

Stories from Senegal

by Patricia Ross, M. Christie McManus, and Sudy Storm

Remember those commercials for *the toughest job you'll ever love*? That phrase describes our experience in Senegal, West Africa. Under the leadership of the African Birth Collective (ABC) and Midwives on Missions of Service (MOMS), a group of us arrived in Dakar late on November 6, 2005. As we assembled in the airport parking lot to watch several young men throw our baggage onto the top of a dilapidated bus, we introduced ourselves. Our group of three midwives, six interns and two volunteers were mostly from MOMS and its International School of Traditional Midwifery (ISTM), while others had made contact directly with ABC. We were excited and tired.

We arrived several hours later in Mboro sur Mer, at the home of Kaya Skye, the founder of ABC. Kaya had arranged for several people to facilitate our stay and help us navigate through Senegalese society. We had transportation, home-cooked meals, and a welcoming residence after a long day's work. Mboro sur Mer is a fishing village on the Atlantic coast north of Dakar. About three miles inland is Mboro, a much larger town of about 5,000 souls, where the regional clinic is located.

After catching up on some much-needed sleep, the first crew went into the clinic. The building houses an infirmary and a maternity clinic. A university-trained midwife, Ami Thiam, leads the maternity clinic, which is staffed by a half-dozen "*matrones*" (birth attendants) working in 24-hour shifts. Mme. Thiam trains the *matrones* for about six months; then they remain in Mboro or go to an outlying clinic. The *matrones* work independently, only calling Mme. Thiam for emergencies. The clinic sees about 60–80 births per month, so the *matrones* and Ami are very busy.

The conditions at the clinic are very poor. However, we saw two other clinics that were in far worse shape — which led us to a real appreciation of the leadership Mme Thiam exercises, including creativity in getting supplies and her savvy navigation of midwifery politics. Yet, the facts are unarguable: The clinic had no sterile gloves, no washcloths, towels or sheets, no cups to give laboring women a drink of water, few suture kits, and no chux pads or anything equivalent.

We flexed to meet the needs of the situation. We learned how to do many things the Senegalese way. A laboring woman is accompanied by her mother, sister or co-wife, who brings along some old clothing to serve as rags and blankets for the baby. These attendants also provide most of the labor support, run errands, help the woman to the bathroom, get food, etc. We learned to enlist their aid when working with the laboring mama, getting them

to encourage her to try different positions, drink water, and go to the bathroom! Laboring moms might ignore us when we asked them to use the toilet, but when their mothers spoke the young women got right up and shuffled off to pee. Some things are the same around the world!

Some of the laboring women were accompanied by their co-wives. This could be difficult — just as some sisters are not always kind to their siblings, some co-wives are not always kind to their sister wives. While we have seen difficult family relationships here in the US, we had little experience with the family dynamic of co-wives. This added a layer of complexity to our understanding of the families with whom we interacted.

Malaria and poverty take an evil toll on the lives of Senegalese women. Every night, pregnant women slept in every spare nook and cranny of the clinic, with IVs of anti-malarial medication to kill the parasites and saline to help with hydration. We saw some of these women return within days to give birth; some of those babies needed lengthy resuscitation — which sometimes failed. Many women ate only a few mouthfuls of protein-rich food daily. While they are strong from the hard work they do, they are painfully thin, often anemic, with high blood pressure and other issues arising from a low-protein, low-calorie diet.

We saw stillbirths and the death of one mother and one baby. We struggled with how to work most effectively with the Senegalese system. Often Mme Thiam would say that she knew the best course of action, but lacked money, supplies, and skilled attendants to follow the “best” way. We talked with her and the *matrones* about the compromises they made and why. We learned a lot about balancing pragmatism and idealism in Mboro.

Some stories written by members of our delegation illustrate this:

She didn't speak French and I don't speak Wolof but the look in her eyes told me enough to know that this young mother was concerned for her new baby. Her name was Hadiaya Taba and her baby was five days old. She and her mother had traveled for half a day from the bush to come to the clinic. As Hadiaya handed me her baby, I saw the shadow of death looming around the tiny bundle.

The baby didn't respond to stimulation and made no attempt to suck on my gently inserted finger. She weighed just 2.2 kilograms (4# 14 oz.) when she arrived. She had a depressed fontanel and her skin was taut on her tiny frame. We showed her mother how to express her milk into a cup and feed her with a syringe. The first feeding got us a wet diaper! The second feeding elicited open eyes and some movement. With the third feeding we had a wet and dirty diaper. Progress!!

