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## International News

### International News – August 2017

Elizabeth Duff (International News Editor)

#### The next generation to parent: investing in adolescents could prevent unwanted pregnancies and bring economic benefits

Improving the physical, mental and sexual health of adolescents, at the cost of US\$4.6 per person per year, could bring a 10-fold economic benefit, avert 12 million adolescent deaths and prevent more than 30 million unwanted pregnancies in adolescents.

In findings published in *The Lancet*, the study shows that programmes to reduce child marriage, at US\$3.8 per person, had a 5.7-fold return on investment and could cut child marriage by around a third.

“Some of the best investments in adolescent health and wellbeing lie outside the health sector – tackling child marriage and improving education. The economic and social impacts of investments in adolescent health and wellbeing are high by any standards, and are among the best investments that the global community can make to achieve the UN’s Sustainable Development Goals” said Professor Peter Sheehan, Victoria University, Australia.

The study was led by authors from Victoria University, the University of Melbourne (Australia) and UNFPA, the United Nations Populations Fund. It builds on the 2016 *The Lancet* Commission on Adolescent Health and Wellbeing, which highlighted the need for investment in adolescent health.

In the analysis, the authors calculate the economic and social impact of health interventions aimed at improving maternal, newborn and reproductive health services, improved access to treatments for HIV/AIDS, malaria, depression, alcohol dependence and epilepsy, and expansion of HPV vaccinations. They also calculate the impact of programmes to reduce child marriage and interpersonal violence. Education programmes analysed in the study include those aimed at reducing drop-out, providing free school uniforms, better teaching methods and computer, radio and TV assisted learning.

“Investing in young people is in everyone’s interest,” says UNFPA Executive Director, Professor Babatunde Osotimehin. “A small investment in empowering and protecting the world’s over a billion adolescents can bring a ten-fold return, or sometimes even more. Our pioneering research must now be seen by policy makers, and used to chart the way forward.”

The total cost to 2030 of all the interventions studied, except those for education, is estimated at \$524 billion, equivalent to \$6.7 per person per year. Overall, the total annual investment across all

programmes amounts to 0.20% of the global Gross Domestic Product.

“There are 1.2 billion 10- to 19-year-olds in the world today. Investments to transform health, education, family and legal systems will help improve their physical, cognitive, social, and emotional capabilities. This will generate a triple dividend reducing death and disability in adolescents, promote health and productivity across the life-course, and because this is the next generation to parent, provide the best possible start to life for the generation to come. This generation of young people can transform all our futures. There is no more pressing task in global health than ensuring they have the resources to do so,” says Professor George Patton, co-author from the University of Melbourne.

While the evidence base for the cost and impact of interventions in sexual, reproductive, maternal and child health is strong, there is still a great need for research on many interventions to improve adolescent health. The authors have therefore taken a conservative approach to analysis.

*Sheehan P et al. Building the foundations for sustainable development: a case for global investment in the capabilities of adolescents. The Lancet. DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)30872-3](http://dx.doi.org/10.1016/S0140-6736(17)30872-3).*

#### ‘A Midwife Like Me’

On the International Day of the Midwife (IDM), ICM celebrated the vital role midwives play in supporting women around the world through their pregnancy and childbirth. In many parts of the world however, there is an increased medicalisation of pregnancy and childbirth, with some women experiencing unnecessary treatments and procedures that can have negative effects on both the mother and child. Most women can give birth without intervention under the care of experienced trained midwives.

A film – *A Midwife Like Me* – produced by Medical Aid Films in partnership with ICM and launched in the same week as IDM shows how dedicated and skilled midwives can help women have the best experience before, during and after child birth, encouraging them to make their own informed decisions around normal birth practice.

Voiced by Her Excellency Toyin Saraki, the film shows the incredible work which midwives across Sub-Saharan Africa, Europe and Southeast Asia, are doing to inform and empower women and

families across the world.

Her Excellence Toyin Saraki, Founder and President of The Wellbeing Foundation Africa and long term advocate of maternal and child health, said “*I am tremendously grateful to be part of this video as the Global Goodwill Ambassador for ICM. Midwives are at the heart of the solution for maternal and newborn healthcare. They are the first hands and eyes to hold and see our babies. We must champion them; equip them and train them, for better health outcomes internationally*”.

“*This video will be a good advocacy tool and another opportunity to raise the profile of midwives and the wonderful work they do in promoting and protecting normal birth and providing safe and competent midwifery care. Well educated, supported and equipped midwives not only support women to deliver their babies but also prevent complications, save lives and promote health to entire families and communities*” said Sally Pairman, Chief Executive of the International Confederation of Midwives.

