

Maternal & child health most important for the society

STAR HEALTH DESK

In developing countries like ours, pregnancy and childbirth are one of the leading causes of death for women of reproductive age, and one child in 12 does not reach his or her fifth birthday. Even somewhere childbirth is a forecast of death for a woman. Yet, the fate of these women and children is too often overlooked or ignored. The slogan for World Health Day 2005 "Make Every Mother and Child Count" reflects the reality that today, governments and the international community need to make the health of women and children a higher priority.

The well-being of societies is directly linked to the health and survival of mothers and children. When mothers survive and thrive, their children survive and thrive. When both mothers and children survive and thrive, the societies in which they live prosper. Too many mothers and children in the world are dying or suffering from the effects of ill-health, poor nutrition and inadequate health care. Each year more than half a million mothers die in childbirth. At the same time 10.6 million children under the age of five years die from a

handful of preventable and treatable conditions. Nearly all these deaths occur in low and middle income countries – and mainly amongst the poorest of the poor in these countries. Many of these deaths could be prevented using existing knowledge and affordable tools.

World Health Organisation arranged a different programme to celebrate the world health day this year. To visualise the global scenario of maternal and child healthcare six mothers-to-be living in different countries of the world were taken to share their experiences of pregnancy and childbirth.

They shared the experience of pregnancy and childbirth, but told their individual stories from different parts of the world – Bolivia, Egypt, Ethiopia, India, the Lao People's Democratic Republic, and the United Kingdom of Great Britain and Northern Ireland. They said about their hopes and fears, the impact of their wealth or poverty, and the importance of their families, communities and traditions.

These are six unique stories, but they reflected a common theme – the central importance of maternal and child health to our families, communities and societies.

In a world where over half a million women die in childbirth



PHOTO: WHO/PALLAVA BAGLA

Renu Sharma (24) with her healthy little girl.

Bangladesh situation

Infant mortality rate (per 1000 live births)	46
Under-five mortality rate (per 1000 live births)	62
Maternal mortality ratio (per 1000 live births)	3
Women of childbearing age using family planning	53.8 %
Antenatal care	960/1000 (23%)
Deliveries in health facilities	210/1000 (5%)
Skilled attendants at delivery (14%)	590/1000

Source: Ministry of Health and Family Welfare

every year and where four million newborns each year do not survive beyond one month, these documentaries aim to raise awareness of the challenges we face as a global community in improving maternal and newborn health. They will also draw attention to the pressing need to meet the Millennium Development Goals of reducing maternal deaths by three quarters, and reducing child mortality by two thirds by 2015.

The six unique stories

Six mothers-to-be living in different countries of the world were taken to share their experiences of pregnancy and childbirth. They were Damiana Dolores Blanco Mamani (29) from Bolivia, Samah Mohamed (26) from Egypt, Hiwot Tadesse Abraham (17) from Ethiopia, Renu Sharma (24) from India, Bounlid (27) from Lao People's Democratic Republic and Claire Roche (29) from United Kingdom.

They told their own stories at 5 months of pregnancies, 7 months of pregnancies, regarding labour, on the 7th day of their babies and they will tell more later on. Some of them got adequate support and proper healthcare during pregnancy, while some did not. During labour they also manifested different events. In fact, they reflect the global scenario

of the pregnant women.

WHO recommendations

WHO recommends that pregnant women should have at least four antenatal check-ups during their pregnancy. According to WHO, skilled professional care must be available at all births to ensure a safe delivery.

Bangladesh perspective

Bangladesh, a country with annual birth of close to 4 million, still has a very high maternal mortality rate estimated at 3.2 to 4 per 1000 live births. Eighty percent of the maternal deaths happen at home as because more than 90 per cent of deliveries occur at home attended by traditional birth attendants (75.6 percent) and relatives (10.8 percent). Deliveries by a medical trained person are 11.6 percent, i.e. 6.5 percent doctors and 5.3 percent by nurse-midwives/Family Welfare Visitors/others. 47.5 percent of pregnant women avail one or more antenatal care check.

The infant mortality rate is 66.7 per 1000 live births, with the neonatal mortality rate also 42 per 1000 live births. The total fertility rate is estimated at 3.2, with the contraceptive prevalence rate 50.8 percent, of which 44.5 percent are modern and 6.3 percent traditional methods.

