

MaterCare International

V. WORLD - CONGRESS FOR LIFE
ROME

MOTHERHOOD - WHO ON EARTH CARES!

Dr. R. L. Walley

Emeritus Professor of Obstetrics and Gynaecology

Founder & Executive Director

October 8th 2010



DO what ever
HE
TELLS you

THE ADVICE OF THE MOTHER OF
GOD AT THE MARRIAGE FEAST
OF CANA

MATERCARE INTERNATIONAL

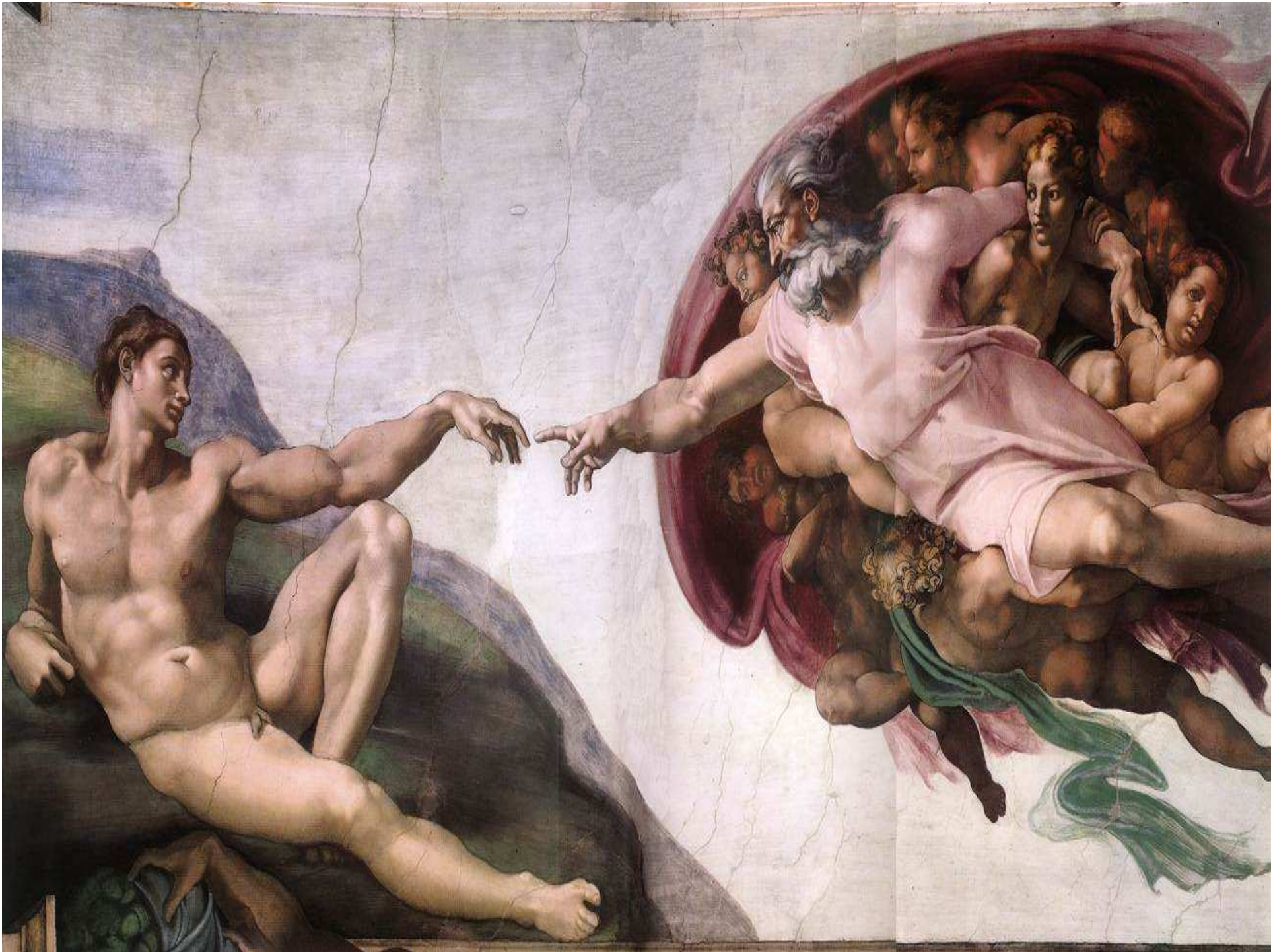
**THE FOUR PILLARS OF THE SOCIAL
TEACHING OF THE CATHOLIC CHURCH**

**THE HUMAN PERSON
SOLIDARITY
SUBSIDIARITY
THE COMMON GOOD**

MATERCARE INTERNATIONAL

THE HUMAN PERSON

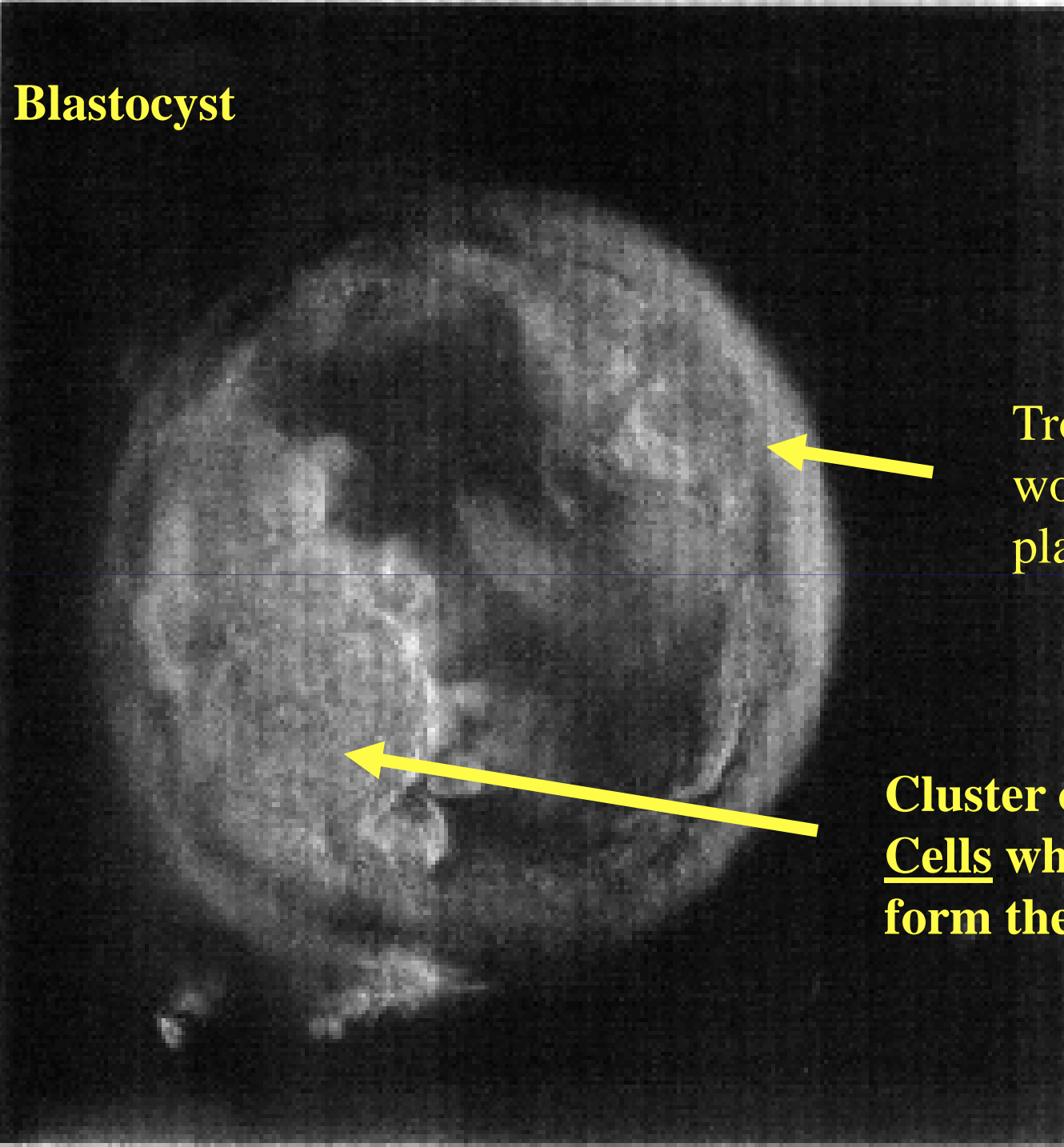
CREATED IN THE
IMAGE AND LIKENESS OF
GOD



Blastocyst

Embryo

4-6 day old



Trophoblast cells which would normally form placenta

Cluster of Embryonic Stem Cells which would ordinarily form the embryo proper



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THE HUMAN PERSON

THE DIGNITY
OF
MOTHERS
AND
UNBORN CHILDREN







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MATERNAL MORTALITY *Lifetime Risk*

Developed countries	1:47,000 (Ireland)
Developing countries	1:7 -13 (Sub-Saharan Africa)

“Surely the most striking fact about maternal health in the world today is the extraordinary differences in maternal death rates between industrialised and developing countries.”

