

Ways to improve the quality of care in health facilities

STAR HEALTH DESK

There is increasing global awareness that good quality care is key to keeping mothers and babies alive and well. Today, each year there are a significant number of deaths of women during pregnancy and childbirth, stillbirths, and so on. Better care can prevent many of these deaths. This story describes some of World Health Organisation's (WHO) recommendations on how countries can improve quality of care in their health facilities and prevent maternal and newborn deaths, based on its standards for improving quality of maternal and newborn care in health facilities.



PHOTO: EUROPEAN FOUNDATION FOR THE CARE OF NEWBORN INFANTS

Pregnant women should receive the right care, at the right times: A woman should see her health provider at least 8 times during her pregnancy to detect and manage potential problems. Antenatal care also offers an opportunity for health workers to provide a range of support and information to pregnant women, including on healthy lifestyles, preventing diseases, and family planning.

Newborns should receive essential care immediately after birth: Newborns should be kept in skin-to-skin contact on their mother's chest and enabled to breast-feed. They need to be kept clean and warm, and given care for their eyes and umbilical cord. Bathing should be delayed for 24 hours, vitamin K and vaccines given as per national guidelines, temperature monitored, and complications identified and managed.

Small and sick babies should be well cared for in a facility: Small babies (such as preterm or low birth weight babies) should be kept warm at all times and fed with their mothers' own breast milk. Mothers should be supported to practise kangaroo mother care as the baby's condition allows.

All women and newborns must receive care that prevents hospital-acquired infections: Hospital-acquired infections increase the risk of death and disease. Standard precautions are essential to prevent hospital-acquired infections which include washing hands with soap and water or alcohol-based hand rub before and after examining a patient, safely stor-

ing and disposing of infectious waste and sharp objects, and sterilising and disinfecting instruments in the labour and delivery room and newborn care area.

Health facilities must have an appropriate physical environment: Health facilities must have water, energy, sanitation and waste disposal facilities which are functional, reliable, and safe. The space needs to be designed and maintained to allow for privacy and facilitate the provision of quality services.

Communication with women and their families must be effective and respond to their needs: Patients should receive all information about their care and should feel involved in all decisions

made regarding their treatment. Effective communication between health providers and patients can reduce unnecessary anxiety and make childbirth a positive experience for a woman, even if she experiences complications.

Women and newborns who need referrals can obtain them without delay: Health facilities should have available transport services that operate 24 hours a day, 7 days a week, to transport women and newborns as necessary. A list of known network facilities and their telephone numbers should be readily available. The referral system is also supervised and accountable, with a policy that protects women from financial barriers.

Health facilities need well-trained and motivated staff consistently available to provide care: All labour and childbirth areas of the health facility should have competent staff and skilled birth attendants present 24-hours a day. Common barriers for midwifery personnel to provide quality care include low social esteem, poor pay, long working hours, insufficient staffing, and lack of fully functioning facility environments.

Every woman and newborn should have a complete, accurate, and standardised medical record: All babies should receive a birth certificate. Details of newborns, including vaccinations, gestational age, birth weight and examination findings, should be recorded in a system that allows the linking of women and their newborns in all records.

Source: World Health Organisation

ENVIRONMENT

Cost of Polluted Environment 1.7 million child deaths a year

More than 1 in 4 deaths of children under 5 years of age are attributable to unhealthy environments. Every year, environmental risks — such as indoor and outdoor air pollution, second-hand smoke, unsafe water, lack of sanitation, and inadequate hygiene — take the lives of 1.7 million children under 5 years, say two new World Health Organisation (WHO) reports.

In the report *Inheriting a Sustainable World: Atlas on Children's Health and the Environment* reveals that a large portion of the most common causes of death among children aged 1 month to 5 years — diarrhoea, malaria and pneumonia — are preventable by interventions known to reduce environmental risks, such as access to safe water and clean cooking fuels.

"A polluted environment is a deadly one — particularly for young children," says Dr Margaret Chan, WHO Director-General. "Their developing organs and immune systems, and smaller bodies and airways, make them especially vulnerable to dirty air and water."

The report also noted that in households without access to safe water and sanitation, or that are polluted with smoke from unclean fuels such as coal or dung for cooking and heating, children are at higher risk of diarrhoea and pneumonia. Children are also exposed to harmful chemicals through food, water, air and products around them, it said.

Maria Neira, a WHO expert on public health, said this was a heavy toll, both in terms of deaths and long-term illness and disease rates. She urged governments to do more to make all places safe for children.

HEALTH bulletin



Heart diseases of the children and its management

DR TAHERA NAZRIN

Rehnuma came to a paediatrician to consult about her 7 months old baby with the complaints of frequent cough and cold since birth, respiratory distress during feeding and playing. The paediatrician suggested that the baby had unusual sound on her chest and she should be evaluated by a paediatric cardiologist.

