

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)

Until 2020

- To decrease (IMR) below 20 in a thousand
- To decrease death under the age of 1 below 30 in a thousand
- To decrease LBW rate by 20%
- To increase antenatal care to 100%
- To decrease (MMR) by 50%
- To increase effective use of contraceptives to 70%

When the perinatal problems in Turkey are investigated, it can be seen that is possible to overcome the problems and the aims are possible to be reached. In solving these problems the personnel having the most effective role are the nurses and midwives. The developed countries have carry out effective policies in the mother and child health since 1930's and have educated nurses and midwives.

Parallel to the changes and trends in general health care in the 21 th century the role of nurses and midwives have changed and widened. It was wanted from the nurses and midwives, who will plays a key role in perinatal medicine in the modern health care, to be specialised, to gain the abilities to critical thinking, to give desicions and the solve problems. The care plans are being applied according to the standarts developed and an influence is given to the quality control and accreditation studies.

increased McInoney defended that the nurse practitioners were useful in chronic illnesses, search of physical health, specialised care, counselling, research, care of newborn and rehabilitation

The problem is related to the distribution of the doctors, nurses and midwives among the regions, being unbalanced in Turkey more then the insufficiency in the number of the health associations and the health personnel. The characteristics of the cities and provinces are not being taken in consideration for the distribution

## L13

### **PREVALENCE AND DETERMINANTS OF ANEMIA AND IRON DEFICIENCY: AMONG JORDANIAN WOMEN 15-49 YEARS OF AGE: A NATIONAL STUDY**

**Abdel Wahed, Jordan**

#### Introduction :

Anaemia affects over 2 billion people worldwide, causing tiredness, poor quality of life and low productivity. Over half the pregnant women in the world are vulnerable to these consequences because they are anemic. The consequences of anemia can be devastating in pregnant women. It can result in maternal mortality and stillbirth if Hemoglobin level is less than 7 gm/100ml. Moderate anemia (7-11 gm/100ml) can lead to stillbirth and low birth weight and maternal death if the pregnant woman suffered another maternal complication.

The Great majority (99%) of maternal deaths occur in developing countries. In response to the enormity of the problem, the Safe Motherhood initiative (SMI), an interagency effort to reduce maternal mortality and morbidity, was launched in 1987 in Nairobi. Its target is to reduce levels of maternal deaths by at least half by the year 2000 and to achieve substantial reduction in maternal morbidity.

#### Contribution of anemia to maternal mortality

A number of hospital-based and community-based studies that were carried out in developing countries have shown that anemia contributed from a low (4-5%) of maternal deaths in Senegal and Bangladesh to a high of 16% in Ambala, North India. Many other countries reported figures somewhere in the middle (about 9%).

#### Anemia sequelae

In pregnancy, severe anemia can lead to cardiac failure. Moderate anemia is associated with decreased maternal well being and contribute to maternal deaths from hemorrhage or infections. The sequelae of anemia are not limited to maternal complications but also contribute to perinatal morbidity and mortality by increasing the likelihood of intrauterine growth retardation and pre-term delivery.

The effects of anemia on maternal and perinatal mortality are largely preventable with appropriate treatment. However, in developing countries, there are as yet few MCH programs that successfully implemen-