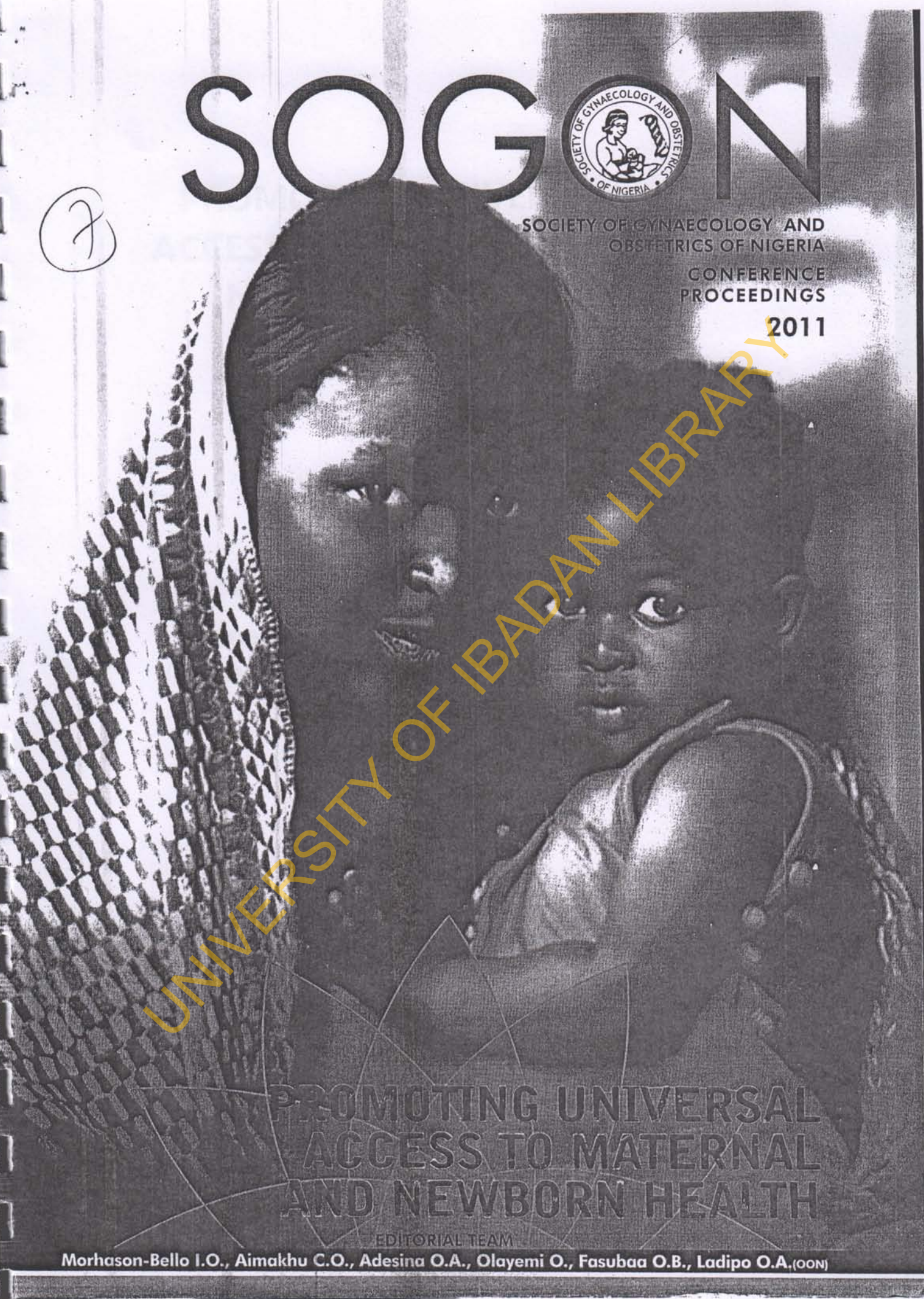
SOGON

SOCIETY OF GYNAECOLOGY AND OBSTETRICS OF NIGERIA

CONFERENCE PROCEEDINGS

2011



PROMOTING UNIVERSAL ACCESS TO MATERNAL AND NEWBORN HEALTH

EDITORIAL TEAM

Morhason-Bello I.O., Aimakhu C.O., Adesina O.A., Olayemi O., Fasubaa O.B., Ladipo O.A.(OON)

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THEME

Promoting Universal Access to Maternal & Newborn Health

SUB-THEMES

Training the Obstetrics and Gynaecology Resident in 21st Century
Ethical issues and litigation in Obstetrics and Gynaecology practice
The role of computers in Reproductive Health

PREMIER HOTEL, Mokola, Ibadan, Oyo State.
Nov. 22nd – 26th, 2011

EDITORAL TEAM

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EDITORIAL COMMENTARY

PROMOTING UNIVERSAL ACCESS TO MATERNAL AND NEWBORN HEALTH: MYTH OR FACT

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Universal access to maternal health is one of the key indicators of human development index (HDI). This entails provision of equitable and qualitative maternal health services to all women irrespective of social status, religion, ethnicity, language, location, and other differences. The United Nations in recognition of maternal health indices as a significant measure of an egalitarian society passed a resolution to member states to allocate resources to women's health in general[1,2]. In addition, she designed composite measures of indices to compare countries and it has since been leveraged to measure level of development[1,2,3]. One of such is the Millennium Development Goals (MDG), which measures specific key indicators of HDI including maternal and newborn health[1]. Infant mortality rate and maternal mortality ratio represent key indicator of MDG 4 and 5 respectively.