The time was 5:00 pm on a Friday. We asked about transporting them to the

hospital in Thies, 45 minutes away, but were told that the pediatrician leaves at 7:00 and no one there treats infants during the weekend. Besides, the family had to leave because they had no family or friends to bring them food or provide a place to stay in Mboro. We arranged for them to stay the night at the clinic and brought them food. Throughout the night, we got up to help Hadiaya and her mother feed “Little Crumb” but the next morning they insisted on leaving. She weighed 2.3 kilograms when she left.

“Little Crumb” is on my mind every day. Did she make it? Did she have anomalies or problems that we could not diagnose or treat? I will always wonder and I say a prayer for her every day.

Her name was Aiwa Ba and she came into the clinic in labor. We could hear no heart tones, and she was bleeding and experiencing pain and firmness of the uterus beyond what normal labor should have been. Our attempts to have her transported to the hospital were unsuccessful due to the clinic transport protocols. She labored with one of our interns by her side for every contraction. By the time a transport could have been authorized she was pushing and it was too late to make the 45 minute drive to the hospital. Aiwa pushed her precious baby from her body and immediately started to hemorrhage. Within 20 minutes she was gone. She left behind a husband and two small children.

The US team and Senegalese matrones were deeply traumatized. This was the clinic’s first maternal loss due to hemorrhage — the number one reason for maternal demise in Senegal. They were unaware of a condition called disseminated intravascular coagulation (DIC) and the risk factors for postpartum hemorrhage with placental abruption. They now have an understanding and have changed their transport protocols.

Would Aiwa have lived had she been transported sooner? We will never know but have peace in knowing we worked with the Senegalese to make that option possible for those to come.

Near the end of our trip, a baby boy was born, looked up at us, then closed his eyes. After performing CPR for about 30 minutes, we finally got a stable heart rate. He continued to have retractions and rattles. We put him with his mom in the postnatal room and got up hourly to check on him and on “Little Crumb” who was in the same room. (The Senegalese do not name their babies until they are a week old. Our affectionate nicknames helped us avoid referring to babies as the “Tuesday-at-7-pm baby.”)

About 1 am, two more women gave birth. One of those moms hemorrhaged and we were working diligently to stop the bleeding when the baby boy’s grandmother burst in with him — he was not breathing.

Our attempts to resuscitate him failed. We wrapped him carefully in a clean receiving blanket we had brought with us then took turns rocking him until his

father arrived. This very tall, gentle man thanked us for our work and our kindness. He said we had given the baby life for longer than he would otherwise have had and we had done everything possible to save him. Inshallah.

A young woman walked into the clinic, clearly in active labor, but managing well. When I checked her, she was dilated to about six centimeters. Figuring we had at least two or three hours, as this was her first child, I sat down in the adjoining room to finish the paperwork for the preceding birth. In 15 minutes, the Mom called out — the bag of waters was bulging between her legs and she said she wanted to push! I grabbed a pair of gloves and jammed my hands into them. Sitting at the foot of the bed, I supported her perineum while she gave two pushes and birthed her baby's head into my hands. Another push and the baby arrived fully, took a breath and started yelling. This Mom went from 6 cm to birth in fewer than 20 minutes!

The Senegalese women are wonderful — brave and strong, with beautiful smiles. We loved being with these women. The work was hard.

“The toughest job you’ll ever love.” We’re going back.

Patricia Ross is a student midwife enrolled in the Distance Learning Program of the International School of Traditional Midwifery. Trish has spent over two decades in training, and organizational development. You can e-mail her at: trplr@hotmail.com.

M. Christie McManus is President of MOMS Board of Directors. Chris has years of experience with several nonprofit boards and was an executive at a public utility. You can e-mail her at: mcm4@pacbell.net.

Sudy Storm, co-founder and Director of the International School of Traditional Midwifery, has been a practicing midwife in southern Oregon since 1997. This was her second trip to Senegal; she was a MOMS delegate in 1999 for a similar project. You can e-mail her at: sudy@globalmidwives.org.

African Birth Collective: www.africanbirthcollective.org

Midwives on Missions of Service: www.globalmidwives.org

Reprinted with permission from Midwifery Today. Many thanks to them.

This document was created with Win2PDF available at <http://www.win2pdf.com>.
The unregistered version of Win2PDF is for evaluation or non-commercial use only.
This page will not be added after purchasing Win2PDF.