

## Special report

THE  
RATE**5.4%** Fertility. The fertility rate was at this percentage in 2016 meaning that a woman in Uganda can have about five children in her life time and contraceptive use stands at 39 per cent.

# Basic maternal health care remains out of reach for mothers

**Maternal health.** The reduction in national maternal mortality rate from 438 to 336 per 100,000 live births (Uganda Health Demographic survey 2011) may not be representative of the whole country as other regional hospitals have since registered a rise, write **Monitor Team**

On the evening of September 14, two mothers delivered in the corridor of Mbarara Regional Referral Hospital maternity ward in western Uganda.

Three other mothers at the hospital delivered on the floor of the same labour ward because there were only three delivery beds, which were occupied.

This dilemma does not end in the labour ward. Mothers who fail to deliver normally, have to be pushed on a trolley bed to the theatre about 200 metres away.

Such worrying scenarios compromise the health of mothers during pregnancy, childbirth and the post-delivery period, which are the components of basic maternal healthcare.

Consequently, motherhood, which is supposed to be a positive fulfilling

experience, has instead turned into a nightmare for many mothers due to the agony mothers experience as a result of poor healthcare.

Rural mothers are in a more precarious situation given the long distances they have to walk to access health facilities, worsened by challenges in health centre IVs such as human resource shortage, and inadequate remuneration.

The inability by health centres to meet their utility bills for electricity and water as a serious challenge have also been recounted as other major challenges, which keep mothers away from attending antenatal care.

The failure to attend antenatal care to check the health of the mother and foetus, according to health experts, exposes mothers to haemorrhage, sepsis, hypertensive disorders and obstructed labour – the leading causes

of maternal mortality. Even after delivery, many mothers are forced to leave the hospital before the recommended postpartum 24 hours elapse due to congestion. At Masaka Regional Referral Hospital, where 40 mothers are received

daily, the hospital has only 20 midwives, who work in three shifts to deliver mothers and at the same time also attend to others in need of antenatal care.

“We have to wait for about 40 minutes to be

“ Many mothers delay to make decisions because the health centres are too far...we request mothers to always go to the hospital in time to avoid delays.”

ROBINAH TUNIHIRE, MIDWIFE AT MBARARA HOSPITAL

Services. Patients, including mothers, wait to be attended to at Mbarara Regional Referral Hospital recently. PHOTO BY FELIX ANEBUYOONA



**POOR ATTITUDE.** A nine-hour observation on the night of August 12, at Kawempe General Hospital, where the Mulago Hospital gynaecology and obstetrics department was shifted, revealed that poor attitude among health workers poses a big challenge. But health workers say they are few and they get exhausted and consequently irritable.

**Optimistic.** "The positive trends towards reduction (of maternal mortality) show it can be reduced further if challenges of delivery in health facilities are addressed," DR RUTH ACENG, HEALTH MINISTER



**OTHER CHALLENGES**

Even when mothers make it to the health units, there are a lot of other challenges such as lack of personnel to attend to them, leading to complications or even deaths; sometimes the health facilities, including referrals, lack basic necessities

lamps, which emit hazardous smoke in wards, because the generator broke down five years ago.

"If it was within our powers, we would have told these mothers not to give birth at night but you never tell when the labour pains begin; it is God's plan," a health worker, said.

The situation gives an impression that the fall in national maternal mortality rate from 438 to 336 per 100,000 live births (Uganda Health Demographic survey 2011) may not be representative of the whole country as other regional hospitals have since registered a rise instead.

In their 2016/17 financial year performance report, Fort Portal Regional Referral Hospital registered 50 maternal deaths from 48 in 2015/16.

Nevertheless, a nine hour observation on the night of August 12, at Kawempe General Hospital, where the Mulago Hospital gynaecology and obstetrics department was shifted, revealed that poor attitude among health workers poses a big challenge.

