Delay in safe motherhood: Ways to reduce it

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The three-delay model of accessing care is an important consideration for safe motherhood. Decision making delay to use emergency obstetric care during pregnancy, child birth and postpartum periods during obstetric complications is an important factor for maternal death in developing countries.

Delay phases

Most maternal deaths can be avoided if appropriate treatment starts in time. Delay in receiving appropriate care can, therefore, be considered as the main factor contributing to maternal mortality.

However, delay can take many forms and has a wide range of causes. The causes are certainly not limited to the patient who is seeking care too late but may occur at any time between the onset of a problem and the outcome. Following three phases are noteworthy:

 Phase one is between the onset of a complication and decision making by the pregnant woman and/or her family to access to formal healthcare and medication.

 Phase two occurs between decision making to seek care and reaching the health care facility.

 Phase three occurs reaching the health care facility and the initiation of the appropriate treatment.

These different delays have different underlying problems. Delay in the decision to seek care is influenced by the distance to the healthcare facility and to the



cost of travelling there. In addition, it is related to the capability to recognise a problem and to the decision making power and capabilities of the women and their relatives.

Lastly, the perceived quality of care will play a role. While empowering women or lowering transport cost will not be in the direct sphere of influence of a physician, improving quality most definitely is.

Delay in the second phase, reaching the hospital, occurs mainly due to transport issues. The influence availability of transport, length of the road and road conditions will all the time it takes to travel to a

hospital.

Many deficiencies in the healthcare system may account for delay in the third phase, delay that occurs after a woman has reached a hospital. Shortage of equipment and drugs, shortage of staff, but also late recognition of symptoms and inadequate management of the woman and, lastly, the hospital administration as a whole may all contribute to maternal death.

The three phases are not independent from each other. For instance, the decision to go to a hospital will be influenced both by a woman's previous experience in hospital and by the distance she will have to travel.

Ways to reduce delay

To influence the prevalence of maternal and neonatal death, interventions must aim at these three different phases and it will depend on the local circumstances at which phase the most effective intervention must aim. In a resource poor environment it is likely that delay in all phases will play a role.

Depending on local circumstances, ways to reduce delay may include some or all of the following:

Providing women with the opportunity to set up their own businesses to increase their financial independence and their status in the community.

 Facilitating delivery of health promotion information in the community for women and their partners to identify warning signs to timely access different levels of maternal health services. We provide family planning information so women can better space their pregnancies and have control over the number of children they have.

 Assessing transport issues and developing effective transport methods to ensure the access of appropriate level of care to give birth safely.

 Imparting training to doctors, nurses and midwives to provide high quality, skilled maternal health care in the community.

 Providing support to upgrade health center buildings and, where needed, medical equipment and medicines.

HAVE A NICE DAY

Please do not hesitate



I found some people are very hesitant about their doctor's diagnosis. Maybe some of them are their friends or very famous and they don't want to hurt that doctor's feelings. In reality, there is no such thing as the best doctor, despite many hospitals or clinics claiming that. But unfortunately there is such

a thing as the wrong doctor — maybe for you.

Your physician needs to be knowledgeable and experienced. More importantly, this professional should listen well, make you feel comfortable, understand your emotions and lead his team in managing you or your relative's illnesses. Today, it is the team approach strategy everywhere.

Sometimes higher medical certification is no guarantee that your doctor will practice high quality and cost-effective care. In fact most specialties now require periodic recertification. Time has come that clinicians need to be provided evidence that he or she has kept current with new developments as treatment is changing and becoming more and more expensive.

Well, those who are going abroad — they need to be aware about foreign doctors as well. They are also not always perfect. And language is a significant barrier in treating a patient. If you cannot explain your symptoms/problems properly, it is going to be very difficult to get a good result. Some countries have become too much commercialised and sometimes ignore our patients' main complaints. So, one needs to be aware of the proper specialist and the proper place of treatment. Do not be hypnotised by a hospital's architectural figure or shiny advertisement.

Above and beyond, if you have many diseases and see multiple physicians, they should coordinate with each other. A good doctor should not become angry or upset if someone requests a second opinion.

