

VIRGINIA WOMEN'S CENTER NEWS RELEASE

In 1987, the World Health Organization held a safe motherhood conference. Leaders established four goals to address by year 2000: 1) reduce maternal mortality by 50%; 2) identify high-risk pregnancies; 3) train additional birth attendants; and 4) address social and cultural issues. At its follow-up conference in 1997, no improvements in maternal mortality had been realized, and WHO established a new method to meet its objectives: to view all pregnancies as at-risk and have all births attended by a skilled attendant who is equipped with medication, tools and emergency transport options.

Richmond-based initiative working to reduce high infant, maternal mortality in Haiti

Women's medical practice identifies Haitian-American to improve instruction

(Richmond, VA – May 13, 2008) Last Sunday, American women celebrated Mother's Day. In the United States Women have numerous options for becoming mothers. Among them an attended hospital birth is available to virtually all. However just 90 miles from Miami, in Haiti, only 25 percent of women can rely on the support of a trained provider. As a result:

- Maternal mortality is nearly 50 times higher in Haiti than in the U.S.
- Neonatal mortality is eight times higher in Haiti than in the U.S.
- In Haiti, 12 percent of children die before age 5; in the U.S., less than 1 percent do

These are tough pills to swallow for Virginia Women's Center, a full-service, Richmond-based women's medical practice, which helped central Virginia women give birth to more than 3,300 babies in 2007. So the practice is supporting the dream of its medical providers—and the World Health Organization—to improve those statistics.

The picture of health includes numerous pieces: medications and equipment, prenatal care and emergency transportation, books and scrubs for students, volunteers and translators. Coordinating these items and much more is the Richmond-based nonprofit Midwives for Haiti, formed in 2006.

The organization's founder, Nadene Brunk, a certified nurse-midwife with Virginia Women's Center's, works with midwives, nurse practitioners and physicians across the country. Together they are advancing the mission of Midwives for Haiti to give women all over the world access to knowledge and care that allows for safe pregnancy and birth. Brunk and colleague Stephen Eads, M.D., a Virginia Women's Center ob-gyn, think they may have identified another piece to the puzzle: a Haitian-American woman trained as a midwife in the United States with a deep yearning to help her people.

This week, Brunk and Eads are working closely with Thamarrah Crevecoeur, who is visiting Richmond through Wednesday, when she will return to Haiti to teach midwife students. Crevecoeur has signed a six-month contract with Midwives for Haiti to instruct native women in prenatal care, performing deliveries with proper medications and tools, and handling obstetric emergencies.

The newly-trained midwives will work in remote villages, where attended births are only 11 percent versus 52 percent in urban areas. The Haitian government's Ministry of Health has asked that Midwives for Haiti train 22 midwives for 2008 who will be dispatched across the country. The Haitian Health Care Foundation pays the midwives a stipend.

Crevecoeur was raised in Haiti until age 9, when her mother brought the family to the U.S. to flee political unrest. At the annual conference of the American College for Nurse Midwives last year, she met Brunk and volunteered on the spot to be part of Midwives for Haiti. That summer she returned to her home to train women as midwives, forming a fast bond through their shared language of Creole—and a shared passion for learning and life.

The two Virginia Women's Center providers, Brunk and Eads, returned from their last trip to Haiti in April. They observed in clinical settings the nine women whom Midwives for Haiti graduated in the fall. Though a slow week for births, they witnessed the births of seven healthy babies born to seven healthy moms. Brunk and Eads also observed activity in a crowded prenatal clinic that sees 60-80 women a day, as well as the Midwives for Haiti clinic, where students see pregnant women daily.

Brunk reports that women typically have to walk for miles to get to prenatal care and most deliver their babies at home. Those who sense a need to travel to the hospital in the midst of a complication either arrive too late to preserve the life of their baby or themselves. Most frequent causes of maternal deaths in Haiti are eclampsia (seizures related to high blood pressure), postpartum hemorrhage (most often related to anemia caused by worms and malaria), sepsis (blood infection) and prolonged or obstructed labor.

Virginia Women's Center operates obstetrics and gynecology offices in four Richmond-area locations and the Northern Neck. The practice also offers mammography, female urology, a center for bone health, clinical research and nutritional and mental-health counseling.

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Donations: Midwives for Haiti, a nonprofit organization, needs ongoing donations to sustain its progress:

- \$50 pays for the prenatal care of two Haitian women or provides emergency transportation in a medical crisis.
- \$120 pays for a translator for one week.
- \$200 pays for the medications and equipment needed to perform a week's worth of safe deliveries in rural Haiti.
- \$500 pays for one week of onsite supervision, coordination and intervention, when needed, by a certified nurse midwife who speaks Creole.
- \$1,650 pays for the books and scrubs for 22 new midwifery students whom the Ministry of Health has requested be trained during 2008.
- \$2,200 pays for the scissors, clamps and needle holder for the midwives' delivery kits.

Donations may be sent to Midwives for Haiti, a nonprofit organization, in care of:

Nadene Brunk, CNM
Virginia Women's Center
7130 Glen Forest Drive, Suite 101
Richmond, VA 23226

Statistics: Other statistics, according to the World Health Organization

- In the U.S., there are 2.56 physicians per 1,000 people; in Haiti there's .25
- In the U.S., there are 9.37 nurses per 1,000; in Haiti there's .11
- The average income per capita in the U.S. is \$41,950; in Haiti, it's \$1,040
- Life expectancy is age 80 in the U.S.; in Haiti, it's age 56
- Maternal mortality is 680 in Haiti; it's 14 in the U.S. (per 100,000 women)
- Neonatal mortality is 32 in Haiti; it's 4 in the U.S. (per 1,000 women)
- In Haiti, 12 percent of children die before age 5; in the U.S., that figure is .8 percent.