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Averting maternal death and disability

Editors comment: Efficient and effective obstetric care in a rural Indian community where most deliveries are at home

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The paper by McCord and his colleagues in India is important for two reasons. First, it demonstrates that, given the option of high quality obstetric care, even people with limited resources are willing to pay for it. This is true, in spite of the fact that 40% of families in the study area are below the poverty line of US \$80 disposable income per year. Secondly, it demonstrates that in this area, where almost all deliveries take place at home, and most people are illiterate, families can recognize complications and the need for professional care. Given information and options, people can and do make intelligent choices.

The world — especially the developing world — is full of hospitals with empty beds because people are reluctant to go where they know the care is sub-standard. However, these same people

will travel many miles at great personal inconvenience — and are even willing to share a hospital bed — if the care they receive is effective. In the part of India described in this paper, almost 80% of women with obstetric complications sought care, and more than 80% of those sought care for which they had to pay.

This project used Village Health Workers (VHW). Although they do provide some clinical services, including conducting some deliveries, the VHW's most important role is health education — both basic health education and education on indications for referral during pregnancy and delivery. Equally important, when referral becomes necessary, the VHW accompanies the woman, thus facilitating the transfer to the hospital and ensuring prompt admission to the hospital. In addition to aiding in logistics, her presence undoubtedly gives women and their families a greater sense of security and peace of mind, and hence, greater willingness to go to the hospital.

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The paper also highlights the difficult problem of payment. Although families may be willing to pay for the cost of care, they often do not have the cash on hand when they need it. Far more attention needs to be paid to *how* people pay for

medical care — insurance schemes, low interest loans, emergency savings plans, etc. There are few success stories to date. Evidence is accumulating that limited access to cash is a major barrier to accessing emergency obstetric care.

Call for Papers for the Averting Maternal Death and Disability Section

Papers can be submitted via e-mail to jafortney1@aol.com or in hard copy to Dr. J A Fortney, AMDD Program, Mailman School of Public Health, Columbia University, 60 Haven Avenue, New York NY 10032, Papers should be of MicroSoft Word, follow the style of this journal, and must address the issues of access to, or quality of, emergency obstetric care.

The full text of all articles and editorial comments published in the Averting Maternal Death and Disability Section are available on the Elsevier Women's Health Resource (WHR) website:

http://www.womenshealth-elsevier.com/ijgo_frm.html