Centre will consist of a main block with 40 beds, an operating suite which includes an operating room with two operating tables; an attached outpatients; a multi use building for accommodation, teaching and administration. Other facilities will be shared; laboratory, pharmacy, kitchen and laundry. The cost of the centre to build and operate for 5 years is CDN $2.5 million (approx US $2 million). The centre will be operated as a partnership between the Archdiocese and MaterCare International, MaterCare (Ghana) providing specialist services assisted by an international group of experienced fistula consultants. It is hoped to provide care for 200 fistula patients in the first year and increasing to 500 as the centre develops. Residents in training from the teaching hospitals will receive 3 months training in fistula surgery as it is expected that operations will begin in the fall of this year.

A research project is being developed to identify a group of women in west Africa with obstetric fistula and determine from their point of view the physical, psychological and social effects of obstetric fistulae on their lives before and after surgical treatment and rehabilitation. These will include barriers to treatment, and factors, which may impede full recovery and integration, back into the community. A second objective is to find out the effects on the husbands/partners of the woman with obstetric fistula.

This will be a unique contribution to women's health and it is hoped to eventually develop the centre into a West African Regional facility.

Inside…


Dr. Scanlon speaks with Catherine Hamlin at the UN Conference


Dr. Scanlon with Jack Eschmann speaks with a member of the conference at the UN.

MaterCare International and the United Nations

MaterCare International (MCI) has recently been recognized by the United Nations(UN) as an approved non-governmental organization (NGO) by the Department of Public Information. It was not long after this recognition that MaterCare was called upon to address the UN at a conference dealing with the issue of obstetric fistula. Dr Robert Scanlon, our MaterCare (USA) director, had the honor of speaking on behalf of MCI.

Dr Scanlon reported that the conference was well received as the keynote speaker was Dr Catherine Hamlin from the Fistula Hospital of Addis Abba in Ethiopia. He stated that all were captivated by the stories Dr Hamlin presented and moved by the plight of the fistula patients. The conference afforded MCI the opportunity to learn from the work of such a dedicated physician as Dr Hamlin as well as establishing in the eyes of the UN community that MCI is an organization that is working to address problems in maternal health.

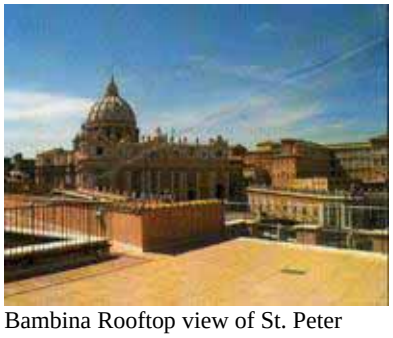
We hope that our UN presence will further the work of MCI as it strives to pave the road to safe childbirth for all mothers and their unborn children. The opportunity to present at an NGO conference so early in our UN life was a blessing that we pray will bear fruit in the future.

MCI has now applied for recognition to the UN Economic and Social Council (ECOSOC). This council is responsible for promoting higher standards of living, fill employment and economic and social progress; identifying solutions to international economic, social and health problems; facilitating international cultural and educational co-operation; encouraging human rights and fundamental freedoms. Among others ECOSOC consults with 2100 NGOs. Membership in this agency will provide MCI with more of a voice at the UN.

United Nations highlights desperate situation of women with Obstetric Fistulae: Calls on governments to break the silence on the problem.

A new report from UNFPA and Engender Health (June 2003) estimates that 2 million women are living with an obstetric fistula in Africa alone. However, this figure only represents those women who have presented at hospitals for treatment and estimates from Nigeria alone suggest that 1 million women are living with untreated fistulae. The report notes that although pregnancy complications cannot always be predicted, they can be treated. Fistula surgical repair has an average success rate of 90% and costs between $100-400 US


Instituto "Maria SS. Bambina"


Bambina Rooftop view of St. Peter Square

Third MaterCare International (MCI) & World Federation of Catholic Medical Associations (FIAMC) International Workshop

Date:	October 13th - 17th 2004
Place:	Instituto "Maria SS. Bambina", Rome, Italy
Programme subjects:	Controversies in obstetrics and gynaecology Breast Cancer and abortion Breast Cancer and the pill
	Seminar in natural family planning Scientific Foundations of Natural family planning Experience in China with the Billings Ovulation Method
	Seminar on Distributive / Distance learning technologies and methods for education in obstetrics and gynaecology
	MaterCare International Business Meeting
	Social programme Evening walking tour of Rome Day Visit to the Benedictine Foundation Monastery Subiaco
	Audience with Pope John-Paul II will be requested.