Halfdan Mahler, Feb. 1987

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OBSTETRICAL CAUSES OF MATERNAL MORTALITY

MOST MOTHERS DIE ALONE;

In **TERROR** from haemorrhage

In **AGONY** from the three Great Obstructions;

Obstructed labour

Obstructed transport

Obstructed decision making

Obstructed treatment (lack of facilities, doctors and midwives)

From **EXHAUSTION** due to severe anaemia

From **INFECTIONS** (malaria, HIV, abortion)

From **OBSTETRICAL COMPLICATIONS** (hypertension)











The Associated Press

NEWBORN REFUGEE

Rwandan refugee Germaine Nyirama holds her six-day-old baby, born in the Kibumba camp near Goma, Zaire, Saturday. While still pregnant, Germaine made the family's

three-month odyssey on foot for 125 miles from Rwanda to the sprawling Kibumba camp, the largest and harshest of the refugee encampments around Goma.



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Millennium Development Goal No 5

**To reduce maternal mortality
and morbidity by 75% by 2015**

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VIOLENCE AGAINST WOMEN & THE UNBORN



COMMISSION

- Sexual assault
- Female genital mutilation
- Abortion
- Neonatal euthanasia



OMISSION

- Essential obstetrical care
- Truth/information
- Treatment for fistulae

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Maternal Mortality and Morbidity Causes:

- (1) Politically unimportant (unlike AIDS)
- (2) Conspiracy of Silence (Culpable neglect)
- (3) Lack of imagination
- (3) Reliance on Reproductive Health
(abortion and birth control)

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THE HUMAN PERSON

THE DIGNITY OF THE OBSTETRICIAN

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THE CATHOLIC/PROLIFE OB/GYN

I AM WHAT I DO

IF I DO NOT

I AM NOT WHAT I AM

MATERCARE INTERNATIONAL



QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

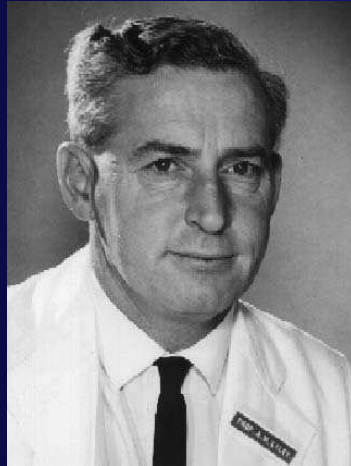
- PROFESSOR IAN DONALD
- BORN SCOTLAND 1910
- REGIUS PROFESSOR OF OBSTETRICS AND GYNAECOLOGY, GLASGO UNIVERSITY
- PIONEER OF MODERN ULTRASOUND
- VIGOROUS AND SINCERE OPPONENT OF ABORTION
- DIED 1987

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- 4D ULTRASOUND

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QuickTime™ and a
TIFF (Uncompressed) decompressor
are needed to see this picture.

- SIR WILLIAM LILEY
- BORN AUCKLAND ,
- NEW ZEALAND - 1929
- PROFESSOR OF
PERINATAL MEDICINE
- UNIVERSITY OF
AUCKLAND
- STUDIES Rh HAEMOLYTIC
DISEASE
- DEVELOPED
AMNIOCENTESIS
- PRO-LIFE
- MEMBER PONTIFICAL
ACADEMY OF SCIENCES
- DIED - 1983

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- Dr Jerome Lejeune
- A saintly geneticist
- Discovered the Chromosomal abnormality causing Down's Syndrome
- Termed amniocentesis that is used for search and destroy these children
- Died 1994, cause opened 2004

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- DR JOHN BILLINGS
- AUSTRALIA
- PROFESSOR OF NEUROLOGY
- PIONEER OF NATURAL FAMILY PLANNING\
- LEARNED THAT WOMEN OBSERVE CHANGES DURING THEIR MENSTRUAL CYCLES
- CORRELETED THESE OBSERVATIONS WITH ENDOCRINE AND MUCUS RESEARCH
- CONCLUDED THAT COUPLES WISH TO CONTROL THEIR OWN FERTILE AND CAN BE SUCESSFUL
- DIED - 2007







