A Family’s Future: One Couple’s

“Your wife needs you. Please come.”

Benson was in the middle of his shift at the supermarket when the clinic called. He frantically asked, “Is Grace OK? Is the baby?” But the nurse would only repeat, “Please come.”

Benson raced across Mombasa’s busy, unfamiliar streets. The couple had only just moved to Kenya’s second largest city for work and, as he reached the Mtwapa Health Centre, where Grace had gone for antenatal care, Benson worried they had made the wrong choice. “We don’t know anyone here,” he thought. “It’s just Grace and me.”

In the clinic’s courtyard, he found Grace — four months pregnant, her eyes red and swollen from crying.

“What has happened?” Benson asked urgently. “Are you well? Are you OK?” Within moments, a nurse appeared and said, “Grace is fine. There is no problem with the baby. But she would like to speak to you privately.”

Learning Their Status

Earlier that day, when Grace arrived at the Pathfinder-supported clinic, she was unconcerned. “Every pregnant woman takes an HIV test,” Grace says, “and I thought I was negative. When I found out I was HIV positive, I was shocked.” Grace remembers crying for two full hours before telling her husband the results.

“What? Positive?” Benson recalls his disbelief. “Today, I am OK,” he says, “but back then,
Mission to Protect Their Baby
According to the World Health Organization, approximately 1.5 million women living with HIV become pregnant each year. Without antiretroviral drugs, they face a 15 to 45 percent chance that their child will also become infected. However, mothers that follow prevention of mother-to-child transmission of HIV (PMTCT) programs that include a regimen of antiretrovirals can reduce that risk to less than 5 percent.

In 11 countries, Pathfinder works to empower women living with HIV to keep their babies free from the virus. At the same time, our programs support mothers themselves—to stay healthy, get counseling for their family, and feel safe and accepted within their communities. But that is just the start.

Pathfinder knows that a strong PMTCT strategy must support all women, including those without HIV who want to continue to live healthy sexual and reproductive lives. So we fully integrate PMTCT into our overall approach for mothers and newborns. This allows us to make progress on two important fronts. First, all women receive truly comprehensive health care, including routine testing, information, and tools to prevent HIV. Second, this approach breaks down harmful thinking—‘only other people get HIV, not me’—that leaves many people vulnerable to the virus, while ensuring women living with HIV can access quality services without being singled out. Free from stigma, all women can access the services they need to take charge of their health.

I just never thought...” Benson’s voice trails off. “I had never been tested before. But that day, after counseling, I learned my status, too. I was positive.”

The concern Grace and Benson felt for themselves quickly turned to desperation to protect their unborn child. “How could we keep our baby from getting HIV?”

A Life-Changing Support System

Grace and Benson had a mission—a healthy family. With the help of three incredible women, whom Pathfinder has the privilege to support, they had reason to hope.

Jacinta—Trusted Community Health Worker

After the couple learned they had HIV, Jacinta reached out to them in their home. She used the training she received from Pathfinder to share knowledge about the virus, as well as other important factors that affect a family’s health, such as nutrition. When Jacinta saw they were afraid of others learning their HIV status—of being discriminated against—she put her counseling skills to use. She said, “My ears will be wide, but my mouth will be small,” and quickly earned their trust.

Of the training from Pathfinder, Jacinta said, “It especially helped me understand people who are facing stigma, how to help them come out and begin treatment.”

Diana—Inspiring Peer Educator

When Grace and Benson returned to the clinic to start their antiretroviral therapy and begin treatment to prevent mother-to-child transmission of HIV (PMTCT), they found an ally in Diana. As a “mentor mother,” Diana is trained to use her own experience as a mother living with HIV and a former PMTCT client to inspire the couple to make healthy choices. She spoke with them about adhering to treatment, as well as communicating more openly with each other about safe sex and their plans for the future.

Grace is deeply grateful for this mentorship. “Diana helped us see that many people are living well with HIV,” she said. “She shared...”
her own story. It is a normal story. It helped us go on with our lives"

Lydia—Compassionate Nurse
There are several skilled nursing officers at the clinic, but one made a strong impression on the couple. “Oh my god, I love Lydia,” says Grace. Lydia used her Pathfinder training to counsel Grace and Benson and provide them with a treatment plan, which they followed closely.

“I took my medicine,” says Grace. “When I gave birth to Yvonne, her first test came back negative.” The news—that their baby girl might not have HIV—was very good, but the couple remained guardedly optimistic. Both parents knew they had a long road ahead.

Grace followed Lydia’s instructions for exclusive breastfeeding. “I breastfed Yvonne for six months without giving her any other food or liquids. I took my medicine every day. When our daughter turned one and a half, she took another test.” Grace takes a deep breath. “This was the last test, the most important.” Finally, a smile grows across her face. “Negative. Can you imagine?” This is the news they were waiting for.

