

# Quality of care for every pregnant woman & newborn

STAR HEALTH DESK

In a new commentary published in the BJOG: An International Journal of Obstetrics and Gynaecology, the World Health Organisation (WHO) states that quality of care must improve if the world is to end preventable deaths of mothers and newborn babies globally.

The BJOG commentary sets out WHO's priority thematic areas and framework for quality of care, which must be ensured in order to help reduce preventable maternal and newborn mortality and morbidity. WHO "envisions a world where every pregnant woman and newborn receives quality care throughout pregnancy, childbirth and the postnatal period".

## Beyond essential interventions, beyond coverage

WHO underlines the importance for the world's health community to move beyond focusing on the provision of essential health-care interventions, and coverage of populations with health information and services; In addition to the provision of care, the commentary calls for health systems to include processes which ensure quality of care for both mothers and newborns throughout the entire pregnancy, childbirth, and post-natal periods.



PHOTO: TAREQ SALARUDDIN

### Focus on childbirth

WHO calls for a focus on the crucial time of childbirth and the period immediately following birth. The authors of the WHO commentary state that "globally, over 70% of maternal deaths occur as a result of complications of pregnancy and childbirth such as haemorrhage, hypertensive disorders, sepsis, and abortion",

and that "complications of preterm birth, birth asphyxia, intrapartum-related neonatal death and neonatal infections together account for more than 85% of newborn mortality."

WHO therefore underlines that a focus on the time of childbirth and the period immediately following birth is critical to ensure a significant impact on

reducing preventable maternal deaths, stillbirths and the early deaths of newborns.

### Provision plus experience

According to the WHO Quality of Care Framework for maternal and newborn health, which is highlighted in the BJOG commentary, health system processes must include a dialogue between provision of

care and people's experience of care. This means that to ensure better outcomes, the experience of care — effective communication, respect and dignity, and emotional support — must be prioritised and implemented in addition to provision of care, which is ensured through evidence based practices for routine care and management of complications, actionable information systems and functional referral systems.

The framework also includes 'competent and motivated human resources' and 'essential physical resources available' as essential parts of both the provision and the experience of care. This reflects how better outcomes are ensured when provision and experience of care processes within health services function as one.

### Global priority

With the end of the Millennium Development Goals this year in 2015, WHO underlines that such a vision and approach is crucial as the world develops the new Global Strategy for Women's, Children's and Adolescents' Health, to ensure that sexual and reproductive health and rights are included within the post-2015 sustainable development agenda.

Source: World Health Organisation

## BREAKTHROUGH

### First natural birth for diabetic woman with artificial pancreas

A diabetic woman has become the first in the world to give birth naturally after using an artificial pancreas while pregnant, reports BBC.

Catrina Finlayson-Wilkins, 41, of Knapton, Norfolk, gave birth to son Euan on Tuesday at the Norfolk and Norwich University Hospital.

The new mother-of-two has Type 1 diabetes and wore the piece of kit throughout her pregnancy to produce insulin and prevent symptoms of the disease.



### Artificial pancreas breakthrough

An artificial pancreas device system (APDS) is a small portable piece of equipment designed to carry out the function of a healthy pancreas.

It helps to control blood glucose levels using digital communication technology to automate insulin delivery.

An APDS is worn on the body during pregnancy and has a continuous glucose monitor (CGM), a digital controller and an insulin pump.

"It's a huge weight off your mind after being pregnant and diabetic, which is really risky. It's the most amazing piece of kit and I can really see how it's going to benefit all types of people with diabetes in the future."

Her first son was taken into intensive care when he was born because his blood sugar levels dropped dangerously low and she did not see him for a day.

Dr Helen Murphy, principal investigator of the study Ms Finlayson-Wilkins took part in, said, "Women who have diabetes in pregnancy face higher rates of birth defects, over-sized babies, pre-term delivery and stillbirth than other pregnant women. Treating diabetes in pregnancy can be particularly challenging because hormone levels are constantly changing and blood sugars can be difficult to predict."

## HEALTH bulletin

# Screening for Down syndrome

DR LUBNA ISLAM

A baby is something that you carry inside you for nine months, in your arms for three years and your heart until the day you die. A healthy baby is a priceless gift from the almighty.

Down's syndrome occurs in about 1 in 600 pregnancies all over the world. People with Down's syndrome have an extra chromosome and these manifests as varying levels of mental and physical retardation. Down's syndrome happens at conception, when the genetic bundles from the egg and the sperm fuse. Down's syndrome is not an inherited condition.

In most cases it happens by chance. Any women can have a baby

with Down's syndrome and therefore there are screening tests for this. The risk of having a baby with Down's syndrome varies with mother's age; as the mother's age increase, the risk increases, 70% of babies with Down's Syndrome are born to younger mother (below 35 yrs) and therefore screening is offered to all women.

A new combination of blood tests and ultrasound can detect fetuses with Down's syndrome at 12 weeks into pregnancy and more accurately offering mothers to be more peace of mind and more time to decide on the way forward.

This is a screening option at first trimester commonly referred to as OSCAR (One Stop Clinic for Risk

Assessment) or NT (Nuchal Translucency) Scan. It is a test that is offered to all pregnant women as an earlier and more accurate method of screening for chromosomal abnormalities, in particular to Down's syndrome, Trisomy 21. The risk assessment is done by a combination of maternal age, fetal length, fetal NT and serum biochemistry at 11 to 13 weeks 6 days into pregnancy. A composite risk assessment will then be computed.

The combination of two maternal blood test (PAPP-A and Free beta hCG) + ultrasound + maternal age = correctly identifies 90% of the fetus with Down's syndrome and yields results at about 12 weeks. The advantage of nuchal scanning over just biochemical blood profiling or ultrasound alone is mainly the reduction in false positive rates.

When all the indicators together show a high probability of Down's syndrome, expectant mother can choose to have a definitive and invasive test — CVS and or amniocentesis.

According to the American College of Obstetrics and Gynaecology, all women whatever their age, have a small risk of delivering a baby with physical and intellectual disability. The NT scan will help to estimate the risk of fetus having Down's syndrome and other major structural chromosomal abnormality more accurately than maternal age alone.

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## Maternal obesity increases risk of type 1 diabetes in children

A study of more than 1.2 million children in Sweden has concluded that children of parents with any type of diabetes are more likely to develop type 1 diabetes (T1D), and that maternal overweight and obesity increases the risk of the child developing T1D when neither parent has diabetes.

The results, published in Diabetologia (the journal of the European Association for the Study of Diabetes), clearly suggest that strategies to reduce overweight and obesity before and during pregnancy could reduce the incidence of T1D, which is currently increasing in children (and especially in younger children) in most countries of the world. The research is by Associate Professor Tahereh Moradi, Karolinska Institutet, Stockholm, Sweden, and colleagues.



## Tips for dealing with stroke

Know Stroke. Know the Signs. Act in Time

Sudden numbness or weakness of the face, arm or leg

Sudden confusion, trouble speaking or understanding speech

Sudden trouble seeing in one or both eyes

Sudden trouble walking, dizziness, loss of balance or coordination

Sudden severe headache with no known cause



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## Knowing for better living

Take calcium rich foods like milk, dairy products, nuts, soya foods, leafy vegetables & fruits

Take Vitamin-D rich foods like seafood, cod liver oil, egg & mushroom

Exercise regularly like walking and jogging

Take medicines consulting with physicians

1 out of 5 men suffers from osteoporosis !



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