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HEALT Hulletin



Man's weight affects sperm cells

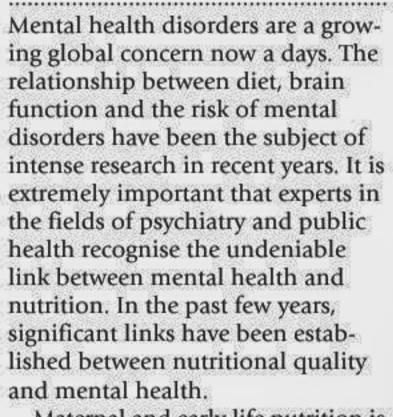
A man's weight affects the information passed on through his sperm and could leave his children predisposed to obesity, research in Denmark suggests according to a report of BBC.

Dr Romain Barres, the author of the study, said:
"When a woman is pregnant she should take care of
herself. But if the implication of our study holds true,
then recommendations should be directed towards
men too."

Part of the research — which was carried out by the University of Copenhagen and published in the journal Cell Metabolism — tested the sperm of six obese men who were undergoing weight-loss surgery. It looked at the men's sperm before treatment, a week after the surgery and then for a third time a year later.

Dr Barres said changes to the sperm were noticeable in the men a week after the surgery, and also one year on. However, the sperm cell changes he recorded are linked to the genes known for appetite control and brain development.

He goes on to suggest that there are possible evolutionary reasons why information about a father's weight would be valuable to offspring. His theory is that during in times of abundance, it is an instinctive way to encourage children to eat more and grow bigger. FAHMIDA HASHEM



Maternal and early life nutrition is also emerging as a factor in mental health outcomes in children, while severe deficiencies in some essential nutrients during critical developmental periods have long been implicated in the development of both depressive and psychotic disorders.

When we take a closer look at the diet of depressed people, an interesting observation is that their nutrition is far from adequate. They make poor food choices and selecting foods that might actually contribute to depression.

The most common nutritional deficiencies seen in patients with mental disorders are of omega-3 fatty acids, B vitamins, minerals and amino acids that are precursors to neurotransmitters.

Research findings point out that an imbalance in the ratio of the essential fatty acids namely the omega-6 and omega-3 fatty acids may be responsible for the heightened depressive symptoms associated with low plasma cholesterol.

According to a study reported in Neuropsychobiology, supplementation of nine vitamins, 10 times in excess of normal recommended dietary allowance (RDA)



for 1 year improved mood in both men and women. This mood improvement was particularly associated with improved vitamin B2 and B6 status. In women, baseline vitamin B1 status was linked with poor mood and an improvement in the same after 3 months was associated with improved mood.

Iodine plays an important role in mental health. The iodine provided by the thyroid hormone ensures the energy metabolism of the cerebral cells. During pregnancy, the dietary reduction of iodine induces severe cerebral dysfunction, eventually leading to cretinism.

Iron is necessary for the synthesis of neurotransmitters and myelin.
Iron deficiency is found in children with attention-deficit / hyperactivity disorder. These indicate the possible

importance of iron in the etiology of depression since its deficiency is known to cause fatigue and depression.

At least five studies have shown that zinc levels are lower in those with clinical depression. Zinc also protects the brain cells against the potential damage caused by free radicals.

The overall findings make it clear that nutrition matters in mental health. So it is time for the clinicians to consider diet and additional nutrients as part of the treating package to manage the enormous burden of mental ill health. It is also time to advocate for a more integrative approach to psychiatry with diet and nutrition as key elements.

The writer is a nutritionist.

Know the Symptoms

Symptoms of Diabetes Diabetes is a metabolic disease in which the body's inability to produce any or enough insulin causes ele-

Diabetes is a metabolic disease in which the body's inability to produce any or enough insulin causes elevated levels of glucose in the blood. It is a common life-long health condition.

When the disease is affecting us as an epidemic, it is important to know the symptoms which are mentioned below.

- Frequent urination
 Frequency thirst
- Excessive thirst
- Lack of interest and coordination
- A tingling sensation or numbness
- Increased hungerGradual weight loss
- Tiredness in the hands or feet
 Blurred vision
- Blurred vision
 Frequent infections
- Frequent infections
 Slow healing wounds





1st December WORLD AIDS ADAY

ORION Pharma Ltd. Since its discovery, **AIDS** has caused an estimated **36 million** deaths worldwide (as of 2012). In 2014 it resulted in about 1.2 million deaths and about **36.9 million** people were living with HIV

