



## Tackling infections in pregnancy

A note from the Program Director

To address prematurity, Born on Time targets what are known as the preterm birth LINC factors — unhealthy Lifestyles, maternal Infections, inadequate Nutrition and limited access to Contraception — that can lead to babies being born too soon.

For this issue, we're focusing on **infection**: how do infections affect prematurity, and what is Born on Time doing to address these?

Infections during pregnancy such as syphilis, HIV, malaria and bacterial vaginosis are among key contributing factors to preterm birth. Urinary tract infections, as well as infection due to unsafe deliveries and improper care of umbilical cords, can also threaten the health and wellbeing of both mother and baby.

Born on Time is working to tackle infections in pregnancy across all three countries by:

- Training healthcare workers to be able to better diagnose, refer and treat for infections;
- Working with community health workers to educate women and men, particularly adolescent girls, pregnant women, and their partners on how to protect themselves from sexually-transmitted infections (STIs) and malaria; and
- Working with community and religious leaders to address taboos and stigmas around sexually-transmitted infections that prevent pregnant women from protecting themselves and seeking care, including the importance of positive and sustained male engagement and support.

Born on Time also addresses knowledge gaps through billboards, radio spots and community theatre to engage and educate communities on the important journey toward health for all.

In partnership with women, girls and their families for better health,

Marie Bettings

### Screening for STIs during antenatal care visits in Ethiopia



Midwife Agegnehu Likina with her patient, Mulu Dilnesahu, who is expecting her third child

Agegnehu explains, "Before Born on Time, my colleagues and I didn't screen pregnant women for sexually transmitted infections and other maternal infections when they came for antenatal care. The trainings provided by Born on Time have helped me pay more attention to women who come to our health centre for antenatal care."

Agegnehu shares the story of one of her patients, Mulu Dilnesahu, who is expecting her third child. During her first antenatal visit, Mulu was screened for syphilis and tested positive. She was advised to come to the health centre with her partner as soon as possible so he could also be tested. She complied and her husband tested positive for syphilis as well. They were treated and have both fully recovered. Mulu is now in her third trimester and has had a safe pregnancy. Mulu says, "I hadn't gotten any antenatal care for my first two babies. I only came to the health centre for delivery. Now that I see the benefit, I regret not having done that for the first two. Luckily, there were no problems with my previous pregnancies. But I just don't want to push my luck anymore."

**"I love this health centre and the professionals take good care of me. I tell other pregnant ladies in my area to come here to follow up on their progress and to check the well-being of their baby to come."**

Mulu Dilnesahu, Ethiopian mother expecting her third child



### Born on Time @ Women Deliver

Women make up more than 70 per cent of the global health workforce. Although they play a critical role in improving and saving people's lives, female health workers are often unrecognized, underpaid or unpaid. Roopa Dhatt, Executive Director of Women in Global Health, shared these statistics at a Women Deliver 2019 side event co-hosted by Johnson & Johnson.

Participants heard directly from midwives and nurses, including Born on Time delegate, **Ruth Dite Mah Diassana**, from Mali.

**"As a midwife, I am proud to accompany pregnant women throughout their lives, and through delivering a baby to the world. I want the world to recognize the marvellous and powerful work of midwives."**

Ruth is a midwife in charge of the Reproductive Health Service and also Manager of the Family Planning Department at Sikasso Reference Health Center in Mali. She has also worked as a midwife for the Malian Ministry of Health.

**"We are working with the government to give equal opportunities [to those] who are working in health to have adequate training to grow in the health workforce," she explained.**

Ruth has been trained by Born On Time as a trainer in the Lifestyle, Infection, Nutrition, Contraception (LINC) approach to preventing preterm birth and on gender equality, as well as Kangaroo Mother Care, newborn care and sexual and reproductive health and rights. She has gone on to train midwives, obstetric nurses, matrons and community health workers.

*Excerpt from the June 7, 2019 Girls' Globe article, "The Power of Female Health Workers."*



Ruth Dite Mah Diassana, a midwife from Mali, at Women Deliver Side Event

Agegnehu Likina is a midwife at a health centre in Ethiopia's West Gojam zone. She is proud to have delivered hundreds of babies in her few years of practice. She readily admits that she had a lot of skill gaps that needed to be filled so that she could help her clients better, but the health centre didn't have the capacity to offer the support that she and her colleagues needed. Agegnehu says, "I used to be really overwhelmed when clients with severe cases were referred to our health centre and I just didn't know what to do to help. I asked some of my senior colleagues, but a lot of times they wouldn't know how to treat these cases either."

