

Editorial



Present issue of IJNS is dedicated to mothers and children, so let us talk about them.

World over, 5 lakh 29 thousand women are dying every year due to complications arising during pregnancy, child birth and in the post natal period and out of this, Indian women alone are one lakh and 36 thousand. Nearly five women die every hour during child birth in India. Our country accounts for around seventeen percent of the burden of global maternal deaths and the biggest cause of maternal deaths is post-partum haemorrhage. (WHO.2016).

If we look at the health of our children, the problem is even bleaker. In India, we have an unacceptable high death rate of children. Significant proportions of deaths occur at the infant/child stage. The IMR that was at 64.9/ 1000 live births in the year 2000 is still high at 41/1000 in the year 2015. Under-five mortality rate is 53/1000 in 2015. Neonatal mortality rate is 29/1000 in the year 2015 and 50% of all neonatal births occur in the first week of life. 25% of all neonatal deaths occur in the first 24 hours of life and most of these deaths are preventable.

Cause of concern in India is also the high Maternal Mortality Rate. MMR declined 16% in 2011-12 from 2007-09. It was 212 per 100,000 live births in 2007-09 to 178 in 2011-12. According to WHS 2016 (World Health Statistics), MMR in India is 168 / 100,000 live births. There is not much to celebrate with the decline in MMR as we are still far behind developed countries and even developing countries like Nepal and Bangladesh, which have surpassed us. India is far behind the target of 103 to be achieved by 2015 under UN mandated MDGs, we were nowhere near it. Such a drab situation! We need to address these burning issues.

Nurses and midwives' role in prevention of maternal morbidity and mortality cannot be underestimated. Mothers and children are always considered one unit because the health of mothers has negative or positive effect on the health of their children. Mother and the baby are connected throughout the pregnancy and thereafter till the time the child is independent of feeding and care. A lot of difference in the health of mothers and children is possible if we involve nurses and midwives at grass root, tertiary care as well as at policy making levels.

Midwifery has a pivotal, yet widely neglected, part to play in accelerating progress to end preventable mortality of women and children. Evidence (through scientific research) has concluded that 80% of maternal and newborn deaths, including stillbirths can be prevented if midwifery care is strengthened. A frequent view is that midwifery is about assisting childbirth. It is, but it is also much more than that. Midwifery is "skilled, knowledgeable, and compassionate care for childbearing women, newborn infants, and families across the continuum throughout pre-pregnancy, pregnancy, birth, post partum, and the early weeks of life". The services provided by midwives are best delivered not only in hospital settings but also in communities midwifery is not a vertical service offered as a narrow segment of the health system. Midwifery services are a core part of universal health coverage.

Initiating “midwife led- birthing centre along- side maternity units” in the hospitals to start with and later on, going for “independent midwife led-birthing centres” could be the best strategy. This, however, needs nation-wide debate because present day midwives in India have almost lost their midwifery skills needed for managing such birth centres, independently. Someone has rightly said, “Access to quality health care is a basic human right. Greater investment in midwifery is a key to making this right a reality for women everywhere.”

Research can also play a big role in improving the health status of women and children. Research fills knowledge gaps and generates evidence that has ownership, innovation, greater relevance and potential for a more sustained impact. This would apply to reducing maternal and infant mortality and morbidity. Health Policy and Systems Research needs to be taken up by nurses and midwives that would include governance and management of health systems; manpower and practices; community engagement and behaviour change. Research also could be taken up to develop new interventions, new practices and new approaches for implementation.

Research, today, needs to be focussed to address plans and strategies to improve existing interventions, making them more easily administered and acceptable to both health workers and end-users; more cost-effective; and easier to implement for sustainable practice.