

No More Dying to Give Birth

Ms. Swapna MAJUMDAR (India)

Whenever Champa, an auxiliary nurse midwife (ANM), has to go to Sabaka, a small remote tribal village in Araku valley in the southern Indian state of Andhra Pradesh, she has to start early in the morning. She will have to walk 15 kilometres up a hilly uneven track after being dropped off at the closest point accessible on a motorable road. Then she will check on all the pregnant women in the village and conduct the blood, urine and blood pressure tests to check for any anomalies, especially as anaemia is common among the tribal women. Also, she will counsel the women on the necessity to undergo such antenatal tests. Sometimes it takes a couple of hours to explain as literacy levels here are abysmally low, and superstitions and myths prevent the women from seeking healthcare. But Champa is determined to make every effort to ensure no woman dies while giving life especially from causes preventable through quality antenatal, obstetric and postnatal care in the region where maternal and neonatal mortality is high.



Helping pregnant women across inaccessible roads

“Some months ago, I received a call at 1 a.m. from the family of a pregnant woman I was looking after when she went into labour. As she suffered from epilepsy, we had to be really quick in getting her to a hospital. Since Sabaka is a secluded village, our jeep had to stop at the closest point. Then we walked up to her house and carried her down and rushed her to the government area hospital, where she had a safe delivery. I feel really happy that we saved her life,” said Champa.

Making the Difference

But this would not have been possible had she not been registered with Asara. It is a free healthcare programme instituted to eliminate preventable maternal and

neonatal deaths in three trial areas in Andhra Pradesh, and was started in 2011 by Piramal Swasthya, a not-for-profit organization working to improve healthcare for the marginalized.

At the forefront of this campaign are the ANMs who traverse forests and steep hills, cross streams and walk several kilometers of undulating roads. In the last six years, the programme has reached out to over 4,900 pregnant women living in far-flung hamlets in Araku. This intervention is proven to be making the difference between life and death in the region where the maternal mortality rate in 2011 was 400 per 100,000 live births (while the national average of that time was around 215 per 100,000 live births) and the neonatal mortality was over 60 for every 1,000 live births (while the national average of that time was around 44 per 1,000 live births).

In fact, there have been no maternal deaths reported in the last two years in Araku's 181 hard-to-reach hamlets where the programme has been implemented for the last six years. Even institutional deliveries have increased in the project intervention areas—from 18% in 2011 to 68% in 2017. The success of the programme has led to its expansion in 2017.

Innovation Saves Women

Since a majority of the 181 hamlets chosen for the intervention in the first phase were hard to reach, an innovative telemedicine concept was adopted. This entailed reaching out to the women through trained paramedics to provide antenatal and postnatal care services at their doorstep. Once registered by the ANMs, the Tele Medicine Centre (TMC)'s jeeps are sent to pick the pregnant and lactating women from the point closest to their village and bring them to the centre. Their data is digitized and helps keep track of the health of the pregnant women and newborn babies. It is also shared with the government's health facilities at the time of institutional delivery. If required, the women are connected to a specialist gynaecologist based in Piramal Swasthya's office in Hyderabad through video conferencing for advice. Then, they are brought back to their village.

However, building trust with the women has not been easy. It took time and single-minded determination to change their mindsets. So, the fact that Pramilla, an Asara ANM, is six months pregnant has not deterred her from braving the heat and

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long winding road to visit Ranginigudda village to check on Laxmi. She is 28 years old and gave birth to her second child in March this year. "I am uneducated, but I know if it had not been for Pramilla's help, neither my baby nor I would be alive," stated Laxmi.

Laxmi is right in saying that she would not have been treated properly and lived to tell the tale if Pramilla had not recognized the signs of her pre-eclampsia.