Posted on September 23rd 2011

Here is a new publication related to sexual and reproductive health on "**WHO recommendations for prevention and treatment of pre-eclampsia and eclampsia**" byWorld Health Organization, Dept. of Reproductive Health and Research, Dept. of Maternal, Newborn, Child and Adolescent Health, Dept. of Nutrition for Health and Development

Source for download: http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/9789241548335/en/index.html

Summary

Hypertensive disorders of pregnancy are an important cause of severe morbidity, longterm disability and death among both mothers and their babies. Among the hypertensive disorders that complicate pregnancy, pre-eclampsia and eclampsia stand out as major causes of maternal and perinatal mortality and morbidity. This publication is an outcome based on the present evidence-informed recommendations with a view to promoting the best possible clinical practices for the management of pre-eclampsia and eclampsia by the World Health Organization.

This publication presents, various recommendations, remarks based on evidences, on various issues such as:

· Rest for prevention and treatment of pre-eclampsia,

· Bedrest for treatment of hypertension in pregnancy,

· Dietary salt restriction for prevention of pre-eclampsia,

· Calcium supplementation during pregnancy to prevent pre-eclampsia and its complications,

· Vitamin D supplementation,

· Antioxidants for prevention of preeclampsia and its complications,

· Antiplatelets for prevention of pre-eclampsia,

· Antihypertensive drugs and diuretics,

· Magnesium sulfate for prevention and treatment of eclampsia,

· Corticosteroids for HELLP syndrome,

- Interventionist versus expectant care for severe pre-eclampsia before term,
- Induction of labour for pre-eclampsia at term and
- Prevention and treatment of postpartum hypertension.

The publication also provides information on applicability issues of this guideline, monitoring and evaluation of the implementation of guideline and on updating the guideline…

Another publication that is recently out is the "**World Development Report 2012: Gender Equality and Development**" published by The World Bank, September 2011 is available for access at: http://bit.ly/n28pnv

"The lives of girls and women have changed dramatically over the past quarter century. The pace of change has been astonishing in some areas, but in others, progress toward gender equality has been limited—even in developed countries.

This year's World Development Report: Gender Equality and Development argues that gender equality is a core development objective in its own right. It is also smart economics. Greater gender equality can enhance productivity, improve development outcomes for the next generation, and make institutions more representative.

The Report also focuses on four priority areas for policy going forward: (i) reducing excess female mortality and closing education gaps where they remain, (ii) improving access to economic opportunities for women (iii) increasing women's voice and agency in the household and in society and (iv) limiting the reproduction of gender inequality across generations."

The fifth edition of the journal, Reproductive Health Matters in Hindi, on "Criminalisation" is published by CREA.

This edition is a compilation of seven articles on issues of criminalisation. The articles examine several issues, such as the impact of criminalisation on sexual and reproductive health and rights; State regulation of sexuality through various tools of criminalisation; and, links between sexual violence, HIV/AIDS, and criminalisation. This edition consists of case studies, research studies, and strategic discussions that are relevant to the Indian context and from different countries in Asia, Africa, and North and South America.

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Posted on September 11th 2011

Here is a compilation of abstracts from some interesting articles pertinent on uterotronics used for home births, maternal deaths and confidential enquiries, clinical review on obstetric fistulas and misoprostol in preventing postpartum hemorrhage.

Uterotonic use at home births in low-income countries: A literature review

Dawn Flandermeyer, Cynthia Stanton,Deborah Armbruster, *International Journal of Gynecology & Obstetrics*, Volume 108, Issue 3 , Pages 269-275, March 2010.

Download Original Article from: http://download.journals.elsevierhealth.com/pdfs/journals/0020-7292/PIIS0020729209006481.pdf

Abstract

Objectives: This literature review compiles data on rates of use, indications, types of provider, mode of administration, and dose of uterotonics used for home births in low-income countries, and identifies gaps meriting further research.

Methods: Published and unpublished English language articles from 1995 through 2008 pertaining to home use of uterotonics were identified via electronic searches of medical and social science databases. In addition, bibliographies of articles were examined for eligible studies. Data were abstracted and analyzed by the objectives outlined for this review.

Results: Twenty-three articles met the inclusion/exclusion criteria. Use rates of uterotonics at home births ranged widely from 1% to 69%, with the large majority of observations from South Asia. Descriptive studies suggest that home use of uterotonics before delivery of the baby are predominantly administered by nonprofessionals to accelerate labor, and are not perceived as unsafe.

