

a global voice  
for women

Soroptimist



International

[AWARENESS](#)

# December 2011

## MONTHLY FOCUS FILE:

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# THE IMPORTANCE OF SKILLED BIRTH ATTENDANTS

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## [AWARENESS](#)

**[NEW! Click here to download the Soroptimist International December 10th Awareness Raising Toolkit](#)** on maternal health and human rights. This toolkit contains six information cards on various topics:

**Card 1** - Learn more about Human Rights. On this card, SI explains the basics of what human rights are and how they are enforced. Good background information for recognising December 10th, Human Rights Day.

**Card 2** - Fast Facts about Maternal Mortality. Here you can find evidence-based statistics which paint a very real picture of what it means to be pregnant in today's world. It's not as pretty as you think.

**Card 3** - Learn More about Maternal Mortality and Morbidity. Now that you have the fast facts, take the time to learn a bit more about who is at risk for dying in pregnancy and why so many preventable deaths occur. We present a collection of the best infographics available to help visualise MDG5.

**Card 4** - Linking Maternal Health and Human Rights - Although it may seem obvious that women should have the right to safe motherhood, this is a fairly new development. This card explains the linkages between safe motherhood and human rights and highlights key events in international development which made maternal health a human rights issue.

**Card 5** - Being an Advocate for Safe Motherhood - The Soroptimist Position. Read our Where We Stand statement on safe motherhood, where we outline our official advocacy platform for safe motherhood.

**Card 6** - Key Resources on Maternal Health. While the title pretty much speaks for itself, we thought these were so important, that we'd share a few here!

**“Where is the M in MCH?”** Rosenfield and Maine. While this may surprise you, the first article we present was written in 1985! This seminal piece of research from leading experts in the field of obstetrics and public health put maternal health at the forefront of academia. It is quite shocking that nearly all of the points and recommendations are just as salient today, in 2011, as they were 26 years ago.

[http://www.unicef.org/devpro/files/A\\_Rosenfield\\_et\\_al\\_Maternal\\_Mortality\\_1985.pdf](http://www.unicef.org/devpro/files/A_Rosenfield_et_al_Maternal_Mortality_1985.pdf)

In 1994, Maine went on to develop the “three delays” model introduced in info card #2. Maine and Thaddeus undertook extensive research in this article titled **“Too far to walk: Maternal Mortality in Context”**. The model they developed is used to identify factors which affect the length of time between the onset of complications and receiving treatment. They identified three primary phases, or delays: phase one, delay in deciding to seek medical care on the part of the individual or family; phase two, the delay in reaching a health care facility; phase three, the delay in receiving adequate care.

**“Who’s Got the Power? Transforming health systems for women and children”**, published by the Task Force on Child Health and Maternal Health in 2005, unearths the deeply rooted inequalities that contribute to persistently high infant, child, and maternal deaths, particularly as solutions are generally well-known and implemented in resource-rich settings. <http://www.unmillenniumproject.org/documents/maternalchild-complete.pdf>

**“Practical lessons from global safe motherhood initiatives: time for a new focus on implementation”**, Freedman, et. al., 2007. In this article, published in the Lancet, four global maternal health initiatives draw on their complementary experiences to identify a set of the central lessons on which to build a new, collaborative effort to implement equitable, sustainable maternal health services at scale. Much attention is paid to the importance of conducting needs assessments and monitoring and evaluation. <http://www.thelancet.com/journals/lancet/article/PIIS0140673607615815/abstract>

**“No More Needless Deaths: a call to action on maternal health and human rights”**, published by the International Initiative on Maternal Mortality and Human Rights in 2009 <http://righttomaternalhealth.org/resource/no-more-needless-deaths>

**The ‘Global Strategy for Women’s and Children’s Health’ (2010)** sets out how we can work together to save women and children. The key elements are: country-led health plans, a comprehensive, integrated package of essential interventions and services, integrated care, health systems strengthening, health workforce capacity building, and coordinated research and innovation. [http://www.who.int/pmnch/activities/jointactionplan/201009\\_globalstrategy\\_6lang/en/index.html](http://www.who.int/pmnch/activities/jointactionplan/201009_globalstrategy_6lang/en/index.html)