A paediatric cardiologist examined the baby, did the echocardiography and told them that the baby has unusual extra connecting blood vessel (patent ductus arteriosus) in her heart. Rehnuma was shocked and surprised that even children may have heart disease. The paediatric cardiologist assured her and treated the baby without any surgery. The baby is now healthy and having a normal life.

Heart diseases of the children are not rare in Bangladesh and the treatment is also available in some tertiary level hospitals. Heart diseases are of two categories. One is congenital heart disease which develops while in mother's womb, it may manifest just after birth or at any age of life. Another type is acquired heart disease which mostly happens due to other diseases.

Symptoms of congenital heart disease may include bluish baby just after birth in spite of giving oxygen; discolouration of skin and

nails (cyanosis) and elevation of nails (clubbing); unusual feeding pattern of the baby (small feed — sleep pattern and small feed); tiredness during feeding, crying, playing or exercise; repeated cough, cold (pneumonia) and hospital admission/taking antibiotics for this; poor weight gain/development of the baby; palpitation/chest pain/unconsciousness; rheumatic fever, rheumatoid arthritis.

There are a few ways to prevent the congenital heart disease. MMR vaccination prior to pregnancy should be taken. Consanguineous or early marriage should be

avoided. Noxious medicine during pregnancy should not be taken. Control of maternal hypertension and diabetes during pregnancy is a must. Treatment of rheumatic fever in time will result in safe pregnancy.

Children with heart diseases are not burden of us. They have the right to live a normal life with happiness. Treatment of heart diseases of the children in time can give them beautiful life.

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The association between type 2 diabetes and risk of death from cancer

A new study published in *Diabetologia* (the journal of the European Association for the Study of Diabetes) reveals that type 2 diabetes (T2D) is associated with a 26% increase in the risk of death from cancer in Asians, as well as increases in the risk of death from site-specific cancers that can be even greater.

The authors found that having T2D led to a 26% increase in the risk of dying from any form of cancer, even when taking into account factors such as BMI, alcohol consumption and smoking.

They also found statistically significant links between T2D and the risk of death from specific cancers, with data consistent with that reported in Western countries showing increased risk of death from cancers of liver, pancreas, bile duct, colorectum, and breast associated with T2D.

The strongest association was observed for cancers of the liver, thyroid and kidney (double the risk in each case), and endometrium (2.7 times increased risk) and breast (1.7 times increased risk), relative to individuals who did not have T2D.



Praava Health announces PCR lab in Dhaka

STAR HEALTH REPORT

Praava Health is going to launch its first outpatient health center in Dhaka, featuring family doctors and diagnostics. Its state of the art lab will feature Bangladesh's first molecular cancer diagnostics (PCR) lab, which is being set up under the leadership of Dr Zaheed Husain, an instructor with the Department of Medicine at Harvard Medical School.

Praava Health's inaugural Continuing Medical Education (CME) event featured Dr Zaheed Husain, Praava Health's Senior Director, Cancer Diagnostics, who spoke about "Molecular Cancer Diagnostics, Cancer Prevention and the Moonshot Programme." Dr. Husain is also the head of the Laboratory of Immunobiology in the Division of Interdisciplinary Medicine and Biotechnology, Harvard Medical School, Beth Israel Hospital, in Boston, MA, USA.

Praava Health's Founder and CEO Sylvana Q. Sinha, Esq. said, "Praava Health is thrilled to be bringing the latest technology in molecular cancer diagnostics to Bangladesh. Molecular diagnostics in oncology has been effective in reducing cancer mortality based on early detection as well as identification of effective treatments."



World Glaucoma Week March 12-18, 2017

The number of people (aged 40-80 years) with glaucoma worldwide was estimated at 64.3 million in 2013, and is expected to increase to 76.0 million in 2020.

Glaucoma is an eye condition where the optic nerve, which connects your eye to your brain, becomes damaged. It can lead to loss of vision if not detected and treated early on.

Glaucoma doesn't usually have any symptoms to begin with and is often only picked up during a routine eye test.

Very occasionally, glaucoma can develop suddenly and cause:

- Intense eye pain
- A red eye
- A headache
- Tenderness around the eyes
- Seeing rings around lights
- Blurred vision

When to get medical advice

- Visit an opticians or your GP if you have any concerns about your vision.
- If you have glaucoma, early diagnosis and treatment can help stop your vision getting worse.
- If you develop symptoms of glaucoma suddenly (see above), go to your nearest eye casualty unit or accident and emergency (A&E) department as soon as possible.
- This is a medical emergency that may require immediate treatment.