How can YOU help? By becoming better educated about obstetric fistula and conditions of childbirth world wide. By obtaining brochures, pamphlets and videos from the MaterCare office or download info from the MaterCare site. By signing up for the MCI News and Comment.

MCI's Postpartum Haemorrhage Research
Oral Misoprostal vs Oxytocin in the Management of the Third Stage of Labour

S.M. Parsons[*], Y.M. Ntumy[#], R.L. Walley[*], J.B. Wilson[#], J.M.G. Crane[*], K. Matthews[**], and D. Hutchens[*]

Departments of [*]Ob/Gyn and [**]Nursing, Memorial University of Newfoundland, St. John's, Newfoundland, Canada; Department of [#]Ob/Gyn, University of Ghana Medical School, Korle Bu Teaching Hospital, Accra, Ghana, West Africa.

Objective To compare oral misoprostol 800 µg with intramuscular oxytocin 10 IU in the routine management of the third stage of labour in a rural setting of a developing nation.

Materials & Methods We performed a randomized controlled trial at a rural district hospital in Ghana, West Africa. Women in advanced labour and anticipating a vaginal delivery were offered enrollment. The only exclusion criterion was a known hypersensitivity to prostaglandin or any other medical contraindication to administration. Women consenting were randomized to receive oral misoprostol 800 µg or intramuscular oxytocin 10 IU at delivery of the anterior shoulder. A blood sample was taken to determine hemoglobin concentration before and twelve hours after delivery. Primary outcome was change in hemoglobin concentration after delivery. Secondary outcomes were use of additional uterotonics, estimated blood > 500 mL, blood transfusion, nausea, vomiting, diarrhea, shivering and elevated temperature.

Results Four hundred fifty women were enrolled over an eight-month period. Demographic characteristics were similar. There was no significant difference in change in hemoglobin (misoprostol 1.06 g/dL and oxytocin 1.00 g/dL, $p = 0.53$), Student's T-test. Of the secondary outcomes, the only significant finding was shivering ($p < 0.0001$) and high temperature ($p < 0.0001$), both more frequent in the misoprostol group.

Conclusions Oral misoprostol 800 µg is as effective as 10 IU parenteral oxytocin in minimizing blood loss in the routine management of the third stage of labour, as determined by change in hemoglobin concentration. This confirms the utility of misoprostol as a safe, cheap and effective uterotonic for use in rural and remote areas of developing nations where other agents may be less feasible.

Presented at the 59th Annual Clinical meeting of the Society of Obstetricians/ Gynaecologists of Canada June 25-30, 2003

The Vatican and the United Nations

Archbishop Renato Martino, president of the Vatican's Pontifical Council for Justice and Peace and for many years the permanent observer of the Holy See to the United Nations recently stated that "The United Nations is irreplaceable as a forum for international dialogue and that the new problems relating to health care require urgent measures that are respected by all."

MaterCare International Worthy of Our Support by Theresa Winchester, CWL Life Member

The horror of obstetric fistula is unimaginable to women born in countries where medical care is available. A fistula may result from prolonged labour when the child is unable to pass through the birth canal for long days, eventually producing a dead baby. The child's head bearing down on the vaginal passage results in the death of tender flesh and in a hole between the vagina and the rectum, causing feces, urine or both to leak for the rest of her life unless there is surgical repair. Women who have obstetric fistula often are banned from society and left to beg or worse for sustenance. These women need our help as detailed in Catholic Women's League Resolution 97.08. Why should we support MaterCare International?

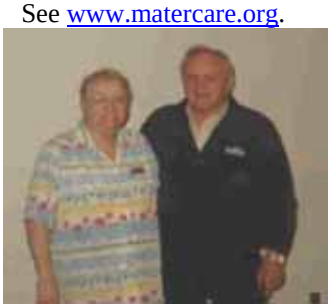
- there are presently 2 million women in Africa alone with obstetric fistula and 80,000 more every year;
- obstetric fistula is preventable and repairable;
- repair of obstetric fistula is much easier in its early stages;
- in Developing Nations, when a mother dies, her children under 5 often die as well, making this a much larger tragedy than initially evident;
- the death of a child and mother in childbirth is preventable and inexcusable in the 21st century;
- 585,000 women die per year from preventable complications of pregnancy and childbirth;

How can YOU help? By praying to St. Anne, patron Saint of women in labour, and St. Gerard, patron saint of motherhood, for all those who contribute to the work accomplished by MaterCare and for the women of the world who still suffer as a result of childbirth. We will never have too many prayers.

