

BRAZIL - NGOs Move Against Maternal Death (Mario Osava, IPS)

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17/01/2006 - [IPS](#) - The death of a woman in childbirth is a horrific blow to a family preparing for what is meant to be a joyous event, the arrival of a new life. In Brazil, the loss is made even more painful by the fact that over 90 percent of these deaths are preventable.

Carmem Carneiro, a journalist in the southern Brazilian city of Porto Alegre, is still grieving the death of her daughter Marina, who died while giving birth in March.

"Her death has torn the whole family apart," said Carneiro, who is also the mother of five other children. Her 19-year-old son is currently receiving psychiatric treatment to deal with the loss, and her youngest son, 17, went to live in another city because "he just can't cope with his sister's death." Another of her sons has fallen into a deep depression, but refuses to seek treatment.

Marina's pregnancy was progressing normally until she developed high blood pressure and the foetus stopped growing. Her doctor was incapable of properly interpreting an ultrasound scan and an emergency caesarean ended in preeclampsia, haemorrhaging, multiple organ failure and ultimately, death. The baby girl delivered through the caesarean after 34 weeks of gestation weighed just 1.6 kilos, but survived nonetheless, Carneiro told IPS.

Maternal mortality is not a significant cause of death among women in Brazil compared with others, like cancer. Deaths in childbirth only number around 3,000 annually in this country of 184 million, but they have dramatic repercussions and seriously affect families and loved ones, remarked Dr. Ana Cristina d'Andretta Tanaka, a professor at the University of Sao Paulo and an expert on maternal mortality.

For the most part, these are "preventable deaths of young women," caused by complications during pregnancy, childbirth and the 42 days following delivery (the six-week period known as the puerperium), the specialist explained at a workshop held this week in Sao Paulo by the Women's Health Network (RFS) to raise awareness of this issue among reporters.

Among those whose lives are indelibly affected by maternal mortality are the children born in the deliveries that prove mortal to their mothers.

Marina's husband felt that "his life was ruined," but has now devoted his life to caring for their infant daughter, Manuela, recounted Carneiro. But despite the joy brought by this new member of the family, Marina's death continues to be a source of almost unbearable suffering, "and only time can help to ease it."

In addition to the sense of mourning, however, Carneiro said she also feels a deep anger, "because losing a daughter this way is unacceptable."

In the meantime, she is seeing a psychologist and taking anti-depressants "to at least appear to be strong, because my other children need me." And she has channelled her pain into advocacy work on maternal mortality.

The RFS, which links together some 250 women's groups, research centres and non-governmental and trade union organisations, is seeking to create "greater visibility" for this issue through seminars, publications and work with the media, said the network's executive secretary Fátima de Oliveira.

Reducing the maternal mortality ratio by three-quarters, by the year 2015, is one of the targets set as part of the United Nations Millennium Development Goals (MDGs) adopted by the international community in September 2000, which also include reducing child mortality by the same proportion.

The goals use 1990 figures as the baseline for comparison, but even in this case, it will be difficult to meet these targets by 2015 in many countries, because maternal mortality is either decreasing at a very slow rate or has in fact levelled off, as is the case in Brazil.

The maternal mortality ratio (MMR) is measured in terms of the number of maternal deaths per 100,000 live births, and not in accordance with the number of pregnancies, since this is a statistic considered impossible to calculate.

The MMR in Brazil in 2002 was 54 deaths per 100,000 live births, reported Tanaka. But, she added, this figure is clearly an underestimate, because doctors rarely report maternal mortality as a cause of death. The real rate could be double, said the expert, a member of the National Commission on Maternal Mortality, who added that underreporting of these deaths is a worldwide phenomenon.

The official MMR has remained stable at roughly 50 per 100,000 since the late 1980s, although it has in fact increased slightly in the last two years, Tanaka noted.

That is far lower than the worldwide average of 254.4 deaths per 100,000 live births, and also the South American average of 138.6, but much higher than the ratios found in Europe (an average of 9.9) and particularly Canada, where there are only three maternal deaths for every 100,000 live births, she commented.

In Latin America and the Caribbean, it is estimated that 23,000 women die from complications in pregnancy or childbirth every year.

Tanaka said the obstacles to improving the MMR in Brazil and the reasons behind the increase registered in recent years include problems of organisation in public health care services, the poor training of doctors and the overuse of caesarean sections, which currently account for 40 percent of all deliveries. The maternal mortality rate is seven times greater when delivery is by caesarean, said Tanaka.

The most frequent direct causes of maternal deaths are high blood pressure, which often leads to eclampsia, haemorrhaging, infections and complications from miscarriages and abortions, in that order, although close to 10.5 percent of cases are due to "indirect" obstetrical problems like diabetes, heart disease and other pre-existing conditions aggravated by pregnancy.

Maternal mortality as a result of induced abortion is rarely reported, since abortion remains illegal in Brazil. In these cases, the already dramatic repercussions of any death are worsened by feelings of shame, guilt and social censure, said Tanaka.

In almost all of the 3,000 deaths caused by complications in pregnancy and childbirth every year, there are "guilty parties" involved, because over 90 percent of these deaths are preventable. The issue is not a "new" one in Brazil, where hundreds of state and local committees with community participation have been established to address the problem since the 1980s, and a national pact for the reduction of maternal mortality was signed in 2004.

In order to more effectively boost awareness and social involvement, the RFS plans to create a National Association of Families of Victims of Maternal Death, which will provide counselling and support for members while promoting public debate aimed at overcoming the prevailing sense of fatality with regard to maternal mortality, through which these deaths are viewed as "natural" or as "the will of God."

The issue of maternal mortality reflects social inequity in Brazil, said Tanaka, who noted that the media and politicians treat it as "something of little importance," as opposed to infant mortality, for example, because its victims are primarily poor women, and particularly Afro-descendants.

Many of these deaths are a consequence of the increasing priority placed on economic concerns in medical practice, leading to an increase in the number of caesarean sections performed because of their greater profitability, especially at night and on the weekends, when doctors can charge an additional 30 percent, said gynaecologist Thomas Gollop.

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