

# WHY SOME MOTHERS NEVER RETURN FROM THE LABOUR WARD

A midwife in eastern Uganda checking a mother during an antenatal visit. Maternal mortality is still high in Uganda

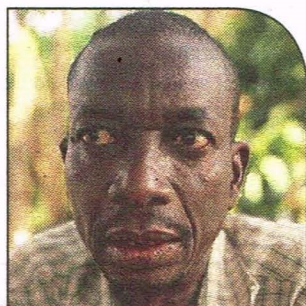


## BUTEBO

By Ibrahim Ruhweza

**O**n May 15, 2025, Nabukho (not her real name), a resident of Odipanya sub-county in Butebo district, began experiencing labour pains late in the evening. Her family quickly arranged for a bodadoda to take her to Butebo Health Centre IV, which is about 25km away. The road was rough and by the time she reached the facility, she was exhausted.

The nurses urged her to push, but she was too weak because of the long ride she had endured. She eventually delivered a baby boy and for a brief moment, there was relief. Suddenly, she started bleeding. It was heavy, relentless and frightening, yet the facility was ill-equipped. There was no medical doctor on duty; only a midwife and a few interns. There were no blood transfusion services, no theatre to handle an



VHT member Moding

obstetric emergency.

Nabukho bled to death, with the team helplessly looking on. Today, she rests in a fresh grave behind a cluster of grass-thatched houses. She left behind two young children and a newborn. When *New Vision* visited her home days later, her grandmother peered into the skies helplessly, processing what to say. She could not fathom how to bring up Nabukho's children.

### ENDURING A 20KM JOURNEY

In Iyolwa sub-county, Tororo district, another mother died



Midwife Ireen Koote

at Mulanda Health Centre IV under similar circumstances. She died after enduring a 20km journey to the facility. By the time she arrived, she was already in distress. The midwife on duty did what she could, but the bleeding was severe. There was no doctor to intervene, no blood transfusion. She died soon after delivery.

Harriet Egessa, a nurse at Mulanda Health Centre IV, narrated the incident with sadness.

"The midwife who was on duty had some skills gaps and the

## POVERTY, WEAK HEALTH SYSTEMS

In Manafwa district, poverty and weak health systems compound the risks. Dr Ephraim Nakhokho, the acting district health officer, notes that about 70% of the people can hardly manage hospital-related expenses. "Even when they come, our facilities do not have the logistics to handle them. None of our health centres has an ultrasound scan. Many complications are only discovered when a woman is already in labour," he says. Manafwa records around 650 deliveries each month, with about 50 (600) annually requiring caesarean section.

"In the 2024/25 financial year, we did not record a maternal death. In 2025/26, we had one maternal death. These numbers may seem small, but each death is a family broken," Dr Nakhokho says.

Across Bugisu sub-region, congestion in maternity wards remains a daily reality.

facility was not equipped enough to handle such critical cases. We watched helplessly as she died," Egessa explained.

In the 2025/26 financial year, West Budama county, where Mulanda Health Centre IV is located, lost three mothers who died immediately after delivery.

Mulanda Health Centre IV serves about 25,000 people and roughly 200 babies are born there every month (2,400 annually). The facility has electricity, but lacks solar power or standby generator to keep blood safe. So, nurses have to place an order at Tororo Hospital, which is about 36km away. However, not every story ends in death.

In Kabwalali village, Kapunyasi parish in Butebo district, Khadijah Kantono, a 35-year-old mother of nine, believes she escaped death by a whisker. When *New Vision* visited her home on February 7, she stepped out of her semi-permanent house dressed in an orange blouse and floral skirt, carrying her newborn.

"Late in the evening, I started having labour pains at home. Then I saw blood flowing down my legs. I knew something was wrong. I was put on a motorcycle and taken to the health centre. The road was bad, and I felt my life slipping away," she recalls.

At Butebo Health Centre IV, midwife Irene Koote received Kantono around 11:00pm. She was weak and frightened.

"We supported her to push the baby, but after delivery, she started bleeding heavily. We examined her and found out that it was a cervical tear. We tried to clamp it, but the bleeding

continued," Koote explains.

Drawing on skills she had gained through specialised training from Seed Global Health, a non-governmental organisation, Koote made a difficult decision.

"We opened her abdomen and found that her uterus had ruptured as well. We tried to repair it, but the bleeding continued. In the end, we had to remove the uterus entirely to save her life. By then, she was in shock, on oxygen and extremely weak. Any delay would have meant death," she says.

Kantono received more than 10 units of blood before she regained consciousness.

Butebo district, with a population of over 171,000 people, has only one medical officer stationed at Butebo Health Centre IV. According to Koote, the absence of specialised doctors means midwives are often forced to make life-or-death decisions.

### ATTEND ANTENATAL CARE

James Moding, a 50-year-old village health team member and father of 12, has witnessed such losses for over 15 years.

"I remember in 2015, a woman went to deliver at a traditional birth attendant's place and died. The husband was left alone with seven children. Losing a mother is like losing a whole community," Moding says.

He now takes his role seriously by encouraging mothers to attend antenatal care.

### REGIONAL HOSPITAL OVERSTRETCHED

The nearest regional referral

facility in these districts is Mbale Regional Referral Hospital, which is also overstretched. It serves 4.46 million people across 16 districts with high fertility rates. For example, Bugisu and Bukedi sub-regions have fertility rates of 6.1 and seven children per woman, above the national average of 5.8. The facility conducts 600 deliveries monthly, receives 150 complicated referrals and averages 10-15 caesarean sections daily, many of them emergencies. Until recently, the hospital had only one theatre for obstetric cases.

"Most women we receive are already critical referrals. Delays in surgery were costing us mothers and babies," Dr Baifa Arwinyo, the head of obstetrics and gynaecology at Mbale Hospital, says.

Recent investments from Seed Global Health have begun to change this reality. The renovation and expansion of the obstetrics theatre has reduced delays and improved emergency response.

Mbale Regional Referral Hospital data shows a notable reduction in maternal deaths in recent months because of better co-ordination and strengthened emergency preparedness.

Irene Atuhairwe, Seed's country director, says, Seed-supported facilities point to measurable gains, including a nearly 44% reduction in the maternal mortality ratio at Mbale Regional Referral Hospital in 2025 compared to 2024, following targeted investments that improved clinical capacity.

She says a sh453m investment that has doubled surgical capacity at Mbale Hospital illustrates how focused infrastructure support can save lives.

### STATISTICS

Uganda's maternal mortality rate has reduced over recent years. The Uganda Health and Demographic Survey reported 209 deaths per 100,000 live births in 2020 and 216 in 2021. The rate fell to 184 in 2022 and further to 170 in 2023. Leading causes of maternal deaths remain postpartum haemorrhage, high blood pressure, unsafe abortions and infections. Globally, sub-Saharan Africa accounts for 70% of maternal deaths, with an estimated 260,000 women dying during childbirth in 2023.