

Maternal Mortality Reduction in Sri Lanka

Dr N.W. Vidyasagara

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This book has 42 pages and there are ten main headings. It has one annex showing procedure for maternal death investigation and a reference section. A short profile states that though Sri Lanka is a low income country with a per capita GNP of US\$ 858 it has achieved a lot in the area of human development. The level of poverty in the country has shown a significant reduction due to excellent policy. The parameters like growth rate has gone down to 1.1, TFR has dropped to 1.9; IMR has shown a steady decline for 19.3/1000 LB in 1990 to 14/1000 LB in 1998, MMR in 1996 was 23/100,000 LB.

The author has clearly described the means and extent of decline in MM ratio of Sri Lanka. The tremendous achievement is that the MMR declined from 15.5/1000 LB in 1946 to 6.5 in 1949 and subsequently a 50% reduction was achieved during a period of 13 years up to 1963 and then there was 50% reduction every 6-12 years. The reasons as analysed for this achievement are-

1. Effective malaria control/use of DDT
2. Food ration scheme
3. Availability of blood transfusion
4. Introduction of family planning

In 1980 MMR was 60/100,000 LB, reason for this significant decline was due to -

1. The availability of trained assistance during delivering
2. High percentage of institutional births

During this process the number of mid wives increased from 347 in 1941 to 7,007 in 1998 and 7574 in 2002.

The policies and strategies taken by Sri Lankan Government in an attempt to reduce the MMR of their country have been highlighted. The diffusion of health services through the country seems to be the main policy, in this regard. According to this policy, the health services in rural areas were improved and lot of maternity homes, central dispensaries and rural as well as cottage hospitals were initialised in the countryside. These rural services system was effectively linked up with the central body to

have supervision and follow up of the ongoing services.

The steady development of comprehensive systems of MCH services in the whole country are the major factor in reducing MMR of Sri Lanka. Account is also given of the history of how maternity care services were initiated & improved in Sri Lanka. It took almost 50 years after the first maternity hospital in the country was built to establish the first health unit in the country. This unit emphasised both on preventive and promotive health of mothers and children. The book has also described how the unit is providing maternal and infant care in three stages -

1. During pregnancy - domestically & clinic based service
2. during delivery - home and institutional services
3. Postnatal services at home

Now there are about 258 health units in Sri Lanka and each covering the populations of 40,000 to 150,000. How these health units function is also well described. The author states also that the plantation sector of Sri Lanka had a very poor health infrastructure. These estates had very high maternal morbidity and mortality due to bad housing, insanitary living conditions and high level of illiteracy & limited health cost. Policy makers could significantly reduce MMR in these areas too by identifying and improving the above-mentioned shortcomings.

Reporting maternal mortality is a difficult task especially in developing countries with difficult geographical structure. The author has made it simple by clearly stating how the civil registration system of Sri Lanka was amended from time to time according to the need to function in an effective way. The maternal death reviews in Sri Lanka is being carried out quarterly since 1980 and there is the representation from Ministry of Health medical officers of health, obstetricians and other relevant persons. It has been clearly stated that these reviews should not be a faultfinding

mechanism to blame somebody but to identify the preventable problems so that corrective measures can be adopted. Of the various causes of maternal death, haemorrhage, seems to be the number one killer of pregnant women in Sri Lanka too.

The factors associated with a reduction in maternal mortality are reviewed in a simple way. Factors like need and purpose of antenatal care, health service pyramid and its referral system have been described in detail. Need of emergency obstetrics care, both basic and comprehensive has been emphasised as a strong tool in an attempt to reduce MMR. This book clearly tells that the health policies and strategies, if planned and adopted with sincerity and honesty, can steer the country in the right direction.

Author has pointed out the good policies and strategies adopted by Sri Lankan Government; he has identified the shortcomings and has shown the right path as to what is the further need in reducing the maternal mortality ratio.

