

Editorial

The Figure 680 quoted in the review of this issue for maternal mortality in the year 2006 as being reported by the Federal Ministry of Health is extremely disturbing. Even those figures reliability and validity need to be ascertained. Figures exceeding 1,000/100,000 has been reported from certain groups like internally displaced population. The implications of such upheavals on health in general are not much being debated amongst the health professionals in general as a national tragedy rather than a specialty concern. But even in other rural areas, figures are still several folds from international standards. There is abundance of data in underlying causes and what actions to be implemented as been well analyzed in the two articles in this issue. Antenatal care and high standard midwifery service are cornerstone to success. Availing transport at the disposal of midwives and remuneration for early transfer of these moribund patients who need hospital care is the right action and feasible if implemented and the midwife being rewarded for its prompt decision of early transfer.

The midwifery school in Omdurman needs rehabilitation and should be a real focus for training the trainers for the whole country. Midwifery training for the various regions should be based on the personnel committed to their rural locations. Regional medical schools must address priorities and sharpen their approach to the objectives of their creation, which is a community based concept.

Health policy makers should make it a priority and a focused plan should be implemented and timely well monitored with accurate statistical recording in mandatory. This is the real investment in health.