**State of the World’s Mothers, 2011**, produced by Save the Children, the 12<sup>th</sup> in the series of annual reports. The report is primarily aimed at US lawmakers, tasked with deciding where international aid should go – which is relevant to all of us as we work to advocate on behalf of mothers around the world. SI’s advocacy ask for the December 10<sup>th</sup> Campaign makes it clear that ALL governments have a responsibility to mothers – if not domestically, then through targeted international aid. The report also uses an index to rank countries based on a composite of separate indices for women’s and children’s well being. [http://www.savethechildren.org/site/c.8rKLIXMGlpI4E/b.6743707/k.219/State\\_of\\_the\\_Worlds\\_Mothers\\_2011.htm](http://www.savethechildren.org/site/c.8rKLIXMGlpI4E/b.6743707/k.219/State_of_the_Worlds_Mothers_2011.htm)

**The State of the World’s Midwifery, 2011**, produced by UNFPA, presents the first comprehensive analysis of midwifery around the world. The report highlights key barriers in improving access to midwives, primarily inadequate numbers and inequitable coverage. In short, as many as 3.6 million maternal, foetal, and newborn lives could be saved each year in the 58 worst countries if all women had access to the full package of reproductive, maternal, and newborn care. <http://www.unfpa.org/sowmy/report/home.html>

There is more information and more reports in the full info card!

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What is a Skilled Birth Attendant?

The World Health Organisation defines a skilled attendant as:

*“an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns”*

History and research have shown that, although all women and babies need pregnancy care, care in childbirth is most important for the survival of pregnant women and their babies since timely treatment of complications is critical. Traditional birth attendants, who are not formally trained, do not meet the definition of skilled birth attendants.

From: [World Health Organisation](#)

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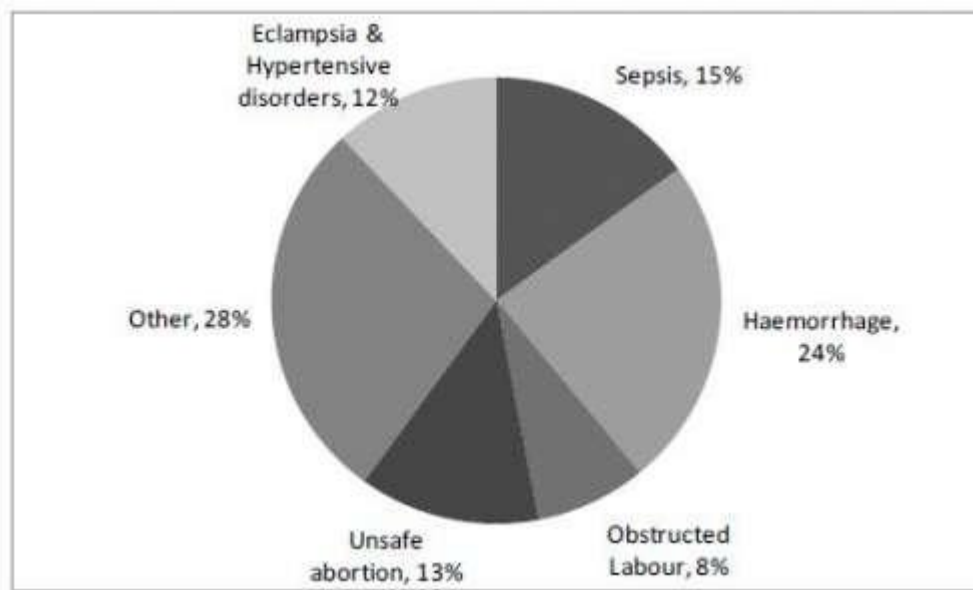
### **What are the primary causes of maternal deaths?**

In resource poor countries, only 36% of births are attended by skilled health care worker. Less than 30% of women have a supervised delivery in a health facility. Increasing access to supervised deliveries and properly functioning health care facilities for women to deliver greatly reduces the risk of dying from complications.

