

Combating maternal mortality, at home and abroad

Retired nurse midwife talks about motherhood clinic in Uganda

By **KATHERINE LACAZE**
EO Media Group

Marion Toepke has hope for improving childbirth outcomes worldwide, despite the United States' mounting maternal mortality rate. She invites others to explore practical methods achieving success at a clinic in Uganda.

Toepke, 71, a retired nurse midwife and family nurse practitioner, is giving a presentation called "Midwives and Mothers In Africa" at 3 p.m. Sunday at KALA, 1017 Marine Drive.

During the presentation, Toepke plans to share information about a clinic and birthing center, administered by the Teso Safe Motherhood Project in Uganda, where she has volunteered since 2009.

The clinic provides health care in and around the northeastern town of Soroti at no cost to its clients, who primarily are women and children.

Additionally, Toepke, who lives in the Eugene-Springfield metropolitan area and sometimes helps at the Lower Columbia Clinic, will discuss some reasons why the maternal mortality rate in the United States has increased steadily during the past few decades, even as the global rate declines. Particularly concerning, she said, is the disproportionate

number of deaths of women of color.

A goal of the presentation is to highlight practical methods for improving birthing outcomes in the United States and abroad.

Taking her skills overseas

Toepke spent several decades in the medical profession. She got her nursing degree in 1966 and was certified as a nurse midwife and family nurse practitioner in 1974.

Through International Midwife Assistance, Toepke went to Afghanistan in 2006 to lead a class on inserting intrauterine devices. The group hoped to do a one-year follow-up to track the progress of the class, but the security situation had deteriorated, making the trip impossible. A few years later, Toepke was invited to the Teso Safe Motherhood clinic in Uganda instead.

The clinic opened in 2005, with about five deliveries per month. Since then, the number has increased to about 80 to 100 births a month. It is staffed with local licensed professionals. Toepke's work generally is in a supportive role or as an educator.



Katherine Lacaze/EO Media Group
Marion Toepke, a retired nurse midwife and family nurse practitioner who periodically serves at the Lower Columbia Clinic, is giving a presentation Sunday at KALA.

"I figure it's so much more important for the African women to be attended by someone in their own culture, a native speaker of their first language, not someone they are having to try to speak English with," she said.

The clinic has several departments, including administration, antenatal care, delivery and postpartum, family planning, HIV/AIDS counseling and testing, primary care, a laboratory, a dispensary, spiritual

guidance, transportation and vaccinations.

A large concern in the region is malaria, a serious complication that can result in miscarriage or death. Numerous pregnant women attend the clinic specifically for treatment, Toepke said.

Additionally, the area is lacking in neonatology, the medical specialty dealing with care for newborn, sick and premature babies. Even the local hospital does not have the proper equipment and resources, like hospital-based air medical transport or electrocardiogram testing, to provide adequate neonatal care. Toepke hopes to see that improve.

"It seems like there is a certain percentage of babies that it wouldn't take much just to pull them through. Just one more notch up on the neonatology ladder," she said.

However, the clinic's main focus is keeping mothers safe and healthy, as that has wider social implications.

"There are things involved in birth that can super affect the baby, his or her family and, by extension, your whole society. And one of them is when there are a lot of mothers dying," Toepke said. "Bottom line

is, you really can't replace a mom."

The clinic receives some local financial support but mainly is funded through International Midwife Assistance and a crowdfunding organization for maternal and child healthcare called Kangu.org.

Toepke generally visits Uganda once per year, staying anywhere from a couple weeks to about two months. Her last trip took place in May. She is going back at the end of October to host an educational conference called "Birth and the Human Future" Nov. 21.

During the "Midwives and Mothers in Africa" presentation, Toepke will take a collection for funds to expand the size of the conference and host more people from surrounding areas, serve them lunch and give them informational packets. She estimates it will cost about \$10 per person to attend, and she wants to offer it free to clients.

Rates in the United States

For unknown reasons, the maternal mortality rate in the United States is increasing, even though the country has one of the most expensive healthcare systems. For in-

stance, the rate in 1990 was 12 deaths (from pregnancy-related causes or within 42 hours of the pregnancy's end) per 100,000 women. In 2013, the rate was 28 deaths per 100,000 women, according to the World Bank datasets.

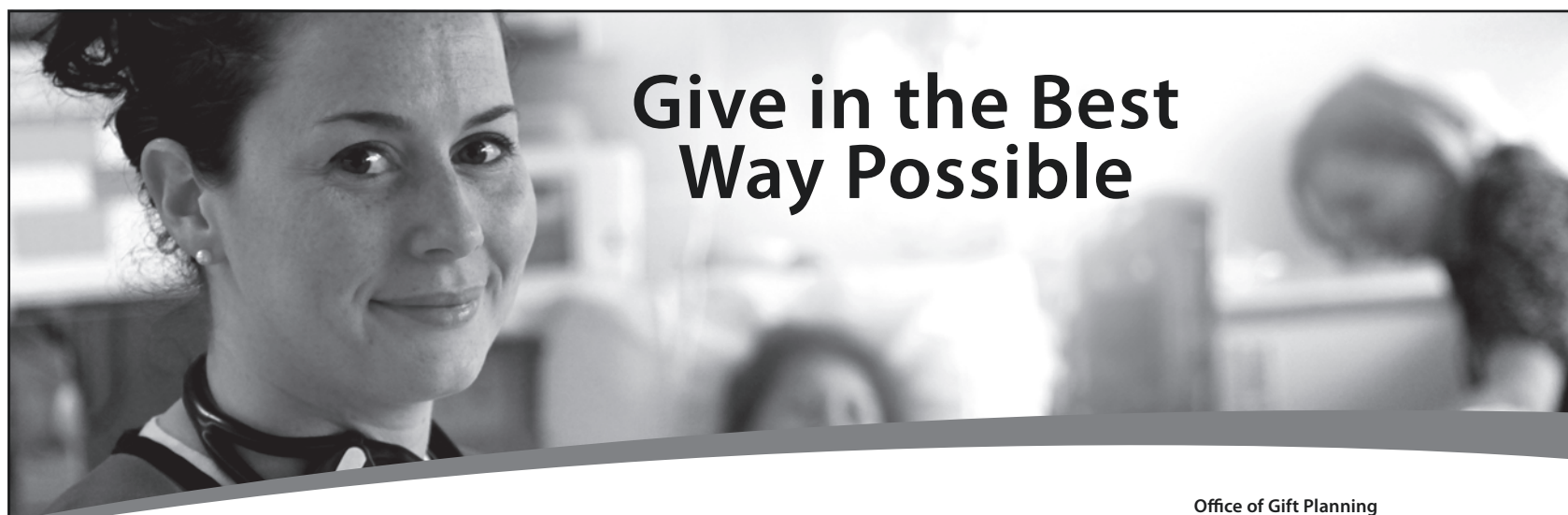
Toepke has a few guesses as to why the rate is rising, such as a lack of access to healthcare, fragmentation of healthcare and the general economic decline, among others.

"I think it needs to be studied," she said.

In addition to "why," people need to study what can be done to intervene and combat the rise.

Toepke believes it would benefit the United States for medical providers to enhance the practice of confidential inquiry. She described the practice as when, after each death, "you go over the details, then you see where you could have intervened." It's not to assign blame, but rather to learn how to keep it from happening again to others.

Unfortunately, she said, the practice does not fit well into the United States' legal system, but it seems to have helped reduce maternal mortality worldwide by "opening up and studying these things."



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