[**Whither midwives?**](https://www.dawn.com/news/1711863/whither-midwives)

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THE young woman had miscarried and was being brought in a boat from a village in Mehar, bleeding profusely and in a lot of pain. One of the rescuers called up Neha Mankani of the Mama Baby Fund, seeking help as the latter has been providing antenatal care and safe delivery services at makeshift clinics at various flood relief camps in Sindh and Balochistan.

Already in a crumbling state, Basic Health Units have either been swept away or severely damaged in the floods. The Directorate General Health Services Sindh has reported that 1,000 health facilities are either fully or partially damaged in the province. With that, people have lost precious contact with healthcare providers attached to those facilities.

The sheer number of pregnant women is overwhelming. Based on her regular camp visits, Mankani finds the United Nations Population Fund’s estimate of nearly 650,000 pregnant women in the flood-affected areas of which 73,000 women are delivering this month a gross underestimation, saying “the number is much bigger”.

She fears many mothers may die. Even before the floods, Pakistan had one of the highest maternal mortality ratios in South Asia at 186 per 100,000 live births and 224 and 298 per 100,000 in Sindh and Balochistan, the hardest-hit provinces.

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Those who have had C-sections previously or develop complications and need hospitalisation may not know where to seek specialised help. Mankani sees an increase in infections among mothers and newborns. Malnutrition has increased at a time when lactating mothers need an optimal diet.

Not expecting a brigade of trained birth attendants to appear anytime soon, Mankani’s organisation is busy making and distributing safe delivery kits to avert maternal deaths from infection. So far, the fund has distributed some 3,000 kits, which include clothes for the newborn and nutrient-laden food for the mother.

Because bleeding (obstetric haemorrhage) is responsible for 41 per cent of all maternal deaths in Pakistan, the Karachi-based non-profit Association for Mothers and Newborns, in collaboration with the National Committee for Maternal and Neonatal Health and New Beginnings, has added Misoprostol tablets to the delivery kits. These tablets can prevent bleeding after childbirth, “the commonest cause of maternal death”, according to AMAN president Dr Azra Ahsan. Additionally, there are pictorial leaflets to guide birth attendants on preventing bleeding or providing obstetric first aid if it occurs. The kits thus prepared are handed to expectant mothers who, at the time of delivery, give them to the birth attendant (skilled or unskilled).

In the 2010 floods, AMAN had trained flood-affected dais (traditional birth attendants) in the camps on the use of these kits and in newborn care — breastfeeding within one hour of birth, delaying the baby’s bath for 24 hours, prevention of umbilical cord infection and resuscitation of a newborn.

After the first batch of over 400 kits, AMAN is busy preparing another 2,500 for various national and international organisations wor­king in the flood-affected communities. The present kits will be prepared based on community feedback on who did not want undergarments and sanitary pads. “Instead, we are adding square face towels that can be rolled up to be used during one’s period and that can be washed,” said Dr Ahsan, adding that pads would only add to the waste and may even be thrown into the nearby standing water.

Dr Shahida Zaidi, who opened the first ultrasound clinic in Karachi in 1979, took her portable battery-operated ultrasound machine to one of the camps and found it helpful as she was able to calculate how far the pregnancies had progressed. “Many did not remember the date of the last period or had patchy recollection; a few said they were pregn­ant but were not,” she said. She was also able to confirm whether the foetus was growing normally.

With so many births due, Dr Zaidi emphasised the need for special camps to be set up for pregnant women where antenatal checks could be conducted and high-risk conditions identified so that they could be referred to designated hospitals for timely treatment and safe childbirth.

But given the huge volume of such women, these camps also need to have skilled birth attendants. An “organised network of community-based midwives” to tap into would be most useful at this time, said Mankani, which can support her in managing clinics, doing de­­liveries and recognising complications. Com­­ing from the same community as the expectant mother can put the latter at ease, she said.

Unfortunately, this particular force remains missing in action.

If there is one thing that these floods have glaringly brought into focus, it is the dire need for a huge number of community-based skilled midwives — whether or not there is a climate-induced emergency. It shouldn’t just be a target on paper.

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