Maternal mortality stalled!

It indicates improving quality of care

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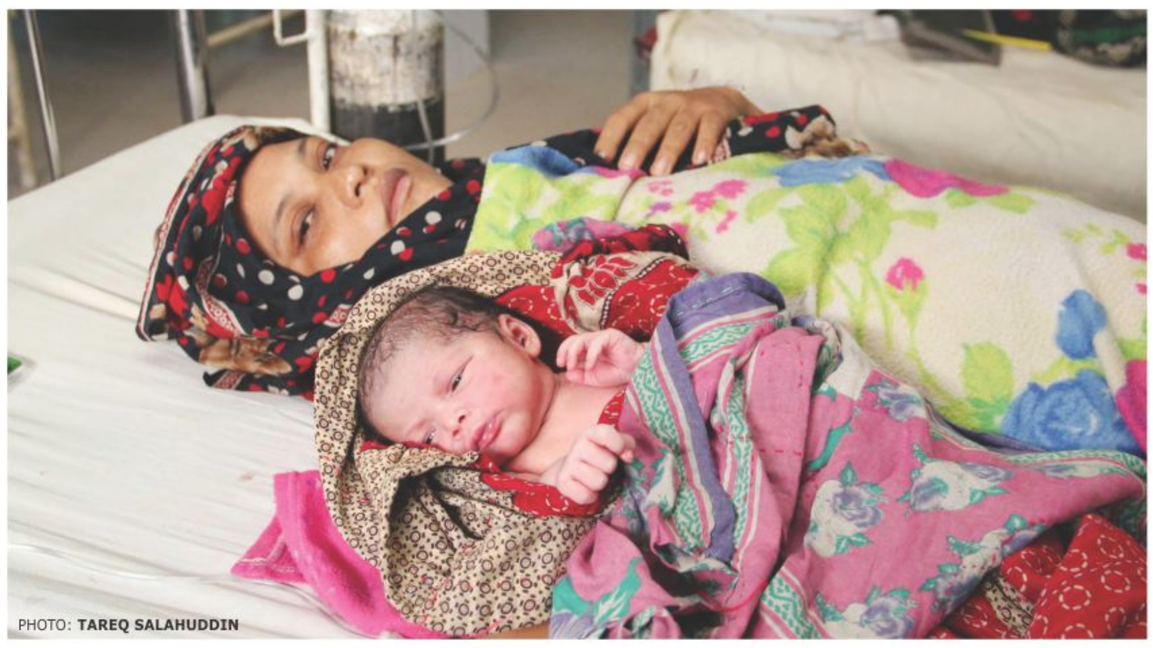
PHOTO: TAREQ SALAHUDDIN

Bangladesh Maternal Mortality and Health Care Survey 2016 conducted by National Institute of Population Research and Training (NIPORT) with the support of Measure Evaluation, International Centre for Diarrhoeal Disease Research, Bangladesh (icddr,b), United States Agency for International Development (USAID), Department for International Development (DFID).

The survey report has presented some striking strengths and weaknesses of the health care delivery system in Bangladesh in their preliminary findings that generated sensation in the health and family welfare sector as a whole.

The findings posed challenges to the claims of the government in attainting successes in the health sector for which the Directorate General of Health Services (DGHS) has instantly contradicted some data as old and expressing their firm conviction that Bangladesh will achieve the targets of Sustainable Development Goals (SDG) 2030 within coming years.

The Maternal Mortality Rate (MMR) stalled during last few years arriving to 196/1000 live births in 2016, almost identical to the estimate of BMMS 2010. Between BMMS 2001 and BMMS 2010, MMR declined from 322 to 194 per 1000 live births indicating a significant progress whereas since 2010, the findings of 2016 survey indicates a challenge to achieve the target of 105 by 2022 as planned by the 4th The Health Nutrition and Population Sector Program (HPNSP) 2017-2022 and SDG goal of reducing the MMR to 70/1000 live births by 2030. It is quite impossible to bring down the MMR from 196 to 70 by 2030 within next 13 years while facts tell the story of commercial attitude of facilities supported with money earning tendency of services providers.

Besides, delivery by cesarean section increased dramatically from 12% in 2010 to 31% in 2016 indicating to competition to earn money and profit by the facilities offering the opportunities. Cesarean section is becoming a common practice in private clinics accounting for 83% of the delivery whereas in government clinics, it is 35% only. At the same time, facility based care for maternal complications has increased from 29% in 2010 to 46% in 2016.