Conclusions: To achieve maximum benefit and minimal harm, programs that increase access to uterotonics for postpartum hemorrhage prevention must take into account

existing practices among pregnant women. Further research regarding access to uterotonics and intervention studies for provider behavior change regarding uterotonic use is warranted.

Keywords: Home birth, Labor augmentation, Misoprostol, Oxytocin, Postpartum hemorrhage, Uterotonics

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Confidential inquiries into maternal deaths: Modifications and adaptations in Ghana and Indonesia

Julia Hussein, Lucia D'Ambruoso, Margaret Armar-Klemesu, Endang Achadi, Daniel Arhinful, Yulia Izati, Janet Ansong-Tornui, *International Journal of Gynecology & Obstetrics*, Volume 106, Issue 1 , Pages 80-84, July 2009

Abstract

Objective

Factors contributing to the limited use of confidential inquiries into maternal deaths include the negative focus and demotivating effect of such inquiries, perceptions of unavailability of sufficient documentation of events, and lack of time and resources. To ascertain whether these problems can be overcome, variations to confidential inquiries into maternal deaths were introduced in Ghana and Indonesia.

Methods

Clinical review panels were set up as part of the usual process of confidential inquiries, and modifications to the confidential inquiries were introduced. In Ghana, the traditional confidential inquiry process focusing on health facility care was modified to introduce the assessment of positive factors. In addition to the assessment of positive factors, adaptations in Indonesia consisted of including cases of obstetric complications, as well as deaths, and the use of interview testimonials as data sources. Information about resource and time needs for conducting confidential inquiries was collected.

Results

The introduction of positive aspects to the process provided a balanced and more motivating setting for the inquiry. The data obtained from case notes in district hospitals

and interview testimonials provided sufficient information to assess why maternal deaths and severe complications occurred. The costs of conducting the inquiries ranged from US $4000 to US $11 000 (per study), and the estimated time required for a panel member to review each case was more than 3 hours.

Conclusion

This study introduced practical ways to encourage the implementation of maternal death reviews, inquiries, and audits that are context specific and, therefore, acceptable to local practitioners.

Keywords: Confidential inquiries into maternal deaths, Maternal death review, Obstetric complications

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Obstetric fistulas: A clinical review

A.A. Creanga, R.R. Genadry, *International Journal of Gynecology & Obstetrics* Volume 99, Supplement 1 , Pages S40-S46, November 2007

Abstract

A high proportion of genitourinary fistulas have an obstetric origin. Obstetric fistulas are caused by prolonged obstructed labor coupled with a lack of medical attention. While successful management with prolonged bladder drainage has occasionally been reported, mature fistulas require formal operative repair, and it is crucial that the first repair is done properly. The literature reports 3 approaches to fistula repair: vaginal, abdominal, and combined vaginal and abdominal. Many authors report high success rates for the surgical closure of obstetric fistulas at the time of hospital discharge, without further evaluation of the repair's effect on urinary continence or subsequent quality of life. Data on obstetric fistulas are scarce, and thus many questions regarding fistula management remain unanswered. A standardized terminology and classification, as well as a data reporting system on the surgical management of obstetric fistulas and its outcomes, are critical steps that need to be taken immediately.

Keywords: Obstetric fistula, Obstructed labor, Recto-vaginal fistula, Vesico-vaginal fistula

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Misoprostol in preventing postpartum hemorrhage: A meta-analysis

C. Langenbach, **International Journal of Gynecology & Obstetrics,** Volume 92, Issue 1 , Pages 10-18, January 2006

Abstract

Objective: To assess misoprostol's ability to prevent postpartum hemorrhage (PPH) where no alternatives exist. Comparison to oxytocics demonstrates how similarly misoprostol achieves a level of effectiveness–obtainable only in hospitals–in remote locations around the world. *Method:* Using the Mantel–Haenszel fixed-effects model and the DerSirmonian and Laird random-effects model, summary statistics indicated that misoprostol's excess risk of PPH was only 4% when compared to oxytocics. *Result:* This risk difference was well within the range of expected results for all uterotonic agents and does not warrant branding misoprostol as an inferior drug.*Conclusion:* Conventional uterotonic drugs should not be used to set the lowest-accepted level of effectiveness in settings where they are entirely unsuitable. Continuing to weigh the benefits of one effective drug against another only delays the distribution of misoprostol in countries where it is the only feasible choice and must be measured against no treatment at all.

Keywords: Misoprostol, Postpartum hemorrhage, Prevention, Third stage of labor, Resource-poor, Meta-analysis

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