MaterCare International Worthy of Our Support- Cont'd

- all women are human beings and thus entitled to adequate health care when giving birth. There are only three fistula repairs hospitals in Africa, performing 2000 repairs yearly;
- MaterCare International started right here in Canada, founded by Dr. Robert Walley, who has worked for many years with the Vatican on women's health issues;
- MaterCare International is evaluating a safe, oral, effective and inexpensive method (misoprostol) of treating life-threatening postpartum haemorrhage which alone kills about 400 women per day;
- The government of Canada committed to reduce infant and maternal mortality and morbidity at Kananaskis;
- MaterCare International is working to train doctors and nurses in the repair of fistula patients;
- MaterCare International has undertaken to train Traditional Birth Attendants to recognize and refer high risk mothers;
- the death of women in childbirth and the suffering of women from obstetric fistula is a not a women's issue, nor a pro-life issue, nor a Catholic issue but rather a humanitarian issue which deserves world attention and our support. It is simply the right thing to do.

See www.matercare.org.



MCI supporter Mary Langlois with Dr. Walley. Mary organized a successful bazaar that raised over $14 000.

MCI Affiliated To The World Federation Of Catholic Medical Associations (FIAMC)

Approval was given in February 2002 to recognise MCI as FIAMC's specialised obstetrical agency. FIAMC is the co-ordinating body of Catholic doctors throughout the world. Both agencies have been co-operating in developing maternal health projects and also in spreading the Christian Good News as lay health professionals.

MaterCare (USA)'s Participation in a Fistula Repair Team

In February 2003, I had the pleasure of representing MCI as part of a fistula repair team working in the north of Ghana. The team was organized by Dr. Lassey of MaterCare (Ghana) as part of his annual trip to an area of his country that is lacking in gynecologic surgery services. Funding for this trip was secured from the government of Ghana as well as the Catholic Daughters of America. Matercare (USA) was proud to be able to support this trip both financially and personally.

My reflections on the experience are all positive. I had no dream of becoming a "fistula surgeon", yet I felt the need to see, speak to, and treat these beautiful women who in the act of bringing a life into this world were so damaged. If not for the grace of God the women I was treating could have been my wife, my sister, or my mother. We cannot sleep well while the state of maternal health will allow fistula to form, and we will not rest while mothers walk this earth leaking from their fistula.

I want to thank MCI for supporting me on this trip. I want to say a special thanks to Dr Lassey in Ghana for his friendship and inspiration.

May God bless this work.

Dr Robert Scanlon, MaterCare (USA)

Archbishop Turkson named Cardinal, the first one ever for Ghana. (Zenit News Agency: September 28th, 2003)

"God must have a faster timetable than mine," said the 54-year-old Archbishop Peter Turkson learned that the Pope had named him, Cardinal.

In 1992, the Pope named him as the Archbishop of Cape Coast and he was consecrated on March 27, 1993. Four years later, though one of the youngest prelates, he was elected by his colleagues as president of the Ghana bishops' conference.

"Now this morning, here I am being given this news, and the only thing I can do is to say, 'Lord, have your way with me. Give me the ear and heart to go the way you want,' " he said.

Cardinal- Turkson said the elevation was "recognition of the sacrifices of the early missionaries, the evangelizing zeal of the clergy and the laity of the Church, past and present, and what all Catholics and believers in Ghana are doing to make God's Kingdom present in our land and in our world". "In recognition of these manifold reasons for this [elevation] which I must represent in my person and apostolate, I pray that I may be found a faithful servant in God's household, like Moses," he added.

Cardinal-designate Turkson is a member of several Vatican bodies: the Methodist Catholic Dialogue (since 1997), the Pontifical Council for Promoting Christian Unity (since 2002) and the Pontifical Commission for the Cultural Goods of the Church (since 2002). He is the treasurer of the Episcopal Conferences of Africa and Madagascar (SECAM). In Ghana, he is the chancellor of the Catholic University College of Ghana. He is also a member of the University Council of the University of Ghana, Legon.

