



CONTEMPORARY ISSUES IN WOMEN'S HEALTH

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The editors of Contemporary Issues in Women's Health solicit reporters and correspondents from throughout the world to make contributions to this section. Please feel free to email or otherwise contact Professor Timothy Johnson at trbj@umich.edu or Professor S. Arulkumaran at s.arulkumaran@sghms.ac.uk if you have reports or items that you would like to have included. We would be happy to attribute the items to those reporters and correspondents who give permission in their transmittal. Otherwise, we will share those reports that we think are of the greatest interest to our readership without attribution.

WHO Launches Maternal Mortality Campaign

In October 2004, the World Health Organization (WHO) and the Partnership for Safe Motherhood and Newborn Health launched a global campaign to cut maternal mortality, and have already begun training health staff in high-risk areas. With each passing minute, at least one woman will die in childbirth in the developing world. The changes required to

reduce this death toll are wide ranging, from training skilled birth attendants to the basic issue of recording the cause of a women's death. Currently, as much as 50% of maternal deaths may not be reported, say the WHO. "If dead women are not even counted, then it seems they do not count. We have an invisible epidemic," said Joy Phumaphl, the WHO's assistant director-general on Family and Community Health. As well as training health staff, the WHO will distribute a new manual to health planners and providers, called *Beyond the Numbers—Reviewing maternal deaths and complications to make pregnancy safer*. The manual outlines effective and affordable methods to avoid maternal mortality that are feasible for even the poorest of settings. Healthcare planners will also be trained in the use of five key methods to gather information on maternal mortality, such as health facility-based reviews on which to base further actions.

Gynecologists at Benin Conference Discuss High Maternal Mortality Rate in Africa

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More than 500 gynecologists from around the world gathered in December 2004 in Cotonou, Benin,

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for a 3-day seminar organized by the African Society of Gynecology and Obstetrics to discuss the "extremely high rate" of maternal mortality in Africa, AgenceFrancePresse (AFP)/Washington Times reports. African nations have the highest rates of childbirth-related death in the world, and women in sub-Saharan Africa have a 1-in-13 chance of dying during pregnancy or childbirth, compared with a 1-in-4000 chance of maternal mortality in developed countries, according to UNICEF. Poor hygiene and infectious disease control and a lack of access to proper obstetrical, prenatal and post-natal care and family planning all contribute to the region's high maternal mortality rate in Africa, according to experts. The United Nations estimates that more than half of women in developing countries give birth without the aid of trained physicians or midwives, according to AFP/Times. As part of the Millennium Development Goals set by the United Nations and other international organizations in 2000, countries pledged to reduce maternal mortality by 75% between 1990 and 2015, but most African nations are "far behind the target," according to AFP/Times (AFP/Washington Times, 12/16). The World Health Organization in September launched a training campaign to help reduce the number of childbirth- and abortion-related deaths among women in developing countries. WHO attributed the crisis in maternal mortality on unavailable, inaccessible or poor quality care, saying that most of the deaths—which are caused by hemorrhage, infections, hypertensive disorders, obstructive labor and unsafe abortion—are preventable, even in the poorest areas. The campaign, which involves more than 12 international and regional agencies, plans to focus on 20 high-priority countries (Kaiser Daily Reproductive Health Report, 9/30).

Reference

http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=27294

Towards Unity for Health's (TUFH) Women and Health Taskforce

Towards Unity for Health's (TUFH) Women and Health Taskforce, comprised mainly of women's and reproductive health professionals working and teaching in low resource countries, has developed the "Women and Health Learning Package" (WHLP). The WHLP consists of training modules on contraception, abortion, gender, violence against women, female genital cutting (FGC) and other topics for implementation in order to incorporate

women's health and gender issues into medical and other health professions curricula. The Modules will be piloted in medical schools in 2004–2005.

The WHLP is available for free download at the following site:

http://www.the-networktufh.org/publications_resources/trainingmodules.asp

HIV/AIDS and STI Curriculum Materials for Program Managers, Trainers, and Providers

EngenderHealth has released a CD-ROM containing materials for program managers, trainers, and health care providers working in the field of HIV and AIDS. The CD is free of charge and has a complete set of training curricula along with other resources. The CD also has a series of self-instructional courses. The link is as follows: <http://www.engenderhealth.org>

What's New from IRH MedEd?

