

She *delivers*

Expectant mothers in Mexico face a difficult journey; limited access to hospitals and inadequate care contribute to about 1,300 maternal deaths every year. Here's how one Canadian is helping a new generation of midwives improve their patients' odds. **by Flannery Dean | photograph by Holly Wilmeth**



MÉLIDA JIMÉNEZ

Age: 53

Home: Toronto

How she gives back: Troubled by the infant- and maternal-mortality rates in Latin and Central America, the professional midwife and mother of three is offering up her expertise. In September 2008, Jiménez left her Toronto practice to spend a year in Mexico teaching young rural women to become midwives at the CASA Midwifery School and Hospital in San Miguel de Allende, Guanajuato.

Her eureka moment: Jiménez was an obstetrician in her native Guatemala, but a civil war forced her to flee the country for Canada in 1985. Her experiences as an immigrant convinced her of the need for culturally diverse health-care workers. "I found I couldn't communicate properly. There was a language barrier and a cultural barrier," she says. With three kids to support, Jiménez went back to school and became a licensed midwife in 1997, at age 41. Since then, she estimates, she's helped bring 1,000 babies into the world.

Why Mexico? Mexican women have a 1-in-670 chance of dying from pregnancy complications—a maternal-mortality rate that is more than

16 times higher than Canadian women's. Each year, 35 out of 1,000 children die before the age of 5. Midwifery is a tradition in Mexico's poorest rural areas, but it's also a necessity where access to hospitals is limited and indigenous women are often reluctant to seek medical care. "At CASA, we're training young women who will go back to their own villages and help the women there, because they know the culture," Jiménez says. And the education is the best around: A joint study between Mexico's National Institute of Public Health and the University of California, San Francisco determined that CASA's graduates were significantly better prepared to be birth attendants than Mexico's medical students and student nurses.

CHECKING UP
IN CANADA, 71 PERCENT OF WOMEN HAVE HAD A MAMMOGRAM AND 74 PERCENT HAVE HAD A PAP SMEAR. IN PAKISTAN, THOSE NUMBERS ARE ONLY 1 AND 3 PERCENT, RESPECTIVELY.

RISKY TRANSMISSION
IN CANADA, WOMEN MAKE UP 20 PERCENT OF HIV-POSITIVE ADULTS. IN THE CARIBBEAN, THEY MAKE UP 43 PERCENT. IN SUB-SAHARAN AFRICA: 61 PERCENT.

Midwifery matters: Proper training not only improves maternal health among poor indigenous women, it also stimulates the local economy. "Being a midwife helps young women in small communities have a career and a decent

salary," Jiménez says. She wants the Mexican government to open more professional-midwifery schools and to pay midwives as part of social health insurance coverage; currently, women in Mexico have to pay professional midwives out of their own pockets. "Dealing with the bureaucracy is the hardest part of my job," she says.

BIRTH CHART
SOME 14 MILLION ADOLESCENT GIRLS BECOME MOTHERS EVERY YEAR. MORE THAN 90 PERCENT OF THEM LIVE IN DEVELOPING COUNTRIES.

CRITICAL CARE
IN LIBERIA, THERE ARE 1,035 NURSES AND MIDWIVES AND 103 PHYSICIANS IN THE ENTIRE COUNTRY, WHICH HAS A POPULATION OF NEARLY 3.5 MILLION PEOPLE.

Next stop: Guatemala. Conditions are slowly improving in Mexico, but Guatemala still has high infant and maternal-mortality rates. A Guatemalan woman has a 1-in-71 chance of death resulting from childbirth, and out of 1,000 live births, 39 Guatemalan children die before their fifth birthdays. (In Canada, six of every 1,000 do.) Jiménez wants to change that. "The other purpose of coming to Mexico was to be near Guatemala and help open a midwifery school there."

Birth rights: "To be born in a safe place, where you are respected and treated with dignity—that can make a difference," says Jiménez. "I think the way we are born is the way we become." ■

IT ONLY TAKES...

- ✓ **The cost of a hardcover novel** (\$30) to help provide sight-restoring cataract surgery for a woman in a developing country, through Calgary's Operation Eyesight.
- ✓ **The cost of this year's Halloween candy** (\$32) to fund health education for pregnant women through Care Canada. Bonus: The Canadian government has committed to matching all donations three times over.
- ✓ **A mosquito net** (\$7) to protect an African woman and her family from malaria, through the Canadian Red Cross's Malaria Bites campaign.
- ✓ **Two hours (and opera singer Measha Brueggergosman)** to support AMREF Canada. Attend October's concert with music and Measha, and raise funds for life-saving services like the Flying Doctors, an African air ambulance that helps 600 people every year.
- ✓ **The cost of lunch out** (\$15) to allow a family in rural Guatemala to cook hot meals, by helping purchase a masonry oven through the Guatemala Stove Project.
- ✓ **The cost of a family dinner** (\$100) to stock a medical clinic in a rural community in any of the 115 countries where the Salvation Army works.

by Stacy Lee Kong

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