

EDITORIAL

Towards safe motherhood in Malaysia

Pregnancy is a normal physiological event which is only rarely complicated by pathologic processes that may be considered dangerous to the health of the mother and fetus. However, it must be realised that even a normal pregnancy may so alter the pregnant woman's physiological mechanisms – alterations that are necessary to accommodate the needs of the mother or fetus – that a hazard to one or both may result. It is thus important for those taking care of pregnancy patients – the traditional midwife, Govt. trained midwife/nurses and doctors alike – to be familiar with the normal changes that occur during pregnancy, so that significant abnormalities, if any, can be recognised early and their effects minimised.

Antenatal care was first introduced to medicine in the first decade of this century. No one will doubt that it has brought immense benefits to women and their children. The purpose of antenatal care is to ensure, as far as possible, an uncomplicated pregnancy for the mother and the safe delivery of a live, healthy infant. Early attendance has always been stressed as an important element of ante-natal care, preferably in the first trimester. Such visits will allow early records of blood pressure, weight, haemoglobin and cardiac status, in case these should alter abnormally in later pregnancy. At such early visits too advice against exposure to pelvic X-rays or the taking of certain drugs in early pregnancy can be given. This is ideal; but, even in the UK¹ only 15% are booked before 9 weeks. Late booking is even more prevalent in Malaysia.

The principal aim of antenatal care should be the identification and treatment of 'high-risk' patients – that is, those whose pregnancy, because of some factor in her medical and obstetric history or a significant development during pregnancy, is likely to have an unfavourable outcome.

Evidence from all over the world shows that the risk of maternal or infant illness and death is highest in four specific groups of patients:

- (1) pregnancies occurring before age 18
- (2) pregnancies occurring after age 35
- (3) those para four and above
- (4) pregnancies occurring less than two years apart

In other words, pregnancies can be considered 'high-risk' if they are "too young, too old, too many, too close". Reduction in the number of such high-risk pregnancies, through family planning, has substantially lowered mortality in many countries.

In Malaysia, in the immediate post-war period there were only one or two obstetricians for the whole country. Today, in practically every major town or city in the country there is at least one obstetrician. Maternal and Child Health Services, have similarly multiplied. The Maternal Mortality trends have shown a progressive decline for all ethnic groups and in all regions of Malaysia (a decline in the overall maternal mortality rate of 2.8 per thousand in 1957 to 0.3 per thousand in 1986). The infant mortality has similarly declined from a high of 75.5 per thousand in 1957 to 16.5 per thousand in 1986.²

A recent study³ in Malaysia revealed that the most important clinical causes of maternal death are, in descending order: haemorrhage, retained placenta, sepsis, pulmonary amniotic fluid embolism, eclampsia and cardiac disease. The identifiable risk factors are maternal age, multiparity, low patient acceptance of health facilities, poor transport, unsuitable location for delivery and unavailability of blood. The rural community on the whole fared worse than the urban community.

Malaysia is a nation rich in natural resources. There has been rapid increase in its economy, industrial and agricultural development, and her per capita income is relatively high for this region; yet our maternal mortality is still high compared to that in developed countries.

What then can we do to make pregnancy safe for mother and baby?

Further attention directed at the health of the rural community is essential. Refresher courses for traditional midwives, maternal and child health clinic staff and doctors in general will go a long way in creating an awareness on optimal antenatal care. Modern technology, such as ultrasound and cardiotocographs, have now become part of the obstetric armamentarium, and these have contributed greatly to improved antenatal and intrapartum care. But above all a good clinical approach is important.

If obstetric care is to reduce further fetal wastage and the incidence of malformation, women should be encouraged to attend preconception clinics. This new concept of pre-pregnancy care preparing both parents for childhood has evolved over the last decade. The proper assessment of possible reproductive problems allows parents a wider range of options before pregnancy than does a similar discussion taking place in early pregnancy. This is because by the end of the eighth week most of the anomalies that are going to affect the fetus and newborn are already present.

Probably much of pre-pregnancy care lies in the field of education and could best be dealt with at an earlier age than those seeking pregnancy, for example in schools. Pre-pregnancy health education would include diet, disadvantages of cigarette smoking^{4,5} and consumption of alcohol⁶ both to the male and female, the advantages of contraception and pregnancy spacing, the importance of proper prior control of medical ailments such as diabetes, and the effects of German Measles on pregnancy and the importance of immunisation against rubella. It is gratifying to note that such immunisation has already commenced in schools in this country recently. The Family Planning Clinics throughout the country and various other clinics could serve an additional role of pre-pregnancy advisory clinics.

Finally a National Committee on Confidential Enquiry into all maternal deaths in Malaysia should be set up to obtain a more accurate diagnosis of maternal mortality, identify the preventable factors and help improve maternal and child health.

With good pre-pregnancy, ante-natal, intra-partum and post-partum care, pregnancies can be expected to be safe for all mothers.

References

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