

Haiti's push for safe motherhood

Haiti has the highest maternal mortality rate in the Americas, but it is hopeful that several recent initiatives will begin to change the situation. Bridget Huber reports from Port-au-Prince.

In a classroom in a prefabricated building in Port-au-Prince, Haiti, young women in crisp green uniforms sit at bright blue desks. They are first-year students at Haiti's national midwifery school and began their studies straight after high school. In 2017, they'll be dispatched to clinics and hospitals throughout the country. Their task: to help bring down Haiti's maternal and infant mortality rates, which are among the highest in the Western Hemisphere.

"We are training the indispensable human resources who will work in the maternity centres", said Quettely Chevalier, the institute's director. "This school is a pillar."

But in the 2010 earthquake, that pillar was badly shaken. The school building was destroyed, so classes were first suspended, then held in tents. Even before the earthquake struck, Haiti only had around 350 midwives. The quake killed some midwives and prompted others to leave the country. By 2013, there were only 211 midwives in the country, Chevalier said. The new school opened that year, and also offers training to nurses planning to become nurse-midwives. Eventually, Chevalier plans to have 1500 of the school's graduates working nationwide.

Training more midwives, particularly those who enter the specialty directly from high school, is a key part of the government's reproductive health strategy, said Reynold Grand Pierre, director of family health at Haiti's Ministry of Health. These midwives are intended to "fill the gaps" in the country's health workforce, he said, noting that the country has 2.7 million women of childbearing age and only 600 obstetricians. Still, retaining midwives isn't a given—between 2000 and 2012, just over a third of government-trained midwives left the country, Grand Pierre says.

That's just one of many challenges. Haiti's maternal mortality rate was 380 per 100 000 livebirths in 2013, according to estimates by UN agencies and the World Bank. And, while a maternal death rate that is between

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that of Sudan and Eritrea isn't exactly cause for celebration, it's actually a sign of progress. The maternal mortality rate has fallen 43% between 1990, and 2013, the UN and World Bank estimate.

Giving birth in the clinic

Only about 36% of births in Haiti occur in clinics or hospitals, and the country is working to nearly double that number. The health ministry is developing a network of maternity wards, run by midwives under doctor supervision, that serve as birthing centres and offer prenatal and postnatal care. A model example is located at the Petite Place Cazeau Hospital in Port-au-Prince. Amino Soulemane, a midwife and UN volunteer from the Ivory Coast who helped establish the maternity ward, proudly shows a board with the centre's data. The clinic has lost no mothers since it opened in 2012. "Our challenge is to have no maternal deaths", she said. "From the beginning until today, there has been nothing, nothing, nothing." She attributed some of the success to thorough consultations to detect signs of pre-eclampsia, the leading cause of maternal mortality in Haiti.

As the clinic's reputation has grown, so has demand for its services. The clinic now has more than 100 deliveries monthly and does 900 consultations. "We need more help", Soulemane said.

"We stay until all of the women have been seen."

Unintended pregnancies

One way to reduce the maternal mortality rate is to ensure women have access to birth control. Since 2000, Haiti's health ministry has included providing free contraception in its strategy, Grand Pierre said. But it never had the money to make it a reality. Ironically, the earthquake, which devastated Haiti's precarious health system but also brought a huge amount of aid money, meant that Haiti could finally fulfil the promise, he said.

"I think it sends a powerful message", said Carine Jocelyn, the director of the Association pour la Promotion de la Famille Haitienne (Profamil), a reproductive and sexual health-care provider. The group gets contraceptives free of charge from the Haitian Government and distributes them at its clinics. Now that birth control is free, demand is growing, though it remains low. About 31% of couples use a modern method of family planning, up from 25% in 2005–06, according to the most recent Demographic Health Survey.

One of Profamil's nurses, Marie Rose-Lore Lucien, provided a



Students at Haiti's national midwifery school in Port-au-Prince



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Romaine Romaine, a community health worker, attends to a baby in Calebasse

vivid example of why she thinks access to family planning—and education—are necessary: one day she saw a young girl sitting on a bench at the clinic and assumed she was waiting for her mother. “I was about to ask her where her parents were when I realised that the girl was pregnant, and waiting to be seen herself.” The girl was 13 years old.

Cultural norms prevent some people from using birth control, said Arold Scutt, who directs the Petite Place Cazeau health centre. To make the point, he quoted a Haitian proverb: “Children are the riches of the poor.” Large families are valued, he said, not least because there is no state safety net for the elderly and parents hope their children will care for them in their old age.

Health care outreach

The green hills of Calebasse, about an hour’s drive from downtown Port-au-Prince, are carved into vegetable gardens and dotted with tidy houses. But the terrain is as rough as it is lovely, which can make it hard for people to get to the doctor. So Romaine Romaine, a community health worker armed with a cooler full of pharmaceuticals and a baby-weighting scale, brings medical care to the people, often walking hours each day.

On a recent morning, her first patient was a schoolteacher. The woman’s toddler daughter cried when

she saw Romaine, assuming she was there to give her a vaccine. But that day, the injection was for the girl’s mother—her dose of an injectable contraceptive. At the next house on her route, Romaine checked on a baby, the youngest in a family of five. Despite the heat, the baby was heavily swaddled and wearing thick socks. Romaine convinced the mother to dress the child less warmly, telling her the baby wasn’t gaining enough weight and might be sleeping through feedings because she was too warm. As she does her work, Romaine enters data about each patient on a tablet, using an app.

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There are thousands of community health workers in Haiti; some work on specific conditions like HIV or tuberculosis, while others provide more general care. Romaine is one of around 2000 “polyvalent” health workers being trained by the Ministry of Health that serve as links between communities and the health system, Grand Pierre said. They are equipped to do health education, provide basic services, recognise the warning signs of health problems, and encourage people to go to clinics for care.

Challenges ahead

Abortion is illegal under any circumstance in Haiti. That doesn’t stop women from trying—unsafe abortion is a leading cause of maternal mortality in the country and fewer than 40% of abortions took place in clinics in 2007–12, according to UN statistics.

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or fetus is endangered, Grand Pierre said. It has submitted a proposal to parliament for consideration, but it is unclear when, or if, that will happen.

Another challenge is coordinating funding and services in a country where a great number of international aid organisations and smaller non-governmental organisations provide health care. Scutt, of Petite Place Cazeau, for example, has 74 staff members, but only 12 of them are on the hospital’s payroll. The rest are paid by other international organisations.

Each donor has its own protocols, he said, and staff end up doing the same task in several different ways to satisfy each donor’s requirements. “The staff is overwhelmed”, Scutt said. More worrisome is the potential effect on the clinic’s long-term stability. “Even though this is a government clinic, if the project goes, the staff associated with it goes”, Scutt said.

Despite these challenges, Fabiola Coqmard, who runs a Partners in Health affiliated clinic in Jean Denis, about a 3 hour drive from the capital, said she’s seeing positive changes in the community’s attitudes toward reproductive health. “We do have problems spreading the good word of contraception”, she admitted. But she’s been working to build relationships with Catholic and evangelical churches in the area. One person she cajoled was Humanet Occeus, an evangelical pastor. “In the past, he refused to even broach the subject of contraception”, she said. “Now he’s much more evolved.”

Eventually, Occeus began letting Coqmard promote family planning in the church. “We decided what they were saying was plain good sense”, he said. Then, he went a step further, and became a community health agent. He’s particularly interested in working with young people to bring down adolescent pregnancy rates. “It’s not just a problem for the family”, he said. “It’s a problem for the entire community.”

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