

Millennium Development Goal 5

Reduce by three-quarters the maternal mortality ratio

Scripture Reflection:

On leaving the synagogue, they went straight to the house of Simon and Andrew; and James and John went with them. Simon's mother-in-law was in bed with a fever. As soon as they told him about her, Jesus went and took hold of her hand and raised her to her feet. The fever left her, and she attended to their needs. (Mk 1:29-31)

Food for thought

The trauma of suffering loss both here and overseas.

A story from the field

Pakistan is a nation which allocates 4% of its national budget to healthcare while 30% is spent on repaying foreign debt and 35% goes to national defence. For the very poor, healthcare is a luxury they can't afford. St Elizabeth's Hospital in Hyderabad runs a Mother and Child Care Outreach Programme in the poor areas to address the needs of pregnant women, mothers and infants up to two years old.

Columban Fr Robert McCulloch is the chairman of

the hospital's administrative council. In the Columban parish of Badin, women and children are the most vulnerable to disease and illness. The Mother and Child Healthcare Ministry assists the poorer families and provides financial assistance with medical costs when timely intervention can prevent illnesses from developing into more serious conditions.

When I came to Badin in 1983 I saw many young Parkari Kholi tribal girls who had lost their childhood by being married before their 14th birthday. They became young mothers whose health was seriously weakened before they were out of their teens. Many of them had three children by the age of 20. Often other children they had would die soon after birth.

Childbirth continues to be the major health issue for women in Sindh. UNESCO statistics show that 23% of Pakistani women have a skilled attendant at delivery. Contracting tetanus is a constant threat for mothers at childbirth. Many tribal women are malnourished and have serious vitamin deficiencies. They are forced to work with their husbands



and children as bonded agricultural labourers even in the advanced stages of pregnancy.

In response, Columbans have used the media and justice and peace meetings to highlight the situation of women. Personal encounters have helped landlords be aware of the life-threatening plight of women who are forced to keep working in spite of pregnancy or a recent birth.

To deal with the problem of post-natal tetanus, we have groups of trained medical aides to vaccinate all girls and women over the age of 12. Mobile clinics are part of the Mother and Childcare programmes which we have set up. Nurses and midwives visit and monitor the condition of expecting mothers, give follow-up care for women who have recently given birth and provide sustained care for infants and young children. Two heavy duty vehicles serve as ambulances. Nurses can immediately send a woman having difficulties or complications to St Elizabeth's Hospital in Hyderabad.

I am chairman of the Administrative Council of St



Elizabeth's. Attached to the hospital is a School of Midwifery in which 53 young women are enrolled in 2006. Graduates ensure that the trained assistance which makes the difference between life and death for a mother in childbirth is accessible and available.

- Fr Robert McCulloch

How should we respond?

* Write to your Federal MP and to your local paper urging increased funding for maternal health programmes for Indigenous Australians.

* Be a support to those in your local community who are suffering loss and grief.

Proportion of deliveries attended by skilled healthcare personnel, 1990 and 2004 (%)

	1990	2004
Southern Asia	30	36
Sub-Saharan Africa	42	46
Western Asia	60	66
South-Eastern Asia	38	68
Northern Africa	40	71
Eastern Asia	51	79
Latin America & the Caribbean	72	88

Three regions show dramatic gains in the number of assisted deliveries

To make poverty history