The film is also available in French and Spanish.

<http://internationalmidwives.org/news/?nid=412>.

### **FIGO introduces an important new resource for Safer Motherhood**

In May 2017, the educational platform at the International Federation of Gynecology & Obstetrics (FIGO), The Global Library of Women’s Medicine, made available a unique Safer Motherhood ‘app’; it is entirely free of charge and FIGO hopes it will be genuinely helpful in supporting healthcare professionals in their care of women throughout pregnancy and childbirth.

It has been extensively tested and evaluated, and is fundamentally different from anything else currently available. FIGO describes it as a sophisticated mobile-based programme that is interactive and that can be constantly updated.

Importantly, it can also be adapted locally by individual FIGO Member Societies to feature local protocols and other relevant materials, should they wish to adopt this option.

Since its recent launch anyone, anywhere, can download the app free to their mobile phone or tablet, and always have expert guidance on managing obstetric emergencies instantly available.

Key features include:

- A wide range of short skills videos and clinical animations with voice commentary
- Expert and visual guidance on managing most aspects of pregnancy and childbirth
- Once downloaded, these resources can be instantly accessed anytime, even when no phone connectivity is available
- Updates and new resources will be offered regularly

In addition, there is a unique option that allows midwives and doctors to store patient records *securely* and to share them with their clinic

To review the app, to see exactly how it works -without even needing to download it -click on the link below.

[http://www.glowm.com/resources/glowm\\_www/mobile/mother.app/mother.welcome.html](http://www.glowm.com/resources/glowm_www/mobile/mother.app/mother.welcome.html)

### **Study on tranexamic acid confirms benefits of use in women with post-partum haemorrhage**

A large trial carried out by the ‘WOMAN’ study group of collaborators - 193 hospitals in 21 countries - concluded that the administration of tranexamic acid to women with post-partum haemorrhage (PPH) reduces deaths due to bleeding and laparotomy to control bleeding with no evidence of any adverse effects or complications. When given soon after the birth, tranexamic acid reduces death due to bleeding by nearly one third.

The authors also suggest that if tranexamic acid is used in the treatment of PPH it should be given soon after the onset of haemorrhage alongside uterotonics. This is in contrast to current WHO guidelines that recommend use of tranexamic acid ‘if uterotonics fail to stop the bleeding’.

Over 20,000 women were enrolled between March 2010 and April 2016 and randomly assigned to receive tranexamic acid ( $n=10,051$ ) or placebo ( $n=10,009$ ), of whom 10,036 and 9985, respectively, were included in the analysis.

Numbers of women subsequently requiring hysterectomy were not reduced in the tranexamic acid group.

*Shakur H et al for the WOMAN Trial Collaborators. Effect of early tranexamic acid administration on mortality, hysterectomy, and other morbidities in women with post-partum haemorrhage (WOMAN): an international, randomised, double-blind, placebo-controlled trial. The Lancet. DOI: [http://dx.doi.org/10.1016/S0140-6736\(17\)30638-4](http://dx.doi.org/10.1016/S0140-6736(17)30638-4)*

### **Women in Texas, USA, die of pregnancy-related complications at a rate exceeding that of any other developed country in the world**

In Texas, the state’s Maternal Mortality and Morbidity Task Force identified that, in addition to known complication contributors such as heart problems and high blood pressure, other leading causes of maternal death were suicide and drug overdose.

Black women continued to be at significantly higher risk for maternal death – a statistic that, while unexplained, remains consistent at both state and national levels.

A lead researcher also cited inconsistency in the quality of death investigations as an issue, and recommended that lawmakers create a statewide protocol for maternal death reporting.

The news feature highlighted on the Texas Public Radio site in May 2017 referred to an academic study published in *Obstetrics & Gynecology* the previous year entitled ‘Recent Increases in the US Maternal Mortality Rate: Disentangling Trends From Measurement Issues’. These authors – Marian MacDorman, Eugene Declercq and colleagues - found that the estimated maternal mortality rate (per 100,000 live births) for 48 states and Washington, DC, increased by 26.6%, from 18.8 in 2000 to 23.8 in 2014. There was considerable variation among states, for example, California showed a declining trend, whereas Texas had a sudden increase in 2011–2012. Analysis of the measurement change suggests that US rates in the early 2000s were higher than previously reported.

Despite the United Nations Millennium Development Goal for a 75% reduction in maternal mortality by 2015, the estimated maternal mortality rate for 48 states and Washington, DC, *increased* from 2000 to 2014; the international trend was in the opposite direction.

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