



Labor of love

Inspired by Christy Turlington Burns, CARE's ambassador for maternal health, *Fit Pregnancy* gets a firsthand look at how childbirth is being made safer for women around the world. BY JEANNE FAULKNER, R.N.

This past January, I found myself far from home, sitting with four women waiting to go into labor at Hogar Materno (Maternity House) in Vilcashuaman, Peru. Their midwife, Sofia, hovered nearby. The whitewashed building, nestled among sprouting vegetable gardens, is a short walk from the tiny health center's obstetrical unit. At the time, it was home to 10 moms-to-be, their families and even livestock during the women's last weeks of pregnancy.

The 10 were there because of new practices developed with the help of CARE, a global humanitarian organization focused on women's issues. Working directly with local communities, hospitals and other organizations around the world, CARE is decreasing maternal mortality—and saving babies' lives, too—using a model called FEMME (Foundations to Enhance Management of Maternal Emergencies).

My involvement began in the spring of 2008, when Christy Turlington Burns, CARE's ambassador for maternal health, discussed traveling to Peru with CARE on NBC's *Today* show. (See "What Makes Christy Run?" pg. 90.) Watching the show inspired me. As a longtime labor-and-delivery nurse, I wanted to see for myself what giving birth is like in developing countries and report on it, so, with *Fit Pregnancy's* support, I persuaded CARE to send me to Peru.

Ancient culture, new practices The ancient city of Vilcashuaman sits among archeological ruins in the Andes Mountains, 75 miles from Ayacucho, where the closest surgical facility is located. Stones from Incan walls top the foundations of the Temple of the Sun and Moon. Lima's university medical centers (425 miles away) are the center of Peru's health care web. Ayacucho Regional Hospital, with fewer "frills," is one circle out. Vilcashuaman Health Center, primitive yet efficient, is on the edge.

An ambulance waits outside Hogar Materno, ready to "rush" emergencies to Ayacucho, a three-hour drive on a muddy, single-lane, cliff-hugging road that's shared with cattle and fords a rushing stream. Guardrails? None. Accidents are common. The only bathroom between Vilcashuaman and Ayacucho is a filthy shack with holes dug in the ground. A little girl collects money for toilet paper.

Vilcashuaman Health Center's walls display paintings of nature's birth scenes: a cow delivering a calf; a sheep nursing her lamb. Four brightly covered postpartum beds crowd a small room. The only fetal heart monitor sits next door in the room where prenatal appointments take place.



SUPPORT SYSTEMS: (clockwise from top) Christy Turlington Burns and children in rural Peru whose families benefit from CARE programs; midwives with women waiting to give birth at Hogar Materno in Vilcashuaman; breastfeeding is the norm, and modesty is not an issue; a typical street scene and mini-mart.



OLD MEETS NEW: (from left) A private ultrasound clinic in Ayacucho; Turlington Burns and Diomicia Carderas at a CARE project in Niño Jesus de Veque, where women raise guinea pigs for extra income.



SERVICIOS BRINDADOS CLAS VILCASHUAMAN

CONSULTA MEDICA NUEVOS	3.00
CONSULTA MEDICA CONTINUADORES	2.00
CONSULTA A DOMICILIO	10.00
CONSULTA EN PLANIFICACION FAMILIAR	GRATUITA
HOSPITALIZACION POR NOCHE	3.00
ATENCION DE PARTO INSTITUCIONAL (SIS)	GRATUITA
SUTURA POR PUNTO	1.00
INFECTABLE	1.00
EXTRACCION DE CUERPOS EXTRAÑOS	2.00
LAVADO DE OIDO	2.00
EXTRACCION DE UÑA	5.00
CURACION DE HERIDAS SIMPLES	1.00
CURACION DE HERIDAS PROFUNDAS	2.00
NECROPSIA	80.00
EXHUMACION DE CADAVER	100.00
CERTIFICADO DE SALUD (S.M.I.)	20.00
CERTIFICADO DE DEFUNCION	20.00
CONSULTA DENTAL	3.00
SERVICIO DE AMPULAMTA (AYACUCHO) IT GRUPOS DE GEBUNA	6.00
HEMORRAMA	2.50
HEMATOCRITO	2.50
HEMAGLOBINA	2.50
GRUPO SANGUINEO Y FACTOR RH.	5.00
PRENOSTICO	10.00
TIEMPO DE SANGRIA Y COAGULACION	5.00
EXAMEN COMPLETO DE ORINA	5.00
SECRECION VAGINAL	10.00
CURACION SIMPLE DENTAL	10.00
CURACION COMPLETO DENTAL	12.00

The price list for medical services at Vilcashuaman Health Center. Prices are in nuevos soles; 3 soles are approximately equivalent to \$1.

CULTURE COUNTS: (from left) A doctor and a midwife demonstrate the use of a vertical birthing chair; mothers like Olinda used to deliver at home; writer Jeanne Faulkner, R.N., arrives in Lima, Peru.

There's one labor bed, two vertical birthing chairs and an American-style delivery bed but no epidurals or other pain medicine or NICU (neonatal intensive care unit). Still, with a brand-new incubator and newborn-warming table, the health center does have more infant-saving equipment than others in the region.