Complications in pregnancy are generally not preventable, but they are treatable. Yet without access to skilled birth attendants to recognise problems, or facilities with the equipment needed to provide treatment, approximately 350,000 girls and women die from pregnancy-related causes every year.

- \* Almost all of these deaths (99%) occur in the “developing” world.
- \* Ten million women are lost in every generation.
- \* Four million newborn babies die every year, also from causes that are mainly preventable and typically linked to the mother's health.
- \* Huge disparities exist between rich and poor countries, and between the rich and poor in all countries.

The primary causes of maternal deaths are:



Please visit the [Birthing in the Pacific](#) project page for more information.

## ADVOCACY

Soroptimist International has developed a series of 'Where We Stand' position papers. This is the advocacy position of SI on 'Women and Safe Motherhood'.

**Soroptimist International** is committed to the realisation of the right to safe motherhood. Ensuring safe motherhood, including pre-natal care, safe delivery, and post-natal care, remains one of the biggest challenges facing governments today. Delivering maternal health care requires functioning health care facilities, skilled birth attendants, and, most importantly, access to both. Maternal death and disability are also deeply rooted in women's low social and economic status, as well as a lack of education for girls, early marriage, lack of access to family planning, and poor nutrition.

**Soroptimist International** urges governments to:

- uphold their positive human rights obligation to deliver accessible, acceptable, available, and quality health care, particularly in poor and/or rural areas;
- strengthen health systems and ensure that there are adequate numbers of primary, secondary, and tertiary health care facilities with appropriate levels of staff and supplies, while also providing necessary transportation infrastructure(s);
- train sufficient numbers of skilled birth attendants and continue to involve traditional birth attendants;
- ensure universal access to reproductive health care, including family planning;
- abolish or subsidise user fees for maternity services;
- develop effective monitoring and accountability mechanisms;
- recognise and address the socio-economic and demographic factors which render women more vulnerable to poor maternal and reproductive health outcomes;
- take action to protect the lives of mothers during labour and birth by ensuring access to, at minimum, skilled birth attendants, health facilities, and essential medicines;
- support education programmes for mothers to inform them of proper nutrition and lifestyle choices during and after pregnancy; and
- acknowledge publicly the frequency of prenatal and postpartum depression in mothers and seek to ensure access to mental health care.

**Soroptimist International** supports:

- a human rights based approach to safe motherhood;
- proven, effective interventions, such as access to family planning, skilled birth attendants, emergency obstetric care, and free or subsidised maternity services;
- education and awareness raising campaigns for women and men, including community leaders; and
- programmes which are tailored to the needs of specific groups of women, such as women suffering from prenatal and postpartum depression, homeless women, refugees and asylum seekers, teenage mothers, women living with HIV, women who have experienced female genital cutting, and others.

**Soroptimist International** will:

- **raise awareness** by continuing to promote education programmes aimed at informing individuals about proper health during and after pregnancy;
  - **advocate** for a human rights based approach to safe motherhood, including principles of non-discrimination, gender equality, participation, and accountability; and
  - **act** by working with partners and organisations supporting the implementation of safe motherhood programmes and access to the highest attainable standard of health, by supporting initiatives for the training of skilled birth attendants in the management of complications and emergencies, and by strengthening referral networks to ensure that women have access to emergency obstetric care facilities.
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## SI Attends the 10th World Congress on Maternal and Neonatal Health

This week, SI is attending the World Congress on Maternal and Neonatal Health in Rome. SI's Programme Director will be reporting back each day and we will post her reports here! The information, links and resources mentioned will help you in your advocacy and awareness, as the most up to date resources, and views will be shared with YOU!

### [Sunday December 18th - Day 1](#)

The focus of the first half day of the conference was maternal and infant care in poor resource settings. Interestingly, although the topics presented were extremely varied, one underlying theme emerged in nearly all of the talks. Maternal and infant care in resource rich countries improved dramatically in the first half of the 20<sup>th</sup> century. Resource poor countries significantly lag behind. But the question we were faced with at the turn of the century was whether what worked in resource rich countries would work in resource poor countries? Were the risks the same? Would the same interventions work? What did the evidence say?

