

Induction of 22nd President of PSSL

Highlights from Presidential Address 2023

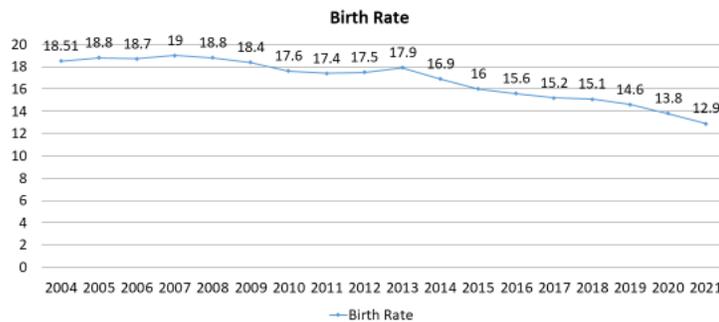
***Collective response for respectful perinatal care
Through
Governance, Clinical quality & parental understanding***



“It is important that the Government gives priority to preserve the maternal and child care components ensuring that the Sri Lankan population is preserved with a foundation to be healthy, productive and lead a reasonably happy family life.”



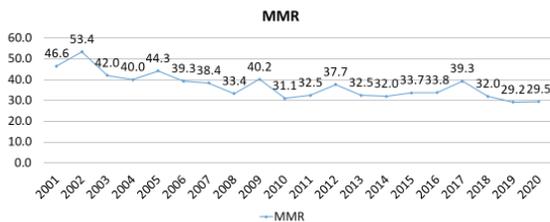
Birth rate(number of births per 1000 people) - 2000-2021



“ In Sri Lanka, mothers are having their first baby at increased age, number of births are reducing, mothers are more educated than before”

“The focus is gradually changing to the quality of outcomes whilst overall reducing preventable deaths”

Maternal Mortality ratio (number of maternal deaths in 100,000 live births) – 2000-2022



“It is possible to reduce maternal mortality rate, presently at 29.5 deaths per 100,000 live births by 50 % by 2030”. – Family Health Bureau

Whilst the plan should consider this reduction , It is equally important to know if our mothers had a good experience during the delivery of their baby,

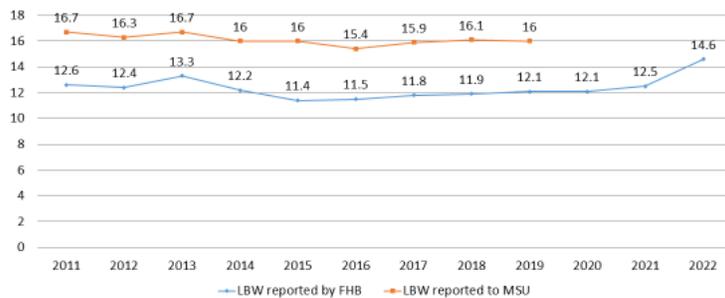
“Mothers should have a good birth experience”



“The path to a good birth experience is paved by adequate instruction, receiving pain relief, being treated with dignity, accommodating birth companion during the delivery, and avoiding unnecessary cesarean section”

“ Low birth weight is increasing in Sri Lanka”

Trends for Low birth weight in Sri Lanka (babies born below 2.5 kg as a percentage from all births) 2000-2022



“Financing for maternal and child health, is the foundation for health for Sri Lankans”.

“A well-functioning Health system considers six elements: Governance, Health care delivery organization, Medicines and other supplies, Human Resources, Health financing, Health Information systems”- WHO, 2007

The Framework I propose uses these elements and goes further to include empowerment which is parental understanding

The three pronged Health System levers

1. Improving parental understanding
2. Use of clinical guidelines that contribute to Quality care
3. Good Governance

These wheels are turned by different entities

Therefore it is a framework of working together in a more cohesive and strong way.

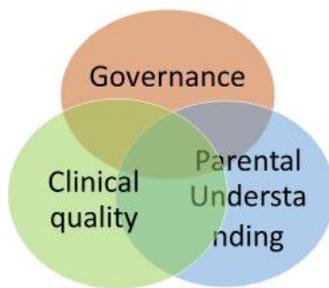
Hopes for 2023

1. By the end of this year we hope to propose a way forward to Family Health Bureau to improve the existing antenatal sessions conducted through the MOOHs at field level and in some of the hospitals through active involvement of our membership
2. We also hope to initiate a reflective practice on respectful care provided by the public health midwife through guiding them on reflective case study writing.
3. In selected hospitals we will also train nursing staff on research into audit practice, where they will be guided to focus on respectful care in maternity wards and neonatal units through audit practice. This is done to create gradually a culture for routine audit practice but also with a concern for respectful care. The lessons will be discussed with other professional colleges and with the National Program , Family Health Bureau
4. Low birth weight has many explanations to draw from and in the life cycle it is the cause and effect both of many other factors and outcomes. Even Non communicable diseases in later life are associated with low birth weight. A special subcommittee is working on this area leading to a joint symposium towards midyear. We hope to review enough evidence and strategic thinking to propose a way forward to reduce low birth weight which had been stagnant / has increased in recent.. The Family Health bureau is already exploring the use of Multiple Micronutrient supplementation for pregnant mothers with the assistance of the Unicef. The Perinatal Society can assist in further improving professional understanding envisaging a scale up into the national program
5. Seeking methods for rationalizing delivery by cesarean section for primis. Initial discussions are pointing to adopting a process indicator, where absolute indicator of Cesarean Section rate does not yield ways to improve decision making. I am sure we can work on this with the Sri Lanka College of Obstetricians and Gynecologists.
6. Proposing a short set of quality focused indicators for use in hospitals at different levels and the MOH system that can be mainstreamed through the Quality Secretariat through the family Health bureau. This would no doubt capture the appropriate use of clinical guidelines as well as how we can improve parental understanding and empower them.
7. Contribute to the review of Maternal and Child Health policy as a key stakeholder
8. Advocate for strengthening the legal framework for Therapeutic termination of pregnancy for lethal congenital abnormalities
9. Continue to support essential care needs to improve perinatal outcomes – last year through Dr Saman Kumaras leadership the Perinatal Society was able to make significant contribution to support essential care needs, this would be continued.

10. Integration of services for better perinatal outcomes into primary curative care – We intend to propose ways in which the primary care reforms can also accommodate and contribute to better perinatal outcomes.

Having said this the clock must continue to tick and we can together improve perinatal outcomes as we work stronger to turn these wheels.

From conceptual Framework to Action –
wheels in harmony make the clock keep ticking



Thank you