With this dismal scenario, one very encouraging finding is the remarkable increase of the medically trained personnel reaching to 50% of births are being attended by medically trained personnel in 2016 in comparison to 27% in 2010.

At the same time, the percentage of women receiving the complete continuum of maternity care (ANC, PNC and delivery care) has increased significantly from 19% in 2010 to 43% in 2016. It indicates a better quality of care being delivered in comparison to five years ago which is fundamental to improve maternal health outcomes.

But Bangladesh Health Facilities Survey of 2014 showed substantial deficiencies in the readiness of both public and private health facilities to provide high quality maternity care that contributed much to stall the MMR. Only 3% of the facilities had service readiness to provide quality normal delivery services. The study indicated that only 46% of Upazila and higher level public facilities and 20% private hospitals had at least one staff member who ever received training on Emergency Obstetric Care (EmOC).

Service readiness for maternal care is poorer in private facilities compared to district and Upazila level public facilities. In the urban areas, maternity care is available but beyond the reach of the poor segment of the society and slum dwellers.

With this scenario, it might be very much challenging to achieve the SDG goal 3 which is to ensure healthy lives and promote well-being at all ages with 9 targets to attain by 2030. This study in fact has indicated the government to review their strategy and get prepared much well ahead of time to achieve the targets of SDG goal 3 by 2030.

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PRE-PREGNANCY BMI

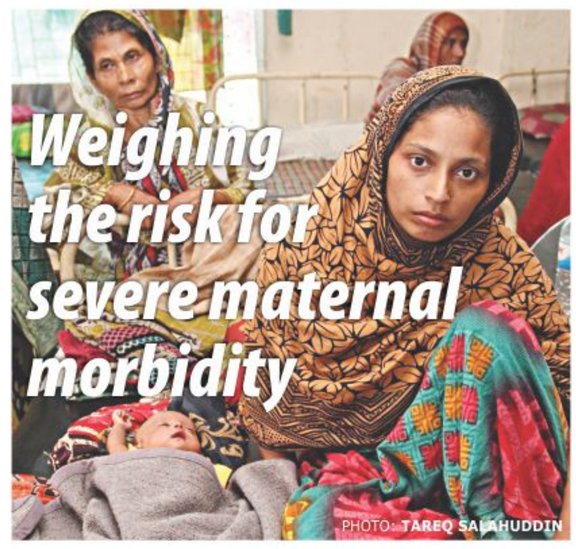

PHOTO: TAREQ SALAHUDDIN

The U.S. obesity epidemic markedly affects pregnant women, but its consequences have not been well quantified. To explore the relation between pre-pregnancy body mass index (BMI) and severe maternal morbidity (stroke, renal failure, sepsis, shock, uterine rupture, intensive care unit admission, and maternal death), investigators analysed the outcomes of 743,630 singleton births in Washington state from 2004 to 2013. BMI distributions were 3% low (<18.5 kg/m2), 48% normal (18.5–24.9), 26% overweight (25.0–29.9), 13% obesity class 1 (30–34.9), 6% obesity class 2 (35–39.9) and 4% obesity class 3 (⩾40).

Rates of severe maternal morbidity per 10,000 women were 172 (low BMI), 143 (normal BMI), 160 (overweight), 168 (class 1 obesity), 178 (class 2 obesity) and 203 (class 3 obesity). Adjusted odds ratios relative to normal BMI were 1.1 (low BMI), 1.1 (overweight), 1.1 (class 1 obesity), 1.2 (class 2 obesity) and 1.4 (class 3 obesity), all significantly different. These odds ratios were not adjusted for cesarean delivery rates, which ranged from 19% (low BMI) to 49% (class 3 obesity).

HEALTH *bulletin*

Worldwide, nearly 6% of cancers are attributable to diabetes and high BMI

Diabetes and high BMI (a BMI over 25 kg/m2) were the cause of 5.6% of new cancer cases worldwide in 2012 — equivalent to 792600 cases, according to the first study to quantify the proportion of cancers attributable to diabetes and high BMI published in The Lancet Diabetes & Endocrinology journal.

Estimates suggest that 422 million adults have diabetes and 2.01 billion adults are overweight or obese, globally. Both high BMI and diabetes are risk factors for various types of cancer, potentially due to biological changes caused by diabetes and high BMI — such as high insulin, high sugar levels, chronic inflammation, and dysregulated sex hormones such as oestrogen — having adverse effects on the body.

