Journey Maa 2022
“A Global Maternal Health Project in Bangladesh”

Maternal Aid Association (MAA) is a grassroots charity that provides free health check-ups and treatment to pregnant women in resource-poor countries with the aim to improve and revolutionise global maternal health. MAA provides this vital work through health camps, 7-day clinics and telemedicine predominantly in Bangladesh and now most recently in Afghanistan as well.

Maternal mortality is greatest in the developing world with 94% of maternal deaths occurring in low-resource settings, with most maternal deaths being preventable. Reducing the maternal mortality rate is part of the Sustainable Development Goals (SDG). SDG 3 aims to “reduce the global maternal mortality rate to less than 70 per 100,000 births with no country having a maternal mortality rate more than twice the global average”. Maternal deaths occur as a result of complications during pregnancy and childbirth. Most of which can be avoided and prevented. Complications of pregnancy include conditions such as gestational diabetes, high blood pressure (eclampsia and pre-eclampsia) and infection. In developing countries access to medicine and healthcare has many hurdles and restrictions. Mothers may not access medical assistance due to geographical restrictions, financial implications, lack of education and not knowing the red flags of when to seek medical help.

In western developed countries, pregnant women are seen in antenatal clinics at several stages of their pregnancy with a dedicated midwife who supports them throughout the pregnancy. World Health Organisation (WHO) also advises that pregnant women should attend at least four antenatal appointments during their pregnancy. These appointments are vital, as they include simple yet life-saving investigations which are conducted to find any potential conditions that could complicate the pregnancy. Continuous monitoring allows health conditions to be picked up quickly while assessing the growth of the foetus in-utero. Unfortunately the hard reality of pregnant women in resource-poor countries is that they will not see a doctor or midwife during their pregnancy unless a very serious complication occurs such as post-partum haemorrhage requiring them to visit the doctor or hospital. This is very unfortunate for these women and is a great contrast in comparison to the healthcare infrastructure of the National Health Service (NHS) in the UK.

This summer I was very fortunate to join the charity MAA to take part in their annual summer flagship project, ‘Journey Maa 2022’. The project took 20 volunteers from the UK, including myself and flew them out to Bangladesh where we took part in delivering maternal health camps to pregnant women in several rural villages in Sylhet. Rural villages were targeted for the health camps, as it is the rural areas that are most deprived in terms of access to health care. The health camps were located in central locations in the villages, such as in a health complex or a school; a destination that was accessible to most. The health camp that was delivered consisted of 4 main stations;

1. Investigations
2. Health Education
3. Consultation & History Taking

An expecting mother would enter the camp, register and be given a numbered wristband. She would then go in to the ‘Investigations’ station where basic tests were conducted like measuring their blood pressure, taking capillary blood glucose measurements and urinalysis. These investigations are simple yet important as they can pick up conditions like gestational diabetes, pre-eclampsia and infection like urinary tract infections which are common in women. Gestational diabetes causes impaired glucose tolerance and can be indicated from high capillary blood glucose levels or glucose found in the urine. Pre-eclampsia is a very serious complication causing high blood pressure and proteins found in the urine. Likewise urinalysis can help identify urine infections. The measurements are recorded on the mothers wrist band. They then move to station two which is the education station where mothers are taught about the red flags of pregnancy, how to recognise them, and what to do when these flags are seen, how to manage common symptoms of the effects of pregnancy, they discuss a healthy balanced diet, breastfeeding, home births and answer any questions the mothers may have. Station 3 is the consultation station where a qualified doctor will see the mother, conduct an obstetric history, assess her presenting symptoms and observations measured in the investigations station. They also provide further information to the mother and prescribe medication and outline what further tests would be needed, for example an ultrasound scan of the foetus, blood grouping and Resus D status and getting a full blood count to assess for anaemia which is a complication especially in haemorrhage or blood loss during childbirth. After the consultation mothers take their prescription to the medication station where they are given the pregnancy-related medication that was prescribed in the consultation. They are counselled on when and how to take the medication and what the medication is used for.

This health camp layout is reproduced in each village. In addition to taking part in the health camps, we were also shown the antenatal clinics that Maa runs. These clinics allows mothers to access medical assistance 24 hours a day, seven days a week either in person or via telemedicine. There are currently two clinics that are set up and running with the intention to create more clinics. The Maa team also showed us the different types of hospitals in Bangladesh from district hospitals to private hospitals to allow us to understand and gain an insight into health care in Bangladesh.

My Journey Maa experience was amazing. I thoroughly enjoyed my time at the camps. It was highly gratifying as I was able to work alongside the Bangladeshi doctors and medical student volunteers to deliver these camps. As a medical student and pharmacist I was able to utilise my pharmaceutical and medical knowledge and skills and help the mothers. Listening to the stories of the mothers visiting the camps and the struggles they go through was eye-opening and made me realise how fortunate we are in the UK to have the NHS; we are even able to take blood pressure and blood glucose readings in our own home to monitor our own health. This was awe-inspiring experience and there are soo many take home messages I learned. It also highlighted the differences in healthcare and access in different countries.
These images are of the 2 MAA clinics created in Moulvibazaar, Sylhet to provide continuous access to medical care.

The Maa Volunteers from the UK outside Sylhets Women’s Medical College where we heard about healthcare in Bangladesh.

The UK volunteers at the end of the first health camp in Balaganj, Sylhet.
The UK volunteers and Bangladesh Maa team at the end of the second camp in the village Ramsiri, Habiganj, Sylhet.

Here I am conducting a history on one of the mothers under the guidance of the doctors in the camp in Balaganj.