DISPATCH FROM THE MEDICAL FRONT

Stark contrasts

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"Statistics are human beings with the tears wiped off." — Paul Brodeur, *Outrageous Misconduct*

For anyone with an interest in global maternal health, the statistics are all too familiar: 536 000 women die every year during pregnancy or childbirth, with 99% of these deaths occurring in developing countries. Women in developing countries are 50 times more likely to die of a maternal cause than women in developed countries. In sub-Saharan Africa, the lifetime risk of a woman dying during pregnancy or childbirth is one in 22.

Last year, I worked for Médecins Sans Frontières in Lankien, southern Sudan, an experience that made the statistics come to life all too vividly.

Southern Sudan has one of the highest levels of maternal mortality in the world. A 2006 Sudan Household Survey estimated the maternal mortality ratio to be over 2000 maternal deaths per 100 000 live births, in stark contrast to seven, the ratio for Canadian women.

There are many factors that contribute to this astoundingly high rate of maternal death in southern Sudan.

A long-running civil war between north and south has destroyed infrastructure and isolated the population. Transportation in the region is a huge logistical challenge with many areas accessible only by air. The few roads that do exist become impassable during the rainy season.

Health facilities are scarce and trained medical personnel who fled the war have not returned. In this setting, the vast majority of women deliver at home, without the benefits of even the most rudimentary advances in midwifery, medicine or technology.

Most women do not receive prenatal care; in cases of emergency, they do

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not have access to medication, blood transfusion, anesthesia or cesarean section. Even clean instruments to cut the cord are absent.

Médecins Sans Frontières' project in Lankien provides routine prenatal care and clean delivery kits, and treats women with obstructed labour, sepsis, hemorrhage and other pregnancy-related complications. It can also provide blood transfusions and some forms of assisted delivery. But women who need cesarean section require air transport, which is often impossible during the wet season, when dirt landing strips transform into muddy swamps.

Unfortunately, maternal death is only the tip of the iceberg; the base of the iceberg is the millions of women who suffer long-term illness and disability from obstetric fistula, infertility, uterine prolapse and chronic pain.

The medical, social and economic consequences to these women, their families and their communities cannot be overstated.

In a place like southern Sudan, the much-quoted statistics on maternal health suddenly take on a very real and human face. — Lauralee Morris MD, Brampton, Ont.

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CMAJ invites contributions to "Dispatch from the medical front," in which physicians and other health care providers offer eyewitness glimpses of medical frontiers, whether defined by location or intervention. Submissions, which must run a maximum 700 words, should be forwarded to: wayne.kondro@cmaj.ca