HEALTH PROBLEMS

- INFANT MORTALITY
- MATERNAL MORTALITY

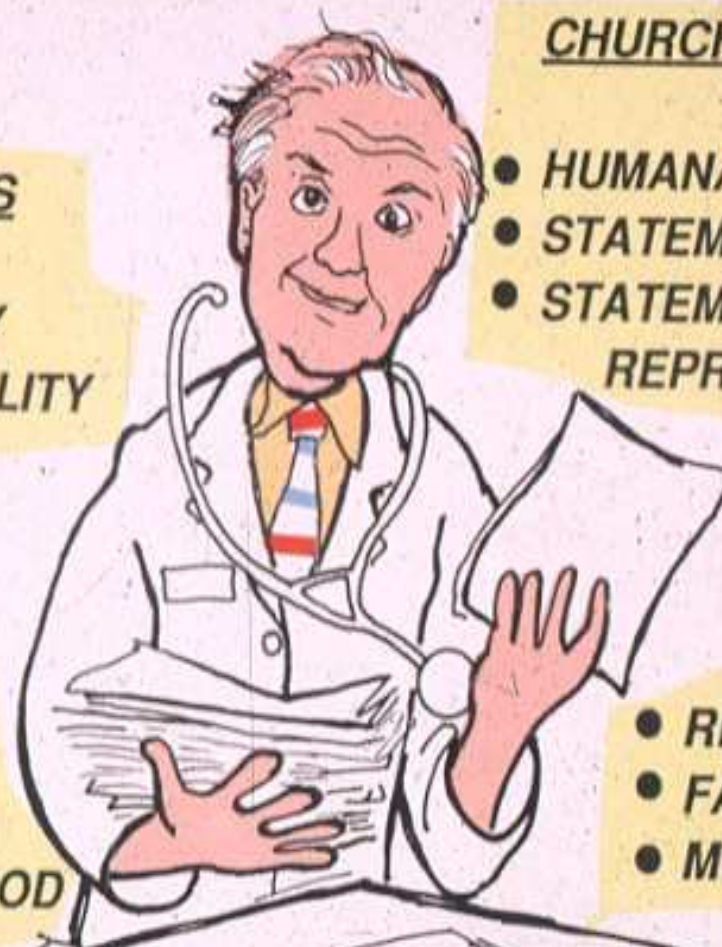
ACTIONS

UNICEF STATE OF THE
WORLD'S CHILDREN
WHO SAFE MOTHERHOOD
INITIATIVE

CHURCH

- HUMANAE VITAE
- STATEMENTS ON ABORTION
- STATEMENTS ON
REPRODUCTIVE TECHNOLOGY

- REDEMPTOR HOMINIS
- FAMILIARIS CONSORTIO
- MULIERIS DIGNITATUM







13.8 Various Types of IUDs

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New Reproductive Technologies

IVF

Cloning

Stem cells

Prenatal diagnosis

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New abortifacients

Medical abortion (Plan B Ella)

Methotrexate (ectopic pregnancy)

RU 486 & Misoprostol

Prenatal diagnosis

Thief.



When baby takes more iron than mother can afford to give, iron deficiency anemia of pregnancy is a likely consequence.

Stolen iron can be replaced with a single formulation, **Tabron**.

