Maternal health in East Timor

Medical Elective, Bairo Pite Clinic; April – May 2011

Introduction

The democratic republic of Timor-Leste (East Timor) resides on the south eastern extremity of the Indonesian archipelago, it has been independent since 1999, when the Indonesian occupation ended. The violent and bloody nature of the Indonesian withdrawal meant few escaped persecution and a large proportion of the nation’s infrastructure was destroyed. Currently East Timor is considered to be one of the ten poorest countries in the world with more than 40% of civilians living below the poverty line and the health care expenditure per capita being a mere US$58 in 2007\(^1\). The Ministry of Health (MoH) was established in 2002 to address the gap in medical provision in East Timor, but despite this many of the nation’s health care needs remain largely unmet.

Maternal health is a particular neglected aspect of the health care system with an estimated maternal mortality rate (MMR) of 830 per 100,000 live births and an infant mortality rate (IMR) of 80-90 per 1,000 live births\(^2,3\). These statistics are made even more relevant by the fact that Timor is one of the world’s most fertile nations, with the average parity being 6.5 in 2006\(^4\). The high MMR and IMR are partially attributed to several specific health-related problems that the MoH has acknowledged, and aims to tackle. These include; lack of funding, lack of public health-awareness, communicable disease (Malaria, TB, HIV/AIDS), lack of access (on average it is 70 minutes walk to a health outlet), maternal and infant malnutrition and poor human resources\(^5\).

In light of this I decided that maternal health in East Timor was a fitting and worthwhile focus for my medical elective. I carried out my placement at the Bairo Pite clinic (BPC) in the heart of the nation’s capital, Dili. BPC has been directed by Dr Dan Murphy since the occupation ended, re-utilising an old military clinic as a public health outlet. It is funded primarily by non-governmental organizations (NGOs) and charity, and has evolved from a crisis-orientated clinic to a community health service, operating within the national health care system.

Currently the clinic boasts a large maternal health department, which carries out around 600 antenatal consultations and delivers over 100 babies per month\(^6\). In addition BPC offers an outreach scheme, which aims to train ‘lay’ midwives in relatively isolated village communities, in order to educate local women about pregnancy and labour in an attempt reduce both maternal and child morbidity.
**Aims:**

- To get an insight into the maternal health care pathway in East Timor and identify any potential barriers accessing medical services
- To gain an appreciation of the similarities and differences in ante, peri and post natal care in East Timor and in the UK
- To use the knowledge and skills I have acquired during my time at medical school to help to improve maternal health services at BPC
- To learn more about Timorese culture and tradition, both in terms of health care and society

**My Experience:**

On my first day at BPC I was surprised by the size of the facility, which hosts a 48 bed inpatient capacity as well as the maternal health facilities previously mentioned. I met Dr Murphy; the only doctor on site, who gave me a brief tour and overview of how the clinic was run and took me on the morning ward round. Afterwards, I made my way to the maternity unit, immediately noticing the large numbers of women waiting to been seen by the midwives, many of whom had travelled for over two hours for their consultation. Each woman was issued a queue slip and patiently waited, sometimes for several hours, to be seen.

Sitting in on antenatal clinics meant I was able to experience firsthand the constituents of a primary antenatal assessment at BPC. During the consultation, a full medical history and pregnancy history was taken, in addition each mother was weighed, had a blood pressure measurement, a blood sample taken and if necessary had the pregnancy confirmed by a urine sample. These techniques are in accordance with the recommended components of a antenatal consultation, as outlined by the World Health Organisation (WHO), in the 2015 millennium goals on improving maternal health (see box 1)².

**Box 1: Millennium development goals and maternal health**

Improving maternal health and reducing child mortality are 2 or the 8 Millennium development goals to be achieved by 2015, to help reach this target WHO have outlined standard criteria expected to be performed/discussed during an antenatal consultation (those in GREEN were carried out by Bairo Pite clinic):

- Confirmation of pregnancy
- Monitoring of progress of pregnancy and assessment of maternal and fetal well-being including nutritional status
- Syphilis testing and treatment of syphilis
- Detection of problems complicating pregnancy (anaemia, hypertensive disorders, bleeding, mal-presentations, multiple pregnancy)
- Respond to other reported needs
- Tetanus immunization
- Anaemia prevention and control (iron and folic acid supplementation)
- Treatment of mild to moderate pregnancy complications (anaemia, urinary tract and vaginal infection)
- Post abortion care and family planning
- Pre-referral treatment of severe complications (pre-eclampsia, eclampsia, bleeding, infection and complicated abortion)
- Support for women living with violence and HIV

Attending the clinics also meant that I got to talk to local mothers about their experiences of the care they received during their pregnancy. Generally they were extremely pleased with the standard of care they provided by the clinic, despite the long waiting times and basic facilities. I also learned that this was the first time the majority of the women had ever sought professional medical advice. BPC has a close relationship with the community partially owing to the work undertaken Dr Murphy during the humanitarian crisis in 1999. The Timorese people, even those attending the clinic remain wary of the government run health care centers. Therefore I was not surprised to learn that only 19% births attended by a skilled professional; a dramatic
Observation

During my time in the antenatal department, one thing that I found particularly interesting and unexpected was the emphasis on screening for HIV. Even though HIV is currently not considered a major health problem in East Timor, unexpectedly the incidence is increasing. Multiple factors have been identified including lack of public awareness about the transmission and implications of HIV and AIDS and safe sexual practice. In response to this BPC has been working with the Implementing AIDS Prevention and Care Project (IMPACT) and it is policy that every pregnant women that attends the clinic has a full sexual history taken and a HIV test.

