

“Death is death whether it occurs on the end of a bullet or giving birth”

Twenty-one years ago Dr. Rob Walley and his newly acquired Harvard University master's degree in international health headed to a bush hospital in Nigeria as the country hovered on the brink of civil war. There he was struck by the stark reality of motherhood in developing nations, encountering 2 medical situations he had never seen in Canada: maternal mortality and obstetric fistula.

“I thought these situations were intolerable,” says Walley, a professor of obstetrics and gynecology at Memorial University in St. John's, Nfld. “Basically it's neglect.”

Now, through MaterCare International, Walley is working to ensure women have access to safe, effective obstetrical care. “Mothers are dying from these conditions that were prevalent in the Middle Ages. It's an international disgrace,” he says.

In 1995, Walley founded MaterCare, a group of Christian health care professionals who aim to reduce maternal mortality and morbidity rates by 75% in the next decade and, in accordance with their Christian beliefs, protect the lives of babies both born and unborn.

Maternal mortality is the leading cause of death in developing countries for women between the ages of 15 and 45. A half million mothers die as a result of childbirth each year in Africa alone. There are at least 1 million women living with obstetric fistula worldwide, and some 80 000 sufferers live in Africa.

“A mother with obstetric fistula smells. She's wet. She's rejected, first off by her husband then her community. She can't go anywhere. She's treated worse than a leper,” says Walley.

For the past 3 years, MaterCare has run a pilot project in northern Ghana to help reduce obstetric fistula and maternal mortality. A basic blood transfusion service has been developed, a simple emergency transportation system is up and running and traditional birth attendants have been taught to recognize and refer high-risk patients for medical help.

MaterCare, a nonprofit organization with partnerships between health professionals, academic institutions and missionary groups in Canada, Australia, the UK, Ireland, the US and Ghana, is also setting up a 60-bed birth trauma centre for mothers with obstetric fistula outside Accra, the capital of

Ghana. The centre will train medical personnel to do the surgical procedure that can correct obstetric fistula.

The MaterCare team also conducted a double-blind trial of misoprostol (Arthotec), as an alternative to oxytocin, which is given to women after birth to reduce the risk of hemorrhage by causing the womb to contract; 25% of all maternal deaths result from postpartum hemorrhage. Misoprostol, unlike oxytocin, does not need to be taken intravenously or kept refrigerated. The results of the first phase of the study found the oral medication is as effective as oxytocin.

The United Nations has now asked MaterCare to go into East Timor. The country, ravaged by civil war, has approximately 700 000 residents but only 23 doctors and no specialists. MaterCare will supply 2 obstetricians to East Timor over the next 2 years.

The problem is money. “We're not going to be a missionary service,” says Walley, who has given up private practice to work with MaterCare. “We're an aid agency. We think physicians should be paid.”

A barrier to fundraising, he adds, is that — unlike AIDS or land mines — motherhood is not considered a political issue. “It seems to me motherhood should be the most political issue. If a mother dies, it has a profound effect on

the family and social issues.”

One way MaterCare raises funds is through its Web site www.matercare.org. A click of the lifesaver button means a penny is donated by various sponsors to MaterCare.

Motherhood on an international scale has fueled Walley's life for the last 2 decades. This has meant giving up his sabbaticals to his international activities. Work aside though, Walley finds time to unwind a half-day a week in his garden. He also whips up Indian cuisine, makes wine and flips through the latest Robert Ludlum thriller. This latter pleasure is often indulged in en route to Africa or elsewhere.

Fighting for the health of mothers, Walley says, has been a “36-hour-a-day effort.” But, he adds, it is what he and his colleagues are trained to do — and what they have to give. “We respond in the way we know how to do in both poor and developing countries as well as places devastated by war or natural disaster. Death is death whether it occurs on the end of a bullet or giving birth.” — *Donalee Moulton*, Halifax



Courtesy R. Walley

Dr. Walley, wife Susan and a Clanhead in Nigeria: Fighting for the rights of motherhood