Throughout pregnancy and the postpartum period, one Tabron tablet per day can

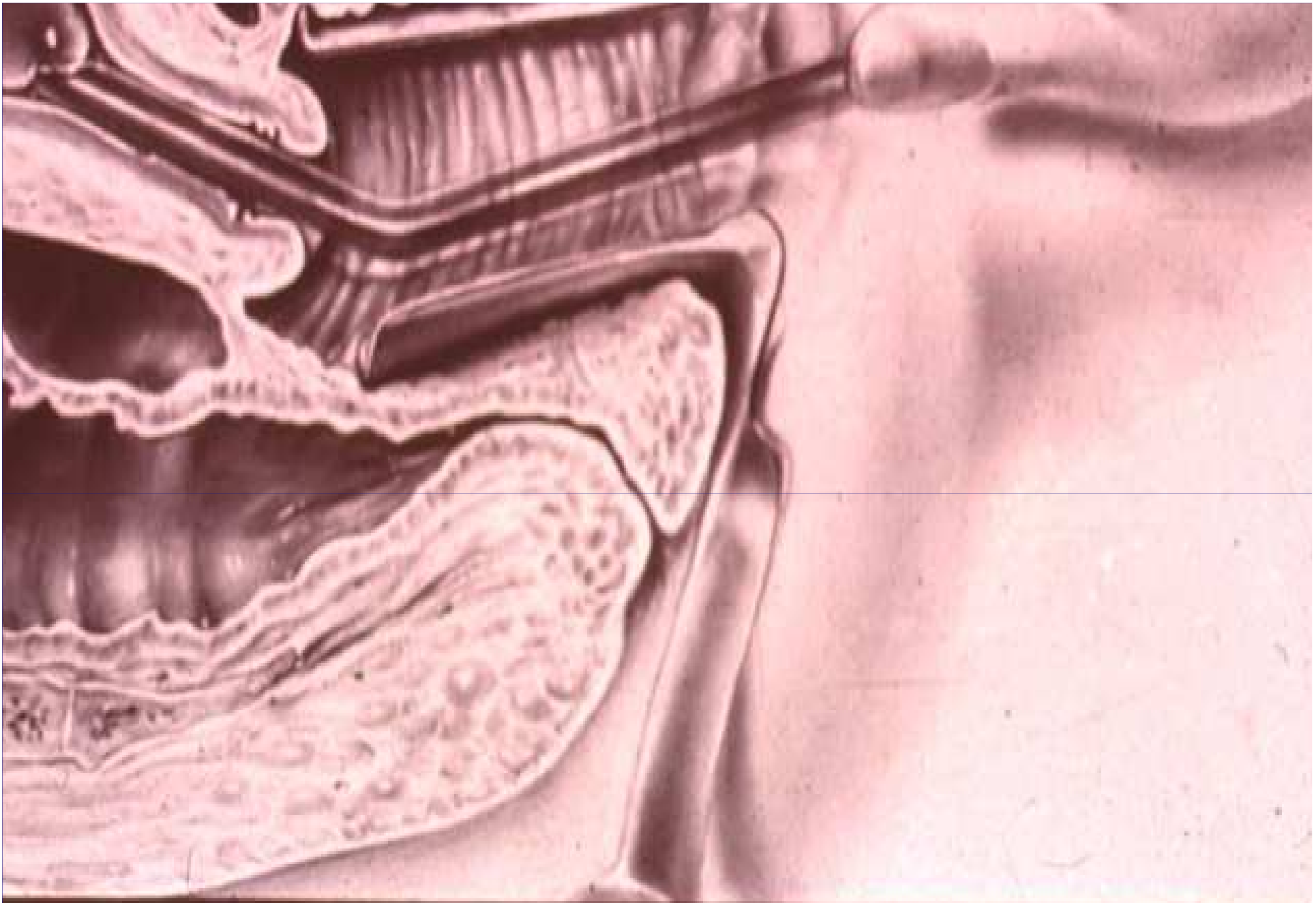
usually fill her iron requirements. Tabron can also supply her with folic acid, a fecal softener, vitamin B₁₂, ascorbic acid, and other vitamins she's likely to need.

