

LIFE and DEATH in SOUTH SUDAN

The Cambridge's third child, a son, was born to great acclaim recently. Husband and wife with baby appeared within hours of the birth on the steps of the private Lindo wing at St Marys Hospital in London.

The contrast with childbirth in South Sudan couldn't be more raw. Most mothers in South Sudan are young and many of them teenagers, many are malnourished and frightened. There is very little ante natal care and traditional birth attendants are thin on the ground. Few hospitals have the facilities to conduct deliveries safely and without fear of infection, so most girls find themselves at the mercy of nature with just the advice of their mothers and grandmothers. After care is almost non existent and mothers somehow have to summon the energy within days of giving birth to return to work to provide for their other children or for elderly parents.

The maternal mortality in South Sudan is one of the highest in the world. Not only does lack of ante natal care and malnutrition contribute, but also scattered medical facilities that are under resourced and may be without a trained nurse, midwife or doctor. Simple issues such as iron and folic acid supplements are rarely available.

If the birth is complicated in any way it may be difficult to find a hospital that can deal with the crisis, which may develop very quickly. If the delivery is prolonged and the mother young with an immature pelvis, then damage can be done internally producing connections (fistulae) between the bladder, bowel and vagina. These conditions cannot be addressed in South Sudan at present but we know they occur. The surgical repair can be done in a neighbouring country such as Kenya or Uganda. However, this will come at a high price.

The Sudan Medical Link continues to support initiatives which might address these appalling statistics and loss of life. Training competent staff that can educate young women is one approach and we continue to raise funds for the training of midwives and nurses across South Sudan. These midwives are both male and female and surprisingly in such a conservative African society the competent well trained men are warmly accepted. Midwives once trained will work in Church based clinics or with charities such as MSF.

Thank you for your generous donations to this work through the Garden Party in June at South Canonry, Salisbury and at the Soiree in Cranborne.

JA Rennie