

Guidance to strengthen midwifery models of care

On 18 June, the World Health Organisation (WHO) released new guidance to help countries adopt and expand midwifery models of care—where midwives serve as the main providers throughout pregnancy, childbirth, and the postnatal period.

The guidance highlighted the benefits of midwifery-led care, including improved health outcomes and higher patient satisfaction. It emphasised that women receiving care from known midwives were more likely to have healthy vaginal births and feel empowered during the process. These models promoted informed choice, communication, and non-invasive techniques such as mobility during labour, emotional support, and alternative birthing positions.

WHO underscored midwifery models as a cost-effective solution, estimating that universal access to skilled midwives could prevent over 60% of maternal and newborn deaths, potentially saving 4.3 million lives annually by 2035.

The guidance also addressed the global trend of over-medicalisation, noting that while interventions like caesarean sections are life-saving when necessary, their routine overuse poses risks. Midwives were seen as key to restoring physiological, respectful birth practices and reducing unnecessary procedures.

The document provided tools and examples for countries to transition to midwifery-led care. It called for political commitment, long-term financing, and high-quality midwifery education and regulation. WHO also emphasised the importance of collaborative care, with midwives working autonomously yet closely with doctors and nurses.

The guidance outlined adaptable models such as continuity of care, midwife-led birth centres, community-based services, and regulated private practice—all aiming to ensure safe, person-centred maternity care globally.

Source: World Health Organisation



Getting rid of chronic lower back pain: my personal experience

FARUQUE HASAN

I was suffering from chronic lower back pain for more than three decades. No medication could cure me from the pain. Sometimes the pain was so severe that I had to keep lying down in the bed for ten or more days. Every movement in the bed would make me feel more pain. I could not walk or even sit. It would become very difficult for me to go to the washroom. Painkilling tablets, rubbing ointment, hot water bag – nothing could give me relief from the pain. Then I started practising yoga *Sphinx Pose*. In two months I got rid of the back pain. And for the last eight years, it did not occur. I also practise a few other yoga poses not related to back pain.

How to do the Sphinx Pose:

1. Lie on your stomach with your legs extended behind you.
2. Engage the muscles of your lower back, buttocks, and thighs.
3. Bring your elbows under your shoulders with your forearms on the floor and your palms facing down.
4. Slowly lift up your upper torso and head.
5. Gently lift and engage your lower abdominals to support your back.
6. Ensure that you are lifting up through your spine and out through the crown of your head, instead of collapsing into your lower back.
7. Keep your gaze straight ahead as you fully relax in this pose, while at the same time remaining active and engaged.
8. Stay in this pose for up to 5 minutes.
9. To come out, slowly lower your chest to the floor.
10. After doing the Sphinx, do its counter pose – the Child's pose – for a few minutes.

Please do not practise the Sphinx pose if you have carpal tunnel syndrome or a recent back or wrist injury. Women who are pregnant should avoid practising this pose. It should not be done within two hours after taking a meal. And it is to be done seven days a week.

Sphinx Pose lengthens the abdominal muscles, strengthens the spine, and firms the buttocks. It also stretches and opens the chest, lungs, and shoulders. It invigorates the body, soothes the nervous system, and is also therapeutic for fatigue.

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Sphinx Pose



Child's pose



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There are approximately 6,500 newborn deaths every day in Bangladesh, amounting to 47% of all child deaths under the age of 5 years. Almost 75% of neonatal deaths occur during the first week of life, and about 1 million newborns die within the first 24 hours. The leading causes of neonatal death are premature birth, birth-related complications (birth asphyxia, birth trauma), neonatal infections and congenital anomalies.

The vulnerable newborns are treated in neonatal intensive care units (NICUs) for intensive monitoring. Sometimes they need to stay there for weeks or more, which leads to a prolonged separation from their parents. During this period, free parental access in NICU is usually restricted to prevent dissemination of hospital-acquired infections.

Nurses take care of an admitted newborn in an NICU. Besides providing necessary medical care, nurses also ensure feeding expressed milk, many times with feeding tubes, changing nappies, washing and dressing the babies. As parents are not actively engaged in core healthcare activities, sometimes there occurs a lack of information sharing, parental participation in treatment decisions, and ultimately failure of mutual respect between health professionals and the child's family.

To alleviate such an issue, family-centred care (FCC) is now encouraged.

FCC means involving the family as much as possible in the routine care of their baby. It is an approach that prioritises the family as an integral part of the newborn's care and emphasises communication between healthcare providers and the family.

It recognises that the parents are not only mere attendants; rather, they are an important part of sick newborn care at hospitals. FCC also aims to decrease emotional trauma for families and empower them in their caregiving role for bringing positive outcomes for the newborn.

Healthcare professionals work with families as partners, sharing information, respecting their values, and collaborating on care decisions. This ensures open and honest communication with the parents and fosters trust between families and healthcare providers, which is crucial here.

It also helps the healthcare providers to get familiar with the family's culture, beliefs, and parenting practices. Families become more confident in their ability to care for their newborn, especially after discharge. FCC also helps the parents to develop confidence and skills in caring for their newborn. FCC ensures increased breastfeeding success.

FCC impacts early childhood development by addressing the developmental needs of the small and sick newborn. It protects them from the damaging effects of separation during inpatient care, such as safeguarding sleep, promoting

Family-centred care for vulnerable newborns

appropriate sensory interaction (i.e., smell, touch, sound), monitoring and managing pain and stress, and creating a healing environment. The parent's ability to adjust to preterm birth and the quality of early parent-infant relationships are suggested to be critical aspects that impact the development and acquisition of competencies later.

Key aspects related to neonatal FCC include the parents' presence in the ward and their participation in infants' daily care and decision-making processes.