Cardinal Turkson was ordained priest in July 1975, by Archbishop John Kodwo Amissah, whom he succeeded. He has obtained a doctorate from the Pontifical Biblical Institute in Rome. In addition to English and his native Fante, he also speaks French, Italian, German and Hebrew fluently, and has written knowledge of Latin and Greek. Cardinal Turkson is a spiritual advisor to MCI.

How can You help? By volunteering to help MCI, in a large or small way. By telling your friends and relatives about childbirth conditions in the world. By arranging presentations for MCI volunteers in your local community or church group. info@matercare.org

The World Federation Of Catholic Medical Associations (FIAMC), and MaterCare International (MCI) Within The Church

His Eminence Cardinal Peter Turkson Spiritual Director Archbishop of Cape Coast, Ghana

"You are the salt of the earth...; You are the light of the world" **(Mt.5:13-14)**

"La Vita Minacciata" (*life under threat*), was the thesis-topic of a course mate. The thesis was really about the human psychological experience of **fear.** It studied the vocabulary of **fear** and the various terms, which belong to that semantic field in the Hebrew Bible and concluded that the experience of fear was in response to the experience of threat/danger to one's life. ***"La Vita minacciata",*** therefore, studied the various situations in life which do constitute threats to human life (war, famine, plagues, barrenness, sickness and death) and suggested precisely what the biblical experiences of fear provoked, namely, **a cry to God,** ie. **prayer.** This study was in 1997.

In the same year, a friend who was a student of Church History and was working also on a thesis decided to study another source of threat, which generated a movement as a response. The movement was the **crusade;** and it was studied ***as a response to another situation of threat.*** This time it was a threat to faith and the life of pilgrims. The source of threat was the spread of Islam.

These are two studies of a common human experience, namely, fear. The fear in both studies was caused by the presence of a situation of threat. The source of threat, however, differed in the two studies; and the difference in the sources of threat did prescribe different reactions for the experience of fear and to the situations of threat, namely, *prayer (cry to God)* and an *action (strategic action).*

FIAMC & MCI RESPONSES TO OTHER THREATS:

From what we have heard and now know about ***FIAMC*** and ***MCI***, it is clear that they are **initiatives in response to other situations of threat.** No matter how we consider **FIAMC** and **MCI,** and label them: be they associations, movements, or groupings of people common interests and concerns, **FIAMC** and **MCI** have come to represent **responses** to the presence of certain objectionable (undesirable) visions of and attitudes towards human life, its origins, its sanctity, its character, its value and quality. **FIAMC** and **MCI** are, indeed, responses to a **culture,** an ensemble of ideas, thoughts patterns, philosophies, values, styles of life, attitudes, behaviour patterns, beliefs, interests and concerns etc. which represent a vitiated outlook on life and which inspire various abusive treatments of human life.

Indeed, "in the course of human history the use of temporal things has been tarnished by serious defects. Under the influence of original sin men have often fallen into very many errors about the true God, human nature and the principles of morality. As a consequence, human conduct and institutions became corrupted, the human person itself held in contempt. Again in our own days, not a few, putting an immoderate trust in the conquests of science and technology, turn off into a kind of idolatry of the temporal; they become slaves of it rather than the masters" (*Apostolicam Actuositatem* # 7).

Nevertheless, we do not simply want to consider the world as "a rocket gone off course", everything in it being evil. It is necessary to guard against generalizations and simplifications. In the *Parable of Weeds,* we read how the weeds and the good grain grew together in the farmer's field till harvest. The same is true of history, where in everyday life, there exist contradictions in the exercise of human freedom, where there is found side by side and, at times, closely intertwined, evil and good, injustice and justice, anguish and hope, indeed, signs of death and signs of life. It is what the Holy Father will characterize in *Evangelium Vitae* as **culture of death** and the **Gospel of Life.** The former elements may be subsumed perhaps under "secularism and the need for religion" and "the violation of the dignity of the human person".