HEALTH AND SCIENCE BULLETIN

20 million people are at risk of Kala-a-zar



A patient of visceral leishmaniasis (Kala-a-zar)

In Bangladesh, 20 million people live in areas with active transmission of visceral leishmaniasis (Kala-a-zar), caused by the parasite *Leishmania donovani*, transmitted by infected sandflies. A community-based surveillance was done in Fulbaria, Mymensingh District, to identify ways to improve prevention and treatment. Among 35 patients identified, 4 (11.8%) died; 3 had completed a course of therapy. Fever, weight loss, anorexia (no desire for taking food), abdominal pain, darkening of skin and cough were the most commonly reported symptoms, and hepatomegaly (enlargement of liver) and splenomegaly (enlargement of spleen), pallor, jaundice, abdominal distention (mild to moderate) were frequently documented.

Source: ICDDR,B

Ginger appears safe and effective easing nausea in pregnancy



Ginger appears to help pregnant women who suffer from morning sickness, without side effects to the unborn child, according to a review of the medical literature.

In six studies that examined the effects of ginger in reducing nausea and vomiting in expecting mothers, ginger worked better than a placebo, or inactive drug, and as well as vitamin B6, which has been shown to improve nausea and vomiting in some pregnant women.

None of the women who took ginger had problems with their pregnancies, the authors reported.

"Ginger may be an effective treatment for nausea and vomiting in pregnancy," said Dr. Francesca Borrelli of the University of Naples Federico II in Italy and her colleagues.

However, they caution that these data are still "preliminary," and more studies are needed to confirm that ginger is truly safe for pregnant women.

Up to 80 percent of pregnant women experience morning sickness during the first trimester of pregnancy. While there are many medications designed to ease morning sickness, the authors pointed out, women often shy away from drugs during pregnancy out of fear of side effects in their unborn children.

As a result, many women turn to alternative treatments, including vitamins, herbal products, homeopathic remedies and acu-

puncture. Among natural drugs, ginger has long been used to ease sickness, and there is some evidence that the botanical may relieve motion sickness and other types of queasiness.

To review what has been studied about ginger, Borrelli and colleagues scanned the medical literature, and found six trials that tested ginger in 675 women with nausea in pregnancy.

In four studies that involved a combined total of 246 women, ginger consistently beat out placebo in quelling nausea and vomiting, even in women with a severe form of morning sickness called hyperemesis gravidarum.

In the most recent studies, participants were randomly assigned to take a capsule containing 350 milligrams (mg) of ginger or one containing 25 mg of vitamin B6 three times a day for three weeks.

Ginger was equally effective as vitamin B6 at relieving nausea, vomiting and dry retching. Symptoms of morning sickness improved in a little more than half of the women in each group.

Some studies reported side effects such as headache, diarrhea and drowsiness, but there were no differences in pregnancy outcomes between women taking placebo, vitamin B6 or ginger.

Source: Obstetrics & Gynecology, April 2005

Advancement in the treatment of typhoid fever of children

PROFESSOR Md SALIM SHAKUR

Typhoid fever is a major public health problem and one of the leading causes of febrile illness (disease which is accompanied by fever) of children in developing countries like Bangladesh. The prevalence of multi-drug resistant *Salmonella typhi* is as high as 60 per cent in our sub-continent resulting in dependence on third generation Cephalosporins and Ciprofloxacin for the treatment of typhoid fever in this region. However, still there are controversies regarding the safety of Ciprofloxacin in pediatric use. Also Ciprofloxacin is not available in syrup form and bitterness of the tablet makes it unacceptable to children. On the other hand, because of relatively high cost and difficulty in administration of parenteral third generation Cephalosporins, which is not given orally and so not by way of the digestive tract, but given in the form of injections, treatment of typhoid fever in children remains as a problem both for the physicians as well as for the parents.