Tabron[®]
FILMSEAL
 a comprehensive hematinic... restores the iron and more

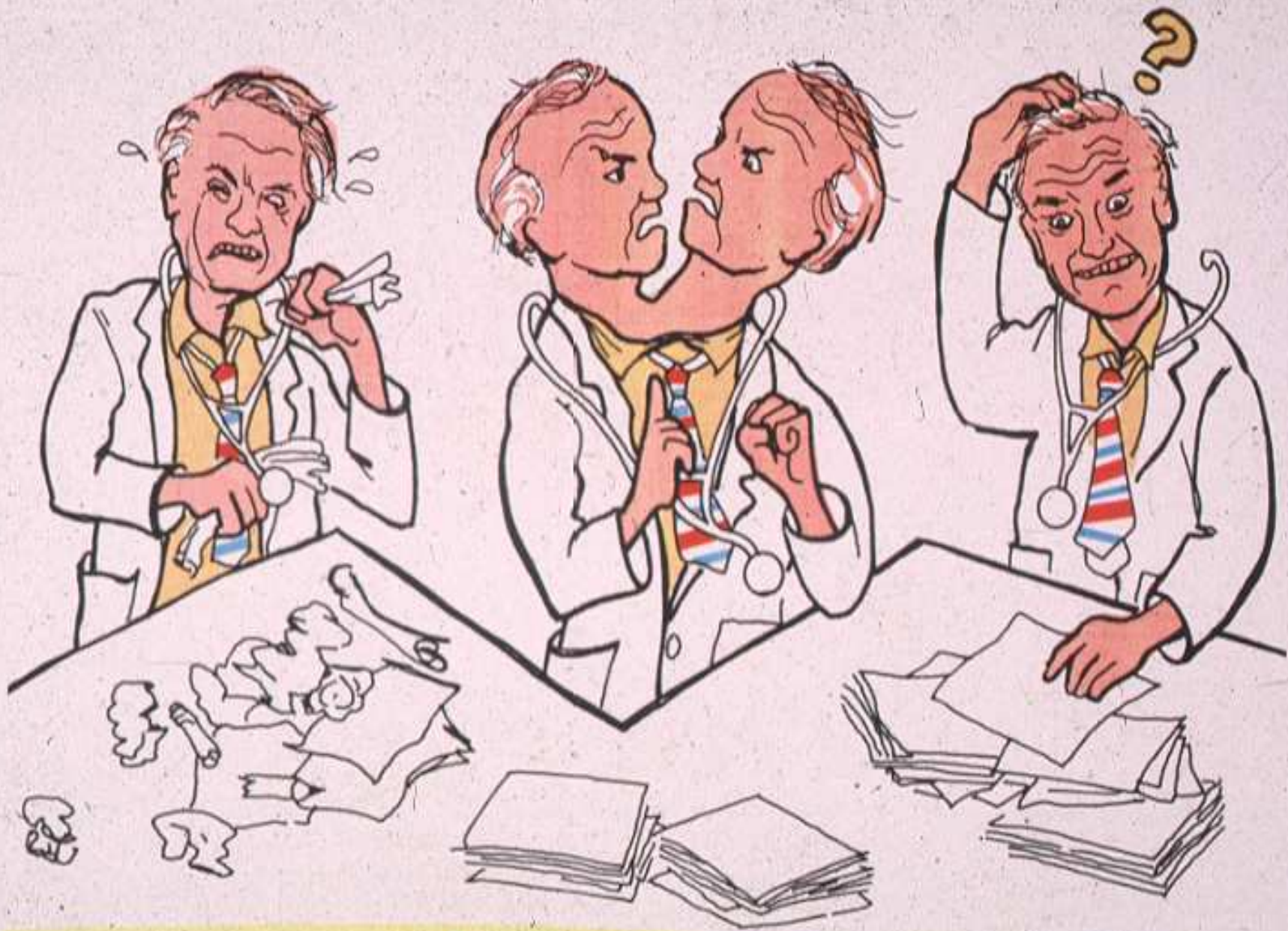
Each Tabron Filmseal represents 304.2 mg ferrous fumarate (represents 130 mg of elemental iron), 100 mg of folic acid, 5 mg of pyridoxine hydrochloride, 5 mg of riboflavin, 5 mg of pyridoxine hydrochloride, 25 mg of cyanocobalamin (crystalline), 1 mg of folic acid, 30 mg of ascorbic acid, 10 mg of calcium pantothenate, 300 U of vitamin E (dl-alpha-tocopherol succinate), 50 mg of iron (elemental iron), and 100 mg of iron (elemental iron). Each tablet also contains 100 mg of calcium pantothenate. The paraffin coating is made of polyethylene glycol and may result in a laxative effect if taken in excess.

Pharmaceutical Division, Parke-Davis, Inc., Detroit, Michigan 48232

PARKE-DAVIS



Uterus for Suction Evacuation



FRUSTRATION

**PRACTISE MON.
RELIGION SAT.**

**FRIDAY
SUNDAY**

HOW?

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IF I DO NOT.....

And

COMPROMISE ?

