

**One H.E.A.R.T.
CECC Presentation
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Tashi Delek. I want to thank the CECC for inviting me to share with you One H.E.A.R.T.'S work in Tibet.

Last October, while working at 15,000 feet in Medrogongar County, I was suddenly called to help a pregnant woman in a remote village. She had been in labor for four days. I found her alone in a cold, dark shed, while her family huddled around a warm fire in the kitchen. Four hours later, the exhausted woman delivered a healthy baby boy into my bare hands. In the same county, this scene is repeated daily. Tragically, just a few days earlier, another young mother bled to death during childbirth.

Like other cultures, a Tibetan mother's death is devastating to her family for it often threatens the health of her children and impacts the family for generations. The mother is the thread that holds the family together. When a Tibetan mother dies, her surviving children are three to ten times more likely to die within two years.^[i] When a Tibetan mother dies, her surviving children are more likely to die young and less likely to attend school or complete their education.^[ii]

Many Tibetans believe that a mother's death during childbirth is ominous, a sign of bad spirits that bring misfortune to her family and her community. Saving the lives of Tibetan women and their children is of the utmost urgency for the survival of the Tibetan culture. One HEART's mission is to work with Tibetans to improve the circumstances of childbirth and maternal and newborn survival on the Tibetan Plateau.

Tibetan society is one of the few in the world in which there is no tradition of trained midwives who facilitate the delivery process. Poor nutrition, the lack of trained health personnel and emergency services combine to place Tibetan women and infants at high risk for labor related deaths. The vast majority of births take place at high altitude, in a cold environment and without access to electricity or health care. In spite of active campaigns by the Chinese government to encourage women to deliver in a medical facility, more than 85% of Tibetan women deliver at home. Most babies are delivered with only the help of the mother or the mother-in-law of the pregnant woman, and their only assistance is the cutting of the cord. Amazingly, many Tibetan women deliver their babies completely alone.

It is believed that Tibet has one of highest newborn and infant mortality rates in the world. Tibetan women are three hundred times more likely to die than American women from various pregnancy and delivery complications. Post partum hemorrhage is the leading cause of death. Likewise, babies are far more likely to die in Tibet than anywhere else in the world. We believe that most of these deaths are preventable with minimal technology and simple interventions.

In 1998, a group of maternal child experts founded One HEART, in an effort to address maternal and newborn death in Tibet. We are a 501(c)3 organization based in the Maternal-Fetal Medicine Division of the University Of Utah School Of Medicine.

In the summer of 2000, One HEART, in collaboration with The Trace Foundation and the Netherlands Red Cross, provided the first skilled birth attendant course in Lhasa Prefecture. Since that time, we have focused our attention on Medrogongar County. According to Lhasa Health Bureau records, Medrogongar County has the highest reported maternal and newborn death rates in the Lhasa Prefecture. An estimated 75 percent of stillbirths and 30-40 percent of infant deaths can be avoided with adequate nutrition, prenatal and skilled delivery and post-delivery care for mothers.[1] Medrogongar, because of its close proximity to Lhasa, provides an ideal setting for training, monitoring, and evaluating these outcomes.

Our midwifery course is now an annual event and is being taught entirely by our Tibetan colleagues with clinical supervision by Carolyn Bell, FNP/CNM, Midwifery Specialist. Our close working relationship with our Tibetan staff and partners and the Chinese Health officials is helping to build a successful and sustainable infrastructure.

In January of 2000, the University of Utah received a five-year grant from the NIH/NICHD. Under the guidance of Principal Investigators Drs. Michael Varner, and Suellen Miller, and Anthropologists Drs. Vincanne Adam and Sienna Craig, we developed the infrastructure for clinical research in Tibet and are now preparing to conduct clinical trials of a centuries old traditional Tibetan medicine.

Tibetans believe that this traditional medicine may help to prevent post partum hemorrhage.

We are also conducting ethnographic surveys which have been extremely valuable for both this research project and our midwife training programs. Hundreds of village women have been interviewed about their cultural beliefs around childbirth. One HEART works within these Tibetan cultural beliefs and practices, not only identifying those behaviors that may be harmful, but determining which beliefs and practices can help us to develop and implement culturally appropriate and sensitive health care interventions.

In 2002, One HEART formed a committee of foreign and Tibetan experts to address the difficult health problems facing the Tibetan families around childbirth. The team includes physicians, midwives, and doctors from the Tibetan traditional medicine hospital (Mentzikhang) and the biomedical hospitals in Lhasa, as well as representatives from the Ministry of Health. The team discussed new ways to focus our collective expertise in a capacity building effort in the TAR. Out of this group, the Curriculum and Research Development Committee was formed and they have taken a leadership role in directing these efforts, helping to develop research protocols for designing and teaching curriculums. One HEART's work with this committee is ongoing and as time and training progresses, we anticipate that the Tibetans will assume more and more responsibility for these programs.

During the Fall of 2002, One HEART gained permission from the Lhasa Health Bureau to review and analyze death records for infants and children in Medrogongar County. It is clear that there are significant challenges even collecting maternal and child health data in such remote and inaccessible villages as those found in Tibet. The results confirmed previous observations and also highlighted the main causes of death. The single main cause of death in Tibetan children is death related to childbirth. From 1997 – 2002, 154 out of 339 deaths occurred on the day of birth and were charted as “breathlessness”. Subsequently, Drs. Bernhard Fassel and Reini Jensen interviewed over 90 families who had one or more babies die at birth. This data helped us to analyze the causes of newborn “breathlessness” and stillbirth and understand the causes and events that lead to these deaths. The three main causes of “breathlessness” appear to be:

first, the absence of trained birth attendants; second, the inadequate management of babies who are not breathing at birth; and third, insufficient protection from hypothermia.

Along with our Tibetan partners from the Health Bureau, One HEART is developing interventions that are both culturally-acceptable and self-sustainable and implementing them in our training programs and public outreach messages. Tibetan and foreign experts agree that consistent and continued training in basic midwifery skills and emergency obstetrical services, combined with community outreach messages regarding safe motherhood, can, over time, significantly decrease the number of women and children dying in childbirth.

In April of this year, through funding from the Citizen Exchange Program of the U.S. State Department's Bureau of Educational and Cultural Affairs and One HEART, a group of six Tibetan doctors and Health workers is coming to the United States for one-month of medical training. This experience not only develops their medical skills, but upon their return to Tibet, they can pass on this information to their fellow health workers.

As you can see, we face many challenges in the Tibet Autonomous Region. At times, our task seems daunting, however with the passionate commitment of our staff and volunteers and with continued funding from the U.S. government, private corporations, foundations, and individual donors, One HEART is making a difference in Tibet, one birth at a time.

Thank you for your time.

[i] M.A Strong, "The health of Adults in the Developing World: The View from Bangladesh". Health Transition Review 2(2):215-24,1992

[ii] Family Care International, "Safe Motherhood as a Vital Social and Economic Investment, "Safe Motherhood Fact Sheet, New York, 1998