

MAKE EVERY MOTHER AND CHILD COUNT



Photos by Malin Bring. Making Pregnancy Safer, 2005



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GIVE US YOUR FEEDBACK ON THE MANUAL "MANAGING COMPLICATIONS IN PREGNANCY AND CHILDBIRTH (MCPC)"

The manual *Managing Complications in Pregnancy and Childbirth (MCPC)*, a component of the World Health Organization's Integrated Management of Pregnancy and Childbirth (IMPAC) series, was developed by the World Health Organization in 2000 as a guideline for emergency obstetric care at the first referral level. It has been translated into numerous languages and widely distributed and used since it was first published. WHO and JHPIEGO, who assisted in the development of the original manual, are currently preparing to revise and update the MCPC to reflect new technical developments in the field of maternal health.

In preparation for the revision, a survey has been developed to collect feedback on (a) how and by whom the manual has been used; (b) the accuracy of the technical content; (c) the usefulness of the manual's format, layout, and organization; (d) the clarity of information; and (e) topics that should be added, expanded, or revised.

Please download the survey questionnaire at http://www.who.int/entity/making_pregnancy_safer/MCPC_Users%20Survey_final.doc

and email the completed survey to Matthews Mathai, Department of Making Pregnancy, World Health Organization (mathaim@who.int) and copied to Melissa McCormick (mmccormick@jhpiego.net) **no later than 31 July 2007**.

NEW PUBLICATION: ADOLESCENT PREGNANCY: UNMET NEEDS AND UNDONE DEEDS

This document is a review of literature and programmes in the area of adolescent pregnancy. It outlines the magnitude of the incidence of pregnancy in adolescents, as well as the enormous health and social risks that adolescents face during pregnancy and child birth. It reviews programmatic experiences in promoting and safeguarding the health of pregnant adolescents.

This exhaustive review of the epidemiologic literature and the programmatic literature reiterates both the enormous unmet needs of adolescents in relation to pregnancy and child bearing, and the failure of

communities and countries around the world in responding to those needs.

The document provides the evidence-base for policy makers and programme managers to act upon, in ensuring that pregnancy in adolescents is wanted and safe for both mother and child. Alongside this, the report outlines the areas in which much more learning is needed.

To download the document please go to

http://www.who.int/child-adolescent-health/New_Publications/ADH/ISBN_92_4_159565_0.pdf

INNOVATIVE APPROACH TACKLES MALNUTRITION IN THE COMMUNITY

An innovative approach is showing progress in addressing severe acute malnutrition, which affects an estimated 20 million children under the age of five worldwide. The approach combines community-based care for severely malnourished children with traditional hospital-based treatment.

A statement by the World Health Organization (WHO), the World Food Programme (WFP), the United Nations Standing Committee on Nutrition (SCN) and UNICEF issued on 7 June 2007 highlights new evidence that about three-

quarters of children with severe acute malnutrition – those who have a good appetite and no medical complications – can be treated at home with highly fortified, ready-to-use therapeutic foods (RUTFs).

These are palatable, soft and crushable nutrient- and energy-rich foods that can be eaten by children over the age of six months without adding water, thereby reducing the risk of bacterial infection. RUTFs provide the nutrients required to treat a severely malnourished child at home, without refrigeration, and even where hygiene conditions are not perfect. The technology to produce RUTFs is relatively simple and could be used in all countries with high levels of severe acute malnutrition

To read more please go to http://www.who.int/child-adolescent-health/NEWS/news_38.htm

**HUMAN PAPILLOMAVIRUS
AND HPV VACCINES:
TECHNICAL INFORMATION
FOR POLICY-MAKERS AND
HEALTH PROFESSIONALS
(2007)**

Cervical cancer is the most common cancer affecting women in developing countries. It has been estimated to have been responsible for almost 260 000 deaths in 2005, of which about 80% occurred in developing countries. Cervical cancer is caused by human papillomavirus (HPV).

