Stories of Mothers Lost

The White Ribbon Alliance for Safe Motherhood

Lane Hall Exhibit, August 17 – December 11, 2015
University of Michigan
204 S. State St. Ann Arbor, Michigan

The Women's Studies Department and the Institute for Research on Women and Gender host two exhibits per year in the main lobby of Lane Hall. The exhibits, broadly related to issues of women and gender, are available for public viewing Monday through Friday, 8am-5pm.

Stories of Mothers Lost is provided by the UM Department of Obstetrics and Gynecology and its Program in Sexual Rights and Reproductive Justice.
Introduction

Every minute of every day, a woman dies of pregnancy related complications. This startling reality has remained largely shrouded from the public; through this exhibit, we hope to bring you face to face with the stories of families who have had to cope with the consequences of needless maternal mortality.

This exhibit was made possible by the White Ribbon Alliance (WRA) for Safe Motherhood, a nonpartisan, non-profit and non-governmental membership based organization, whose goal is to reduce rates of maternal and child mortality. The initiative to obtain these stories was made possible by a United Nations Population fund grant to the WRA. Following a global call, there was an overwhelming response of 120 panels from 46 organizations. Stories of Mothers Lost - a collection of internationally sourced, hand crafted panels commemorating mothers lost – allows families to express grief and also plays a powerful role as a mechanism for advocacy and communication on an issue that transcends country borders and impacts us all. Sixteen quilts are exhibited in Lane Hall.

Even though much work remains to be done in addressing maternal mortality, major strides have been made to reduce its prevalence. Between 1990 and 2013, global maternal mortality rates dropped by a staggering 45%. In certain Asian countries and Northern Africa, these numbers have decreased by more than 50%. The World Health Organization (WHO) continues to work toward its fifth Millennium Development Goal of improving maternal health, which includes reducing the prevalence of maternal mortality. Key working areas of the WHO to achieve these goals include:

1. Monitoring and evaluating the impacts of maternal mortality on societies and their development.
2. Creation of partnerships to optimize resource utilization to promote maternal health
3. Advocating for maternal health through emphasizing the socio-economic benefits and framing it as a human’s rights and equity concern.

In addition to the efforts of the WHO, the Department of Obstetrics and Gynecology here at the University of Michigan also works to reduce maternal mortality. Dr. Frank Anderson, an associate professor in the department, in his book Building Academic Partnerships to Reduce Maternal Morbidity and Mortality: A Call to Action and Way Forward outlines the issues, areas of opportunity, barriers and steps to be taken to address this problem. In addition, the Department has done extensive work in Ghana and Ethiopia to translate the ideas discussed in this book into clinical practice.

Although these quilts focus on countries outside of the United States, maternal mortality takes a large toll right here at home. The Centers for Disease Control and Prevention reported that maternal deaths in the U.S. have risen from 7.2 per 100,000 live births in 1987 to 17.8 in 2009 and 2011. According to Save the Children U.S. women are more likely to die during childbirth than women in any other country in the global north, leading the U.S. to be ranked 33rd among 179 countries on the health and well-being of women and children.

We hope you are touched and inspired by this beautifully crafted Stories of Mother’s Lost.
Kundan Mai  
*From Youth Front Pakistan*

Kundan was assisted by a traditional birth attendant, a Dai, during her delivery. She experienced complications during her labour and was advised to seek help at the nearest health care facility. An ambulance was not available to take Kundan, so another vehicle had to be arranged to transport her to a hospital. Kundan arrived at the rural health centre at Kot-Chutta where a staff shortage prevented her from receiving care. Kundan died at the health centre.
Khatiza Mai  
*From Youth Front Pakistan*

Khatiza had no health care during her pregnancy. She lacked information about health, and there were no medical facilities available to her locally. There were no vehicles to take her to the hospital, and the government failed to provide her with one. Khatiza, trapped by tribal traditions and no education, died of heavy bleeding during the delivery.
Mukiga

*From the Women in Development Association of Njeru & Maama Omwaana of Uganda*
Chidimma Obinna
From the Friend in Life Education Peer Club in Nigeria

Chidimma was from a rich and prominent family, while her boyfriend Chidi came from a very poor family. When Chidimma got pregnant, she was disowned by her parents who send her to Chidi’s house. Three times, Chidi’s mother Jean tried to send her back, but the family would not accept her.

Jean, a widow, reluctantly gave the couple a small room but never fed or took care of the pregnant girl. Chidi had no job and could not take care of her either.

Chidimma had to live by scavenging, wandering over 10 kilometres into the bush everyday in search of palm kernel, which she cracked and sold in the market for a meagre amount. With this she could only make soup and garri to live on for a week. She became a part of the night, as her songs and cracking of kernels were heard through the darkness.

Chidimma had no health care until her labour pains started on the morning of June 13th, 2002. Alone she crawled half a kilometre to the main road. She went to an unregistered clinic which had been closed down by the government, where she labored on a mat for two days, battling against mosquitoes in the cold. Here Chidimma spent her last days without water or food. On June 15th, she gave birth to twins who, like their mother, died.