Estimates show that every minute one woman dies from pregnancy and childbirth complications worldwide, and 9 out of 10 of these women reside in developing countries[4]. For every maternal death, there are several collateral effects such as high perinatal mortality and poor child survival indices. The driver of maternal deaths is multifaceted and it has medical, social, cultural and economic dimension. Evidence had shown that most direct causes of maternal death are preventable interventions such as family planning, qualitative emergency obstetric and newborn care, availability of skilled birth attendants at every delivery, provision of essential drugs such as oxytocic, magnesium sulphate, and misoprostol as well non-pneumatic anti-shock garment amongst others[5]. Majority of these intervention are cheap and affordable by countries with appalling maternal mortality figures but what is really lacking is the will and commitment to appropriately invest.

Maternal mortality ratio of 525 per 100, 000 for Nigeria presently suggests that the country is far from achieving the target of the MDG 5 and this will definitely impact on the MDG4 as well. The failure could be traceable to lack of adequate funding for health, weak health systems, lack of manpower and capacity to offer qualitative health service as well as poverty and ignorance[6,7]. Recently, the Federal Government of Nigeria has make giant strides at implementing policies and programs that could drastically reduce the MMR. The government of Nigeria for the first time released money for the purchase and distribution of modern contraceptive commodities in the country. The initial commitment was $3 million for the procurement of reproductive health commodities and additional $8.35 million per annum was announced during the 2012 London Family Planning Summit for by the Nigerian government[8]. This increases Nigeria's total commitment for the next four years from US $12 million to US $45.4 million, an increase of almost 300%[8]. This singular effort will drastically reduce the unmet need for family planning in the country. Secondly, midwives service scheme (MSS) program is firmly rooted in the country to address the problem of inadequate manpower - skilled birth attendant[9]. The scheme has recruited and trained over 5,000 midwives on emergency obstetric and newborn care (EMONC) at the primary health care till date. The implementation framework a cluster model of four PHCs that offers basic EMONC services and a general hospital that is capable of comprehensive EMONC[9]. Feedback from monitoring programs shows that MSS had impacted positively on maternal and newborn health in the country. Thirdly, allocation of significant proportion of proceeds from oil subsidy removal to fund maternal health is another commendable effort of federal government[10]. Although, there were criticisms that government is utilizing the money for unsustainable project such as the conditional cash transfer, however, there other programs such as training of different health workers on EMONC and purchase of equipment, which are worth mentioning.

Since Nigeria transited to democratic governance, there has been a systematic improvement in maternal and newborn but the pace is yet to get to the cruising level. It is expected that state and local government will compliment the effort of the federal government in this regard. Available records shows that some states are running while others are walking and crawling in terms of their commitment and investment to maternal and newborn health. All these determine the national average indicators. The roles of international and national non-governmental organisations at ensuring the country attain MDG 4 and 5 are commendable. They have provided technical and financial support for the country in a diverse way over the years. In addition, they have institutionalized their ideas however, it is important that future support should focus more on gaps identified with the representative of the government of Nigeria rather than importing a "blue print intervention" that are not sustainable.

The society of Obstetrics and Gynaecology of Nigeria (SOGON) recognized the importance of equitable access to maternal and newborn health in Nigeria, and this is why her 45th annual conference tagged "Eba Odan 2011" with the theme titled "promoting universal access to maternal and newborn health" focused on it. The sub-themes were "training the obstetrics and gynaecology resident in the 21st century, ethical issues and litigation in obstetrics and gynaecology practice, and the role of computers in

reproductive health".

There is no gain saying that we are yet to attain a universal access but there is ample evidence that the path is being created now. It is our hope that this shall be a fact but not a myth. During the 2011 SOGON conference, Nigerian members and our colleagues abroad presented scientific papers that focused on various aspect of the theme, and they are compiled in this conference proceeding.

References

1. Achieving the Millennium Development Goals in Africa. Recommendations of the MDG Africa Steering Group June 2008. Available from: http://www.mdgafrica.org/pdf/MDG%20Africa%20Steering%20Group%20Recommendations%20-%20English%20-%20HighRes.pdf (Accessed July 2013)
2. Ruhago GM, Ngalesoni FN, Norheim OF. Addressing inequity to achieve the maternal and child health millennium development goals: looking beyond averages. BMC Public Health. 2012 Dec 27;12:1119.
3. Adewole IF, Morhason-Bello IO. Mothers must not die, and Babies must live in the spirit of MDGs: a clarion call to Nigerian Engineers. In: book of proceedings of the scientific conference of the Nigerian Society of Engineers held in Abuja, 2007
4. Hogan MC, Foreman KJ, Naghavi M, Ahn SY, Wang M, Makela SM, Lopez AD, Lozano R, Murray CJ. Maternal mortality for 181 countries, 1980-2008: a systematic analysis of progress towards Millennium Development Goal 5. Lancet. 2010 May 8;375(9726):1609-23.
5. WHO recommendations for the prevention and treatment of postpartum haemorrhage. Available from: http://apps.who.int/iris/bitstream/10665/75411/1/9789241548502_eng.pdf (accessed July 2013)
6. Ebeigbe PN. Reducing maternal mortality in Nigeria: the need for urgent changes in financing for maternal health in the Nigerian health system. Niger Postgrad Med J. 2013 Jun;20(2):148-53.
7. Wakabi W (2013): Nigeria aims to boost fight against Maternal Mortality. Lancet 381:1708
8. London Family planning Summit Commitments. Available from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/67328/london-summit-family-planning-commitments.pdf (accessed July 2013)
9. Abimbola S, Okoli U, Olubajo O, Abdullahi MJ, Pate MA (2012) The Midwives Service Scheme in Nigeria. PLoS Med 9(5): e1001211
10. Improving maternal and child health care in Nigeria: three randomised control trials and one observational study to assess the impact of SURE-P MCH. Available from: http://www.controlled-trials.com/ISRCTN98056858/ (Accessed 16th September 2013)