Why we need to talk about losing a baby

STAR HEALTH DESK

Losing a baby in pregnancy through miscarriage or stillbirth is still a taboo subject worldwide, linked to stigma and shame. Many women still do not receive appropriate and respectful care when their baby dies during pregnancy or childbirth.

Miscarriage is the most common reason for losing a baby during pregnancy. Pregnancy loss is defined differently around the world, but in general a baby who dies before 28 weeks of pregnancy is referred to as a miscarriage, and babies who die at or after 28 weeks are stillbirths.

Every year, 2.6 million babies are stillborn, and many of these deaths are preventable. However, miscarriages and stillbirths are not systematically recorded, even in developed countries, suggesting that the numbers could be even

varied access to healthcare services, and hospitals and clinics in many countries are very often under-resourced and understaffed. Women who lose their babies are made to feel that should stay silent about their grief, either because miscarriage



and stillbirth are still so common, or because they are perceived to be unavoidable.

All of this takes an enormous toll on women. Many women Around the world, women have who lose a baby in pregnancy can go on to develop mental health issues that last for months or years - even when they have gone on to have healthy babies.

> There are many reasons why a miscarriage may happen, including foetal abnormalities, the age of the mother, and infections,

many of which are preventable, though pinpointing the exact reason is often challenging.

General advice on preventing miscarriage focuses on eating healthily, exercising, avoiding smoking, drugs and alcohol, limiting caffeine, controlling stress, and being of a healthy weight. This places the emphasis on lifestyle factors, which, in the absence of specific answers, can lead to women feeling guilty that they have caused

their miscarriage.

As with other health issues such as mental health, around which there is tremendous taboo still, many women report that no matter their culture, education or upbringing, their friends and family do not want to talk about their loss. This seems to connect with the silence that shrouds talking about grief in general.

Stillbirths happen later in pregnancy, and 1 in 2 stillbirths occur during labour, many of

which are preventable. Around 98% of stillbirths take place in low- and middle-income countries. Providing better quality of care during pregnancy and childbirth could prevent over half a million stillbirths worldwide. Even in high-income countries, substandard care is a significant factor in stillbirths.

There are clear ways in which to reduce the number of babies who die in pregnancy. Integrating the treatment of infections in pregnancy, foetal heart rate monitoring and labour surveillance, as part of an integrated care package could save 1.3 million babies who would otherwise have been stillborn.

How women are treated during pregnancy is linked to their sexual and reproductive rights, over which many women around the world do not have autonomy.

Putting women at the centre of their care is vital to a positive pregnancy experience - biomedical and physiological aspects of care need to be joined with social, cultural, emotional and psychological support.

To read some stories from around the globe, visit https://bit.ly/2TMLYG2

EADERSHIP

Celebrating women leaders in science and health

On International Women's Day, we celebrate all the

women who have had a pioneering role in advancing science and health. One of the best known was Florence Nightingale, a 19th-century statistician and founder of modern nursing, who understood the benefits of hygiene and sanitation in preventing disease. In 2019, however, women are still only a third of

researchers worldwide, on average. Some regions such as Central Asia as well as Latin America and the Caribbean have a nearly equal gender balance, but in Europe and North America, the proportion of women remains around 30-35%.

Women also struggle to rise up the ranks of both health and science. Women make up just 12% of the membership of national science academies around the world. Female health workers comprise 70% of the health workforce worldwide, yet women occupy only 25% of leadership positions in health.

However, it is important to transform the very systems that women work in. This may require reexamining traditional career trajectories and methods of promotion.



LabAid organised seminar on **World Kidney Day**

A seminar was held to commemorate the World Kidney Day at Labaid Specialised Hospital on March 14 focusing the importance of the kidneys and reducing the frequency and impact of kidney diseases, says a press release.

This year's World Kidney Day slogan was — Kidney Health for Everyone Everywhere. The seminar commenced by the introductory speech of Dr A M Shamim. The keynote speaker at the seminar was Professor Dr Muhammad Rafiqul Alam, Pro VC, BSMMU.

