

Emergency obstetrics in refugee settings



“All countries, especially developing countries, should aim at further reductions in maternal mortality through measures to prevent, detect and manage high-risk pregnancies and births.”

Programme of Action, International Conference on Population and Development, Cairo, September 1994

Obstetrics emergencies include haemorrhage, sepsis, eclampsia, obstructed labour and complications of abortion. These symptoms can be exacerbated in refugee settings due to the trauma of flight and life in exile, the often poor sanitary conditions of camp settings, and the generally lower levels of health among refugee women.

In all settings where women's access to medical advice and services is restricted, strong information, education and communication (IEC) and health education campaigns are needed to target both women and the wider community.

Haemorrhage

This is the leading cause of maternal death and can kill a woman within a few minutes. During pregnancy or after delivery haemorrhage can result from prolonged labour, uterine rupture or miscarriage or unsafe abortion.

Sepsis

Infection can develop after delivery, miscarriage or unsafe abortion, when tissue remains in the uterus or when aseptic procedures are not followed. Pre-existing genital infections may also increase the risk of sepsis.

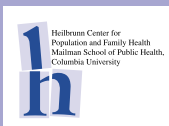
Eclampsia

Eclampsia can occur at any time during the latter part of pregnancy or after delivery and can result in convulsions, heart or kidney failure and cerebral haemorrhage. It can be one of the most difficult of obstetric emergencies to prevent and manage.

If no provision is made for the treatment of obstetrical emergencies, women face high levels of pain and infection - often leading to infertility as well as high levels of mortality. Long-term consequences include:

- chronic pelvic pain
- tubal occlusion
- an increased likelihood of ectopic pregnancy
- premature delivery and
- spontaneous abortion.

Emergency obstetric care should cover a wide range of health concerns: adequate supplies of drugs and equipment, staff trained in identifying symptoms of emergency obstetrical conditions and initiating appropriate referrals, as well as staff who are able to offer counselling services.



Obstructed labour

Obstructed labour can be due to a woman's physical immaturity, stunted growth due to malnutrition or untreated infections in childhood and adolescence, pelvic distortion or abnormalities of the cervix or vagina, sometimes resulting from female genital mutilation.

Unsafe abortion

Complications from unsafe abortions represent a high proportion of all hospital admissions worldwide, not only are complications a major cause of death but also of morbidity. Treatment diverts scarce resources from other obstetric and gynaecological services as well as from more general health problems.

International consensus has given a clear and urgent mandate to address the consequences of unsafe abortion:

"In all cases, women should have access to quality services for the management of complications arising from abortion.

Post-abortion counselling, education and family planning services should be offered promptly, which will also help to avoid repeat abortions."

ICPD Programme of Action

What can be done?

If facilities are not available on site, referral systems need to be established and strengthened to ensure 24-hour access to emergency facilities.

Maternal mortality can be reduced by early recognition of high-risk pregnancies and timely interventions in cases of risk. Most women are not aware of the causes of maternal death or the danger signs indicating an obstetric complication.

Key facts

- women's lifetime risk of dying from pregnancy-related complications¹

Africa	1 in 16
Asia	1 in 65
Latin America	1 in 130
All developing countries	1 in 48
All developed countries	1 in 1800
- 30 million pregnant women are likely to develop complications that will require skilled obstetric care to prevent death or serious morbidity²
- only 58% of births in developing countries are attended by skilled personnel compared to 99% in developed countries³
- post-abortion complications account for some 25-50% of maternal deaths in refugee situations.⁴

A programme of IEC activities should be developed to help identify complications and the appropriate action required.

Individuals should be provided with modern contraceptives, education and counselling to reduce unwanted pregnancies. These services should be available to all sectors of the community, including women, men and adolescents.

The dangers associated with unsafe abortion should be reduced by providing emergency treatment for complications of unsafe abortions and post-abortion family planning counselling.

Provision of ante-natal record cards so that should referral be necessary, case histories are available.

Technical resources

Contraceptive Guidelines for Refugee Settings, John Snow International, 1996

Five Day Training Program for Health Personnel, Reproductive Health Programming in Refugee Settings, CARE on behalf of the RHR Consortium, April 1998

One Day Awareness Building Module Intro to Reproductive Health for Refugee Settings, CARE on behalf of the RHR Consortium, April 1998

Refugee Reproductive Health: Needs Assessment Field Tools, RHR Consortium, 1997

The Reproductive Health Kit for Emergency Situations, UNFPA, 1998

Reproductive Health in Refugee Settings: An Inter-Agency Field Manual, UNHCR/UNFPA, 1999

Setting Priorities in International Reproductive Health Programmes: A Practical Framework, Columbia School of Public Health, 1996

Further reading

Prevention and Management of Unsafe Abortion (unpublished draft), Family Care International, New York, 1997

References

¹ WHO, Geneva, 1996

² Mother-Baby Package: Implementing Safe Motherhood, WHO, Geneva, 1994

³ Women of our World, Population Reference Bureau, 1998

⁴ The State of World Population, UNFPA, 1999

Note: The term 'refugee' officially describes a person who has crossed an international border, while an 'internally displaced person' (IDP) has had to leave her home but has remained in her own country. For the purposes of this factsheet, 'refugee' is used here to refer to both groups.

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