Explaining the Unexplainable: A Review of *Partial Stories: Maternal Death from Six Angles* by Claire L. Wendland

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Obstetrician and anthropologist Claire L. Wendland’s *Partial Stories: Maternal Death from Six Angles* is the culmination of decades of ethnographic research and medical practice in Malawi. Wendland’s work seeks to better understand the multifaceted causes of maternal morbidity, considering six main contributors to maternal death and understanding each as a possible explanation for this phenomenon. Drawing on her ample experience and research in Malawi, Wendland uses medical case studies, interviews, and contextual evidence to explain why women in Malawi perish from giving birth, while also recognizing the ambiguity inherent in any single explanation for maternal death. She highlights this ambiguity by examining competing explanations for high rates of maternal death from researchers and caregivers worldwide. Each chapter of the book is focused on one of the main explanations that circulate to explain maternal death, discussing what each explanation contributes and leaves out. As such, Wendland ultimately concludes that no one reason can fully explain what drives high maternal mortality rates. Rather, she finds that the complex reasons for maternal death depend on multiple factors and actors.

The first explanation concerns what Wendland calls “Dangerous Modernities.” This chapter details the cultural shifts often correlated with the recent increase in maternal mortality in Malawi. She draws on extensive evidence from Malawians who reminisce about former times and generations when significantly fewer women died of pregnancy complications. Her discussions with caregivers demonstrate a marked difference in how traditional healers and biomedical physicians at the local hospitals view the increase in maternal deaths. Many nurses and doctors blame maternal death on the widespread practice of traditional customs, citing a lack of modernity as a central cause of pregnancy complications (Wendland 2022, 28). However, traditional healers are more likely to blame the advent of modern ideas about sexuality and female liberation, which they argue lead to unsafe reproductive health practices (Wendland 2022, 27). Although both are likely contributors, Wendland argues that the disconnect between these explanations is central to the issue. In an effort to focus on culture and behavior, both groups of caregivers fail to recognize the negative impact of systemic factors such as lack of supplies and health infrastructure, malnutrition, and restrictive economic policies following the end of the colonial period in Malawi.

The second chapter, “Knowing Bodies,” dives further into the biophysical factors contributing to maternal death, walking through specific medical cases and the methods used to explain death after the fact. Although she considers sepsis, anemia, pollution, and a variety of important contributors to health that can complicate a woman’s experience with pregnancy, the most prominent factor that Wendland discusses is sexual networks. In an economy shattered by colonialism, sex became a means of socioeconomic survival for women, leading to increased rates of untreated sexually transmitted infections, which had a widespread impact on health. These health issues, coupled with a post-colonial health infrastructure unable to address them, are a major contributor to maternal death. The chapter concludes with a moving narrative of a
nurse who treats patients in her own home, leading into Wendland’s discussion of a third factor contributing to maternal death, “Ambivalent Technologies.” In this chapter, Wendland looks at the ways health professionals in Malawi make decisions about using medical tools, and how this impacts maternal death. The decision to use or withhold medical technology depends on numerous factors, including available staffing and appropriate substitute technologies. Deaths are most often caused by “unused tools, misused tools, or absent tools” (Wendland 2022, 111). Wendland analyzes these possibilities, using the situation of obstructed labor as an example that demonstrates the variable access to and use of healthcare tools such as pelvimetry and partographs. Medical case studies and excerpts of letters from her time in Malawi further support her argument that these medical technologies are ambivalent in their power to “save or kill,” as a “cure or poison” (Wendland 2022, 135). It all depends on whether facilities are equipped to use the tools they have for their intended purpose.

A fourth factor Wendland discusses is the idea of “Abundant Scarcity,” that healthcare workers are constantly making do with less. A lack of medical equipment and staffing have been so normalized for caregivers that “absences, uncertainties, and substitutions” are commonly part of patient care (Wendland 2022, 152). Water and blood banks were the most prominent scarcities mentioned by caregivers, and their wide-ranging impacts are tied into other barriers to healthcare provision. Wendland analyzes these scarcities by using an anthropological lens, with references to the work of James Ferguson (2013) and other researchers. She also discusses the issue of access to care and the ethical implications of providing care by referencing Western research studies. Such studies can be an important resource for providing care in low-income countries; nevertheless, their contributions do little to address systemic inequality in healthcare access within these communities. One of the final points discussed in this chapter concerns the lists of medical equipment, such as sterile string to tie the baby’s umbilical cord, that expecting mothers are required to bring to the hospital. Even now, the UN Population Fund (UNFPA) sends emergency birth kits consisting of items like gloves, razors, and soap, promoting these kits as a solution to dangerous birthing environments (Kirkegaard 2022). Pushing for birth kits is reactionary; it reduces the problem to simply a lack of supplies and steers attention away from the underlying root causes of maternal death. As such, Wendland concludes that maternal mortality is often “produced passively” as a “product of actions not taken” (2022, 182). Many components of health infrastructure are lacking, from hospital staffing to abortion access. The accumulation of scarcity and actions not taken to address these issues is, Wendland argues, a major cause of maternal mortality.

The final two chapters, “Countless Accounting” and “Fragile Authority,” discuss the study of health through quantitative lenses such as epidemiology and the role that politics and government institutions play in maternal death. Wendland argues that the use of statistics to present one authoritative narrative helps to create a partial understanding of maternal death. She describes two key methods for tracking maternal death—the use of verbal autopsies and the UN’s population equations—to demonstrate how important information is left out of maternal health data and to illustrate the lack of accountability in reporting quantitative data about health. In her conclusion, Wendland finishes telling the story of Faith Chisoni, who died after delivering twins by Cesarean section. Many uncertainties contributed to diagnosing the causes of her death, yet her story is almost nondescript, as many women in Malawi face the same fate. Her story is partial, both “true and incomplete” (Wendland 2022, 278). However, Wendland ends her disquieting, deeply thought-provoking work with a final story about a woman who did not make it inside the hospital in time, but gave birth outside the doors with a crowd of women supporting
her, delivering a healthy child. Wendland and her medical partner saw that “there was no need” for their assistance, and so they “walked away,” leaving readers with a final reminder that healthy, joyful births are still happening, despite it all (2022, 297).

Wendland’s perspective as both an anthropologist and an obstetrician allows her to communicate these complex issues with a high level of nuance and expertise. Her use of specific interviews and quotations makes her points particularly compelling. As the title indicates, every story told in this book is partial, both in their incompleteness and in their lack of impartiality; both storytellers and listeners have a true stake in each story. As Chimamanda Adichie (2009) has warned, there is danger in a single story, and Wendland ensures that no one story takes precedence in this book. She spins together these partial stories and potential explanations for maternal death in a way that does not assume any singular explanation overrides another, nor presents any of them as all-encompassing. Central themes of the narrative include competing opinions about Western biomedicine and modernity, especially given the ways that modern medicine fails women in Malawi. Additionally, the narrative recognizes how maternal health is often positioned as the responsibility of women themselves, with the message that they are in charge of making their pregnancy safe, even when they are not equipped with the means to do so. The nature of this book, with its combination of authentic narratives, real patient cases, anthropological understanding, biomedical interpretations, and public health assessments, creates an insightful and compelling look into the contours of maternal death, recognizing the partiality of each contributor and making clear that no one explanation will serve to address the scope of the issue at hand. There is no single explanation for the unexplainable nature of maternal death.

References


