

NATIONAL COMMITTEE FOR MATERNAL HEALTH

(Under the Chairmanship of Secretary Health, Government of Pakistan)



NATIONAL COMMITTEE
FOR MATERNAL HEALTH

NCMH NEWSLETTER

June 2000

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POWER OF PARTNERSHIP

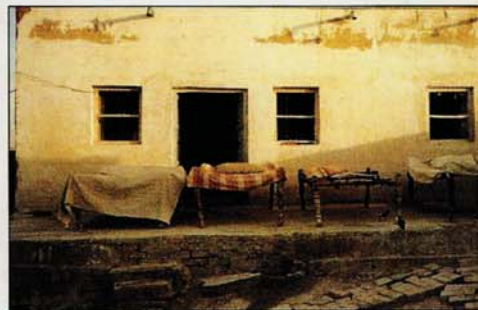
Nowhere in the world exists an independent system capable of improving maternal mortality ratios. Wherever MMR has gone down it has been through the recognition that it is a multi-dimensional problem and needs multi-pronged approaches to attack it from different angles. Unless various ministries / departments / organizations, NGOs and individuals recognize this fact, the vertical programmes will continue to dilute resources, duplicate efforts and waste energy and time without getting anywhere near the goal of saving mothers from dying.

NCMH has always believed in partnerships with other organizations, and has succeeded in developing a network of partnerships involving various national and international institutions and organizations to offer and to receive assistance. The main partners so far are: Society of Obstetricians and Gynecologists of Pakistan (SOGP); Pakistan Medical Association (PMA); National Forum for Women's Health; College of Family Medicine; Sindh Chapter of Maternity and Child Welfare Association of Pakistan (MCWAS), Rahnuma Reproductive Health Consultants, Family Care International (FCI), Population Council, Multidonor Support Unit, UNICEF and UNFPA. In addition, due to the affiliation of its members with various organizations in their individual professional capacities, the Committee has a wide range of contacts with many more organizations. The strength of this partnership has started to show results, which is evident from the activities described in this newsletter. It is obvious that NCMH is no longer a mere Committee comprising a group of individuals; it is on its way to becoming a National Consortium for Maternal Health.

Inside pictures



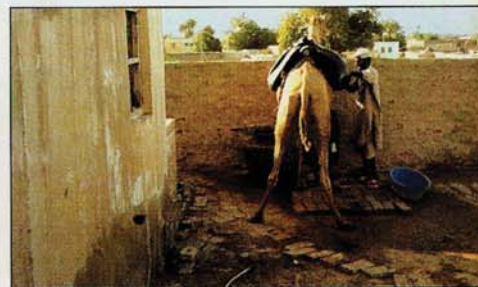
Participants, GOS and UNFPA officials at the workshop on Safe Motherhood in Badin



Living quarters of the Midwives, Saving Mothers' lives in Chachro.



Community mobilization in Chachro.



Water supply of the Midwives, Saving Mothers' lives in Chachro.



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THE TORCH BEARERS

This is a unique example of the collaborative efforts of a group of caring physicians and surgeons from the public and private sectors and from the national, professional and voluntary organizations and some caring Pakistani physicians living thousands of miles away from home.

London-based Sindh Doctors' Association, the Urology, Obstetrics and Gynecology Departments of Chandka Medical College Larkana, SOGP, and PMA joined hands. They invited Professor John Kelly, a Manchester-based specialist, renowned for his expertise in repairing vesico-vaginal fistulae (VVF) in Africa, to demonstrate his special technique to Pakistani Ob/Gyn specialists.

Three, nine-member voluntary teams headed respectively by Prof. Aftab Munir, member NCMH and President SOGP, Dr. S. Sher Shah, member NCMH and Secretary PMA, and Prof. Rafia Baloch of Chandka Medical College, performed the surgeries. All expenses were met from donations contributed and collected by team members.

One hundred and three women were identified for surgery through 8 filter camps attended by over 4000 patients.

The three teams operated simultaneously in one public and three private sector institutions who provided their fully equipped facilities free of cost and also participated in follow up.

Ninetytwo were operated upon: 26 vesico-vaginal fistulae, 16 vaginal and 50 abdominal hysterectomies. The immediate success rate for fistula repair was 96%.

Can the Pakistani surgeons use Prof. Kelly's technique of repairing VVFs? According to the President of SOGP, "Yes, it can be done provided we can get the instruments which are simple, only a few and not very expensive."

