Welcome to our inaugural newsletter! Our goal is to share with you stories from our work around the world, important new publications from academia and the media on global women’s health, a few fun facts, and tips on how to stay safe while traveling. We’d love your input, so if you have a story, see or story or wish to share a tip, send them our way! From the Editors: Adeline Boatin, AK Goodman, Tom Randall

Notes from the field

Home births in a refugee camp: The Rohingya refugee crisis and the challenge of obstetric care delivery

In February of 2019, I had the opportunity to visit a Bangladeshi NGO, “Hope Foundation” which is situated in Cox’s Bazar, a previously sleepy beach town along the southern coast of Bangladesh.

Cox’s Bazar is famous for having the longest beach in the world facing the beautiful Bay of Bengal. While it is a popular vacation spot for Bangladeshis, the region is amongst the poorest of Bangladesh. Hope Foundation was formed in the 1990s to address the high maternal mortality rate and to treat obstetrically related fistulas in this region. Hope has a hospital in the community that focuses on the care of women and children and is the largest surgical center for fistula repair in Bangladesh.

In October 2017, 700,000 Rohingya refugees fled Myanmar and crossed the border into Bangladesh. Hope Foundation joined the many international NGOs to help care for the Rohingya refugees. Today, there are one million refugees living in 30 interconnected refugee camps in the Cox’s Bazar area. Hope Foundation has built a field hospital, which opened in October 2018 and has several birthing centers in the camps.

One of the challenges is to convince women to come to the hospital or birthing center for their deliveries. The majority of women will deliver at “home” in the camps. Many women will only be brought to the hospital after laboring for days leading to fetal demise and significant maternal complications.

Hope Foundation has been working with the local Rohingya community leaders - known as mazis to increase trust. In my brief time, I was struck by the importance of collaborative work across different agencies and the need to understand the Rohingya culture and leadership structure to be able to develop effective outreach for women’s reproductive services.

Deeper dive: Click below for more about the history, ongoing challenges and interventions in reproductive health for Rohingya refugees, and the Hope Foundation

http://www.hopeforbangladesh.org/


Fun Fact: Need to sterilize in a hurry or survival situation? Use bleach (sodium or calcium hypochlorite)! 15-30 minutes in a 0.1% solution of bleach will disinfect surgical instruments. Timing is critical, any longer than 30 minutes and rusting will occur. Instruments must be rinsed in sterilized water afterward.

Paperchase
Quality of care around cesarean delivery

Maternal mortality after cesarean delivery in Africa is 50 times higher than that of high-income countries and driven by peripartum hemorrhage and anesthesia complications. Neonatal mortality is double the global average.

Maternal and neonatal outcomes after caesarean delivery in the African Surgical Outcomes Study: a 7-day prospective observational cohort study - The Lancet Global Health
https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(19)30036-1/fulltext

Current evidence for single dose HPV vaccination

A recently released white paper, provides a comprehensive review and assessment of current, published evidence for a single-dose HPV vaccination schedule. The white paper was compiled by researchers in the Single-Dose HPV Vaccine Evaluation Consortium, which encompasses nine leading independent research institutions partnering to collate and synthesize existing evidence and evaluate new data on the potential for single-dose HPV vaccination.

Safety and security tip of the month https://training.dss.un.org/course/category/6
The UN has a new required online safety and security course “BSAFE” which is required of all UN personnel. The MGH Global Disaster Response (GDR) requires this course for deployment. The course is free, takes 2 hours to complete, and is worthwhile for all who travel internationally.

Listen in from the media: Radiolab
Birthstory: “You know the drill - all it takes is one sperm, one egg, and blammo - you got yourself a baby. Right? Well, in this episode of radiolab, conception takes on a new form - it’s the sperm and the egg, plus: two wombs, four countries, and money. Lots of money.”

Unfolding in real time, as countries around the world consider bans on surrogacy, this episode looks at a relationship that manages to feel deeply affecting, and deeply uncomfortable, all at the same time.

https://www.wnycstudios.org/story/birthstory2018

Funding Opportunity: Apply for a travel grant of $2000 towards a global health trip. The purpose of the trip must be focused on aspects of women’s healthcare in resource-constrained environments. If interested, please contact Ak Goodman (agoodman@partners.org).

Save the date!
April 11th 8-9am: Global Health Grand Rounds:
Perioperative bleeding after cesarean section in African women. Salome Maswime, MD (Visiting OB/GYN Research Scholar, University of Witswatersrand)
Location: Yawkey 4-820

April 11th 8:30-10am:
Safety and Security Training: Introduction to international health, safety, security (IHSS). Sessions offered monthly. Please RSVP to travelsafe@partners.org
Location: 125 Nashua Street, 7th floor

April 24-27: Missioncraft: Disaster Response Leadership in Austere Environments
Agenda: Classroom and field training in disaster response in humanitarian crises
Location: 125 Nashua Street, Suite 722 and Harold Parker State Forest, Field Hospital Simulation
Contact: Francine Parker (fparker1@partners.org)

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Rohingya man in Cox Bazar, Bangladesh (reproduced with permission)