

51% increase in unnecessary C-sections in Bangladesh

STAR HEALTH REPORT

Bangladesh is facing a massive boom in the number of medically unnecessary Caesarean section, commonly known as C-sections – between 2016 and 2018 the number of operations increased by 51 percent, new figures released by Save the Children reveal. The country saw an estimated 860,000 of these unnecessary operations last year, while up to 300,000 women who need a C-section are unable to afford or access it.

The findings highlight the extent of Bangladesh's burgeoning C-section problems, where the country's wealthy are turning to caesareans in record numbers, even though unnecessary C-sections place mother and baby at a needless risk.

Key findings of the analysis include:

- In 2018 Bangladeshi parents paid \$483 million in out-of-pocket expenses for C-sections that were medically unnecessary. That's an average cost of \$612 per case.

- 77 percent of all C-section operations – or an estimated 860,000 procedures in 2018 – were medically unnecessary, up from 570,000 in 2016.



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- At the same time, up to 300,000 women who desperately need a C-section every year are unable to get one.

- Between 2004 and 2016 the C-section rate in Bangladesh increased from 4 percent to 31 percent.

Save the Children is calling for better regulation of the industry, more checks and balances on doctors who carry out the procedure and greater funding for vital maternal health services.

Dr Ishtiaq Mannan, Deputy Country Director of Save the Children in Bangladesh and an expert in newborn and maternal health, said, "This surge in popularity has created a situation where we have more

and more affluent mothers lining up for unnecessary C-sections, under the belief that it'll be more comfortable or because they've been misled by their doctor, while poorer women who desperately need the operation can't access it. It's simply astonishing."

About 80 percent of all births in private hospitals in Bangladesh are now C-sections. This is in part due to poor regulation of the medical sector and some unscrupulous practitioners, for whom doing C-sections is a profitable business.

Dr Mannan continued, "Doctors and medical facilities are financially incentivised to deliver babies surgically rather

than naturally, and face few repercussions if they provide misleading or incorrect advice.

Unnecessary C-sections put mothers and babies at needless risk, increasing the likelihood of infection, excessive bleeding, organ damage and blood clots as well as ensuring a significantly longer recovery time for the mother. It also takes away the benefits of a natural birth, which enables newborns to receive a dose of good bacteria that's believed to boost their immune system when they travel through the birth canal, and enables a mother and her baby to have physical contact earlier and breastfeeding to begin sooner."

One of the biggest challenges

is addressing a major shortage of accredited midwives in Bangladesh, who not only support natural child birth when healthy to do so, but help reduce the burden faced by busy doctors. Across the country there are just 2,500 midwives, barely a tenth of the 22,000 recommended by a recent health sector review.

Save the Children supports a midwife training programme in partnership with the UN Population Fund to help address this shortage.

Dr Mannan concluded, "It's important that all women, regardless of their income, location or status in society, have access to the right information and services and can make informed decisions about how they choose to give birth. Increasing the number of midwives in Bangladesh is a big part of this. And if a C-section is medically required, all women must be able to have one, not just those who can afford it."

Many other countries have experienced caesarean booms too, including Thailand, Sri Lanka, and the United States. Where Bangladesh differs is that its boom has not corresponded with a matching reduction in maternal deaths as it should.

HEALTH bulletin



Severe hypertension in pregnancy demands prompt treatment

Maternal deaths associated with preeclampsia and subsequent stroke can be averted with rapid administration of antihypertensives.

Fatal maternal stroke associated with preeclampsia/eclampsia has been linked to severe hypertension – but has clinical management of acute pregnancy-related hypertension taken this relation into account? To identify gaps in care, investigators conducted a retrospective review of all pregnancy-related deaths due to preeclampsia in California from 2002 to 2007.

This review documents stroke as a major cause of hypertension-related maternal deaths. Moreover, the authors identified an important gap in care: Many pregnant women with severe hypertension did not receive timely antihypertensives, and the delay could have contributed to their deaths from stroke.

To address this deficiency, the American College of Obstetricians and Gynecologists recently issued updated guidelines regarding therapy within 30 to 60 minutes for severe hypertension in pregnancy (Obstet Gynecol 2019; 133:e174). The recommended protocol emphasises rapid escalation of medication doses until BP is controlled.

Fighting against the odds to build a tobacco-free country

STAR HEALTH DESK

Tobacco consumption is one of the common guilty pleasures for general people although it does more harm than good. The death risk from smoking is increasing at a rapid speed. According to Global Adult Tobacco (GAT), around 161,000 people are dying every year in Bangladesh for tobacco usage.

In a bid to reduce this number and make a healthy nation Prime Minister Sheikh Hasina has already announced to turn Bangladesh a tobacco-free country by 2040. And to achieve this goal, the government is increasing cigarette prices in every budget. In the last four years, cigarette prices doubled.