For successful implementation of FCC in neonatal intensive care units, we have to ensure easy access for the parents in NICUs and their comfortable seating arrangements. Healthcare providers also need to be trained in FCC principles and practices.

Responsible and accountable acts from both the parents and healthcare professionals can bring better and sustainable healthcare outcomes for sick newborns. Family-centred care for sick newborns here is now a time-demanding strategy to practise.

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World drowning prevention day with global call to action

On 25 July 2025, the World Health Organisation (WHO) will observe World Drowning Prevention Day, a United Nations-recognised initiative aimed at raising awareness about drowning, which claims over 300,000 lives each year. Children aged 5–14 are among the most affected, especially in low- and middle-income countries.

Despite a global decline in drowning rates since 2000, progress has been too slow. Drowning continues to occur in rivers, lakes, wells, water storage containers, and swimming pools, particularly where preventive measures are lacking. WHO will emphasise that drowning is entirely preventable through low-cost, evidence-based interventions.

This year, WHO will spotlight the power of storytelling. Individuals and communities will be encouraged to share their personal experiences with drowning to inspire action and advocate for water safety policies. The campaign will aim to mobilise governments, civil society, and local communities to scale up prevention efforts.

Proven interventions that WHO will promote include:

- Installing barriers to control access to water
- Providing supervised childcare in high-risk settings
- Teaching swimming and rescue skills
- Training bystanders in safe rescue and CPR
- Enforcing water transport regulations
- Strengthening flood risk management

To support global participation, WHO will release an advocacy toolkit with campaign materials and practical guidance. Landmarks will be lit in blue, and communities will be encouraged to host awareness events.

Source: World Health Organisation



Pus in the chest may cost you your life!

DR K K PANDEY

In many developing countries, thousands unknowingly suffer from a life-threatening condition—pus collection inside the chest around the lungs, medically known as empyema thoracis. Due to lack of awareness, late diagnosis, and inadequate treatment, this disease often leads to irreversible lung damage or death.

How to identify it: Patients with pus inside the chest typically experience prolonged fever that worsens in the evening, excessive sweating, a frequent urge to cough with little or no sputum, and sharp chest pain—especially on the affected side. If you have recently recovered from pneumonia or chest trauma but still have a persistent cough and fever after a few weeks, do not ignore the symptoms.

A chest X-ray should be done—preferably in a standing position—to check for signs of fluid or whitening of the lung. If there is any suspicion of pus collection, a chest ultrasound is the next essential step. It helps confirm the presence and volume of fluid or pus and guides the proper treatment plan.

What causes it? The most

common cause is infection—particularly pneumonia or tuberculosis. These infections lead to fluid buildup in the pleural space (the area between the lung and chest wall). If the fluid is not promptly treated, it can become infected and turn into pus.

Tuberculosis (TB), in particular, plays a major role in developing countries. If more than 500 ml of fluid collects

from spine infections, or lung surgeries that result in broncho-pleural fistula (BPF)—a severe complication where pus leaks from the lungs into the chest.

What to do if you suspect pus in the chest? The first step is to seek help from a thoracic or chest surgeon. General physicians or paediatricians may not have the expertise to manage this condition effectively, and delays can cause

procedure using a telescope (thoracoscopy) may be required to break the internal walls and allow proper drainage.

In chronic or neglected cases, open surgery called empyema decortication becomes necessary. This involves removing thick pus layers and fibrous tissue that compress the lung, allowing it to re-expand and function again.

Avoid mismanagement: One major concern is inadequate drainage—especially in children—when small needles or narrow tubes are used over several days. This incomplete removal of pus may lead to persistent infection or BPF, making the condition worse.

Final advice: Empyema thoracis is preventable and treatable—but only if diagnosed early and managed by specialists. If fever, cough, and chest pain persist beyond a few weeks after pneumonia or TB, get imaging done and consult a thoracic surgeon immediately. Timely action can save your lung and your life.

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due to TB and is not properly drained, the risk of it turning into pus increases.

Chest injuries from accidents that cause internal bleeding can also lead to pus formation if the blood is not drained in time. Rare causes include rupture of liver abscess into the chest cavity, injury or perforation of the food pipe, complications

the lung to collapse or become permanently damaged.

Treatment strategies: If caught early, a chest tube can be inserted to drain the pus. Medications like streptokinase or urokinase may be used to dissolve internal partitions that trap the pus—a process known as fibrinolysis. If this does not work, a minimally invasive

CARB-LOADING: A smart strategy for endurance athletes

Carbohydrate loading, or “carb-loading”, is a nutrition strategy used by athletes to boost the body's energy reserves before long duration, high-intensity activities. The aim is to build up glycogen—stored glucose—in the muscles and liver, which helps delay exhaustion during extended physical exertion.

Glycogen is the body's go-to fuel during endurance events. However, storage is limited and can deplete quickly. To counter this, athletes increase their carbohydrate intake while scaling back on training a few days before the event. This helps muscles stockpile more glycogen than usual, allowing for improved stamina.

Carb-loading is typically



used before endurance events lasting over 90 minutes, such as marathons, triathlons, or long-distance cycling. When done correctly, it can enhance performance by a few percentage points—potentially

the edge needed for a personal best.

There are two main approaches:

- A modern short-term method, which involves consuming about 10 grams of

carbohydrates per kilogram of body weight daily for 2–3 days while tapering physical activity.

• A traditional six-day method, which includes an initial phase of reduced carb intake and intense training, followed by increased carbs and lighter exercise. Recent evidence suggests skipping the depletion phase still yields good results.

To avoid stomach issues, athletes are advised to eat low-fiber, easily digestible foods like pasta, white rice, or toast. Carb-loading is not necessary for short or moderate workouts but can be highly effective for longer endurance events when applied properly.