An everyday story in an African Hospital – another mum not to be –

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At 9am on Friday 21st October 2011, 28-year-old mother of five, Mary Kisembo,** finally took her last gasping breath after a very restless night provided by the confusion of severe hypoxia. Her unborn baby died with her and five young children were left without a mum. She had spent the last ten days in hospital on a mat on the floor, severely anaemic and in heart failure, struggling for breath, three units of precious blood had only raised her Hb from 4.7 to 6. The limited number of staff in the maternity unit were unsure what to do but a caesarean section to save her baby was not considered an option as the risk of her dying during the procedure was too high. In African hospitals medical staff are only to 'blame' if they 'put the gloves on'.

So Mary's premature death just became another tragic and at least weekly statistic at a typical maternity unit in a Government hospital in Uganda. Her devastated husband who had been so supportive, encased her cloth wrapped body in long dried reeds and tied it to the pillion of his motor bike for her final ride back to the family village for burial (fig1).

Pregnancy is a dangerous time for poor women in Uganda. The official Government MMR (Maternal Mortality Rate) of 850/100,000 is a gross underestimate of that which occurs in hospitals like Hoima where it is probably in the region of 3% (3,000/100,000). The 'big five' killers are haemorrhage, eclampsia, sepsis, obstructed labour and illegal abortion. But these may be potentiated by the debilitating effects of malaria or HIV. There is a chronic lack of trained staff in the maternity unit in many Ugandan hospitals. Hoima hospital has only 10 trained midwives compared to 110 at the Basingstoke and North Hampshire Hospitals Trust. There are only two F1 level doctors supported by one consultant to provide cover compared to five consultants, five women's healthcare specialists, six registrars and six SHOs in Basingstoke which has a similar number of deliveries per annum, about 3000. The poorly paid staff at Hoima do an amazing job with very limited resources but they eventually risk becoming emotionally blunt to the extreme and urgent needs of such vulnerable and poor women.

In almost 50% of the caesarean sections, usually for prolonged obstructive labour or ruptured uterus, in which members of our visiting team of obstetricians, anaesthetists, midwives and paediatricians assisted, the baby was born dead. Women from rural areas often delay for many hours and even days before coming into hospital. They prefer to attempt to deliver normally at home with the help of a TBA (traditional birth attendant) because they are worried about the costs which may be incurred by going to hospital and the fact that they will not be treated with any dignity. One remarkable lady with a ruptured uterus survived after an emergency caesarean section in spite of travelling over 60 miles on the back of her husband's motorcycle visiting various levels of maternity facility in a desperate effort to obtain help. Sadly her baby was born dead.

Of every woman who dies from complications of child-birth about 20 others suffer serious complications the most notorious of which is VVF (vesico-vaginal fistula). Prolonged obstructed labour results in necrotic damage to the bladder and the birth canal resulting in the formation of an abnormal communication or fistula which results in urine flowing out the vagina for ever unless they can have a surgical repair. This can have a devastating effect on the lives of these mainly young women leading to complete social rejection. Sadly suicide may provide the only 'escape' for some.

On a final and much more positive note, during our time at Hoima Hospital a visiting team consisting of five Ugandan fistula surgeons working for Engender Heath and financed by USAID, performed in only nine days fistula repair operations on 92 women, 87 of whom were dry post-surgery – an excellent result. This team is planning to return in February 2012 to operate on the remainder of the 203 women who they screened.

*** not her real name*