The Holy Father, when he treated **culture of death** (cfr. *Evangelium vitae*), presented it as ***present-day threats to human life;*** and under this, he considered

- The roots of violence against life (*Cain rose up against his brother and killed him…. Gen.4:8*).
- The eclipse of the value of life (*What have you done?*……. Gen.4:10)
- A perverse idea of freedom (*Am I my brother's keeper?*….. Gen.4:9)
- The eclipse of the sense of God and of man (*And from your face, I shall be hidden*….. Gen.4:14)

THE THREAT OF THE CULTURE OF DEATH:

The threat of the culture of death, as we have observed above, is as serious and alarming as it is fierce. It is present in birth and population control programmes. It is pursued in health –packages to poor countries. It is espoused in various research programmes; and it is both overtly and covertly present in healthcare delivery programmes and programmes for the aged and the sick.

For our purposes, we may describe three ways, in which the **culture of death,** the current pervasive abusive treatment of life, affects us.

- It is a threat to humanity itself, in its continuity and the quality of life.
- It is also a threat to faith and its practice, professionally and individually.
- It is a threat to professional freedom and the freedom of professional conscience.

FIAMC & MCI LABOURING IN THE VINEYARD AS "SALT OF THE EARTH" & "LIGHT OF THE WORLD" *:*

From the studies, we mentioned above, one might describe at least two reactions in the face of this other threat from the **culture of death.** Firstly, one may **cry**, and indeed, **cry to God,** in recognition of his lordship and sovereignty over human affairs and the conduct of human history. It would be a **cry of faith** in God. Such a "cry to God", prayer, in the face of threat, is admittedly an appeal to some power beyond oneself; but it would, by no means, be an act of helplessness and powerlessness, resorted to in despair and hopelessness. Prayer is a celebration of faith, deep personal faith in divine presence

How can YOU help? By sending us your unwanted Canadian Tire money. This could help in two ways. The simplest is that we can use Canadian Tire money to buy supplies for the office that are sold at Canadian Tire such as paper towel, toilet paper and such. The second way is that we hope to find a volunteer who will sell collectible Canadian Tire bills on e-bay (www.ebay.com) for more than their face value and thus we can turn your old unwanted Canadian Tire money into funds to assist with surgeries for the women in Ghana.

The World Federation Of Catholic Medical Associations (FIAMC) And MaterCare International (MCI) Within The Church- Cont'd

and divine lordship over history. Secondly, one may strategize and mobilize for **action.**

Indeed, "it is necessary (then) to keep a watchful eye on this our world, with its problems and values, its unrest and hopes, its defeats and triumphs: a world whose economic, social, political and cultural affairs pose problems and grave difficulties" (*Christi Fideles Laici*) to our faith. But, our world is also the "**vineyard"** into which Jesus sends us all, as his disciples to be "***salt of the earth"*** and "***light of the world".***

Dear friends for FIAMC and MCI, these, indeed, are trying times; and our world and earth have never needed more the purifying and conserving actions of **salt** as well as the guiding and vision-providing actions of **light,** than now**.**

Context and Meaning of the Salt and Light sayings in Mt 5:

Occurring right after the Beatitudes (Jesus on mountain and disciples come up to him and he taught them), the saying about salt and light appear to be an application of Jesus teaching to his disciples. The new Moses pronounces a new teaching, which will make the disciples/followers of Jesus *like Salt and like Light* of the world.

and become two metaphors for describing what the disciples, as students of the Beatitudes, must become in themselves and for others. "Salt" and "light" are both character- and mission - statements about the disciples of Jesus Christ. As "salt", the disciples of Jesus cannot afford to "go flat" and lose their flavour". Having been set apart from the world and entrusted with the mystery of the reign of God (Mk.4:11), the disciples cannot afford to lose their distinctive identity and cower in anonymity. Similarly, Jesus, having lit, by his Gospel, the light of faith in the disciples, does not intend to put them under a bushel. They need to shine for all to see their good works and to give glory to their father in heaven.

"Salt" and "light" correspond to the quality of holiness (salt), which a disciple of Christ must have, and to a desire for witness/mission (light), which must become a way of life. The one thing the disciples become in Jesus is **holy (holiness).** This is the one call, which is addressed to all followers of Jesus: "*Be holy, for I the Lord your God am holy*". It is holiness, which is both vertical and horizontal, embracing all aspects of life; and it is with this that the disciples shine and are *lights of the world.* This is how holiness engenders mission; and the occasion and the need for them both is the **world**: what it is and what it must be.