The speakers said that there should be initiatives from both the government and private entities to raise mass awareness on the importance of kidney health. Speakers concluded the seminar by saying that only awareness regarding the kidney health can reduce the number of deaths caused by kidney diseases.



The first ever awake brain surgery for brain tumour in Apollo Hospitals Dhaka, Bangladesh was held recently, says a press release.

The surgery was conducted by renowned neurosurgeon Dr Amitabha Chanda, Coordinator and Senior Consultant of Neurosurgery, Apollo Hospitals Dhaka.

An awake craniotomy is a unique operation performed in the same manner as a conventional craniotomy but with the patient awake during the procedure.



HEALT Hulletin



The latest updates on blood pressure measurement

The American Heart Association has updated its 2005 statement on blood pressure (BP) measurement. Some highlights published in Hypertension are as follows:

 For office BP measurement, oscillometric devices can limit the human error seen with auscultatory methods. An automated device that can average three or more readings is the preferred approach; leaving the patient alone may help ensure that he or she does not talk during the measurement.

•For self-measurement at home, a clinician should first check the upper-arm cuff for accuracy.

The statement also includes useful tables outlining steps for proper in-office, home, and ambulatory BP measurement; algorithms for screening for white-coat and masked hypertension; and special considerations for measuring BP in children, pregnant women, older adults, obese patients, and those with arrhythmias (a condition in which the heart beats with an irregular or abnormal rhythm).

Dealing with cancer patients emotionally

DR SHAZZAT RAHAT HOSSAIN

According to the World Health Organisation (WHO), more than 1.5 million people have been diagnosed with various types of cancers in Bangladesh currently. Every year about 2 million people receive the news of having cancer and almost 1 million dies of it.

Dealing with cancer, reactions of surrounding people, friends and family members, play a very important role. The patient in most cases become oversensitive during this adaptation phase. Most of the times, we overthink and make things much more complicated than they really are.

We feel unsure about how to face them. But it does not have to be like this. The easiest ways are those which we simply overlook. Here are some easy but effective ways that can make a cancer patient feel better and help him adapt to the situation. Smile with them

Smiles are very powerful. A cancer patient does not have much to smile about in his/her life. This is where our smiles count. A smiling face gives him hope, confidence and a sense of encouragement. S/he feels connected with the world. We just need to make them believe if they do not have a smile, we have one of ours for them.

Empathy helps

There is a very thin line between empathy and sympathy. We usually feel sympathy for the patients. But in most cases, patients feel suffocated by this feeling.

It is empathy that really helps. You need to see their world from their eyes. We always need to remember, every cancer patient is different, so are their feelings. No matter how small or less threatening the condition is, to them it is the worst. We need to make them believe that we are on the same page. Make their lives easy

A cancer patient becomes weak physically, especially during their treatment period. Surgeries and procedures like chemotherapy extract the last drop of life out of him. It becomes so hard to do the simple daily tasks for him. Take him for their checkups, pour him a glass of water, and carry the bag for him. Every little practical help of yours makes their life easier, makes them feel good and make them believe that they are not alone in this battle.

Choose your words wisely Words matter. They are very powerful. They can make the patient feel stronger and shattered as well. We need to be empathetic of course, but first, we need to listen to them. Listen to what they have to say. Give proper attention to them. Make their world positive

Be positive and encouraging. A cancer patient cannot afford a single negative thought. Positive words like, "we will make the journey together", "we can defeat this thing" - coming from you can make a world of difference in their mindset.

You could be the one who can heal them from inside, who could be a warrior fighting the battle beside him. Also, you could be the destroyer even if you do nothing wrong. Now you decide what you want to be for them.

The writer is a Business **Development Coordinator at** SAJIDA Foundation.

World Oral Health Day 20th March

You can practice good oral hygiene by always brushing your teeth twice a day with a fluoride toothpaste, cleaning between your teeth once a day with floss or another interdental cleaner, replacing your toothbrush every three or four months and by eating a balanced diet and limiting between-meal snacks. Don't forget to schedule regular dental check-ups to keep your smile and yourself healthy.



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