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During a pregnancy complication at seven months, Ami Campini went to two local health centres before being transported to the Regional Hospital of Buba, Guinea-Bissau and delivering a 1.3-kilogram baby girl via emergency Caesarean section.

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Delivering better maternal health outcomes in Guinea-Bissau

Ami Campini says she's lucky to be alive. The mother of four was seven months pregnant with her fifth child when she and her family moved from the northern part of the country to the Quinara region in the southwest, where they own farmland, for the start of farming season.

Within two weeks of arriving, Ami started bleeding – enough to warrant a visit to a health centre. But workers at the centre were on strike, so she was sent to another facility, which didn't have an ultrasound machine to diagnose her condition.

An ambulance transported her to the Regional Hospital of Buba, located about 27 kilometres away, but because of poor road conditions, the trip took more than an hour. Once there, Ami, 31, was diagnosed with retroplacental hematoma, an emergency pregnancy complication caused when the placenta detaches, that can lead to miscarriage or stillbirth.

In rural communities, a lack of skilled health professionals contributes to high maternal and

newborn mortality rates. Health centres have nurses and midwives but no Obstetrician/Gynaecologists to immediately assess high-risk obstetric cases.

Ami finally had a Caesarean section, delivering a 1.3-kilogram girl she named Zita. At such a low weight, the premature baby was not expected to survive. But after 24 hours, she was able to nurse and both mother and child left the hospital after 17 days.

“We considered saving only the mother’s life, as situations of retroplacental hematoma are rarely successful,” recounts Dr Sonia Bako, a UNFPA-supported UN Volunteer specialist in Obstetrics and Gynaecology. “This case was a real miracle because we managed to save the life of the mother and the baby.”

Closing maternal care gaps

The national average rate of maternal mortality is estimated at 746 per 100,000 live births but 3,015 in the Quinara region.

The operating room Ami Campini was treated in had been built in 2015 (though only became operational in 2021 due to the lack of qualified health-care professionals). It was part of the Project H4+ initiative to strengthen emergency obstetric and neonatal care, funded by the Swedish International Development Cooperation Agency (SIDA) and implemented by the Ministry of Health, UNFPA and other partners.

In 2018, UNFPA also supported additional training for 20 midwives to improve the capacity of midwifery faculty to meet the needs of the national health system.



Prior to Dr Bako's arrival in June, the hospital faced significant gaps in providing quality maternal health services because of a lack of skilled personnel. During Ami's operation, a general practitioner was in the operating room, learning from Dr Bako to be able to perform Caesarean sections by herself in the future.

"There is also a need for training at the regional level, as sometimes we have cases from other sectors that are many kilometres away," said Dr Bako, a UNFPA-supported UN Volunteer Obstetrician/Gynaecologist who has performed 15 operations here so far. "This would make it possible to avoid long journeys, thus helping to reduce maternal and child mortality."

Despite Ami's arduous experience, she focuses on what really mattered:

“ I was saved thanks to the existence of the operating room and the hospital's health professionals who spared no effort to help me. --Ami Campini, patient of UN Volunteer Dr Sonia Bako, a UNFPA-supported UN Volunteer specialist in Obstetrics and Gynaecology



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