Dr. Walley, Dr. Kelly, Cardinal Turkson, and Dr. O'Dwyer

The world:

In the days of Christ, it was the world outside the circle of the disciples of Jesus, which needed to hear the Gospel.

In our day, we can still describe a world for which we need to be "**salt**" and "**light".** It is our world, which may be described as:

1. **A Church, badly weakened by**
   - the disintegration of family life
   - the decrease in priestly and religious vocations
   - wasteful consumption and consumerism
   - forgetfulness of the poor
   - dismissive treatment of the Magisterium
   - open dismissal and ridicule of Gospel and Gospel values
   - the loss of credibility in the face of scandals etc. etc.
2. **A neo-pagan and secularized world, dominated by the "culture of death".**

The purpose of our **mission** and **witness** in the world, as its "**salt"** and "**light"**, is two fold, according Mt.5:15. It is,

a. that men may be blessed by our good works. Was it not Origen, who once testified that the lives lived by the early Christians were their invincible witness! One might have argued against a creed, but a creed that issued in courage, love, joy and service to others, one could not gainsay.

b. that God may be glorified. A deeper purpose than service to others is the glorification of God. Our "**light"** is to shine as an act of worship of God....ie. in recognition of God, as the source of our "**light"** and good works. For, "**light"** shining only for men might be a pride-filled exhibitionism; shining for God, it is true piety. God s glory is man s true joy.

Staying the "light of the world" (the Sustenance of the "Light"):

Finally, there is the need, not only to be "**light of the world",** but also to stay and to remain *light of the world.* The *Parable of the ten virgins* clearly shows us that under certain circumstances, it is difficult to sustain the light. These circumstances are those of the "foolish"; and the "foolish" is the "wicked" man and the "sinner" (Wis 5:6; Prov.4:18-19; 13:9; 24:20). For such people, there is no light, when darkness falls. It is rather the man of good works, who enjoys light even in darkness (Is.58:7-8,10).

Just as faith without works is dead (James 2:26), so is it impossible to stay '**light of the world"** without works! Let us ultimately ***awaken our baptismal gifts through an ever deepening conversion*** to Jesus Christ, through ***prayer and good works.***

May the Lord bless and sustain you all in your efforts and initiatives to uphold and to spread the GOSPEL OF LIFE!

MaterCare's Rural Maternal Health Program in Nkoranza, Ghana

The care of mothers and babies in Nkoranza district of Brong Ahafo region, Ghana has been greatly improved by an integrated safe motherhood project started by MaterCare International, in partnership with the Catholic Diocesan Health Committee, Sunyani, mid-West Ghana. Nkoranza district is mainly a farming area of about 150 rural settlements, producing mostly maize, yam, cassava, beans, groundnut and rice. Its centre is the small town of Nkoranza. The total population is approximately 144,000 with an estimated 36,000 living within an eight-kilometre radius of the hospital. Mothers in Nkoranza district have the choice of attending St. Theresa's Hospital for care during childbirth, a small but busy district general hospital that offers maternity services, or one of ten rural health centres staffed by nurse-midwives. However, about 65% of Nkoranza mothers choose the traditional birth attendants (TBAs), local village women who are dedicated to their work, but who have little or no training.

Poverty, lack of knowledge and cultural beliefs and values, poor roads, isolation and unreliable public transport and no telephones or other direct methods of communication between the villages, rural health centres and the district hospital contributed to delay in cases of emergency.

Major obstetric factors in maternal deaths in Nkoranza are haemorrhage during childbirth and severe hypertension

The safe motherhood project was developed to address these threats to the health of mothers and their babies while recognizing and respecting local resources and practices. The project includes an emergency obstetric transport service (EOTS), continuing education sessions for rural nurse-midwives, training and supervision of all traditional birth attendants (TBAs) in the project area and development of a blood bank dedicated to mothers in childbirth and their babies.

The emergency obstetric transport service,

a Range Rover ambulance suitable for travel over rough roads, is central to the safe motherhood program. The ambulance was purchased and equipped with essential emergency obstetric supplies, and solar powered radios were installed in the rural maternity centres to enable the midwives to communicate with the hospital and ambulance service. The radios were linked to the base radio in the labour and delivery ward at St. Theresa's Hospital which had access to the ambulance and driver.

