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MSF – Médecins Sans Frontières (Author)

Pregnant women face miscarriage and delivery complications in Darfur, Sudan

With only a few health facilities still functioning in Darfur, [Sudan](#), [pregnant women](#) face harrowing journeys to seek care. Insecurity, checkpoints, and unaffordable or unavailable transportation force them to undertake day-long treks on foot or by donkey, often resulting in delivery complications, miscarriage or death.

Médecins Sans Frontières (MSF) runs activities in 10 out of Sudan's 18 states, and has been witnessing the grave toll that the [war](#) has taken on women and their health in Darfur and across the country.

In West and Central Darfur, many women who live in remote areas give birth at home, relying on traditional methods. The scarcity of healthcare facilities, the distance they have to travel, the insecurity on the road, and the price of transportation, often result in women seeking healthcare only after they face complications, putting both their lives and the lives of their babies at great risk.

According to the World Health Organization (WHO), more than 70 per cent of health facilities in conflict-affected areas like Darfur are barely operational or completely closed, leaving millions without access to critical care amid one of the worst humanitarian crises in recent history.

"One mother gave birth at home, and couldn't remove the placenta, then she was bleeding, so they rushed her to the hospital," says Wendemagegn Tefera Benty, MSF project medical referent at Zalingei hospital in Central Darfur. "The family had to carry her, and after one day of walking, when they reached [the hospital], she had already passed away because of the bleeding."

The ongoing conflict in Sudan has a profound impact on the health of pregnant women and their babies, particularly in terms of preterm deliveries. It has left people unemployed and disrupted access to food and clean water. As a result, many pregnant women arrive at hospitals malnourished, which directly affects the health of their babies, often leading to preterm birth and malnourishment. After these babies are born, they are frequently admitted to observation units to ensure their survival and wellbeing.

“The biggest difficulty is how to manage to bring food to my children,” says a maternity patient at Murnei hospital, in West Darfur. “I was working a lot when I was pregnant and that is maybe why my baby was born weak. Access to healthcare was also difficult but MSF helped.”

The MSF-supported Zalingei hospital is the only referral hospital available for specialised healthcare services for an estimated 500,000 people. There is no other health facility managing deliveries in the area. In the operating theatre at Zalingei hospital, our teams perform over 40 emergency caesarean section operations per month.

Afaf Omar Yahya experienced severe abdominal pain in her home as her pregnancy was about to come to term. Due to the lack of transportation in Darfur, she had no choice but to travel for hours on a donkey to reach Zalingei hospital. Upon her arrival, the doctor informed her she had suffered a miscarriage, and she needed to undergo an emergency caesarean section.

“Losing the baby was the greatest heartbreak for me,” says Afaf, while recovering at the maternity ward.

Women from across Darfur share similar experiences, but the situation shows no signs of improvement.

“Most of the complications we receive are caused by post-home delivery and anaemia during pregnancy,” says Virginie Mukamiza, midwife activity manager at Zalingei hospital.

Pregnant women seek medical care when they have post-partum bleeding or sepsis.

“Most health facilities in Darfur are now mere empty buildings,” says Osanatu Sento Bangura, MSF midwife activity manager at the MSF-supported Murnei hospital in West Darfur. “There’s no staff, no medications, nothing at all. Before the war, people had access at least to basic healthcare centres near their homes. Now they have to rely on big hospitals that are far away.”

Many of these situations could have been prevented with antenatal consultations and adequate referral systems from basic healthcare facilities, but most of them have been either out of service since the onset of the war, or rely on humanitarian aid, which is widely unavailable, to deliver services.

Twelve days after giving birth at home, Sameera visited the Romalia mobile clinic, in a remote area of West Darfur, to have both her and her baby checked. Upon arrival, she was running a high fever and had infected wounds in her arm. Following the home delivery, she had experienced terrible abdominal pain. Her brother gave her an injection to bring down her temperature, but injured her arm. She was in pain and couldn't hold her baby properly. After conducting several tests, our teams at the clinic discovered an infection in her arm. They promptly disinfected and dressed the wound and prescribed treatment.

The war's far-reaching effects threaten to trap women and girls in a never-ending cycle of malnutrition, declining health, and maternal death.

We reiterate our call to drastically scale up the provision of lifesaving humanitarian aid and access to healthcare in Darfur. Warring parties must grant unhindered access for aid delivery and ease the obstacles that are preventing people from reaching healthcare. The full engagement of donors must be ensured to increase a sustained funding to boost the humanitarian response.

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Austrian Red Cross	Wiedner Hauptstraße	Contact
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Asylum Research and	F +43 1 589 00 589	Data Protection Notice
Documentation	info@ecoi.net	
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