

President's Newsletter, June 2008

Dear Members:

In the month of June of the lunar calendar the Buddha was born from the right hip of his mother, another ectopic pregnancy which produced a healthy divine baby.



The Birth of Buddha

Sculpture slab excavated at Lorian Tangai, Peshawar District, and (now Pakistan). Photograph by Alexander Caddy, 1896. British Library, London, UK

In the VI Century B.C., at the foot of the snow-capped Himalayas of northern India (modern Nepal), in the prosperous city of Kapilavasthu, there lived Queen Maha Maya and King Suddhodana. The Queen, while observing religious vows, had a dream: a beautiful white elephant descended from heaven and entered her womb from the right side. Perplexed by this dream, both the Queen and the King summoned the Brahmin wise men to interpret its meaning. They predicted that a beautiful and powerful son had been conceived by the royal couple. If the child remained in the palace, he would become a Universal Monarch. But if he retired from royal life, he would become a Buddha, a fully-enlightened Awakened One.

According to custom, when the child's birth was imminent, the Queen prepared to return to her parents' home in the neighbouring kingdom. Early in the morning, the King sent soldiers to guard the Queen, along with courtiers and servants. She was carried in the royal palanquin in a long procession to her ancestral home. Passing the magnificent Lumbini Grove, with its majestic trees and scented flowers, the Queen decided to stroll through the shady walks and rest awhile. When she reached a giant Sal tree, she was suddenly seized with labour. Her attendants hung a curtain about her and retired. As the Queen stood and held a branch, she was surrounded by celestial music and other wondrous events while the gods Brahma and Indra took the child painlessly from her right hip. The Golden Child came into this world on the day of the full moon in the lunar month of June. Seven days later Queen Maya died. The king named the young prince "Siddhartha." As was predicted, he became a fully enlightened Buddha.

Two main considerations derive from the present story:

- 1) The development of obstetric analgesia
- 2) The state of the art in maternal death

One of "The Four Noble Truths" of Buddhism is liberation from life's suffering (dukka). It coincides well with the objective of medicine and, in fact, Buddhism has played an important role in the evolution of traditional Indian Medicine. The history of obstetric analgesia begins in Scotland in 1847: James Young Simpson, professor of midwifery at the University of Edinburgh, administered ether to a mother undergoing a difficult delivery. He first reported its use to the Medico-Surgical Society of Edinburgh. A few months later he published a second article in *The Lancet* describing the use of chloroform for obstetrics analgesia. The following year, Queen Victoria requested Professor Simpson to be in attendance of Her Majesty's parturition. The use of acupuncture for pain control in birth preparation and parturition first became popular in Asia. More recently (1970), it has been imported into Western medicine, along with a series of other alternative methods for reducing the pain of parturition.

Regarding maternal death, it is the major problem of women's health throughout the world. While we are all aware of the relevance of this problem, we have observed few changes since the beginning of the new Millennium. Maternal mortality rates still vary dramatically: from 1 (Island) or 4 (Austria) deaths per 100,000 live births to 2,000 deaths (Sierra Leone) per 100,000 live births.

Enclosed in the present newsletter, you will find a document jointly prepared by the Federation Internationale de Gynecologie et d'Obstetrique (FIGO), The Royal College of Obstetrics and Gynaecology (RCOG), and the European Board and College of Obstetrics Gynecology (EBCOG). It was used earlier this month by Mrs. Sarah Brown, wife of the Prime Minister of Great Britain, in an address given at a meeting of European Ministers.

It is time to work harder, all throughout the world on this topic: we all must do something to improve these records. **"Science in the Service of Women's Health"** is the SGI tag line and we have to give it our best effort.

Message from the Federation FIGO, RCOG and EBCOG

- Of 536,000 maternal deaths worldwide in 2005, 99% occurred in under resourced countries, mainly due to inadequate clinical services.
- In Africa, a women's lifetime risk of maternal death is 1 in 26 compared with 1 in 7,300 in the developed world.
- Annually, 15 million women suffer long-term complications from childbirth.
- 8 million perinatal deaths occur each year, many due to poor clinical infrastructure.
- Newborn infants, whose mothers die in childbirth, are 10 times more likely to die within the first two years' of life.
- The International Community promised a reduction in maternal mortality of 75% by 2015, so we have 7 years left for a dramatic improvement in maternal and infant outcome.
- Reduction in Maternal Mortality indicates progress and development of the Health System within an under resourced country.

We have to act now:

Objectives:

- As international organisations concerned with providing maternity care we must raise awareness of this catastrophic loss of life through our political systems both individually and collectively.
- Politicians everywhere need to be encouraged to support the healthcare needs of pregnant women and their children.
- We need to ensure that all pregnant women and newborn infants have access to good quality skilled birth attendance and essential obstetric care, during pregnancy, labour and the postnatal period.
- The International Community must commit a recurring and appropriate investment in global maternity services to establish infra structure and support teaching capacity for an additional 4 million healthcare workers.

What we should do individually:

Communicate individually with politicians before July 2008 (those in Europe, please focus on the European parliamentarians) to raise awareness of the need to reduce maternal deaths and provide solutions. More demographic data and statistics can be found on the WHO website at <http://www.who.int/research/en/>

Global decisions that influence maternal and infant welfare will be made in Tokyo in July and New York in September 2008.

What should we do as Professional Organisations?

Be bold as Professional Leaders and speak with a unified voice on the health needs of mothers and their newborn infants.

Plan and develop strategies that will train and sustain an increase in skilled birth attendance, with improved availability and quality of essential obstetric care in facilities, staffed by well educated and qualified staff.

Sincerely,



Felice Petraglia, M.D.
2008-2009 President