Before the ambulance service was started, the TBAs were taught to use a pictograph, a set of drawings of major complications of birth, to recognise women at risk of birth complications and women who developed complications during pregnancy and labour. The importance of referring the women to the nearest health centre or the hospital was emphasised. The midwives received a workshop to update their emergency obstetric skills which included how to use the radio system to access the EOTS. The equipment in the blood transfusion laboratory at St. Theresa's Hospital was updated and a blood collection system developed.

In the 15 months, since the inception of the service 364 mothers and two babies have been transferred by ambulance to the hospital with complications of pregnancy, labour, or following birth. Over 30% of the mothers transferred required medical interventions that, if delayed, could have had serious consequences for the mother and/or baby,. 187 mothers had received blood transfusions for haemorrhage.

Another activity carried out in the district during 2002 was a study to find a safe, effective method of preventing haemorrhage in mothers after birth, especially in isolated villages where help is not readily available. This study showed that there is an inexpensive, effective medication to prevent or control haemorrhage in mothers after birth under the conditions of the district hospital. The next step is to find out if it can work in the villages when used by the traditional birth attendants.

There have been many other improvements in the care of the mothers of Nkoranza district. The on-going supervision of the TBAs and their involvement in the district health system has had many benefits. Referrals of mothers from the TBAs to the health centre and/or the hospital have increased from 76 referrals in 1997-98, the year prior to the project, to 272 referrals in 2000, and 296 in 2002 ensuring professional help for mothers with childbirth problems. Access to medical advice through the radio link to the hospital has been greatly appreciated by the rural midwives.

Several young midwifery, medical and nursing students from Canada and elsewhere have benefited from having clinical field experience in international women's health through participation in the activities of the project.

How can YOU help? By starting a Charter MaterCare Supporters Group in your workplace, your parish, your neighbourhood. Download the form from the MaterCare site and contact billjosie@tnt.com for a MaterCare. Obtain signatures. Send to MaterCare when you have "completed" a charter with 50 signatures and obtain a new number if you want to continue to sign people up behind this cause.

MCI provides Emergency Obstetrical course for Nurses and Midwives in East Timor

Two courses were organized and sponsored by MCI for midwives and nurses in October 2003 in East Timor.

The first course for eighteen midwives and nurses, mostly from Catholic mission hospitals registered ran from the 3rd to the 18th of October, 2003 and was held at the Salesian Center in Dili. The course consisted of lectures and demonstrations on clean/safe delivery with an emphasis on the use of the labour partograph, the identification of obstetrical complications and resuscitation of the newborn. Visits to two small private clinics in Dili for examination of maternity cases were also organized. The faculty was international with two obstetricians, from Canada and Adelaide Australia, a pediatrician from Sydney, two midwives from Australia, one who fortunately spoke Bhasa Indonesian which was invaluable, and a senior midwifery tutor from Ireland.

The evaluation of the course by the registrants was very positive. The general comment from the group was that they now felt " more confident about ourselves". They requested a follow-up course which would deal in more depth with the identification and management of obstetrical complications. A short meeting was held with three East Timorese doctors who expressed interest in a more advanced course for doctors sometime after Easter next year.

The second course was given by two senior teachers of the Billings Method to instruct nurses/midwives/teachers in how to teach natural family planning. Of the 20 participants, all but four were trained nurses and/or midwives. One of these four was a traditional birth attendant, one was a lecturer of biology at a university in Dili, one was the husband of one of the nurses and the other was a teacher. The scientific basis of fertility was explained, The participants learnt to identify patterns of infertility and fertility, as well as the peak time of fertility in women's cycles. The four rules of the Billings Method were understood and all the participants were able to understand various ways in which women, both literate and illiterate, could record their menstrual cycles. The evaluation showed that the course was very well accepted but that further follow up would be necessary.

UNICEF and WHO Director-Generals comment on the High Rates of Maternal Death and call for increased Emergency Obstetric Services

Three United Nations agencies reported that in Sub-Saharan Africa women are 175 times more likely to die from complications in childbirth than women in richer countries and one in sixteen do not survive pregnancy. General Lee Jong-wook, Director General of WHO notes that many women deliver their children alone or with untrained attendants who lack the skills to deal with the complications of delivery. The Director-General of UNICEF stressed there is an urgent need for increased emergency obstetric services if the high rates of maternal death are to be reduced.