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M. BARTON

OBS

+ GYNAE

Elective report

Paropakar Maternity and Women's Hospital

Thapathali, Kathmandu, Nepal



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1. *Describe the main challenges in women's health in Nepal and the reasons for the higher maternal mortality rate as compared to the UK.*

There are many factors that impact on the state of women's health in Nepal. To start with the wider context, Nepal is classed as a low development country according to the UN Human Development Index, ranking 157th out of 187 countries in the list and 102 out of 148 countries on the Gender Inequality Index (UNDP, 2012). A low GDP and competing development interests results in less individual and governmental spending on health compared to a country like the UK; indeed one of the first I noticed at Paropakar hospital was the scarcity of resources (e.g. washing and re-using of gloves and theatre drapes, only one CTG machine), despite which a high quality service is delivered.

Specifically in the area of women's health, according to the most recent report from various international organisations including WHO, the maternal mortality ratio in Nepal is 170 per 100,000 live births, compared to 12 in the UK, totalling 1200 maternal deaths a year in Nepal compared to 92 in the UK (WHO et al 2012). The top causes of maternal death in Nepal are haemorrhage and infection, followed by unsafe abortion (Bhandari and Dangal, 2012). There is clearly a large difference but it is notable that maternal mortality in Nepal has declined significantly over the past 15-20 years. Indeed, in 2012, Nepal was one of only 10 countries to have already met a major criterion of Millennium Development Goal 5, namely to reduce maternal mortality by 75% between 1990 and 2015 (Nepal had seen a reduction of 78%) (WHO et al 2012). A recent paper by Hussein et al (2011) analysed this trend and found that there had indeed been a statistically significant decrease in maternal mortality over this period. They considered various hypotheses for the cause but stated that major factors were likely to be the overall decline in fertility (the birth rate declined from 4.6 in 1996 to 3.1 in 2006), an overall improve in health, and societal trends. It seems that specialist obstetric services, such as those offered at Paropakar, have also made a difference, as the maternal mortality rate has declined at a rate faster than the overall mortality rate (Hussein et al, 2011).

In my limited experience as an elective student, maternal death is a rare occurrence at Paropakar hospital, with life-threatening complications such as PPH and eclampsia dealt with swiftly and effectively. Women in Kathmandu seem to almost exclusively give birth in hospital and most attend for their recommended antenatal check-ups. However, only 16% of the population live in urban areas (Hussein et al, 2011) and in the geographically varied terrain of the rural areas of Nepal, healthcare is sparse and can be difficult to access. Indeed, only 18.7% of deliveries nationally are attended by a health professional (Hussein et al, 2011) (though the reported figures vary) while at Paropakar this figure is 100% by definition.

2. *Describe how women's health services, particularly maternity services, are provided and the problems that women may face in accessing them.*

Maternity services can be divided into community services and specialist obstetric services based in hospitals (secondary or tertiary). Paropakar belongs to the latter category and offers a full gamut of services, from antenatal check-ups to a 24-hour emergency room, numerous inpatient beds, a high-risk labour room, birthing centre, and operating theatres. Women initially present to gynaecology outpatients for confirmation of pregnancy and then

coming. Nevertheless, I have been able to participate on some occasions and in a well-staffed tertiary hospital such as Paropakar there is actually little need for the involvement of students. Indeed, as someone effectively but not yet officially qualified, my responsibilities as an elective student are to learn from my hosts, to stay within my competencies, and to do no harm.

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