Agegnehu is thankful that Born on Time provided trainings for healthcare professionals, allowing her and her colleagues to improve their skills and treat their clients with confidence. Agegnehu was one of the healthcare providers who received Basic Emergency Obstetric and Newborn Care, as well as Supportive Supervision and Clinical Mentoring trainings, offered by Born on Time. Since completing the trainings, she has visited seven health centres in her area to provide supportive supervision and clinical mentoring.



## Issiaka's survival in Mali



Issiaka with her parents, Aïcha and Traoré.

When the Born on Time project began working in their community in Mali, Aïcha and her husband Traoré participated in sensitization sessions on the importance of the prevention of infection during pregnancy given by health workers and community relays. Aïcha was able to use the knowledge they gained in these sessions to prevent malaria and sexually transmitted infections during her sixth pregnancy, as well as attend antenatal care visits, all with the support of Traoré.

**“I’m glad my husband supports me in the use of antenatal care as well as in the prevention of infection during pregnancy.”**

Aïcha continued, **“I am very satisfied and happy to give birth to a [healthy] child for the first time. Issiaka is alive and is my only living child because my first five deliveries were all premature. Before, I thought babies died simply due to witchcraft of my family, or my husband, or the neighbours, which led to me having premature births and my premature babies dying. I thank the Born on Time project and the people who made me aware of the importance of ANC and preventing infections during pregnancy.”**

**“I do not want to have premature births and babies who die just because I have not done my part to prevent infections during my pregnancy.”**



Masuda and her youngest child

## Discomfort due to an STI is not a normal symptom in pregnancy

Masuda, aged 21, lives in an underprivileged community in Bangladesh. Her husband, Mohammad, is a day labourer and they have two children.

During Masuda's first pregnancy, she felt genital irritation, itching around the vagina, experienced a burning sensation during urination, and had foul-smelling vaginal discharge. She told her husband about the pain and discomfort she was experiencing, but he paid no attention to these problems. She shared with her mother-in-law, who told her this was common during pregnancy and assured her that it would not require a visit to a physician. Masuda was unable to spend money for treatment without her husband's consent. She gave birth to her first child at home with a local, untrained birth attendant. The baby was underweight and malnourished and now often falls sick.

The Born on Time project began in this area in September 2016, and has provided trainings to health facility service providers on antenatal care, postnatal care, safe delivery, essential newborn care, management of sexually transmitted and reproductive tract infections, and family planning methods. Born on Time also deployed two community-based skilled birth attendants (CSBAs) for each health facility to conduct 24/7 normal deliveries and three community health workers (CHWs) (two female and one male) to raise community awareness around preterm births and sexual and reproductive health and rights. The CHWs also make household visits to pregnant women.

One of the female CHWs visited Masuda's home during her second pregnancy and learned of the significant discomfort she was experiencing. She recognized the symptoms of a reproductive tract infection and recommended that Masuda visit the health facility immediately. Masuda's husband and mother-in-law, however, did not agree with this suggestion. The CHW then shared the matter with a member of the Female Household Decision Maker Group. This group member visited the home and helped Masuda's husband and mother-in-law understand how important it was for Masuda to attend the health facility for treatment. Following this discussion, Masuda and her husband visited the health facility together, and the diagnosis was an STI. Both husband and wife received treatment from the health facility and they were cured within two weeks.

On December 3, 2018, Masuda had a healthy baby boy at the health facility. She had a normal vaginal delivery and was attended by the CSBA. She has made three postnatal care visits to the health facility since her baby was born. Masuda and her family members are now very happy. They vow to educate their children about these issues in the future. Masuda and her husband are now using family planning methods and are not thinking about another pregnancy in the coming years.

After the baby was born, Masuda's husband and mother-in-law have taken over the household chores, including heavy work, so Masuda is able to take care of herself and the baby.

**“We are grateful to the Born on Time Project. The project has given us a healthy baby and mother,”** said Mohammad, Masuda's husband.

**“If we had not had any contact with the CHW, I would have suffered from the disease for an unlimited time. The Born on Time project is like a blessing of God,”** Masuda shared.

## Spreading the word — great news to share from the Born on Time technical teams!

- “Breaking the barriers on adolescent sexual reproductive health and rights” was accepted for presentation at the **Canadian Conference on Global Health** to take place in Ottawa, Canada from October 17 to 19, 2019.
- “From preterm births to non-communicable diseases: Community health workers potential to tackle prevention through nutrition” abstract was submitted to the **International Symposium on Community Health Workers** to be held from November 22 to 24, 2019 in Dhaka, Bangladesh.



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