I AM NOT WHAT I AM

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SOLIDARITY

THE DIGNITY
OF
MOTHERHOOD

(OPTION FOR THE POOR AND
VULNERABLE)

MATERCARE INTERNATIONAL

SOLIDARITY

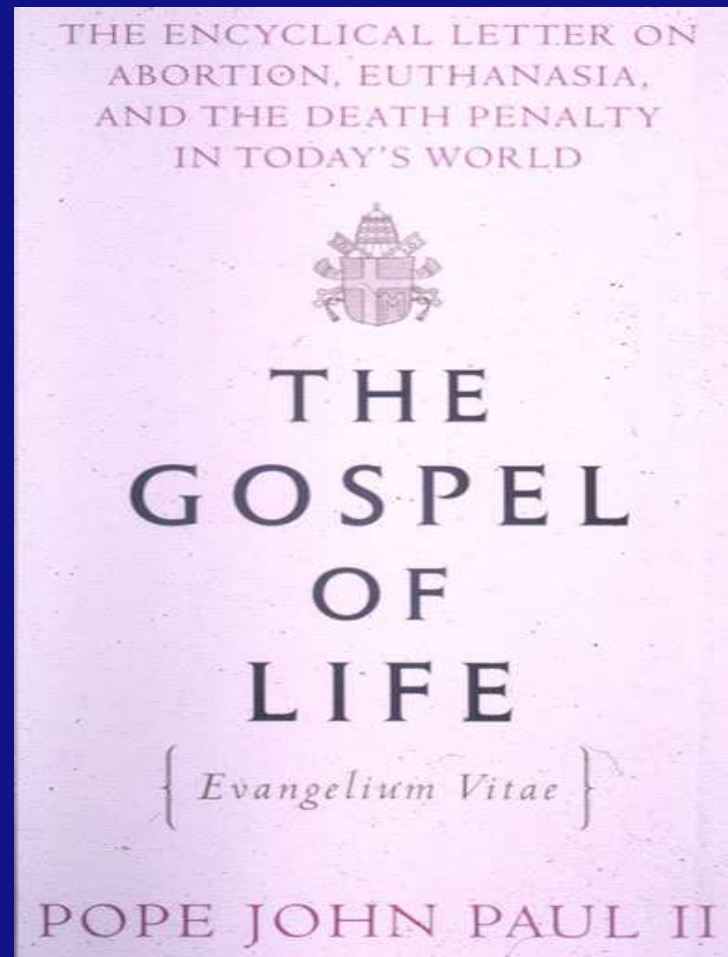
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“What more should be done and could be done in the spirit of humanity to improve the health standards of the world.”

A NEW INITIATIVE NEEDED

Based on LIFE and HOPE

MATERCARE INTERNATIONAL ACCEPTED
THE CHALLENGE TO DO THE WORK OF.....





“DO what ever
HE
Tells you”

THE ADVICE OF THE MOTHER
OF GOD

HAS ADOPTED A
PREFERENTIAL OPTION FOR
MOTHERS EVERYWHERE

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GOAL

To breathe LIFE back into the practice of obstetrics and into maternal health care