Inside the hospital compound, mothers trickle in on commercial motorcycles with hurting labour pains. Other mothers referred with complications limp in pain, past the corridors flooded with other exhausted caretakers lying on the floor, to reach the labour suite on the fourth floor.

At the registration desk, the limping mothers join their colleagues on the hard waiting benches as the record-keeping nurse reluctantly takes in their details before handing them the files to proceed to the suite. They do not use triage.

Although a mother here waits at least 40 minutes before they are cleared to proceed for medical check-ups, which determine the mode of delivery, the second stage takes more than two hours before mothers see a nurse.

Ms Swablah Nanteza, 18, arrived at the hospital at midday. She had not been attended to until morning.

"What do you want?" a midwife shouted at Nanteza's care taker as she tries to ask for help.

But the workload aggravates the problem. The health workers say they are few and they get exhausted and consequently irritable.

"Our workload is huge. Sometimes we are accused of being rude but so many factors contribute to it," says one of the health workers at the hospital.

Dr Ruth Aceng, the Health minister says: "The positive trends towards reduction (of maternal mortality) show it can be reduced further if challenges of delivery in health facilities are addressed."

As an intervention, Ministry of Health says plans are underway to upgrade all health centre IIIs to the level of health centre IVs, which can handle more women and surgeries. The move is intended to decongest the available few health centres and hospitals.

Compiled by Lilian Namagembe, Moses Muwulya, Joseph Onyango, Alex Ashaba & Felix Ainebyoona

**ESSENTIAL ELEMENTS OF MATERNAL HEALTH**

**Delays.** Mothers admitted at Kawempe General Hospital recently. A mother waits at least 40 minutes before she is cleared to proceed for medical check-ups. PHOTO BY DOMINIC BUKENYA

**Prenatal care:** Expectant mothers are recommended to receive at least four antenatal visits to check and monitor the health of the mother and foetus.

Skilled birth attendants with emergency backup such as doctors, nurses and midwives who can manage normal deliveries and recognise the onset of complications.

**Emergency obstetric care** to address the major causes of maternal death, which is haemorrhage, sepsis, unsafe abortions, hypertensive disorders and obstructed labour

**Postnatal care:** The six weeks following delivery. During this time, sepsis and hypertensive disorders can occur.

with obstructed labour meant to be delivered by C-section in most cases show up when it is too late.

"Some women delay to make decisions to go to the health facility and some health workers (also) take long to refer mothers to hospital, which causes death," Ms Tunihire says, noting that such are the circumstances under which some mothers end up delivering in corridors before they reach hospital wards.

"Many mothers delay to make decisions because the health centres are too far...we request mothers to always go to the hospital in time to avoid delays,"

hospital director, says even with measures such as introduction of an ambulance and thumb print registration to check late referrals and absenteeism of health workers respectively, mothers still report to hospitals late.

"Major referrals come from Rwamwaja Health Centre III in Kamwenge, Kyenjojo Hospital, Kyarusozo Health Centre IV in Kyenjojo, Kagadi Hospital in Kagadi, Virika and Kabarole hospitals in Fort Portal town and other clinics around Kabarole District," Dr Tugumisiriza

the health units, there are a lot of other challenges such as lack of personnel to attend to them, leading to complications or even deaths.

Sometimes, the health facilities, including referrals, lack basic necessities. For instance, although the gynaecology and orthopedic theaters for cesarean sections and bones respectively are supposed to be different, Mr Simon Wangire Kizza, the principal hospital administrator of Soroti Hospital, says they use the same theatre.

"Mothers are mixed up with other patients, exposing them to infections," Mr Wangire notes.

At the maternity ward, Mr Wangire says they have about 35 beds despite the overwhelming number of mothers yet the theatre can only accommodate two patients at a time. This causes delays and some mothers end up bleeding to death.

The picture is more or less the same at Atatur Hospital in Kumi District, which serves the districts of Kumi, Bukedea, parts of Pallisa and Ngora.

In Arua District, health workers at Omugo Health Centre IV in Terego County were at the beginning of