Sadly, during my time at the clinic I witnessed mothers-to-be given the heart-sinking news that they were HIV positive. However I was impressed by the package of care that was then put into place to support such women; including education on minimizing the risk of transmission to their baby and the administration of the appropriate anti-retroviral drugs.

Outreach

One of the biggest barriers to health care in East Timor is access to services, with up to three quarters of the population living in rural areas. In light of this, BPC has an outreach service which aims to train and educate lay midwives in these remote areas to deal with the maternal health care needs of their community. I was able to speak to the facilitator of the project, Dr Ida, who explained that the program was not only aimed at improving maternal health, but empowering local women, increasing awareness of, and attempting to change attitudes toward health care problems. The program is being well received by local women and at least 11 villages are now on board.

Timor, despite being a predominantly Catholic country, has its own cultural beliefs and practices, particularly in more isolated areas. Some of these beliefs and rituals can be detrimental to health and ‘local remedies’ are often favoured over conventional medicines. I was told by some of the Timorese staff at the clinic of one such local tradition which is still practiced: if a mother is enduring a long or difficult labour, the ‘treatment’ is to push...
Delivery suite

Aside from my time in the antenatal department I also visited the labour ward, where I was able to observe and facilitate the birth of 2 healthy babies. I was given the opportunity to do on-calls in the delivery suit, which entailed staying over night on the ward and is where I saw my first ever delivery. Given that I had never assisted during childbirth, I relied heavily on the midwife to guide me through the daunting task. She showed me where to position myself and how to instruct the mother during contractions. Epidurals are not available at the clinic and most of the mothers have no pain relief during labour, thus helping a mother with breathing exercises was was mainstay method of keeping her calm and focused.

This is a stark contrast to the UK where most women will have the option for some form of pain relief during labour and up to 50% of women opt for epidural analgesia³.

The BPC midwives are highly skilled and experienced, but if any complications are known about; for example a breach baby, Dr Murphy insists on being present to ensure the delivery is as safe as possible. After the birth, both mother and baby are taken to the maternity ward, where they remain until they are deemed fit for discharge. Neonatal sepsis is a highly preventable but devastating condition accounting for 12% of deaths in infants under 1 year old in East Timor¹. To try to reduce this figure Dr Murphy insists that three key concepts are taught to new mothers, including; exclusive, breast feeding, hand hygiene and early recognition of signs of illness.

Reflection

Doing my elective at a busy and diverse clinic like Bairo Pite enabled me to gain experience working in a range of areas, including the antenatal and labour units and the outreach clinics. Spending time in each department helped me to develop new skills and a broad knowledge base. Firstly, I feel that by taking part in antenatal consultations I learned about the screening tests, health checks and counseling provided to Timorese women. On reflection I appreciate how different these were to the standard components of an antenatal consultation in the UK; highlighting the contrast in health and social issues between the two countries.

It also allowed me converse with local mothers and find out about their attitudes and opinions toward the care they received at BPC during their pregnancy, which is very important when considering possible improvements to the service they receive. Based on this I put forward some of my own ideas on how to enhance patient care, including creating a patient information leaflet that could be given to new and expectant mothers containing key information on their pregnancy.
Having the opportunity to go on outreach clinics enabled me to see firsthand how BPCs initiative on training 'lay' midwives was being put into practice. The enthusiasm of the villages toward the project was encouraging and made me appreciate the importance of engaging local communities when attempting to implement health strategies in developing countries. In addition, carrying out my own maternal health checks whilst attending the mobile clinics has not only helped develop my knowledge in the area of maternal health, but also improved my confidence in my own abilities as a student doctor.

My favorite area was working in the maternity unit; following a mother through labour to the birth of her child was a novel and highly rewarding experience. Before this I had never attended a birth, thus had to develop new skills and knowledge in a new subtype of medicine; which was initially challenging, but very worthwhile. Working with the Timorese midwives challenged my preconceptions that their knowledge and expertise would not match that of UK trained practitioners and how their role is made even more demanding by the limited resources available.

I learned a great deal about maternal health. Working at BPC enabled me to gain insight into the ante, peri and post natal services available and the main maternal health care needs in a developing country such as East Timor. I feel my attitude to Maternal health has changed and that I now appreciate the diverse nature of health and psychosocial problems it encompasses. I hope that through the work I did with the team at BPC, in the maternity department and on outreach clinics, I have made positive impact on Maternal health care in East Timor.

Key learning points:

- The differences in the facilities and treatments available in BPC and clinics in the UK
- The complexity of the pathway from antenatal care through to delivery and post natal care and the range of health, psychological and social problems that need to be addressed during this period.
- The importance of community based healthcare in both East Timor via the outreach clinics and in the UK through general practice.

Summary

Overall I thoroughly enjoyed my medical elective and found it to be a motivating, interesting and novel experience from which I

Acknowledgements:

I would like to thank the Wellbeing of Women, the Royal College of Obstetricians and Gynaecologists, and Ethicon for supporting my elective work. As well as Dr Dan Murphy for supervising me during my elective placement. Finally a mention to Mat Lynn for the use of his photographs.

Written by: Charlotte March

References

5. East Timor Health profile – 2002, health minister