Recently a vaccine that has the potential to prevent certain HPV infections, and hence reduce the incidence of cervical cancer and other anogenital cancers, has been licensed. Another vaccine is in advanced clinical testing. The *Human papillomavirus and HPV vaccines: technical information for policy-makers and health professionals* is a document that provides key information on HPV, HPV-related diseases and HPV vaccines, and is intended to underpin the guidance note on HPV vaccine introduction, recently produced by WHO and the United Nations Population Fund (UNFPA).

To download the document please go to

http://www.who.int/reproductive-health/publications/hpvvaccines_techinfo/index.html

**Every year, 529 000
women and 5.7 million
newborns die, almost
all in the developing
world**

ACTIONS IN COUNTRIES

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**IMPROVING CARE OF
REPRODUCTIVE AGE
WOMEN WITH ANEMIA IN
UZBEKISTAN**

With the technical support of the USAID-funded ZdravPlus project (Uzbekistan), a multidisciplinary team of doctors, nurses and health managers in Ferghana Valley,

Uzbekistan implemented actions to improve the quality of care for patients with anemia. A quality improvement process was established, including implementation into practice of evidence-based clinical guidelines on anemia and application of continuous quality improvement measures.

System, clinical and population targeted changes were introduced to increase the rate of compliancy to evidence based standards for iron deficiency anemia and to enhance knowledge and proper behavior in regard to anemia among population. System changes included setting up a competent multilevel team which represented all structures of the healthcare system; development of clinical practice guidelines, standards and indicators for clinical service; introduction of a system of self-monitoring of auditable standards based on audit of documents; and institutionalization of the system of inputting the indicators into "Access" database system that allowed to create run charts for analysis. Clinical changes included regular calibration of hemoglobin (Hb) measuring devices to improve the accurate diagnosis of anemia; delivering of iron supplements by patronage nurses to reproductive age women and children at

home during weekly Anemia Day; training of providers in interpersonal communication which enabled them to more effectively counsel patients with anemia. Population targeted changes included development and use of booklets on anemia as patients education tools; "No place for Anemia" regional level media campaign; training of leaders of mahallya (community) and of school teachers to promote proper nutrition and knowledge about anemia; conduction of survey on population knowledge and behavior about anemia.

As result, correct prescription for Anemia has improved (from mean of 60% to 90%), has decreased the incidence of women diagnosed with Anemia (from mean of 80% to 50%), and effective treatment of Anemia has improved (from mean of 35% to 60%).

To know more about other related results of the project, lessons learned, barriers and next steps please contact Nilufar Rakhmanova, Quality Improvement Specialist, Tel.: +998711692211 Email: nilufar@zdravplus.uz

WHO COLLABORATING CENTRE IN MOLDOVA: STUDY TOUR OF DELEGATIONS FROM TURKMENISTAN AND TAJIKISTAN

MoH Tajikistan and MoH Turkmenistan with the support of UNFPA TJK and TKM had a study tour to Moldova to learn Moldova' experience in Reproductive Health Strategy implementation and to learn implementation of the best practices in the field of Beyond the Numbers: reviewing maternal deaths and complications/Making Pregnancy Safer initiatives.

The visit took place on June 11-16, 2007. Delegations had the opportunity to observe two near miss audit meetings in Municipal Perinatal Centre, and Balti Perinatal Centre. In addition, interactive discussions were held about the process of implementation of new forms of maternal deaths and severe obstetric complications audit, and relevant tools were shared in electronic format with visitors. The relevance of this experience is great for countries in the Region. In TJK, for example, it was agreed to start

implementation of the BTN initiative after the BTN national workshop, which was conducted in Dushanbe last year in cooperation between the UNFPA and WHO. Since then, the national team on implementation of BTN was set up and the main activities on the matter were agreed with the MOH.