This book is therefore most useful for those working in this field, Policy makers, Governmental and Non governmental organizations, medical and nursing students, teachers and service providers, concerned for reducing maternal deaths in their country or region. This book should be a model guideline for policy makers of south Asian countries like Nepal, Bangladesh, Pakistan, India etc where MMR is tremendously high.

Dr.Chanda Karki.

A Book Review

on

"Fellowship Training at RTCOG Bangkok: My Experience"

This book has been written by Dr. Chanda Karki of Kathmandu Medical College after completing the Fellowship training at Royal Thai College of Obstetrics and Gynecology (RTCOG) and after being awarded with Fellowship of RTCOG on 20th October 2003. This Book was published by Karchan and Pals and was formally released during the annual conference of Nepal Society of Obstetricians and Gynaecologists (NESOG) on

April 2004. International Standard Book Number (ISBN) for this book is 99933- 893 – 1-5.

The Author has really put her effort in writing this book. This book has 255 pages in it and has excellent desktop and layout designing along with the use of good quality paper. The book basically describes as to how the Fellowship Training program was initiated with the joint effort of NESOG & RTCOG, how this training program was conducted at RTCOG and three different Hospitals of Bangkok and what were the achievements out of this. The book has five sections in it.

In the first section the author has documented every detail of the training program. One can feel him or herself to be a part of this training program while reading this section. She has presented the statements of the fact in an excellent way. Lively and beautiful photographs have added to her effort in producing a true historical document.

Second section of this book contains a copy of essay submitted to RTCOG, Bangkok along with her application for being selected in this training program.

In the third section of this book the author has produced few of the important lecture topics taught at Bangkok in a slide form. Very important topics like Research synthesis, research designs and evidence based medicines have been covered here. Similarly section four contains the list of topics taught at Siriraj Hospital during this training.

Section five contains the nicely written articles on the various feelings about this training program by other trainees who had joined the course along with the author.

This book can therefore be useful for all NESOG members, undergraduate and postgraduate medical and nursing students and teachers and of course for everyone concerned in making health care service better in the country.

This book is available at Ekta Book Palace, Kumaripati Lalitpur.

Dr. Sudha Thapa

MBBS (CU), DGO (DU), FRCOG (RTCOG)
Deputy Director, Maternity Hospital, Thapathali,
Kathmandu Nepal

Movement Disorders in Children and Adolescents by **GP Mathur and Sarala Mathur** published by **Jaypee** publications: **2003**.

Overall, it is a good review book for practicing neurologists, as it gives a quick run through different neurological disorders. Helps the neurologists to update their knowledge on the subject and helps them to revise their own background knowledge of movement disorders. The first chapter is very useful as it gives a good useful physiologic background behind movement disorder. This chapter, in fact, would serve as a basis for the rest of the chapter; and must be read before the rest.

It is useful to know that in Sydenham's chorea, besides haloperidol, valproate is useful and perhaps a better alternative specially, extrapyramidal side effects do not arise.

The classification and account of dystonia is useful and practical; one needs to take note that paroxysmal dystonia forms an important differential diagnosis of seizure disorder.

It is to be emphasized here that dopa responsive dystonia dramatically responds to low dose of levodopa.

The chapter on Myoclonus gives a very useful and informative classification.

Overall, valproate and/or clonazepam help in most cases of myoclonus.

The book contains a useful list of differential diagnosis of Parkinson's disease: MSA, normal pressure hydrocephalus, Wilson's, Rheumatism, frozen shoulder, lumbago sciatica.

The chapters on movement disorder are all very interesting and the differential diagnosis is something useful to emphasize for the reader.

Movement disorder due to metabolic, toxic causes has given good account on keshari dal and heavy metal poisoning, including Wilson's disease; these are important chapters as the diseases mentioned can be treated well.

Metabolic disorders associated with involuntary movements given are brief but interesting.

The passing mention of psychological treatment is useful but could be more detailed.

Overall, a useful book for neurologists.

- DR RABINDRA SHRESTHA