We salute each one of those who contributed in any way in meeting this challenge.

MATERNAL MORTALITY IN PAKISTAN

This issue contains maternal mortality statistics from 9 tertiary hospitals, one hospital each from Islamabad, Peshawar and two from Lahore and the rest from Karachi; two of the hospitals were private and the remaining government and public sector hospitals.

A total of 130362 live births are covered with 704 maternal deaths taking place, bringing the overall maternal mortality ratio to 540.

The ratio in the private hospitals was 42 (7 deaths/16,373 live births), whereas that in the government and public sector hospitals was 611 (697 deaths/113989 live births), i.e. 16 times higher in the latter.

A break-up of the causes of maternal deaths was provided by 6 hospitals. Of 552 occurring in these, 157 (28.4%) were due to hemorrhage, 84 (15.2%) due to sepsis, 133 (24%) due to hypertension, 32 (5.9%) due to abortion, and 140 (27%) due to other causes.

Maternal Mortality Ratios

#	Hospital	Years	Total births	Live Births	Maternal Deaths	MMR	Statistics Provided by
Private hospitals							
1	Fatima Memorial Hospital, Lahore	1998-99	11874	11631	2	17	Prof. Taslim Malik
2	Ziauddin Medical University Hospital, Karachi	1998-99	4841	4742	5	105	Dr. Rubina Idrees and Dr. Anjum Afshan
Total			(16715)	(16373)	(7)	(42)	
Government and public sector hospitals							
3	Khyber Teaching Hospital, Peshawar	1998-99	7654	7202	64	889	Prof. Saeeda Majeed
4	Sobhraj Maternity Hospital, Karachi	1995-99	21,588	21,391	43	201	Dr. Sher Shah Syed
5	Lady Dufferin Hospital, Karachi	1998-99	7744	7487	4	53	Dr. Kausar Nazir
6	MCH Centre, Pakistan Institute of Medical Sciences, Islamabad	1998-99	5876	5816	18	309	Prof. Ghazala Mehmood
7	Lyari General Hospital (Dow Medical College Unit IV, Karachi)	1998	750	717	4	558	Prof. Halima Hashmi
8	Jinnah Postgraduate Medical Centre, Karachi	1991-99	58604	54448	481	883	Dr. Razia Korejo and Prof. Khurshid Noorani
9	Lady Wellington Hospital, Lahore	1998-99	18359	16928	83	490	Prof. Taslim Malik
Total			(120575)	(113989)	(697)	(611)	
GRAND TOTAL			137290	130362	704	540	

Causes of Maternal Deaths

#	Hospital	Hemorrhage	Sepsis	Hypertension	Abortion	Others	Total
1	Fatima Memorial Hospital, Lahore					2	2
2	Lady Dufferin Hospital, Karachi			1		3	4
3	MCH Centre, PIMS, Islamabad	5	1	4	3	6	19
4	Lyari General Hospital, Karachi			1		3	4
5	Jinnah Postgraduate Medical Centre	121	52	111	26	130	440
6	Lady Wellington Hospital, Lahore	31	31	16	-	5	83
TOTAL		157	84	133	32	149	552
%		28.4	15.2	24	5.89	27	

MIDWIVES IN ACTION

Midwives Avert Maternal Deaths in the Desert of Sindh

Chachro is a Taluka in the interior of the province of Sindh with no female doctor or Lady Health Visitor, and a very high infant and maternal mortality and morbidity. Two NGOs, Thar Saath and Thar Rural Development Programme (TRDP) are trying to do some developmental work and provide some assistance for healthcare.



Water supply of the Midwives, Saving Mothers' lives in Chachro.

In 1995 - 96 the frequent arrival of women with ruptured uteri at Mission Hospital, Kunri attracted the medical staff's attention. After almost 3 years' effort for community mobilization, people started to understand that ruptured uteri and maternal deaths can be prevented. In August 1998 the Chachro Maternity Home started functioning with locally raised funds and a modest grant from the National Trust for Population Welfare made possible by MCWA Sindh's efforts.

The Mission Hospital, Kunri, provided Margaret Gill, a midwife, with more than 30 years experience. She lives in Chachro and performs normal deliveries and is also skilled in the use of a vacuum extractor. She manages pre-eclampsia, retained placenta, threatened and incomplete abortions. She gives obstetrical first aid to women requiring EOC, stabilizes their condition and sends them to Tehsil Hospital in Umer Kot or mostly to Mission Hospital in Kunri which provides back-up support to Margaret through monthly visits to Chachro and by receiving her referrals.