The deaths reconciled the two families who cried as the remains of poor Chidimma were lowered into mother earth, and heaps of sand were poured on her wooden coffin. It was the only time she receive affection from them.
Monica Odunzegbulem

From the Love in Action Community Initiative of Nigeria

I PAY WITH MY LIFE THAT YOU MAY STOP MATERNAL DEATH DUE TO POVERTY AND POOR MEDICAL SERVICES

MONICA ODUNZEGBULEM
Onesima Montero  
*Dominican Republic. From the University of California, Berkley, School of Public Health – Maternal & Child Health Department, USA*

Onesima died after giving birth at a hospital in the Dominican Republic in the early hours of October 20th, 2005. She was found by her relatives when they came to visit her between two and six o-clock in the afternoon. She died from heavy bleeding. The doctors and nurses had never checked on Onesima in the hours after she gave birth. She had been completely wrapped up because of the cold that women can experience after giving birth, and for this reason no one realised her state, nor did they investigate. Onesima was 29 years old.

This story was collected by a team working to discover why so many women die in the Dominican Republic – despite comparatively good education and access to health care. This suggests that the quality of maternity care in the Dominican Republic is poor. Onesima clearly died of neglect. Many women’s lives could be saved if health care workers were better trained, and held accountable for their treatment of women.
Julia Lotia

From the White Ribbon Alliance for Safe Motherhood, Malawi

JULITA LOTIA
Died in 1997 at 22 years. She had problems accessing skilled care.
Leya Chigwadire
*From the White Ribbon Alliance for Safe Motherhood, Malawi*
Gertrude Chisi
From the White Ribbon Alliance for Safe Motherhood, Malawi

IN MEMORY OF GETRUD CHISI
If transport was readily available, she could have been alive
DIED IN JULY 2004
Balmati Rout

From the Society for Rural Upliftment & Socio Technological Initiative of India
Murrabai Majhi
From the Society for Rural Upliftment & Socio Technological Initiative of India

GEOGRAPHICAL & SANCTUARY LAWS
BARRIER TO HEALTH ACCESS
MURRABAI MAJHI 35 YRS.

Tribal Lady
Difficult to
Living In
Access
Sunabeda
Institution
Sanctuary
45 Kms.
Area.
Below the hill
3000 feet.

DIED DURING HOME DELIVERY ON 20/8/05.

SRUSTI.KHARIAR (INDIA)
greensrusti@yahoo.com
“My name is Martina 57 years old. I got Fistula when I was birthing my first baby at 18 years old. My baby died. I lived with the fistula for 35 years. My husband was with me. We got 11 other children. I got cured in 2003.”
Fistula is preventable with skilled Birth Attendance Story by Cathy WDPTanzania
Wambui
Kenya, From Ipas, USA

Wambui was a 32 year old single mother who made a living selling items at the local street market. During her 28th week of pregnancy, she was admitted to the hospital with ruptured membranes and fever. Even after a week, her health failed to improve. Her doctors decided to perform a hysterectomy. Over the course of the operation, the found a catheter in her abdomen.

Upon inquiry, Wambui admitted that she had an abortion performed by an unqualified street abortionist. She had been hesitant to admit this because the nurses had been openly hostile towards her. In Kenya, although abortion is commonplace, it is still taboo; furthermore, Kenyan law prohibits abortion unless is the woman's life is proven to be in danger.

Wambui’s health continued to deteriorate after the surgery and she died 10 days later.
Fatema Begum
*From the White Ribbon Alliance for Safe Motherhood Bangladesh & MotherNewBorNet*

Fatema was married at 14 and pregnant at 18. After five months of pregnancy, she experienced pain and bleeding. Her baby had died inside her. Fatema's in-laws blamed evil spirits and called a faith healer. The pain lessened after drinking his holy water, but she developed a high fever. The healer shaved off Fatema's hair and applied traditional medication to her head. After great pain and suffering lasting a week, her dead baby still inside her, Fatema died.
Kuntakala Parteke
*From the White Ribbon Alliance for Safe Motherhood Bangladesh & MotherNewBorNet*

Kuntala Parteke was the third daughter of Mahadev Parteke, a poor labourer, and his wife, Sharada, from the village of Kampti-Khanapur. Known to her family as 'Kunti,' she studied for only two years at the government school before leaving to help her family at home and in the fields. A playful child, Kunti was popular with her friends and neighbors.

When she reached the age of 20, Kunti was married to Palhad Maraskolhe in a ‘Samuhik Vivaha Sohala’ (community marriage ceremony) on the recommendation of a relative. Brought up in a traditional culture, Kunti did not complain, even when her husband began to drink heavily and abuse her.

A year later, Kunti became pregnant. Despite her initial joy, the hardships continued at home. Kunti’s antenatal care was neglected and her health began to suffer. One afternoon she was taken to the rural hospital in a state of shock, her legs and hands swollen. She was immediately referred to the district hospital, but her husband refused to take her, instead leaving Kunti with her parents.

As Kunti’s condition deteriorated, Mahadev and Sharada rushed their daughter to Sewagram Hospital, where doctors performed an emergency operation. Tragically, it was too late to save Kunti or her child.