Today, as Benson shares his family’s story, he is overwhelmed with relief. “Negative and healthy,” he nods. “I could not imagine how I would handle my baby having HIV.” Thanks to a powerful support system, and the couple’s commitment to taking care of each other, they do not have to.

“We are very happy,” Grace says, standing with her family, Yvonne’s tiny arms wrapped around a stuffed bear. “We are proud.”

*APHIAplus Nairobi-Coast Service Delivery project is funded by USAID and implemented through a partnership between Pathfinder International, ChildFund International, Cooperative League of the USA, Population Services International, and the Network of AIDS Researchers of Eastern and Southern Africa. The project provides large-scale support to six county health systems. In very close collaboration with the Ministries of Health and through a coordinated approach with several partners, it carries out activities at every level—from province to county and district level and reaching down to the district health facilities and their communities.*

In 2012, Through Pathfinder Programs Around The World

Women made over 2.9 million visits to health facilities for antenatal and postpartum care.

Facility staff supervised nearly 532,000 deliveries and treated 2,084 women for complications of pregnancy and childbirth.

Nearly 17,000 HIV-positive pregnant women and exposed infants received medicines to prevent transmission of HIV from mother to child.

EVERY WOMAN HAS THE RIGHT TO SURVIVE PREGNANCY AND CHILDBIRTH, and to sustain good health for herself and her baby. Pathfinder upholds this right by strengthening the health system mothers depend on—the services they receive at facilities and through outreach in their communities.

Pathfinder trains health care providers, like Lydia and Jacinta, to deliver high quality, integrated care. By supporting peer educators, like Diana, our projects address the social barriers that prevent mothers and their partners from accessing the services they need.

We do this because we know that women must be active, informed decision makers in order for real gains to be made in maternal and newborn health. Pathfinder is committed to empowering mothers, so they can shape the world.

*Photo: Sala Lewis

Diana, a Mentor Mother at the clinic, draws on her own experience as a former PMTCT client to inspire Grace, so she too can make healthy decisions for herself and her family.*
Preventing the Deaths of Mothers Through Clinical and Community Action

By the age of 36, Malama Inno had given birth ten times. Like many women in Nigeria, she delivered at home, without the help of a skilled provider. Only six of her babies survived.

Something had to change, so Inno and her husband chose to use family planning. But in 2010, unrest in the city of Jos forced the family out of their home and into a refugee camp, where they could not access contraceptives. By the time Inno returned to her village, she was pregnant again.

Around midnight on May 12, 2012, Inno went into labor. She remembers the birth being quite easy, but then everything went wrong. Before losing consciousness, the last thing she remembers is a sudden wave of dizziness and her blood pooling around her.

Inno suffered from postpartum hemorrhage, the leading cause of maternal mortality. Her husband rushed her to the Shabu Comprehensive Health Center, where Pathfinder-trained providers administered intravenous fluids and gave her misoprostol to help her uterus contract and stop the bleeding. Recognizing that Inno was in life-threatening shock, the nurses immediately placed her in a non-pneumatic, anti-shock garment (NASG)—a lifesaving wrap to keep blood flowing to her vital organs.

“It worked like magic,” Inno’s husband said. “I thought she had died. But immediately after the workers went into action and put her in the [the NASG], I noticed she started breathing very fast and moving her arms and legs.”

New Endorsements

“The NASG is a major life-saving support device, easy to apply by any health personnel, and needs to be available for pregnant women everywhere and particularly in low-resource countries,” says the International Federation of Gynecology and Obstetrics. The World Health Organization also recommends the use of the NASG as a temporary measure—to buy a hemorrhaging woman time to reach qualified medical care—and urges governments to include it in their national guidelines and training curricula, and procure them for their health system (WHO 2012 Recommendations on Prevention and Treatment of Postpartum Hemorrhage).

Pathfinder’s Effective Continuum of Care

Since 2007, Pathfinder has championed the use of the NASG through our Continuum of Care: Preventing Postpartum Hemorrhage in India and Nigeria project*. Across seven states in Nigeria and four in India, the project has expanded access to innovative technologies like the NASG as part of a coordinated plan of activities to save mothers’ lives. The project addresses the dire challenges pregnant women face—from inadequate transportation to a lack of skilled providers—and empowers community members, health facility staff, and governments to overcome them.

This approach is working. A newly released report from the John D. and Catherine T. MacArthur Foundation illustrates the critical gains made by Pathfinder’s holistic approach: “In both India and Nigeria, the rates of postpartum hemorrhage are decreasing in government facilities where Pathfinder has been working.”