Living quarters of the Midwives, Saving Mothers' lives in Chachro.

On 15 August, 1999, Chachro Maternity Home celebrated its first anniversary. A second midwife has been found to give 24-hour coverage for maternity services. The Community will generate funds to run the maternity home from 2001, onwards.

The word is spreading. There is already a demand from another area about 20 km away to establish a birthing station there. **There has been no case of ruptured uterus since the presence of the midwives in Chachro.**

Three cheers for the two midwives.

Midwives Act Promptly in Diagnosing and Managing Placental Abruption, an Obstetrical Emergency.

In July 1999, Mrs. A, appeared at the labour room door of the Lady Dufferin Hospital, Karachi with a vague history of vaginal bleeding. The midwife on duty and the student midwife received her. By the time she reached a bed, she had passed an orange sized clot and fresh blood was trickling per vaginum. She was conscious and alert.

Mrs. A said that she was full term pregnant and had been to a hospital only once for an antenatal checkup. The midwife's examination revealed 34 weeks of gestation,

vertex presentation and deeply engaged head. Abdomen was tense with no relaxation. Foetal heart sound and movements were absent. The doctor on duty was informed but she was busy with another delivery. The midwife did not spend any time on the usual formalities for taking past history etc. She suspected placental abruption.

Vital signs were found to be within normal limits. After taking blood for hemoglobin and blood grouping, the midwife started intravenous infusion of 5% dextrose in water. As a precaution she alerted the blood bank. Within fifteen minutes of admission all the above had been done. After a few minutes the woman said she wanted to push. The student midwife noted the vertex at the introitus. The woman was moved to the delivery room. The pediatric resident was informed. Ten units of syntocinon for intramuscular injection and 20 units for intravenous infusion were made ready (and used later). At this stage the doctor arrived. After 5 minutes the woman delivered an alive male baby. The third stage was uncomplicated with a blood loss of approximately 300ml. The hemoglobin report showed a level of 10.2g%. Hence blood transfusion was withheld. The baby weighed a little over 2.4 kg. It made good progress in the special care nursery. After 5 days the baby and the mother were discharged.

The midwife and the student midwife used sound judgement in this case, and made all preparations to meet with an emergency situation should it arise.

Contributed by *Hannah Gibson, Clinical Midwifery Tutor, Lady Dufferin Hospital, Karachi.*



Margaret Gill, the pioneer of community based midwifery services, Chachro.

IMPROVING TERTIARY CARE

In the past, there has been a lot of concern expressed in many quarters about the need to improve maternal health services in tertiary care hospitals. A study conducted by SOGP in collaboration with NCMH revealed that the facilities for Emergency Obstetric Tertiary Care in the hospitals, both in the public and often in the private sector, left a lot to be desired.

UNICEF, Sindh, through NCMH has provided an equipment package worth 600,000 rupees each to 5 teaching hospitals. These include: Jinnah Postgraduate Medical Center, Civil Hospital and Abbasi Shahid Hospital in Karachi; Liaquat National Hospital, Hyderabad; and Chandka Medical College Hospital, Larkana.

The purpose of equipping these departments is to improve their standards of maternity care as well as of midwifery training. NCMH has been assigned the role of assisting these institutions.

This experiment, if successful, could pave the way for further assistance to these as well as to smaller non-teaching institutions in the future.

NCMH COLLABORATION

a. With UNICEF under its Women's Health Programme

NCMH is currently implementing a project



Participants, from Government of Sindh and UNFPA officials at the workshop on Safe Motherhood in Badin

under UNICEF's Women's Health Programme, titled **Improved Access and Availability of Emergency Obstetric Care Services**. The priority goal is "reduction of maternal mortality by focusing on safe delivery practice".

b. With the Population Council through the Reproductive Health Research Working Group to improve the knowledge base for RH in Pakistan. NCMH is represented in the group by Dr. Sadiqua Jafarey.

c. For Multi-donor Support Unit (MSU) facilitated two workshops for the Department of Health, Government of AJK, to address Emergency Obstetric Care (EOC). They were held in Mirpur and Muzafferabad earlier this year with the objective of operationalizing the RH Package and to evolve protocols. Dr. Sadiqua Jafarey provided technical support to this activity and visited Muzafferabad.

d. With Population Welfare Department, Government of Pakistan.

