

Ensuring safe deliveries



Photo: GVNML Project Officer discussing health issues with pregnant women.

Traditional birthing practices with the assistance of a dias, or village midwife, are still taking place in rural areas, and there are many misconceptions which often lead to unsafe pregnancies and births. Women don't breastfeed their new born children for the first 5 hours, giving them sugarcane sweets instead, the umbilical cord is cut with a knife also

used for cutting crops and a mixture of turmeric and ghee is used as antiseptic.

After giving birth, tradition states the mother and baby must sleep on a floor covered with jute bags and ash until their first bath. The date for this wash is often set by a priest and could be up to 10 days later. It is thought that taking iron and folic acid supplements when pregnant creates large babies which will be hard to deliver, and eating too much could squash the baby. For these reasons the woman is often weak when she gives birth, leading to more health complications for her and her child and sadly, maternal death and child mortality.

Since the Reproductive Health programme at GVNML began, training dias has been a priority. Workshops include setting up antiseptic delivery stations; managing a delivery; menstrual and birth cycles; proper diets for pregnant mothers and newborns; the physical and mental pressures mothers face and how to care for children immediately after birth.

The Indian Government has recently introduced a scheme providing financial incentives to women who choose to give birth in hospitals, which has reduced the amount of rural village births, but they still happen.

Village Health Workers, trained by GVNML work as a link between villages and hospitals, enabling more institutional deliveries to take place. They also ensure women in the early stages of pregnancy receive the right care. Pregnancies are registered at the Baby Childcare Centre and mothers are provided with tetanus immunisations and iron supplements. High risk cases are identified early on so that Village Health Workers can monitor blood pressure, weight and carry out foetal checks.

The hardest part of their work is often convincing the families of pregnant women, in particular the male members, that giving birth in hospital is the safest option. Even after a hospital birth has been decided on, there are three factors which cause problems in reaching the hospital bed and must be mitigated. First the pregnancy must be registered to

access hospital care quickly. A lack of planning means some pregnant women are taken on motorbikes or tractors, leading to dangerous deliveries during the journey but now families are encouraged to find out where and how to hire a jeep in advance. Dias and Health Workers carry a safe delivery kit when travelling to the hospital, including savlon, a clean knife for cutting the umbilical cord and a safety thread in case the baby is born on route.

Since 1994 around 500 dias and 225 health workers have been trained by GVNML in 250 villages. This has dramatically increased the number of safe deliveries from 10% to 75%. Maternal mortality has been eliminated in our 12 focus villages, dropping from a rate of 3 cases per year.