

Life-Saving Care for Pregnant Women and Girls in War Zones

Reproductive health care saves lives, especially in conflicts or natural disasters.

There will always be pregnant women and girls among those violently uprooted from their homes in a war or natural disaster.

Why is emergency medical care important for pregnant women and girls in war zones and natural disasters?

Mu Khee Lar, an 18-year-old married Karen woman from Burma, walked to the Thai-Burma border to stay with her elderly parents one month before her first baby was born. She hoped to find her husband who was living in Thailand. Mu Khee Lar did not receive prenatal care in Burma or in Thailand. Her healthy baby girl was delivered by a traditional birth attendant (TBA). However, critical problems set in when she did not deliver her placenta and the TBA was unable to assist her. Although the TBA encouraged Mu Khee Lar to go to a clinic, she resisted because she had never been to the clinic, she did not know where to go and did not have money to pay for transportation. Mu Khee Lar's parents went in search of money to pay for the trip and eventually secured 300 baht (US\$10). They took their daughter and crossed a river by boat to Thailand where they paid a driver to take them by car to the clinic. Since several hours passed and by the time she reached the clinic, Mu Khee Lar was unconscious and in shock. Clinic staff treated her for shock and referred her to a hospital, where she died six hours later.

Mae Tao Clinic, January 2003



Refugees from Burma who fled to Thailand

- * Every day 1,440 women die from complications of pregnancy and childbirth, the equivalent of six 747 jets crashing and killing all on board¹. One can only imagine the international outrage if this happened every day without any substantive improvement. Problems caused by pregnancy and childbirth unrelentingly take the lives of more than 500,000 women world-wide and cause life-long pain and disabilities among millions more every year.²
- * Fifteen percent of all pregnant women and girls, including those forcibly displaced from their homes, will face problems in pregnancy or childbirth, such as severe bleeding, high blood pressure and seizures that require urgent medical attention.³

¹ UNFPA. [Reproductive Health for Communities in Crisis: UNFPA Emergency Response](#). 2001.

² WHO, UNICEF, and UNFPA. [Maternal Mortality in 2000: Estimates developed by WHO, UNICEF and UNFPA](#), 2000.

³ UNICEF, WHO, UNFPA. [Guidelines for Monitoring the Availability and Use of Obstetric Services](#). 1997.

- * The desperate circumstances for women and girls who have fled their homes due to war or natural disaster put them at additional risk. Health services they once had are no longer available to pregnant women and they are sometimes forced to deliver their infants on the roadside, in the forest or in a makeshift shelter.

The majority of pregnant women die as a result of delays in reaching appropriate medical care.⁴ There are three major delays:

- * Delay in the woman or her family and community members' recognition of a life-threatening problem and the decision to seek care.
- * Delay in a woman's access to transportation to a health facility, especially at night.
- * Delay in the woman's access to qualified health workers with access to essential equipment and supplies.

What should be done?

Almost all pregnancy-related deaths and life-long disabilities can be prevented with appropriate medical care.

Humanitarian workers must ensure:

- * Health workers are qualified to provide medical care for women suffering from complications of pregnancy and child birth.
- * Equipment and supplies are available in nearby health clinics and hospitals at all times.
- * Transportation is available for pregnant women to get to a health clinic or hospital at all times.
- * Pregnant women, family and community members are aware of danger signs during pregnancy and have a plan to bring a woman with these symptoms immediately to a clinic or hospital.

To prevent girls and women from suffering unwanted or untimely pregnancies, humanitarian actors must ensure contraceptives are available from the start of any crisis.

What can I do?

- * **Get Informed!**
 - o Check out www.rhrc.org/rhr%5Fbasics/sm_emoc.html for more stats and info on pregnant women and girls affected by conflict.
- * **Become an Advocate Yourself!**
 - o Here are some advocacy materials so you can educate yourself and those around you. www.who.int/pmnch/media/advocacy_materials/en/index.html
- * **Take Action!:**
 - o Ask congress to generously fund life-saving reproductive health care for refugee women and girls in the foreign aid budget. <http://capwiz.com/wc/home/>

Reproductive Health Care Saves Lives

⁴ Thaddeus S, Maine D, "Too far to walk: maternal mortality in context." Soc Sci Med. 1994 Apr; 38(8):1091-110.