A cupboard is stocked with three “emergency boxes,” each containing life-saving medications and supplies specific to hemorrhage, sepsis and preeclampsia, the most common causes of maternal death. The preeclampsia box needed restocking. Sofia was up all night treating a mother's soaring blood pressure. “She's fine, but I'm tired,” Sofia joked in Spanish.

The mountain rises up outside the window. Dogs run across the courtyard where families await medical care. A price list hangs on the door. “Medical consultation \$1.” Most patients don't earn that much money in one day.

CARE's efforts pay off

Before FEMME was instituted, 80 percent of women in the region delivered their babies at home, many without plumbing, electricity or trained assistance. Women were so far from the closest clinic, they'd walk for hours just to reach a taxi, hours more to get medical help. Before CARE's interventions, Ayacucho registered 31 maternal deaths in 2000; there were 13 in 2008. Even in more-bare-bones Vilcashuaman, 300 women managed to deliver safely last year. Overall, getting women to give birth in health centers like the one there has led to 50 percent fewer deaths.

FEMME's cornerstone is building on developments previously established by the United Nations, the European Union and the Peruvian organization Manuela Romas. The goal is to help knit state-of-the-art obstetric care with respect for local culture and human rights. As a result, nearly all women give birth at the clinics now.

Obstetrician Ricardo Gutierrez Hinojosa, director of the health center in Carmen Alto, a district in Ayacucho, explained the transformation: “Before, women were afraid to deliver at clinics and ignorant about their risks. They felt disrespected. Now we go into the mountains to find our patients and educate them. We also developed consistent standards of care and trained staff to treat emergencies.”

Respect for cultural traditions is essential. “The women

What makes Christy run?

Spokeswoman-filmmaker-activist Christy Turlington Burns, CARE's ambassador for maternal health, is always busy, but she really packed a lot into one day this past March: She taped NBC's *Today* show, rang the bell at the New York Stock Exchange for International Women's Day, co-chaired her daughter's preschool auction and facilitated a live world-broadcast discussion about poverty and women's empowerment. The mother of two also sat down for an interview with us.

Fit Pregnancy: Why do you care so much about women around the globe?

Christy Turlington Burns: Because more than 500,000 women die in childbirth annually, and most of those deaths are preventable. But I'm as concerned about American health care issues as international ones. The system isn't focused on the underlying causes of maternal death. In developing countries, women have problems accessing health care. In America, some women can't get care, but deaths are also caused by unnecessary C-sections and other interventions. Women are told those are their only options, but those things are potentially dangerous.

FP: How do you manage to do all that you do?

CTB: Now, *that's* a global subject. It helps when my husband and I get some rest. With Grace, who's now 5, we [Turlington Burns is married to writer-director-actor Ed Burns] did co-sleeping, attachment parenting and nursed forever. But Finn, 3, is on a schedule. Now that I have two children, I can't lie down for hours with them at bedtime. I really enjoy the quiet time at night.

FP: How has your work with CARE changed your own perspective?

CTB: Things are improving, but globally, there's still gender bias. Women in our grandmothers' generation couldn't get an education or equal pay. People had to work on our behalf to guarantee certain rights. We Americans have the right to approach our representatives. Most women in developing countries don't. Exercising that right has global impact. It's easy to get caught up in our own world. The broader I look, the more my own life is in perspective. — J.F.



PHOTOGRAPHY: (all images of Christy Turlington Burns) CARE/NATHAN BOLSTER; (all other images) JEANNE FAULKNER, R.N.

here believe in animism—that mountains, trees and air, nature in general—is alive and has spiritual value,” Gutierrez Hinojosa said. “Birth practices must respect that. Women here keep their feet on *Pacha Mama* [Mother Earth] while husbands sit behind them, so we built birthing chairs to accommodate that practice.”

Happy endings

In Ayacucho, midwives earn about \$350 per month (“We sacrifice our lives for our mothers,” Sofia said). But to mothers like Yudita, Simona and Emilia, their work is priceless. When Yudita was 16, her first baby was stillborn at home. Now, she's been at Hogar Materno for a month, awaiting the birth of her third child. “We're taking special care of this mommy,” Sofia whispered, rubbing Yudita's shoulders.

Simona, 42, whose five other children were born at home, said she's too old now to deliver without medical care: “It would ruin my family if I died.”

Emilia, 33, almost graduated high school but couldn't afford the final year. “I could have gotten out of here and done something besides farming,” Emilia said. Did she want more children? “No, I want contraceptives.”

“We have those here,” Sofia told her.

POSTSCRIPT: After the trip, the vice president of the Ayacucho region approved the use of public funds to implement the FEMME model on a local level. This is the first time public funds have been used for such a project.

Jeanne Faulkner, R.N., lives in Portland, Ore., with her husband and five children. You can read her blogs at fitpregnancy.com/blog/labornurse.

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 Want to get involved? Log on to CARE.org to find your own ways to help. And read more about Jeanne Faulkner's trip to Peru at fitpregnancy.com/care.