Visitors were also interested in practices in the Municipal Perinatal Centre, Chisinau that lead to dramatic and stable decrease of perinatal mortality in this hospital over last years. They had the opportunity to visit the hospital, and to have lively discussions with management. As suggested by the Director of the Perinatal Centre, Dr. Dondiuc, among biggest changes that occurred last years and contributed to the decrease of perinatal mortality were new practices on caring low-birth weight babies, and implementation of clinical management protocols.

To make reproductive health services more accessible to the population, in Moldova there are currently efforts made to integrate them into Primary Health Care services. To learn how this is done, visitors came to the Medical University Clinic, a territorial Medical

Association, “Dalila” Women’s Health Center, Family Doctors centre “ProSan”, National Reproductive Health and Medical Genetics Center. UNICEF Moldova’ experience in the implementation of the Early Child Development programme was also highly appreciated by guests.

To learn more about this visit, please contact Tatiana Buzdugan, UNFPA Moldova tatiana.buzdugan@un.md

To learn more about local context and practices conducive to perinatal mortality reduction please contact Iurie Dondiuc, Director Municipal Perinatal Centre, Chisinau iurie_dondiuc@yahoo.com

To learn more about UNICEF Moldova’ positive experience in the implementation of the Early Child Development programme please contact Lilia Jelamschi, UNICEF Moldova ljelamschi@unicef.org

To organize a study tour in Moldova of providers from your country please contact Petru Stratulat, Director WHO Collaborating Centre perinat@mtc.md

INCREASE ACCESS AND QUALITY OF SAFE ABORTION SERVICES IN MOLDOVA – THE DRAFT OF A NEW REGULATION OF MINISTRY OF HEALTH IS READY

In 2006, a new order of Ministry of Health (MoH) of Moldova was issued regarding first trimester abortion. This order replaced the old regulation, but excluded second trimester abortion which is seen as serious limitation of access to safe abortion services. MoH set up a working group to update the document based on best practices. During the process of development of the draft document, working group members encountered difficulties in relation with a number of very sensitive issues around termination, and studied evidences and practices from other countries. For instance, are there unanimity in indications to pregnancy termination between 22 and 28 weeks? Apart of medical conditions, what are the social indications to do so? What is the upper limit under medical or social grounds to accept pregnancy termination? Are late termination accounted into perinatal mortality? As result of the search made, the working group found that the regulation of

pregnancy termination between 22 and 28 weeks is a controversial topic in many countries, but in some of them (i.e.UK) the law is fairly clear. In UK, after 24 weeks, termination is allowed only if there is a substantial risk of severe handicap to the baby. However, there is no list of specific conditions and it is left up to individual doctors to decide what “substantial” and “severe” really mean. The upper limit under these grounds is not defined so they can allow pregnancy to be terminated by feticide up to 40 weeks if there is a fetal abnormality. In practice, termination on “social grounds” between 18 and 24 weeks is carried out only in a few private hospitals, but it is legal in the UK.

In England and Wales, perinatal mortality includes stillbirths from 24 weeks’ gestation onwards. However, the notification of deaths between 22 and 24 weeks is required, which is called “Late fetal loss”. The figures for Late fetal loss are published in the UK Confidential Enquiry into Stillbirths. and Deaths in Infancy (CESDI) reports but are not counted in the official perinatal mortality rate. The guidance from the RCOG emphasises that “legal abortion must not be allowed to result in a live

birth”, and recommends feticide in late abortion.

On May 11, 2007 a OB&Gyn Society of Moldova meeting took place with the aim to discuss the draft order of MoH on abortion regulation, and build consensus around sensitive issues. The draft document was shared with society members, and during the meeting presentation was made on main changes comparing with previous version of the regulation, and evidences behind those changes.

Currently the draft order is under final review. To know more about this document, please contact Dr. Rodica Comendant, rovisei@hotmail.com

Almost all WHO new materials concerning Maternal and Child Health are available online. We encourage you to visit our web sites http://www.who.int/reproductive-health/publications/maternal_newbom.en.html

and

<http://www.who.int/child-adolescent-health/publications/pubIMCL.htm>