REPRODUCTIVE HEALTH matters

FEATURE

No safe place for childbirth: women and midwives bearing witness, Gaza 2008–09

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Abstract: *Women seek to give birth in a place where they feel safe, protected and secure. However, in conflict settings, many are forced to give birth in dangerous and frightening situations, where even the most rudimentary help and protection is unavailable. This study, based on interviews with women who gave birth and midwives during the 22-day Israeli attack on Gaza in December 2008 – January 2009, illustrates the vulnerability and trauma women experience when there is no safe place for childbirth. They recounted their overwhelming fear of not knowing when they would go into labour, not reaching a hospital or skilled attendant during the bombing, complications in labour without emergency care, and fear for the safety of their families and being separated from them. Most of the midwives were unprepared both materially and psychologically to attend births outside a hospital setting, while physicians were overwhelmed with severely injured patients. The capacity of midwifery care to keep birth normal whenever possible is particularly crucial in situations of political instability, conflict, poverty and disaster. Planning for emergency care by mapping the location of midwives, supplying them with basic equipment and medications, and legitimizing their profession with an appropriate scope of practice, licensing, back-up, and incentives would facilitate their ability to respond to birthing women's needs.*

Keywords: midwifery, childbirth, maternal morbidity, conflict and crisis settings, Gaza, Palestine

1948

"When we were in the middle of the sea, halfway to Beirut, we had a pregnant woman on board, she was in labour. Who was going to help her? 'Oh people! Wake up! We need help in God's name!' So my aunt, God have mercy on her soul, told her, 'Come over here' and made her squat. And a baby was born and it was a boy. They had nothing to wrap him in. I had a bundle of things for my son, so I undid it and gave her some. There wasn't anything to cut the umbilical cord. My younger brother Isma'il had a piece of iron in his pocket. They took it from him and cut the cord." (Imm Mahmoud, Jaffa)[1]

2009

"The husband called me at 4am and told me that his wife had labour pains and the ambulance was unable to come as it was too busy transporting the injured from the shelling. I told him, 'Try to bring her to my house and I will try to help. We were with no electricity and little gas. The woman arrived at my home after 20 minutes of walking accompanied by two of her female relatives. I tried to get prepared. In the dark I searched for a pair of scissors and boiled them. I moved inside my dark home with confusion as I had nothing prepared for such a case. I examined her upon her arrival and realized that she would deliver soon. I searched again in the dark and found an old cord clamp that was kept by chance since the previous siege in one of the drawers. Then I kept reading the Koran and asking God to help me. I was so scared of complications and then what would I do? I delivered her on the floor by candle light at 5:30am. This was my first home birth. It was cold and dark, but we managed to keep the mother and the newborn warm."(Imm Ahmed, Gaza midwife)

This study explores some experiences of birthing women and midwives in Gaza during the 22-day

Israeli military attack between 27 December 2008 – 19 January 2009, during which: *"The almost total closure of the borders, coupled with a lack of early warning systems or bomb shelters, denied the civilian population any refuge during three weeks of almost uninterrupted aerial and sea bombardments, artillery shelling, and ground operations."*[2]

This attack resulted in 1, 417 dead, of whom 116 were women and 313 children; 5, 380 were physically injured including 800 women and 1,872 children.[3] Thus, 30% of the deaths and 50% of the injured were women and children. As the primary caregivers of large families, women are particularly vulnerable in the aftermath of trauma, when they must rebuild the lives of their families amidst loss and destruction.[4] Even during times of relative stability, the work of caring for the needs of the extended family falls on the shoulders of women,[5] particularly where few social services exist. The myriad consequences of war leave women without shelter and as widows unprotected, or as the only caretakers for injured family members. Thus, Gazan women, following the attack, reported a lower quality of life than men.[6]

Thoraya Obaid, then Executive Director of UNFPA, remarked that the fact-finding reports did not mention the deaths and delivery-related injuries of pregnant women who could not access care, because they were invisible.[7] In fact, some 3,700 women went into labour during those 22 days. Hospital records show a 31% increase in the number of miscarriages, a 50% increase in neonatal deaths, and an increase in the number of premature births, obstetric complications, and caesarean sections in that period.[2]

Women seek to give birth in a place where they feel safe, protected and secure. However, in conflict settings, many women are forced to give birth in dangerous and frightening situations, where even the most rudimentary help and protection is unavailable. The Palestinian situation exemplifies the importance of context and the highly political nature of achieving safe motherhood, and shows that maternity care is more than a psychosocial and bio-medical event. Unfortunately, humanitarian aid practitioners tend to focus mostly on technical solutions.[8,9] This paper shows how the political situation may result in egregious outcomes for women and their babies.

The attack on Gaza

Gaza is a small strip of densely populated land, 360 km^2, with 1,600,000 inhabitants, and is completely enclosed by borders with Israel, Egypt, and the Mediterranean Sea.[10] Israel remains in control of its airspace, coastal waters and borders, creating a "hermetic ghetto".[11] Following the election of Hamas in 2006, Israel imposed a blockade which severely restricted the movement of people and goods, stifling the economy and access to basic necessities.[2] Contact between Gaza, the West Bank and Jerusalem was virtually suspended, with severe consequences for governance, the economy and health care. Internal conflict since 2007 has compounded this situation of deprivation.

The presence of routine health care services, a relatively high number of physicians, and short distances have not compensated for the harmful effects on many social determinants of health. Seventy-five percent of Gazans have suffered from food insecurity with 40% of the workforce unemployed.[12] Thirteen per cent of children under five are stunted, indicating chronic malnutrition and risk of poor cognitive development.[13] Reconstruction has been impeded by the siege; electricity continues to be cut much of the day. The closure has had devastating effects on the health care services, with shortages of facilities, essential drugs (40% out of stock in Gaza in early 2011), equipment and training, and difficulties in referrals for specialized treatments.[14] Under such conditions, different forms of violence and isolation affect the entire population, touching all aspects of life.[15,16]

In spite of this, there has been very high coverage of maternity services: 99% of women receive skilled attendance at birth, with reliance on large hospitals and doctors' clinics, with few home births (1%). Almost all pregnant women receive antenatal care, primarily from physicians, except in the refugee camps, where midwives are the key providers. Only about one-third receive post-partum care, however, and even fewer during the first few days after early discharge from hospital, as home visits are not routine and women tend not to leave their homes soon after childbirth. While the quality of care needs improvement, this high utilization of maternity services is important in a population where the total fertility rate is 5.3.[13] The maternal mortality ratio for Palestine has been estimated at 46 per 100,000 live births.[17] Little information is available on maternal morbidity. Accompanied by a discourse of modernization, the Palestinian health authority and the previous Israeli administration had persuaded all pregnant women to give birth in maternity facilities;[18] however, no system of emergency care in case of conflict was planned for;