IRHMedEd is a new forum for people actively working in preservice medical and health education in international reproductive health (IRH). IRH-MedEd aims to strengthen the growing community of experts in this field by facilitating a global dialogue and creating an environment for exchanging lessons learned, sharing resources and ideas, solving individual and common problems, and advancing the field of IRH Medical Education. It is brought to you by the Reproductive Health Initiative of the American Medical Women's Association and the John Hopkins Bloomberg School of Public Health's Center for Communication Programs. To update your personal settings or unsubscribe, visit: <http://lists.infoforhealth.org/mailman/listinfo/irhmeded>

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An International Comparison of Women's Health Issues in the Philippines, Thailand, Malaysia, Canada, Hong Kong, and Singapore: The CIDA-SEAGEP Study (PubMed abstract)

This study aimed to identify and compare current gaps in surveillance, research, and programs and policies, and to predict trends of women's health issues in developing countries based on the experience of developed countries. The participating countries identified women's

health as an important issue, especially for reproductive health (developing countries) and senior's health (developed countries). Cancer, lack of physical activity, high blood pressure, diabetes, poverty, social support, caring role for family, and informing, educating, and empowering people about women's health issues were the main concerns.

Reference

http://www.ncbi.nlm.nih.gov/entrez/query.fcgi?cmd=Retrieve&db=pubmed&dopt=Abstract&list_uids=15578123

Courses for Medical Residents and Trainers in Turkey for Promotion of Quality of Reproductive Health Services: A Pilot Study

Reproductive Health Matters, Volume 12, Issue 24, November 2004, Pages 189–199 Nuray Yolsal, Selma Karabey, Ayen Bulut, Asya Topuzoglu, Suheyla Agkoc, Nazan Onoglu and Olcay Neyzi

In order to provide high quality services in reproductive health, training of health professionals is essential. In Turkey, a project for in-service training of medical residents was conducted in 2003 under the aegis of the Human Resources Development Foundation, the Turkish Ministry of Health and UNFPA. This article describes the content and results of the program.

Reference

<http://www.sciencedirect.com/science>

Cross-national analysis of a model of reproductive health in developing countries

Social Science Research, In Press, Corrected Proof, Available online 2 December 2004 Vijayan K. Pillai and Rashmi Gupta

The purpose of this paper is to propose a model of reproductive health at the cross-national level. It is argued that improvements in gender equality and levels of democracy are necessary and important for increasing reproductive health levels. Data from 129 developing countries are used to test the proposed model. Researchers found that as the level of democracy increases resulting in improvements in gender equality, the extent of personal rights improves. Furthermore, advances in personal rights increase the level of reproductive health.

Reference

<http://www.sciencedirect.com/science>

What's New from the Office of Women's Health at the Center for Disease Control

Below is what's new at the Center for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) regarding women's health-related information. This service is provided by the CDC/ATSDR Office of Women's Health. To subscribe, email owh@cdc.gov.

The State of Aging and Health in America, 2004

This report assesses the health status and health behaviors of U.S. adults aged 65 and older, and makes recommendations to improve the mental and physical health of all Americans in their later years. The report includes national- and state-based report cards that examine 15 key indicators of older adult health; calls to action linked to the 15 key indicators; a spotlight on physical activity; a spotlight on the nation's health-care workforce; and state examples that highlight how states are engaging in innovative efforts to improve the health and quality of life of older Americans.

Reference

http://www.cdc.gov/aging/pdf/State_of_Aging_and_Health_in_America_2004.pdf

The National Breast and Cervical Cancer Early Detection Program: Saving Lives Through Screening Fact Sheet

This new 2004–2005 fact sheet provides information on the national breast and cervical cancer program, CDC research and programs, and future directions.

Reference

<http://www.cdc.gov/cancer/nbccedp/bccpdfs/about2004.pdf>

Routine HIV Testing in Prenatal Care—Botswana, 2004

To assess the early impact of routine testing on HIV-test acceptance and rates of return for care, the CDC Global AIDS Program and the prevention of mother-to-child transmission of HIV program in Botswana evaluated routine prenatal HIV testing at four clinics in Francistown, the second largest city in Botswana, where HIV prevalence has been >40% since 1995. This report describes the results of that assessment, which indicated that, during February–April 2004, the first 3 months of routine testing, 314 (90.5%) of 347 pregnant women were

tested for HIV, compared with 381 (75.3%) of 506 women during October 2003–January 2004, the last 4 months of the opt-in testing period. However, many women who were tested never learned their HIV status because of logistical problems or not returning to the clinic.

Reference

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5346a2.htm>

The Atlas of Heart Disease and Stroke

The CDC collaborated with the World Health Organization to produce this atlas. The atlas addresses the global epidemic of heart disease and stroke in six sections: cardiovascular disease; risk factors; the burden; action; the future and the past; and world tables.

Reference

http://www.cdc.gov/cvh/announcements/cvd_atlas.htm

HIV/AIDS Among Hispanics

This updated fact sheet includes statistics (cumulative effects of HIV/AIDS, AIDS in 2002, HIV/AIDS in 2002) risk factors and barriers to prevention (poverty, denial, heterosexual risk, substance abuse, sexually transmitted diseases), prevention, and more.