According to GAT survey, 21.7 percent smokers are reduced in the last eight years. In 2012-2013 fiscal year, the government earned Tk 10,000 crore revenue from the tobacco sector and in this year, the target is set to earn many times more. Experts think this is a revolutionary step by the government for building a tobacco-free country.

According to the National Board of Revenue, cigarette price has been increased in every budget in the last decade. In 2019-2020 fiscal year's budget, it is proposed to increase a high quality 10-stick cigarette packet to Tk 93 from Tk 75 and Tk 123 from Tk 105. Even low-quality cigarette packet is increased to Tk 37 from Tk 35 while medium quality cigarette is Tk 63 from Tk 48. These prices are the most in recent times.



In 2009-2010 fiscal year, low-quality 10-stick cigarette price was Tk7.50 which is proposed to be Tk37 in this year's budget.

This effort of the government to decrease the number of smokers are highly appreciated by smokers and non-smokers. Enamul, a frequent smoker, said, "Price hike of cigarettes is a good step by the government but the prices of non-smoke tobacco products like Bidi, Gul, Jorda's should also be increased at the same pace because those are doing more harm." Prices of non-smoke tobacco products are also increased at a minimum level, he continued.

On the flip side, local cigarette producers are illegally producing low-quality cigarettes by taking

advantage of this price hike. These cigarettes are priced very low to attract low-income people. According to different media facts, the amount of illegal cigarette market is Tk 2,000 crore. This great step of the government can be sabotaged by the illegal cigarette producers, who are doing tax evasion in the process.

Hasan, a non-smoker, said, "The government should just not focus on revenue increment, it has to be stricter on smoking laws and its implementation."

Market experts opine that if the price set by the government is properly implemented in the market then the government's vision of making a tobacco-free country will be possible.

DID YOU KNOW?



Obese women more likely to have obese children

A systematic review and meta-analysis identified significantly increased odds of child obesity when mothers have obesity before conception, according to a study published recently in the open-access journal PLOS Medicine by Nicola Heskethurst of Newcastle University in the UK, and colleagues.

Obesity is a leading cause of life-long poor health globally, and is significantly associated with inequalities. Capitalising on opportunities for early-life prevention of obesity is a priority for public health, global health and clinical practice. Understanding the association between childhood obesity and maternal pre-pregnancy weight status would inform policy and practice by allowing resources to be channeled into intervention.

In the new study, the researchers aimed to estimate the extent to which a mother's pre-pregnancy body mass index is associated with the weight status of their children. This systematic review included 79 observational studies that investigated maternal pre-pregnancy body mass index and childhood weight status.

The results revealed significantly increased odds of child obesity with maternal obesity and maternal overweight.

This study provides substantial evidence for the need to develop interventions that commence prior to conception, to support women of childbearing age with weight management, in order to combat intergenerational obesity. According to the authors, paying more attention to the preconception period in obesity prevention interventions may help to address the complex early-life inequalities associated with obesity development.

Turn off the lights (and the TV) before going to sleep

A large observational study suggests exposure to artificial light at night while sleeping raises risk for obesity.

Animal and limited human data indicate that exposure to artificial light at night (ALAN) contributes to obesity. As part of a prospective U.S. cohort study, 43,222 women (mean baseline age, 55) were asked about sources of ALAN present while sleeping, including no light (Category 1 [C1]), a nightlight or clock radio (C2), light from outside the room (C3), or a television or ≥1 light on in the room (C4). Body-mass index (BMI) was measured at baseline and every 2 to 3 years. Baseline mean BMI progressively increased with ALAN exposure, from 27.0 kg/m² (C1 and C2) to 29.2 (C4).

Exposure to ALAN may suppress melatonin production, disrupting circadian rhythms. However, as the authors also note, ALAN exposure while sleeping may simply reflect socioeconomic disadvantage and unhealthy lifestyles associated with obesity. Either way, counseling the patients to minimise nighttime exposure to artificial light seems eminently reasonable.

  /StarHealthBD

Dehydration is a condition that occurs when the loss of body fluids, mostly water, exceeds the amount that is taken in. With dehydration, more water is moving out of our cells and bodies than what we take in through drinking.

Call your doctor if the dehydrated person experiences any of the following:

- Increased or constant vomiting for more than a day
- Fever over 101°F
- Diarrhea for more than 2 days
- Weight loss
- Decreased urine production
- Confusion
- Weakness

Treating dehydration in sick adults

Most adults with mild to moderate dehydration from diarrhea, vomiting or fever can improve their condition by drinking more water or other liquids. Certain liquids, such as fruit juices, carbonated beverages or coffee, can make diarrhea worse.

Dehydration in Adults Treatment - Self-Care at Home

Try to get people who are dehydrated (even those who have been vomiting) to take in fluids in the following ways:

- Sipping small amounts of water
- Drinking carbohydrate/electrolyte-containing drinks
- Sucking on popsicles made from juices and sports drinks
- Sucking on ice chips
- Sipping through a straw (works well for someone who has had jaw surgery or mouth sores)



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