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EDITORIAL

**ROLE OF FEDERATION OF OBSTETRIC AND
GYNAECOLOGICAL SOCIETIES OF INDIA (FOGSI)
IN SAFE MOTHERHOOD AND CHILD SURVIVAL
PROGRAMME (PART - II)**

Liasons With

(i) *Medical Colleges, District Hospitals, Primary Health Centres, Subcentres.*

The teaching personnel, and the medical personnel involved in all these institutions have got a key role to perform in planning, implementation and monitoring the safe motherhood program. It could be either in advisory capacity or actual services.

(ii) *Universities* : Curriculam is drawn out for undergraduates and postgraduates in such a manner that stress is laid down on preventive aspects rather than curative aspects. Practical training (clinical and operative) is given in such a

manner that medical students are exposed to treating patients in their environment both in urban, semiurban, and rural set up besides their own teaching hospitals. Discussion of and concern for women's perspectives about their health needs should be routine part of training of all health professionals. In the training program the important objective should be the reduction of maternal and perinatal Mortality and morbidity, Family welfare, and women's health in general, and stress must be laid on comprehensive medical care. Periodic refresher courses should be organised to update the knowledge of all health personnel, stressing the impor-

tance to detect abnormal or high risk group of cases, and for timely transfer to a higher level care medical centre.

In the theory and practical examinations the candidates should also be judged as to whether they know the fundamentals of safe motherhood and how best it could be implemented in their practice.

(iii) *Central Government and State Government* (with their Ministry of Health), *Local Self Govt Administration, Municipal Corporations/Councils etc.*, They must be given the advice, and cooperation in planning, and implementation of safe motherhood goals.

(iv) *Medical Associations* : (a) Indian Medical Association (IMA) - Association of allopathic doctors (b) Association of Medical persons belonging to non-allopathic system of medicine like Homeopathy, Aurvedic, Unnani and T-B-A (c) Allied speciality like Paediatrics. With these associations joint meetings could be held from time to time to make them aware of the safe motherhood programme, and what part they can play in implementing such programmes.

The Paediatric Association can be very useful in jointly devising means to treat low birth weight babies, premature babies, babies born to high risk pregnant women, and babies born by operative methods.

(v) *Association of Midwives and Nurses* : These persons are already involved in looking after pregnant mothers during antenatal period, during labour, and postnatal period too including the baby. They also should be taken into

confidence in planning and executing the safe motherhood program. In their training program also the main objective should also be reduction of maternal and perinatal Mortality and morbidity.

(vi) *Paramedical Personnel* : Health Visitors, medico social workers, TBA's are also in close contact with the community as well as pregnant mothers. They also should be taken into confidence in planning and execution of the safe motherhood program. As TBA's are responsible for majority of births in India, their role should be recognised and should support their training especially like reduction of sepsis, and reduction of delay in referral of obstructed labour cases etc.

(vii) *Private Sector Medical Institutions* : They are also rendering all round medical services to different strata of people. Their active support also should be enlisted in planning and achieving the goals of safe motherhood.

(viii) *Social Organisations* (Non-Governmental organisations) Like Rotary, Lions, Giants, Junior Chambers, Zonta, Family Planning Association, Women's organisations, Youth's groups, etc.,

These Organisations have got different working committees. They collect sizable funds through donations. Hence their help also can be taken for various safe motherhood programmes. They should also sensitize decision makers, and the public to women's health issues and to the need for national commitment, and action to reduce high levels of maternal and perinatal mortality and morbidity.

FOGSI and Women's Organisations :

They should be consulted while planning activities to improve women's health. Nursing profession should also be given due respect. Women colleagues should also play proportionate role in the decision making levels of all Obstetric and Gynaecological Societies.

FOGSI should have dialogue with Women's Organisations and initiate them in maternity legislations and benefits to improve the social and economic position, and condition of work. Views of women should be obtained from all strata of life both from urban and rural area. They should also organise International convention for all forms of discrimination against women, and focus on issues most productive in reaching common objectives e.g. contraception and Family Planning, quality of maternal health care, appropriate use of technology, breast feeding, and social support to maternal health.

(ix) **Role of FOGSI in Research :** Committees like Safe Motherhood, Perinatology, Rural Obstetrics, Family Planning, and M.T.P., should encourage, facilitate, identify, and stimulate research related to achievement of goal of safe motherhood. Multicentric studies can be carried out. The results of the research should be published, and brought to the knowledge of health authorities as to how the maternal and Perinatal Mortality and Morbidity can be reduced. The quality of maternal health care can be monitored, and also promoting the peer review. Periodic medical audit can be carried out of maternal and perinatal deaths. The Research projects may be of the following

nature.

(i) design forms for data recording on outcome of pregnancy,

(ii) design and test risk scoring and screening systems,

(iii) epidemiological research e.g. causes of avoidable maternal and perinatal deaths, community level studies (To enumerate all maternal deaths in the country or sample from region regardless of where they occur),

(iv) study of maternal morbidity e.g. regarding major complications like obstetric fistulae,

(v) design and analysis of an evaluation system through surveys which can examine the functioning of the maternal health care system at all levels, and help to determine to what extent it reaches its objectives as well as to identify the unmet needs. These evaluations should cover the basic elements of care, their accessibility, their utilisation, the equipment and supplies, the knowledge of staff about risk factors and procedures in care. Such evaluation studies should also be directed to discover what women themselves/their families/community know, believe, do and want in terms of maternal health and nutrition. In order to plan out the strategy, it is very essential to discuss with Women themselves why they use the health service facilities or why they do not, and what are their opinions, motivations, and constraints.

Operative Research : It consists essentially of evaluation of improvements and innovations in maternal health care especially the preventive aspects. It is most valuable in helping to ensure that best use can be made of limited resour-

ces, and should always include the determination of cost as well as impact and practicability. Research could be directed to following topics like (a) measure blood loss, replacement of blood by blood or blood substitutes, plasma, prevention of haemorrhage, (b) prevention of severe hypertensive disorders of pregnancy, (c) anaemia risk screening, (d) evaluation of TBA training, (e) evaluation of use of partographs in hospitals, and rural areas where deliveries are attended by midwives, (f) evaluation of cost and impact of provision of essential elements of obstetric care in areas where it was formerly unavoidable, (g) evaluation of improved systems for communications and transportation for emergencies of pregnancy and childbirth, (h) evaluation of interventions aimed at reducing early pregnancy deaths e.g. from abortion, ectopic gestation etc., (i) evaluation of educational campaigns.

Conclusion:

FOGSI through its committees should identify priority research issues, serve as expert resources to National authorities, advice on training promote public education, and support Women's health and

safe motherhood, particularly emphasizing preventive approaches, and focussing on community level action benefitting rural and other underserved populations. It could assist in evaluation of maternal health care system with particular attention to the perspective of women themselves. FOGSI should organise periodically conferences/workshops on safe motherhood in collaboration with FIGO, AFOG, WHO, UNFPA, World Bank, UNDP, UNICEF, for not only the Obstetricians and Gynaecologists, but also Family physicians, Nurses, midwives, TBA's, family planning providers, Health visitors, social workers, paramedical workers, and women's groups.

Each memberbody affiliated to FOGSI should constitute committees like Safe Motherhood, Perinatology, Rural Obstetrics, Family Planning, M.T.P., Public Relations, etc., for coordinated activity with FOGSI committees.

Each member of the memberbody can become the nucleus of activity contributing their mite either in rural semiurban, or than Urban areas, wherever they choose to give their voluntary active services in Safe Motherhood and Child survival program

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