Reference

<http://www.cdc.gov/hiv/pubs/facts/hispanic.htm>

Births to 10–14-Year-Old Mothers, 1990–1992

This report presents the number and rate of U.S. births for 10–14 year olds, for 1990–2002 by race and Hispanic origin and by State. Pregnancy risk factors and outcomes by selected maternal and infant characteristics are shown. In 2002, 7315 females aged 10–14 years delivered a live birth in 2002. The rate of births to 10–14 year olds was 0.7 per 1000 in 2002, half of the rate during 1989–1994. Large declines in young teenage childbearing were seen among all racial and ethnic subgroups, as well as almost all States. These young mothers were least likely to receive timely prenatal care compared with mothers of older age groups. Compared with infants of mothers aged 20–39 years, infants of the youngest mothers experienced almost twice the rates of preterm delivery (21.3%) and low birthweight (12.6%).

Reference

<http://www.cdc.gov/od/oc/media/pressrel/r041115.htm>

http://www.cdc.gov/nchs/data/nvsr/nvsr53/nvsr53_07.pdf

Improving the Health of Adolescents and Young Adults

This publication is designed to help guide state and local agencies and organizations through processes including community coalition-building, needs and assets assessment, priority-setting, and program planning, implementation and evaluation.

Reference

<http://www.cdc.gov/HealthyYouth/NationalInitiative/guide.htm>

Using Family History to Promote Health

This initiative is a coordinated effort of several agencies to increase American's awareness of the importance of family history, to provide accessible methods for easily obtaining an accurate family history, and to increase use of the family history in disease prevention and health promotion. Americans are encouraged to use a web-based tool to collect and record their family's health history and to share this information with their healthcare professional.

Reference

<http://www.hhs.gov/familyhistory/>
<http://www.cdc.gov/genomics/public/famhistMain.htm>

Awareness of Family Health History as a Risk Factor for Disease

To assess attitudes, knowledge, and practices of U.S. residents regarding their family health histories, CDC analyzed data from the 2004 HealthStyles Survey. This report summarizes the results of that analysis, which indicated that although 96.3% of survey respondents believe their family history is important for their own health, few have actively collected health information from their relatives to develop a family history. Women were slightly more likely than men to report that family history was very important to their own health; equal proportions of men and women considered family history somewhat important. Those who had collected a family health history were more likely to be female, previously or currently married, and to

have more than a high school education. Respondents with a personal history of type 2 diabetes were also more likely to have collected health information from their relatives.

Reference

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5344a5.htm>

Blood Mercury Levels: Young Children/Childbearing-Aged Women

To determine levels of total blood mercury (Hg) in childbearing-aged women and in children aged 1–5 years in the United States, CDC's National Health and Nutrition Examination Survey (NHANES) began measuring blood Hg levels in these populations in 1999. This report summarizes NHANES results for 1999–2002 and updates previously published information. The findings confirmed that blood Hg levels in young children and women of childbearing age usually are below levels of concern. However, approximately 6% of childbearing-aged women had levels at or above a reference dose, an estimated level assumed to be without appreciable harm (>5.8 $\mu\text{g/L}$). Women who are pregnant or who intend to become pregnant should follow federal and state advisories on consumption of fish.

Reference

<http://www.cdc.gov/mmwr/pdf/wk/mm5343.pdf>

Polymorphism, Maternal Multivitamin Use, and Heart Defects

This study evaluates an association between a gene other than methylenetetrahydrofolate

involved in the folate metabolic pathway. Although the findings were only 'suggestive' of an interaction between reduced folate carrier-1 genotype and perinatal folic acid intake in association with conotruncal heart defects, they further support the value of food fortification with folic acid and maternal periconceptional vitamin use.

Reference

<http://www.cdc.gov/genomics/hugenet/ejournal/RFC1.htm>

What's New from the Society for Women's Health Research

The Society's e-newsletter is a bimonthly electronic publication containing updates on the latest research findings in sex-based biology, news from Capitol Hill, Society activities, and other information relating to the biological differences between women and men. Visit the Society's web site at: <http://www.womenshealthresearch.org>

Women's Cardiac Troubles Often Misdiagnosed: Researchers Say Doctors Should Acknowledge Gender-Based Health Differences

December 1, 2004 (ABC News)

Misdiagnosis due to gender differences starts with early detection. The standard stress tests are less reliable on women, in part because estrogen levels can actually interfere with the electrical signals, making results more difficult to interpret. Visit <http://www.womenshealthresearch.org/news.htm>