### [Monday December 19th - Day 2](#)

Today the sessions were quite varied, ranging from very technical clinical studies, to new technologies and techniques, to successful community based intervention and policies. For SI work, three messages came through loud and clear. Let's introduce all three then we'll look in a bit more detail. First, the risks associated with C-sections and the growing "epidemic" of rate of C-section. Second, the critical importance of family planning and contraception. Third, the fascinating relationship between pregnancy and non-communicable diseases.

### [Tuesday December 20th - Day 3](#)

Today was the third and final day of the 10th World Congress on Maternal and Neonatal Health, where we shifted focus slightly from the "maternal" side to the "neonatal" side. There were two sessions today; the first looking at infections, reproduction, and maternal

and infant health. The second session focussed on prevention of prematurity and care of the premature.

## ACTION

This year, we are introducing the inaugural Soroptimist International December 10<sup>th</sup> Advocacy and Awareness Campaign – one day when all Soroptimists and their local partners and supporters are asked to participate in a collective, worldwide action which will link to the year's December 10<sup>th</sup> Appeal. We are excited to announce that the action SI has chosen is flash mobbing – both actual and virtual.

This year, in recognition of the 2011 December 10th Appeal, [Birthing in the Pacific](#), we are Flash Mobbing for Mums! Soroptimists are encouraged to organise a flash mob to raise awareness of the appeal, which will fund increased access to skilled birth attendants and functioning health care services in Papua New Guinea, and ask their governments to proactively invest in the training and resources needed to avert preventable deaths associated with pregnancy and childbirth.

We are asking Soroptimists all over the world to join together to Flash Mob for Mums.

To access the full set of resources, including SI's advocacy ask, visit the dedicate page of the [SI website](#).

Click [HERE](#) to read about the Birthing in the Pacific project, where we show just how we can use education, empowerment, and enabling opportunities in an on-the-ground intervention, to improve maternal health outcomes.

Click [HERE](#) to see how this day of action fits within our Educate to Lead programme of work.

## LINKING TO EDUCATE TO LEAD



“A new baby ready to go home after a safe birth”

This photo captures the aim of our action around December 10<sup>th</sup> when we asked members to organise awareness raising flash mobs and lobbying of decision makers for safe birthing across the world. It is also the subject of the December monthly focus.

This topic seems particularly appropriate since in some parts of the world, many of us will be celebrating the birth of a child over 2000 years ago in what were NOT safe conditions – poor health care, little understanding of how to respond to complications in labour, a young mother, and parents who were internally displaced people. Another link for us this month is that CNN have just announced their hero of the year who is an American woman called Robin Lin or “Mother Lin”. In Southern Asia, where Mother Lin works, the UN Population Fund estimates that 3 out of 5 women give birth without any skilled birth attendant. She has helped thousands of Indonesian women have healthy births. She says:

“Every baby’s first breath on earth could be one of peace and love. Every mother should be healthy and strong. But our world is not there yet.”

We should try to make our world like that. That is why we are asking you to get involved in flash mobbing for mums and in supporting the International President's Dec 10<sup>th</sup> appeal: [Birthing in the Pacific](#).

### **Educate:**

Take this opportunity to learn about the problems faced by many women across the world. There is a great deal of excellent information on the SI website, including an advocacy and awareness kit for SI's Dec 10th appeal, [Birthing in the Pacific](#). Share this information with others.

### **Empower:**

We wanted to own what we were fundraising for. That is what President Alice and the SI board have delivered, in partnership with SI South West Pacific. We believe in helping women and girls. We want safe motherhood. We can do that through the Birthing in the Pacific project which allows us to empower midwives and community health workers to ensure more women have a safe pregnancy and birth in Papua New Guinea.

### **Enable:**

Get fundraising! The challenge has been set, the information is to hand! We are fundraising for a Soroptimist project in our South West Pacific Federation which will enable us to enable others. Another year it could be a project chosen in your Federation, so go for it!

**Hilary Ratcliffe**

**SI International Programme Director**

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P.S Please do share your views on the Monthly Focus File through [Facebook](#), [Twitter](#) or via [email](#). We look forward to hearing from you.