

L01**PERINATAL PROBLEMS IN DEVELOPED AND DEVELOPING COUNTRIES - UNACCEPTABLE DIFFERENCES**

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Every year approximately 600 000 women die of pregnancy-related causes - 98% of these deaths occur in developing countries. Complications of pregnancy and childbirth are the leading cause of death and disability among women of reproductive age in developing countries. Of all human development indicators, the maternal mortality ratio shows the greatest discrepancy between developed and developing countries. In fact maternal mortality itself contributes to underdevelopment, because of its severe impact on the lives of young children, the family and society in general. Furthermore, in addition to more than half million maternal deaths each year 7 million perinatal deaths are recorded and 8 million infants die during the first year of life.

Maternal morbidity and mortality as well as perinatal mortality can be reduced through synergistic effect of combined interventions, without first attaining high levels of economic development. These include: education for all; universal childbirth; access to family planning services; attendance at birth by professional health workers and access to good quality care in case of complications; and policies that raise women's social and economic status, and their access to properly, as well as the labor force.

L02**REDUCTION IN MORTALITY NEEDS A BIT MORE THAN THE SCIENCE OF PERINATOLOGY**

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High Perinatal losses at regular intervals, which are taken for granted, are to my mind an acceptance of 'terrorism' since it is the deprived and handicapped world which suffers without receiving the required attention and management. The modus operandi to deal with the problem may vary in different regions but can be translated and applied to similar situations to reduce the magnitude of the crisis.

Thus Bangladesh provides a classic example of Government's will, direction from Obstetricians and the importance of partners while reducing neonatal mortality due to Tetanus.

It is an extremely difficult task to interfere with ongoing traditions, as distinctly learnt from for neonate's cord cutting at birth in Cochabamba, Bolivia.

A pregnant mother from a developing country is 30 times more likely to die than a mother from a developed country and her newborn faces the same risk of mortality. Therefore, it is education and education alone that is the ultimate solution as shown by few countries.

Thus, attention and plans needed to be orchestrated and acted upon to reduce perinatal losses are beyond the science of perinatology.

L04**NEONATAL CARE AND TRAINING SERVICES BY THE MINISTRY OF HEALTH IN TURKEY**

Dilek Haznedaroğlu, *Md. Phd. Head of Child and Adolescent Health, Ministry of Health*

There are important problems regarding mother and child health in our country. The infant mortality rate which is an important health indicator is 33 per thousand (SIS 2001). As postneonatal deaths began to decrease due to immunisation, oral rehydration therapy and promotion of breast feeding activities; neonatal deaths have emerged more. 63 percent of infant deaths are due to neonatal deaths. Neonatal death rate is 25.8 per thousand, postneonatal death rate is 16.9 per thousand. 44.3 percent of neonatal deaths occur on the first day of life.

Using available information and strategies, different programmes are being implemented to reduce the problems. Some of the programmes regarding perinatal and neonatal health are:

- Safe Motherhood and Reproductive Health Programme
- Improvement of Family Health Project
- Promotion of Breast Feeding and Baby Friendly Hospital Initiative Programme
- Prevention of Genetic Diseases Programme
- Prevention of Perinatal and Neonatal Deaths Programme
- Neonatal resuscitation Programme

As part of neonatal care, early initiating breast feeding has been widespread in our country. Asphyxia seems to be the most fundamental neonatal problem and neonatal resuscitation can be required in the health institutions without specific experience on this issue. Intervention to a baby with asphyxia in the first few minutes of life can have a lifelong effect.

Neonatal Resuscitation Programme targets "every one in the delivery room". The Neonatal Resuscitation Programme context not only includes training activities, but also the improvement of delivery room conditions in order to receive maximum benefit from the training.

134 (Neonatal Resuscitation) NR providers and 24 NR trainers training courses were held since 1998 when the national expansion of the programme began, till the end of 2001. 40 NR providers, six NR trainers training courses were conducted in the first six months of 2002 (January-June).

L6

REMOTE TEACHING IN ULTRASOUND IN OBSTETRICS AND GYNECOLOGY USING NIT

Yves Ville, Marcel Spector, *Université Paris 5, France*

Background: The Tunisian society of Obstetrics and Gynecology joined the French National Diploma of US in obs & gyne to allow 100 obstetricians to benefit from 100 hours of theoretical teaching from 50 teachers while the original course was organised in Poissy France.

Methods:

1. Real time using a satellite technology encoded at 300 Kbps and lend by the CNES (France) fed via IP and transmitting to Tunis
2. Video-recordings of the lectures and powerpoint presentations sent to Tunis one week in advance and shown in Tunis with visio-conferencing with a group of French specialist at the end of each session.

Results:

1. realtime teaching was indeed the preferred mode of teaching. However both costs of transmission and constraints on both sides were heavy.
2. The two-step approach was acceptable and cheap. However the fine tuning of the projections was sub-optimal.

Conclusion: The most logical approach, accounting for these results seems to be a rich-media presentation with targetted visioconferencing at the end of each important session.

L10

ANTENATAL CARE AND SAFER MOTHERHOOD – UNICEF VIEW

Edmond McLoughney, *Unicef Representative in Turkey*

Insufficient maternal care during pregnancy and delivery is largely responsible for the appalling annual toll of 515,000 maternal deaths and the estimated 8 million infant deaths (over half of them foetal deaths) that occur either just before or during delivery or in the first week of life. During the pregnancy, regular contact with a doctor, nurse or midwife allows health personnel to manage the pregnancy; immunize the