MaterCare International

*Linking Obstetrical Practice with Respect
for Mothers and the Culture of Life*

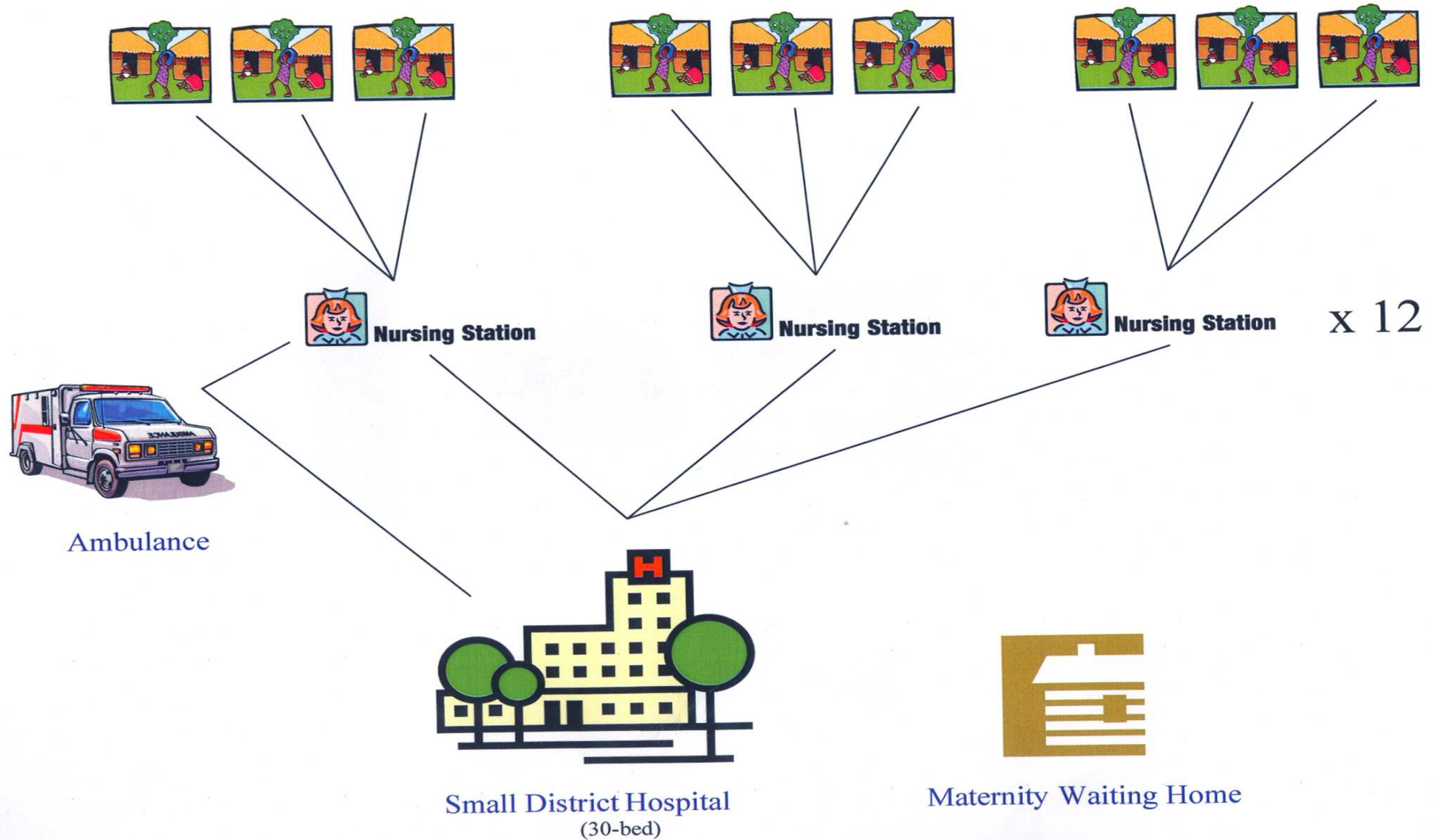
MISSION

To do the **WORK** of **EVANGELIUM VITAE**
through new initiatives of **ESSENTIAL**
OBSTETRICS, TRAINING, RESEARCH, &
ADVOCACY for mothers everywhere.

MATERCARE INTERNATIONAL

SERVICE

MaterCare's model of rural obstetrical care









PROJECT ISIOLO KENYA

MARCH 2005-PRESENT





PROJECT HAITI

19/01/10 - PRESENT



- Mortality 300,000
- Maternal Mortality
563/100,000

Sr Francis de Sales

PROJECT HAITI



SR DAMIEN'S HOSPITAL

Teams of:

One obstetrician +
one midwife

2/52 x 24 months











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*FISTULA TREATMENT
REHABILITATION &
TRAINIING
GHANA*

MATERCARE INTERNATIONAL'S FISTULA HOSPITAL, GHANA



MCI constructed and equipped the hospital with 40 beds for:

- treatment
- rehabilitation
- training of nurses and doctors
- research
- advocacy

A 2nd centre planned for Rwanda

MaterCare International



THE COMMON GOOD



MATERCARE INTERNATIONAL (MCI)

QuickTime™ and a
TIFF (LZW) decompressor
are needed to see this picture.

AS OBSTETRICIANS
WE MUST PUT INOT
PRACTICE
CARITAS IN VERITATE
No 28
but
MCI NEEDS HELP

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BUT HOW?

A “Marshall Plan” for Mothers

Cost of meeting the 5th MDG is

\$10 - for essential obstetrics

\$10 billion for reproductive health

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WE ARE WHAT WE DO

IF WE DO RIGHT

THEN WE ARE

CATHOLIC/ PRO-LIFE
OBSTETRICIANS

MaterCare International

MOTHERHOOD - WHO ON EARTH CARES!

WE ARE WHAT WE DO

WE DO

WE ARE WHAT WE ARE

CATHOLIC/ PRO-LIFE OBSTETRICIANS

MATERCARE INTERNATIONAL (MCI)



IS ABOUT RESORTING
DIGNITY TO

- ❖ MOTHERHOOD
- ❖ OBSTETRICAL
PRACTICE

THANK YOU FOR
YOUR INTEREST AND
FOR INVITING ME