

Book Review

Narrowing the Scope: *Maternity Care in Developing Countries*

The developing world is in dire need of books written by scholars working, teaching and doing research work in these countries. Most diseases are fairly universal in occurrence but their management is greatly influenced by dynamic cultural, geographical and economic circumstances. *Maternity Care in Developing Countries*¹, edited by the late Professor John Lawson, Professor Kelsy Harrison and Professor Staffan Bergstrom and published by the Royal College of Obstetricians and Gynaecologists' [RCOG] Press in 2001, attempts to meet the needs of the Obstetrician/Gynaecologist struggling to provide wholesome maternity care in a disadvantaged environment for a manual that he can refer to in addressing the peculiar circumstances that confront him/her in practice.

One is not totally comfortable with the change in title (and the nature of the contents) from *Obstetrics and Gynaecology in the Tropics and Developing Countries*, the putative precursor of the new volume. Especially worrisome is the near total exclusion of gynaecological conditions unrelated to pregnancy, the management of which is still very challenging in the developing world and still requires a book of this nature that focuses on such challenges. Moreover, the authors who contributed most of the chapters (about seventy-five percent) are no longer working in the developing world. Several other gynaecologists who are in active practice in resource-poor countries could have been consulted during the preparation of the book. These factors, I believe, may have impeded a balanced and realistic treatment of at least some of the subjects.

The first four chapters on "Social Obstetrics" are excellent, although a similar dissection of the social aspects of Gynaecology would have ensured completeness. Maybe future editions will include this. There is however little emphasis on the culpability of the populace (however poorly educated they may be) in bad governance, lack of patriotism and misplacement of priorities. Much of the progress in the developed countries over the last two centuries emanated from the peoples' attitudes and not only their aptitude. The use of information leaflets to be taken home by antenatal patients is a feasible option at ensuring health education. This could have been included in Chapter 2. The paradoxical under-utilisation of health care givers, especially midwives and medical officers, is dealt with excellently well in Chapter 4. The training of these personnel can be

modified to overcome barriers to community utilisation. Their distribution could also be made more equitable for more effective care.

There is need for more elaboration on the wrong beliefs held about the aetiology of infectious diseases (Chapter 6) as most people, including educated ones, ascribe this to spiritual factors (traditional or religious). There is also widespread misuse of antibiotics, the implications of which merit some mention. The antimicrobials prescribed for complicated acute watery diarrhoea on page 87 (cotrimoxazole, tetracycline and chloramphenicol) may be associated with adverse fetal effects/teratogenicity. Nonsystemic sulphonamides and amoxycillin are safer alternatives. One is also not comfortable with the use of ampicillin in chorio-amnionitis, as most of the culpable organisms are resistant to it.

In Chapter 7, more information is desired on measures to discourage breeding of mosquitoes, especially with the intense urban development currently going on in many developing countries. Modifications in urban development plans can still be effected to deal with problems such as this. The store of folic acid lasts about three months as against the three weeks stated in Chapter 8. Mercifully, minor gaffes of this nature are few and far between in the book.

Magnesium sulphate administration is well documented in Chapter 10, although most hospitals (including tertiary centres) are still unable to use this on a regular basis. In such cases, the 'lytic cocktail' (consisting of intramuscular chlorpromazine, promethazine and pethidine) or paraldehyde (in rural settings) is regrettably still being used. Diazepam is unsuitable because of the 'floppy baby syndrome' it seems to precipitate in the neonate, especially when competent neonatal resuscitation is not available.

There are a few other areas where the views advocated are either incomplete or impractical. For example, instillation of colostrum into the eye of the newborn baby is probably best avoided contrary to what is advocated in Chapter 18 as this may delay diagnosis and effective treatment of chlamydial or gonococcal ophthalmitis, with potentially disastrous consequences. Emphasis is also desired on each stakeholder's contribution towards reducing the need for abortion: proper upbringing of adolescents, who remain the most susceptible group, by their own

parents, censorship of the electronic media, changes in school curricula, genuine efforts by religious organisations, equitable social service distribution by policy makers, and similar measures, in addition to improvement in contraceptive delivery services and review of the existing abortion laws.

There is a need to address one of the major problems with chemotherapy (Chapter 21): that is the ability to transfuse as often and as rapidly as needed to prevent tumour regrowth and development of resistance that occurs even when drugs are available. The use of Foley's catheter with saline to diagnose tubal blockage in Chapter 24 is fraught with risks of infection, gives no reliable results, may delay diagnosis unnecessarily and should be discarded like the Rubin's test and the hydrotubation that came before it. There has been an increase in the availability of radiological facilities and referral of properly selected cases will give far better long-term results.

Tremendous efforts have gone into producing a book like this. It is necessary to make it widely available to the generality of students (midwifery, nursing and medical) and practitioners (general & obstetrician/gynaecologist) to ensure that it makes the greatest impact possible and to justify the toil of the authors and editors. This can be done by making a low-priced edition available, if this has not already been done.

The originators of the precursor of *Maternity Care in Developing Countries* laid a solid foundation upon which this book has been built. One of them, John Bateman Lawson (1922-1997) was the first Professor of Obstetrics and Gynaecology at the University of Ibadan, Ibadan, Nigeria and was an advocate of better health for women in the developing countries. It was

Booker T. Washington that said, 'No man who continues to add something to the material, intellectual and moral well-being of the place in which he lives is left long without proper reward'. Posterity will surely reward this great man. The prizes in his honour at the Royal College of Obstetricians and Gynaecologists (RCOG), the Society of Gynaecology and Obstetrics of Nigeria (SOGON) and the Department of Obstetrics and Gynaecology, College of Medicine/University College Hospital, Ibadan, Ibadan, Nigeria serve as pointers to the esteem in which he is held.

In spite of its narrower scope, *Maternity Care in Developing Countries* is a worthy successor to *Obstetrics and Gynaecology in the Tropics and Developing Countries* which was edited by Professors Lawson and Stewart and published in the mid-1960s. I have no doubt that those who are learning, working, teaching or doing research work in the field of reproductive health care in developing countries and those who aspire to engage in any of these activities will find the book a steady compass for navigating through the practice of Obstetrics and Gynaecology in the countries of the 'South'.

Reference

1. Lawson JB, Harrison KA, Bergstrom S (Editors); *Maternity Care in Developing Countries*. London, RCOG Press, 2001.

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