

# SOGON



SOCIETY OF GYNAECOLOGY AND  
OBSTETRICS OF NIGERIA

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## 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)

PROMOTING UNIVERSAL  
ACCESS TO MATERNAL AND  
NEWBORN HEALTH

Proceedings of the  
45th Scientific Conference and Annual  
General Meeting of the Society of  
Gynaecology and Obstetrics of Nigeria  
(SOGON) "Èbá Odan 2011"



PROMOTING UNIVERSAL  
**ACCESS TO MATERNAL &  
NEWBORN HEALTH**

Proceedings of the 45th Scientific Conference & Annual  
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"SOGON Èbá Ọdàn 2011"

**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

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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<sup>1,2</sup>. In addition, she designed composite measures of indices to compare countries and it has since been leveraged to measure level of development<sup>1,2,3</sup>. One of such is the Millennium Development Goals (MDG), which measures specific key indicators of HDI including maternal and newborn health<sup>1</sup>. 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<sup>4</sup>. 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<sup>5</sup>. 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<sup>6,7</sup>. Recently, the Federal Government of Nigeria has made 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<sup>8</sup>. 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%<sup>9</sup>. 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<sup>9</sup>. 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<sup>9</sup>. 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<sup>10</sup>. 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 transitioned 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 45<sup>th</sup> 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 21<sup>st</sup> 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.

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