

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. Asfixia 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

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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

mother-to-be against tetanus to protect her and her infant; promote good nutrition, hygiene and rest; and detect potential complications making it advisable to give birth in a health facility equipped to handle high-risk deliveries and aftercare. The World Health Organization (WHO) recommend a minimum of four antenatal visits. Labour and delivery, too, should be supervised by doctors, midwives or nurses with the midwifery skills to handle normal deliveries safely and recognize the onset of complications beyond their capacity to handle, referring the mother for emergency care.

Women are most in need of skilled care during delivery and the immediate postpartum period when roughly three quarters of all maternal deaths occur. Traditional birth attendants trained or untrained, can neither predict nor cope with serious complications. The single most critical intervention for safe motherhood is thus to ensure that a competent health worker with midwifery skills is present at every birth, and transport is available to a referral facility for obstetric care in case of emergency.

Maternal care rates tend to be low, and maternal mortality rates high, in countries where women have low status, and also in areas with poor access to routine health services in general. Vast disparities persist in maternal health coverage between the industrialized and developing countries; rich and poor; urban and rural; educated and uneducated. All women should have access to basic maternity care, through a continuum of services offering quality antenatal care, clean and safe delivery, and postpartum care for mother and infant, with a functioning referral system linking the whole.

L11

THE ROLE OF NURSE/MIDWIFE IN PERINATAL MEDICINE

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Perinatal health care comprises care, education, consultation, practice and research which aim the physical, psycho-social harmony and well being of the pregnant, lying-in woman and the newborn together with the family. It is multidisciplinary service area in contemporary medicine and can be widened to professions like doctor, nurse/midwife, psychologist, biologist, social service specialist, genetic consultant, dietitian and physiotherapist.

Basic problems in perinatal medicine

- The Controlling of prolificacy
- The genetical and medical conditions for the healthy beginning to life
- The observation and management of the pregnancy and birth
- The care of the mother and the newborn in the post partum period
- The improvement of the demographic, economic and educational performances

The problems faced in perinatal medicine in Turkey when the official performance and research results are inspected (TNSA 1998, UNICEF 2001)

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| • The number of women who don't want another child | 70% |
| • The rate of unwanted pregnancies | 19% |
| • The rate of contraceptives among married women | 64% |
| • The use of effective contraception | 37% |
| • The use of Withdrawal | 24% |
| • The rate of total prolificacy | 2.6% |
| • The rate of population growth | 1.47% |

• Maternal Mortality Rate (MMR) has fallen to 42.2% in a hundred thousand 30% bleedings, 15.5% toxemia, 9.6% infections, 4% complications of abortus.

• Infant Mortality Rate (IMR) has fallen to 38 in a thousand.

• Death under the age of 5 is 48 in a thousand (Turkey is in the 77 th place in the world)

The Targets of "Health to Everybody in Turkey" (Ministry of Health 2001)