The report concludes, “The power of the continuum of care model is that it gives providers tools to use at each stage of need, from prevention to treatment…Pathfinder’s packaging of the full range of interventions to address the problem of postpartum hemorrhage, including the anti-shock garment, was unique and we believe was what made the difference.”

*The Continuum of Care: Addressing Postpartum Hemorrhage in India and Nigeria project is supported by the John D. and Catherine T. MacArthur Foundation. Three new grants made by Merck, through its Merck for Mothers Program, are expanding Pathfinder’s continuum of care model in India, Nigeria, and Peru.
Dear Pathfinders,

In the last issues of Pathways, I asked you to join with us to advocate for increased investments in US global health funding. Thanks to your help and action, we have made important progress.

On April 8, 2013, President Obama released his Fiscal Year 2014 budget, which calls for increased US investments in maternal and child health and family planning worldwide. This increase signals the continuing priority that the President attaches to international family planning and reproductive health programs. As you know, these programs have faced both targeted attacks and disproportionate funding cuts over the last several years.

Now, we must call on your help again to reach out to your representatives in Congress to ensure that the President’s proposed funding levels become a reality. Every day, approximately 800 women will die from preventable causes related to pregnancy and childbirth, and almost 19,000 children under five will die of preventable and treatable causes, such as pneumonia, diarrhea, and malnutrition. You can help save these lives by letting your Senators and Representatives know we must:

• Fund international family planning and reproductive health programs at the President’s budget request of $635.4 million. Our nation’s investment in international family planning has made a significant sustained impact. US assistance in FY 2012 helped prevent 9.4 million unintended pregnancies, 4 million abortions, 22,000 women from dying, and 96,000 children from losing their mothers.

• Provide at least $680 million in funding for maternal and child health programs in addition to support for international family planning programs. Robust dual investment in the health of mothers and children, as well as family planning, is a proven and cost-effective strategy. This two-pronged approach saves more lives than either intervention can alone. Evidence shows that investments in child survival and maternal health achieve powerful results. In just the last 20 years, the number of women who die of pregnancy and childbirth-related complications has dropped by nearly half, and the number of children who die before their fifth birthday has fallen by over 35 percent around the world.

Our goal is simple. At Pathfinder, we know we need to expand access to contraception, invest in health workers with midwifery skills, and ensure access to emergency obstetric care to save the lives of women and children. Increasing the investment in services for family planning and maternal and newborn health improves the lives of families, communities, and ultimately nations—promoting their economic development and accelerating their progress toward achieving the Millennium Development Goals.

As a Pathfinder supporter, I know you share our belief that the US must continue to be a leader in providing these essential and cost-effective resources. Thank you for your continued outreach to your Senators and Representatives, and for your continued commitment to women everywhere.

Jonathan J. Rucks
Director of Advocacy
A Family Planning Pioneer

How One Woman’s Plea to Stop Having Children Changed a Doctor’s Life

In the 1950s, while working as a physician on a Native American reservation in Nebraska, Dr. Ralph Ten Have saw a pregnant woman, hunched over a cane, struggle to walk down the road. He offered her a ride.

“She got in the car and said, ‘I’m blind, totally blind. And I’m in labor,’” he recalls. When he told her he was a doctor and would bring her to the hospital, she begged him to help her permanently prevent future pregnancies. She already had nine children and did not want any more after this birth. “That’s when I really got interested in family planning.”

Believing that all women have the right to plan their pregnancies, Dr. Ten Have established a mobile health clinic in South Korea with the help of Pathfinder International’s founder, Dr. Clarence Gamble. Dr. Gamble provided Dr. Ten Have with the intrauterine devices (IUDs) he needed to travel from remote village to village, reaching women with critical family planning information and services.

From there, Dr. Ten Have expanded his work to Nepal and Malaysia to empower some of the world’s most underserved women prevent unintended pregnancies and take control of their lives. During his travels, he lost touch with Dr. Gamble. However, decades later, he offered his strong support to Pathfinder, inspired by the mission they share.

“I am really interested in full-scale services for women and children. There’s no other organization that does it.”

“It’s the one organization that is duplicating what I was interested in,” he explains.

Just like Pathfinder, Dr. Ten Have has a deep-rooted history in family planning. Reproductive health has been his career and passion. Now he intends to make it his legacy. He has generously included Pathfinder in his will as a testament to his dedication to maternal and child health. Reconnecting with Pathfinder has brought Dr. Ten Have’s passion full circle, ensuring it will live well beyond his lifetime.

“If you are interested in learning more about how to include Pathfinder International in your will or other planned giving options, please contact Tia Tilson, Director of Development, at atilson@pathfinder.org.