Oral third generation Cephalosporin, like Cefixime has been found effective in treating multi-drug resistant typhoid fever in children and now clinically well practiced in Bangladesh. But Cefixime is also quite expensive and many patients cannot afford the treatment cost of Cefixime. Cefpodoxime Proxetil is another orally administered



third generation Cephalosporin which is comparatively cheaper but very similar in pharmacology and in activity to Cefixime and has also impressive antimicrobial activity against wide variety of gram positive and gram negative organisms, which causes typhoid fever. Cefpodoxime Proxetil has been proved effective in Respiratory Tract Infections (RTI), Skin and Soft Tissue Infections (SSTI) and other infections but not unfortunately that much clinically tested in typhoid fever round the world. There is no up to date published well controlled studies, evaluating Cefpodoxime Proxetil in invasive typhoidal salmonellosis although it is similar to Cefixime in activity in other infections. This happened due to the fact that typhoid fever is almost non-

prevailing in the developed countries where clinical trials usually take place. But in Bangladesh typhoid fever is still a major public health problem causing huge morbidity.

In this background, we thought to test the effectivity of Cefpodoxime Proxetil in typhoid fever of children through an organised clinical trial. The trial was conducted at Dhaka Shishu Hospital for long 18 months from March 2003 to August 2004. It was a double blind, control clinical trial where the efficacy of Cefpodoxime Proxetil was compared with the established drug, Cefixime for typhoid fever of children.

All selected patients received either Cefpodoxime Proxetil or Cefixime, assigned randomly in a double blind manner.

From the clinical trial it was

found that both Cefpodoxime Proxetil and Cefixime are highly effective in the treatment of typhoid fever of children. At the end of the therapy, clinical cure was achieved in 52 of 53 (98.1%) patients treated with Cefpodoxime Proxetil and in 50 of 51 (98%) patients treated with Cefixime. But Cefpodoxime Proxetil patients required comparatively less treatment cost than Cefixime patients group. For a standard 10 day treatment of a 10 kg baby the treatment cost of Cefpodoxime Proxetil was Tk 392 and for Cefixime was Tk 520. Thus Cefpodoxime Proxetil reduced the treatment cost by at least 33%. Hence, the outcome of the research has opened up a new, more affordable treatment option for typhoid fever of children.

The trial was sponsored by Aristopharma, a pharmaceutical company of the country. They provided the antibiotics, Taxetil (Cefpodoxime Proxetil) and Afix (Cefixime), other medicines, diagnostic and all other expenses for the trial.

This trial may create a new trend in the pharmaceutical industry. Now many other companies might invest in these sorts of researches which would bring basic development of the healthcare sector of the country.

Professor Dr Md Salim Shakur is the Director, Senior Consultant & Member, Management Board of Dhaka Shishu Hospital.



How to cope with anxiety

If you suffer from anxiety, relief may stem from the support of family and friends.

Ideally, family members should be supportive without helping to perpetuate the symptoms. However, if the family tends to trivialise the disorder or demands improvement without treatment, it is better to look elsewhere for help.

Talking with good friends or a trusted member of the clergy also can be helpful, although doctors warn that it is not a substitute for mental health care.

People with anxiety disorders may also benefit from joining a self-help group and sharing their problems and achievements with others, experts say.

Are you obese?

BMI calculator can help you



Obesity is a common and increasing public health concern now-a-days as it is an important predisposing factors of many diseases. Body mass index, or BMI, is a new term to most people. However, it is the measurement of choice for many physicians and researchers studying obesity. BMI uses a mathematical formula that takes into account both a person's height and weight. BMI equals a person's weight in kilograms divided by height in meters squared, i.e. BMI=kg/m²

BMI categories

- λ Underweight = <18.5
- λ Normal weight = 18.5-24.9
- λ Overweight = 25-29.9
- λ Obesity = BMI of 30-39.9
- λ Morbidity obese = 40 and above

BMI is not the only indicator of health risk

BMI is just one of many factors related to developing a chronic disease (such as heart disease, cancer, or diabetes). Other factors that

may be important to look at when assessing your risk for chronic disease include:

- λ Diet
- λ Physical activity
- λ Waist circumference
- λ Blood pressure
- λ Blood sugar level
- λ Cholesterol level
- λ Family history of disease

All persons who are obese or overweight should try not to gain additional weight. In addition, those who are obese or who are overweight with other risk factors should consider losing weight. A complete health assessment by a physician is the best way to decide the right steps for you.

Whatever your BMI, talk to your doctor to see if you are at an increased risk for disease and if you should lose weight. Even a small weight loss (just 10 per cent of your current weight) may help to lower the risk of disease.

Physical activity and good nutrition are key factors in leading a healthy lifestyle and reducing risk for disease.