Most of the cancer cases attributable to diabetes and high BMI occurred in high-income western countries (38.2%, 303000/792600 cases), and the second largest proportion occurring in east and southeast Asian countries (24.1%, 190900/792600 cases).

Increase of contraceptives in the poorest countries

STAR HEALTH DESK

Family Planning 2020's (FP2020) annual progress report charts progress in 2017 towards enabling 120 million more women and girls in the world's poorest countries to use modern contraceptives by the year 2020. As of July 2017, more than 309 million women and girls in the 69 FP2020 focus countries are using a modern method of contraception. This is 38.8 million more than were using contraceptives in 2012 when FP2020 was launched. According to the new report, the use of modern contraception in FP2020 focus countries from July 2016–July 2017 prevented 84 million unintended pregnancies, 26 million unsafe abortions, and 125,000 maternal deaths.

More than half of the girls and women who are considered "additional users" are in Asia: 21.9 million. Asia includes four of the five most populous FP2020 countries – India, Indonesia, Pakistan, and Bangladesh – and progress in these countries has a large influence on the total number of additional users.

Because modern contraceptive use rates are already higher in Asia, the rate of contraceptive use is growing more slowly than in Africa. In 2017, it is estimated that 38% of all women of reproductive age in Asia are using a modern method.

"FP2020 is a country-led movement to empower women and girls by investing in rights-based family planning. We believe that every woman and girl must be empowered to shape her own life," explains Beth Schlachter, Executive Director of FP2020. "Family planning is both a basic right and a life-changing, transformational health service with the potential to accelerate progress across all our development goals."

Over the past five years, FP2020 has pioneered a country-led, globally-backed development partnership that brings together governments, policymakers, program implementers, service providers, and donors to ensure that health systems in participating countries are becoming better aligned to meet the needs of an ever-increasing number of women and girls.

The partnership, which embraces a shared responsibility for creating a world where all women and girls can freely determine their own futures by deciding whether and when to have children, and what size family is best in their particular circumstances, continues to expand year by year.

This was evident at the 2017 Family Planning Summit in July, when a total of 74 commitment-makers stepped forward with new and renewed commitments to fund, expand, and support rights-based family planning – including 25 new partners making FP2020 commitments for the first time.

With new commitments this year from Chad, Haiti, and South Sudan, the FP2020 partnership now includes 41 of its 69 countries.

FP2020: The Way Ahead contains a much-anticipated section on measuring progress through the monitoring of family planning data across the 69 countries. This section is designed to help family planning stakeholders assess progress at the global, regional, country and even local levels. Many countries rely heavily on this data as they develop and refine their efforts to advance rights-based family planning programs.

The report reveals that injectables are the most common contraceptive method in use in 28 of the focus countries, followed by pills in 16 countries, condoms in 9 countries, and IUDs in eight countries. Implants and injectables are continuing to increase in prevalence.

Rights-based family planning programs have a greater ripple effect than almost any other development investment, from saving lives and improving health to strengthening economies, transforming societies, and lifting entire countries out of poverty.

If FP2020 is to meet its ambitious goals, the report concludes, then commitment-makers must honor their promises; country governments must do more to provide health care for their citizens; and those citizens must continue to hold public officials to account.

United Hospital starts telemedicine service for Chittagong residents

United Hospital has started telemedicine service for the residents of Chittagong from December 2017, says a press release. Patients can communicate with the United Hospital physicians of chosen specialty through video conference by taking prior appointment.

Patient's previous documents of investigations and reports will be shared with the doctor through e-mail prior the tele-consultation. Continuity of care for these patients will be carried forward, when the doctors go for their weekly visit to the Chittagong centre next or when the patient visits the Dhaka hospital for a follow-up.

Anyone can call Chittagong Information Centre at +8801914001210 or United Hospital's central appointment desk at +88029852466 to book a telemedicine appointment. United Hospital plans to expand this Telemedicine service in other cities of the country as well.

Farrer Park Hospital organised seminar in Dhaka

Recently, Farrer Park Hospital's three specialised doctors delivered speeches on 'Health above Wealth' and advice regarding treatments at a public seminar in Dhaka, according to a press release.

Dr Peng Chung Mien, CEO of Farrer Park Hospital has given welcome speech at the seminar.

Farrer Park Hospital is the newest private tertiary care hospital of Singapore. They have recently opened an office at Dhaka to serve Bangladeshi patients more conveniently.

/StarHealthBD