Fight maternal mortality
The fifth "MDG" (Millennium Development Goal) indicated by the United Nations after the year 2000 aims to the reduction of maternal mortality by 75% by the year 2015. A challenge that is worth 3 million lives and that DREAM has gathered. Maternal mortality threatens the survival and health of children and economies of entire countries. For this reason the challenge is that “no mother should die while giving birth to a child”.

Pregnancy: a risk factor in many countries

Everyday around the world approximately 800 women die due to complications with a pregnancy or during delivery: the World Health Organization estimates that in 2010 alone the deaths were 287,000. Maternal mortality is the cause of more than 1 million orphans each year; in the next few years, three million women may die from complications related to pregnancy and childbirth. 99% of these deaths occur in developing countries and in resource-limited settings, where most of these tragic events could be prevented if only women had access to care during pregnancy and delivery. In developing countries maternal mortality is devastating not only for the family but for the entire community: children who survive their mothers are more likely to die before the age of two and the other children risk 10 times more early school dropout, poor health and premature death. In addition, for every woman who dies during delivery, at least twenty other remain disabled for life.

Among the main causes of maternal mortality, postpartum hemorrhage (responsible for 35% of deaths), and pre-eclampsia or gestational hypertension (responsible for another 18%) are to be remembered.
Pregnancy, HIV and mortality

One of the major causes of maternal mortality in developing countries is represented by HIV infection, responsible for 20-50% of maternal deaths in countries with a high prevalence of infection; HIV+ women have a risk of maternal mortality increased compared to seronegative women; it is precisely towards this group that the DREAM Program of the Community of Sant'Egidio is committed.

Every year in Africa approximately 1.4 million pregnancies occur in HIV+ women. Without appropriate interventions, 30-40% of the children born to these women will become infected. In addition, HIV-positive mothers who come to deliver with an acute infection see the risk of death in pregnancy increased.
Antiretroviral therapy during pregnancy: the DREAM Program

With the treatment implemented by the DREAM Program, the mother-to-child transmission of the HIV infection is reduced from 40% to 2-3% and the risk of death for the mother decreases by 70%. DREAM has demonstrated the importance of antiretroviral therapy in pregnancy, showing the beneficial effects of the drugs.

The fulcrum of the DREAM Program is the administration of antiretroviral drugs and continued nursing care to women during pregnancy and in the period following the child’s birth. In a cohort of pregnant patients followed in the DREAM Program, maternal mortality was significantly lower respect to the general population (1,2%); the reduction of maternal mortality rate was particularly evident in those women who underwent antiretroviral therapy for more than 90 days (0,7%). The preterm birth rate was 5,2% in children born to women who had assumed the therapy for more than 90 days, whereas it was 70% in the offsprings of women who had not taken treatment.

The support is not limited just to the pharmacological treatment: it also includes home care, family support, cooperation of other women who follow the pregnant woman at home, helping them to carry on with the therapy. In addition, the nutritional support is also important, both to the mother, to prevent the birth of low weight babies, as well as to the child after the 6th month of life to improve complementary feeding, besides the maternal milk.

In all countries where it operates, the DREAM program is active in the care of pregnant women infected by HIV; this has a double benefit: reduces maternal mortality and eliminates the mother to child transmission of the virus.

The results of the DREAM Program, along with other scientific evidence, have widely demonstrated how to tear down the weight of maternal mortality attributable to HIV infection if antiretroviral triple therapy is administered to HIV-positive women, as foreseen in DREAMs protocols since 2002 and today also in WHOs guidelines; women infected by HIV but under therapy have maternal mortality rates comparable to those of women without HIV infection.
The same intervention (triple therapy) has the effect of preventing the infection of the newborn in the three crucial stages: during pregnancy, during the passage through the birth canal and through the mother’s milk. The therapy reduces the Viral Load by reducing the quantity of the virus in all body fluids, sources of infection for the newborn. With an appropriate anti-retroviral therapy DREAM has reached rates of mother-to-child transmission of HIV infection inferior to 2%.

The widest possible dissemination of the triple therapy during pregnancy has therefore a very important impact in African society: it allows the rise of a generation free from the virus but also the possibility for this generation to grow up and be taken care of by healthy and strong mothers.

Today in Africa only about 54% of women benefit of interventions for the prevention and treatment of HIV in pregnancy. DREAM struggles to expand the right to treatment to all women.
Since the beginning DREAM has provided more than 30,000 HIV+ pregnant women with antiretroviral therapy. Therapy can reduce to zero HIV impact on maternal mortality.

Each year 1 million children become orphans within one month of life. Every day in the world 800 women die while giving birth or during pregnancy; 99% of them live in developing countries.

Every year in Africa there are 1 million HIV+ pregnant women, these women have a doubled risk of dying during pregnancy.
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