



SAFE MOTHERHOOD IN REFUGEE CAMPS

Safe-motherhood, a key component of reproductive health

“Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and to its functions and processes.” *(WHO definition)*

“Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. It also includes sexual health, the purpose of which is the enhancement of life and personal relations.” *(Cairo, ICPD Programme of Action, paragraph 7.2)*

Safe Motherhood objectives in refugee settings:

*Towards the Millennium development Goals**

- Reduce maternal and newborn morbidity and mortality
- Reduce the transmission of STIs including HIV
- Prevent unwanted and mistimed pregnancies
- Prevent and manage the consequences of sexual and gender-based violence



Mother of twins, ROC 2006

**MDG 3: promote gender equality and empower women; MDG 4: reduce child mortality; MDG 5: improve maternal health MDG 6: Combat HIV/AIDS*



“Ambulance” in Chad 2005

Reproductive health is

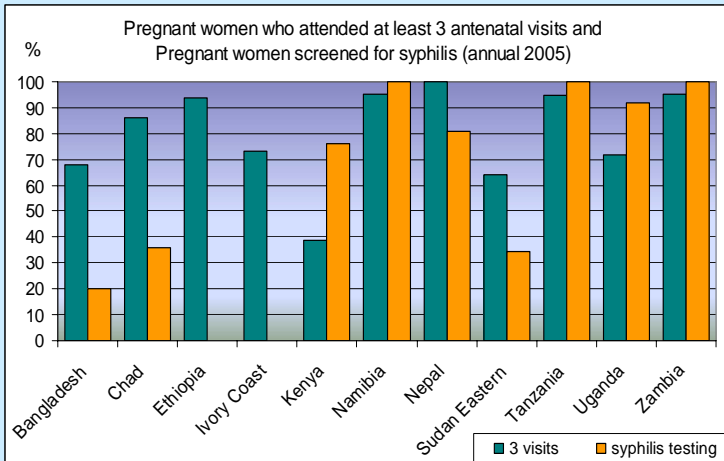
**a human right
a psychosocial and health
need**

**RH needs continue ...
in fact, increase during crisis**

- Lack of access to comprehensive emergency obstetric care increases risk of maternal death
- Malnutrition and epidemics increase risks of pregnancy complications
- Lack of family planning increases risks associated with unwanted pregnancies
- Childbirth can occur on the wayside during population movements
- Risk of sexual violence increases due to social instability
- Harmful traditional practices such as female genital mutilation continue to be perpetrated
- STI/HIV transmission increases in areas of high population density

Of the estimated 529'000 maternal deaths that occur globally every year, 48% are in Africa.

Refugee women and newborns are particularly vulnerable.
For each maternal death, at least 30 more suffer from infection, injury and short or long term disability



Traditional Birth Attendants (TBAs)

They are not considered as skilled attendants and should not be encouraged to perform technical midwifery tasks.

However they are well integrated and respected in the community, they are often the first to report during the onset of a crisis, and they do perform deliveries.

They should be supported and trained as:

- Bridges between the community and the health system
- Emotional supporters during childbirth
- Advocates for skilled care and promoters of early referral
- Health educators (including hygiene and immunization promotion, breast feeding support)

Strategies

Maternal and neonatal deaths can be prevented through:

- Clean environment for childbirth
- Deliveries attended by trained personnel
- Reduction of delays and barriers to professional services
- 24 hours access to comprehensive emergency obstetric care
- Essential newborn care
- Support of breast-feeding
- Reduction of unwanted / untimely pregnancies
- Maternal preventive care
- Youth friendly services



Mother and child health training, Nepal 2006