A Seminar was held in Sukkur in collaboration with Population Welfare Department, Government of Sindh.

e. Technical assistance provided by NCMH in 1998 - 1999:

- * To many NGOs: through distribution of its advocacy film, "Mamta Ki Hifazat" to NGOs.
- * To Lady Dufferin Hospital Karachi: to strengthen its midwifery training, and to establish a satellite clinic in Lyari, a densely populated under privileged district of Karachi, (in collaboration with Lyari Community Development Project).
- * To MCWA Sindh in its one-day Seminars for men and women, on Women's Health and Safe Motherhood held in Mirpurkhas, Kunri, Chachro and Lyari.
- * To MCWA Sindh in its workshops all over Pakistan for nurse teachers and teachers-to-be on "Teaching Reproductive Health in Schools of Nursing, Midwifery and Public Health".
- * To SOGP in its workshops on Reproductive Health conducted under the aegis of Asia- Oceania Federation of Obstetrics and Gynecology. First workshop was held at PIMS, Islamabad from May 5-7, 1999 and the second at Abbottabad from October 1-3, 1999. The sessions covered various aspects of Safe Motherhood. Two films 'Mamta Ki Hifazat' and



Dr. Sadiqua Jafarey, President NCMH (right), chairing a workshop in Muzafferabad, Azad Kashmir on Emergency Obstetric Care.



In Kunri: Doctors, nurses, midwives, teachers and TBAs participating in a group discussion on Safe Motherhood.

"Clinical Obstetric Skills at Primary Level" were shown. The facilitators of the workshop were Dr. Sadiqua Jafarey, Dr. Shahida Zaidi and Dr Shereen Bhutta.

f. Other activities:

- * Reviewed plans and policy documents related to maternal health, when asked.
- * Participated and/or presented papers in conferences, seminars and many meetings of different government and non-government sectors related to maternal health.

NCMH ON THE STEERING COMMITTEES

- Through the Regional Technical Assistance (RETA), Asian Development Bank, UNICEF, the Government of Pakistan and NCMH aim to strengthen efforts to improve maternal health and reduce maternal mortality by about half over the next decade. Seven countries including Pakistan were selected to participate on the basis of their persistently high maternal mortality ratio. NCMH has representation on the Steering Committee.
- The Government of Sindh has constituted a Steering Committee for the Columbia University / UNICEF assisted project on Women's Right to Life and Health funded by Bill Gates Foundation. NCMH has representation on the Committee.

READY RECKONER

In Pakistan as in other developing countries, the status of women is poor as shown by one of its indicators i.e. the maternal mortality ratio. The exact magnitude of the health problem is not known due to the paucity of nationwide data specially community based.

SOGP took up the task of preparing a document containing the relevant information on women's health in Sindh. The Society sought the technical help of NCMH and Ziauddin Medical University, Karachi, and the financial assistance of UNICEF, Sindh for preparing a ready reckoner. The Ready Reckoner is the result of combined effort of all the above. It attempts to bring together recent available information on women's health in the province of Sindh.

DIRECTORY OF INSTITUTIONS/FACILITIES PROVIDING MATERNITY SERVICES IN SINDH PROVINCE - AN EYE OPENER

NCMH, in collaboration with UNICEF, contracted Rahnuma Reproductive Health Consultants to prepare a Directory of institutions and clinics providing maternity care services in Sindh. The purpose was to identify institutions which could be used as referral points for Emergency Obstetric Care needed by those conducting births at home or in modestly equipped clinics/institutions. In addition to a macro-survey, a corner of Orangi, a densely populated area of Karachi, was surveyed to get a micro picture of one or two-room clinics claiming to provide maternity care. The findings are an eye opener. With the exception of a few fairly well-equipped hospitals and clinics in the private sector the picture is dismal. Hundreds of places claim to be "Clinics" and "Maternity Homes", or "Hospitals". Were there any regulatory mech-



Government of Sindh officials, dignitaries from the private sector and UN agencies attended a seminar on Safe Motherhood in Sukkur.

anisms to control substandard practices, 95 % of these clinics would not pass the minimum requirements of even a clean delivery.

Is it not surprising that the MMR in Pakistan is one of the highest in the world?

Health Education Materials available with NCMH

"Reducing Maternal Mortality is a matter of social justice", Dr. Hiroshi Nakajima, Ex Director General WHO.

* Introducing NCMH's Video Film:

"Mamta Ki Hifazat" is an Urdu video film of 25-minute duration. It is also available with English subtitles. It is based on two case studies. One is that of a grand-multipara who was delivered at home by a TBA. She starts bleeding before the placenta is delivered and reaches the hospital too late to be saved. The baby was born alive. The other is of an 18-year-old primigravida with neglected pre-eclampsia who develops eclampsia. She is brought to the hospital and is saved; the baby is born dead.



Group Counseling: "Healthy Women: Learning to Stay Healthy" MCWA/CIDA Project, Karachi.

The film stresses that early detection of deviations from the normal and timely action can prevent maternal and foetal deaths and morbidities.

* Video film "Clinical Obstetric Skills at Primary Level" in Urdu with English subtitles.

Both videos are available from NCMH office at a nominal cost. Each copy is made from the original film to preserve quality.

For the Community

* A poster in Urdu, Sindhi, and Pushto with the slogan "Value Life. Look after the Pregnant Woman". This poster has 3 short messages conveying the importance of antenatal care.

* Posters on antenatal care and four causes of maternal death. (Safe Motherhood Project, Community Health Sciences Department of Aga Khan University)

* Antenatal card and antenatal care booklet. (Safe Motherhood Project, Community Health Sciences Department of Aga Khan University).

Conference on Women and Health

The Second International Interdisciplinary Conference on Women and Health organized by the European Association for Research on Women and Health was held at the University of Edinburgh, Scotland, from July



Women waiting at Civil Hospital, Badin, RHS Centre for Tubal Ligation

12 to 14, 1999. It was attended by over 300 delegates from all over the world especially Europe. These included social scientists, health advocates, policy makers and clinicians.

The Conference provided a forum for exchange of ideas and discussions on the development of models and approaches for the understanding and promotion of women's health. The challenges and dilemmas facing delivery of women's health care were outlined. It was emphasized that health care was a human rights issue, which was both political and personal. It was argued that the decision making process regarding health care needed to be critically reviewed and revised and that the patients themselves should be involved to a greater extent in the decision making.

The plenary session on Safe Motherhood included papers on Severe Maternal Morbidity.

Dr. Sadiqua Jafarey, President, NCMH attended the Conference and made a presentation on "Development of Safe Motherhood Training Program Focusing on Strengthening Referrals by Health Care Providers for Emergency Obstetric Care".



Helping TBAs to correct their knowledge about nutritional needs of pregnant women, Chachro.

Magnesium Sulphate available at NCMH

In the last newsletter, it was mentioned that Magnesium Sulphate (which is used in the treatment of Eclampsia) is available from the offices of NCMH and Sobhraj Maternity Hospital.

It was heartening to note that various institutions from all over the country availed this opportunity of utilizing Magnesium Sulphate, with good results in the management of Eclampsia.

Limited stock is still available.

Please write to NCMH if you are interested.

ACKNOWLEDGEMENT

NCMH is very grateful to its readers whose overwhelming positive response to the first Newsletter was a source of encouragement and gratification. Most of the letters received were from NGOs, large and small. Some suggested at least a quarterly publication, but this is not currently possible due to our financial situation. We do have, however, plans to make it twice a year and also to have an Urdu Section. All those who have written to us have been placed on our mailing list.

PLIGHT OF WOMAN

The journey of my life
Begins with home
And ends at the graveyard.
My life is spent like a body
Carried on the shoulders
Of my father and brother,
Husband and son.
Bathed in religion,
Attired in customs,
And buried in a grave
Of ignorance.

Goodwin Jan

Have you any suggestions to make, or information that you would like to share?

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NOVA-JECT

FORMULATION: 1 ml contains 200 mg norethisterone enanthate. **INDICATION:** Protection against conception by alteration of cervical mucus and prevention of sperm ascent into uterine cavity. **DOSAGE/ADMINISTRATION:** One shot every two months as a deep intramuscular injection. **SIDE EFFECTS:** Spotting, breakthrough bleeding and amenorrhoea. **CONTRAINDICATIONS:** Pregnancy, phlebitis or thromboembolic diseases, hypertension, chronic liver diseases, cancer of breast or uterus, diabetes with vascular changes, Dubin-Johnson or Rotor syndromes. **INTERACTIONS:** Concomitant use of barbiturates, phenylbutazone, hydantoins, rifampicin and ampicillin is contraindicated. **PRESENTATION:** Ampoules of 1 ml. Manufactured by Medipharma Pvt. Ltd., licensee of *Schering* Berlin, Germany, and marketed by *SMP*

Full prescribing information is available on request.



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