

## In this month's *Bulletin*

### Special focus: Child and Maternal Health

(pp. 402–404)

Much of this month's *Bulletin* is devoted to child and maternal health. In the leading editorial, Andrew Green & Nancy Gerein welcome the *World health report 2005: making every mother and child count* as a "powerful analysis of the global scandal of mother's and children's ill-health" and discuss the findings of the report. In another editorial, Marcel Tanner looks at ways to strengthen health systems to respond to major initiatives, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Global Alliance for Vaccines and Immunization. The third editorial, by Farrokh Habibzadeh, discusses the role of medical journal editors in promoting evidence-based policy and practice in public health.

### No cry at birth (pp. 409–417)

In a ground-breaking paper, Joy Lawn et al. provide the first global estimates for intrapartum stillbirths and intrapartum-related neonatal deaths. Their paper covers data for 192 countries around the year 2000. By analysing vital registration data, they find that interpartum-related neonatal deaths were equivalent to 23% of an estimated 4 million neonatal deaths every year and that death occurs during labour in 26% of cases of stillbirths. They conclude that intrapartum-related neonatal deaths account for almost 10% of deaths in under-fives, while stillbirths are a huge and invisible problem.

### How Egypt halved its maternal death (pp.462–471)

Oona Campbell et al. describe how they discovered the dramatic drop in maternal mortality in Egypt by analysing two surveys conducted in 1992–93 and in 2000. In their paper, they describe how they found that during the period covered the maternal mortality ratio dropped by 52% from 174 to 84 per 100 000 live births. They attribute the decline to the success of Safe Motherhood programmes and the ability to tailor these to local needs. An

Egyptian national maternal mortality surveillance system is being developed as a result of their study.

### Tsunami wreaks mental health havoc (pp. 405–406)

In the News, Haroon Ashraf reports on efforts to provide appropriate mental health care to populations affected by the 26 December 2004 tsunami. In the *Bulletin* interview, Dr Catherine Le Galès-Camus, Assistant Director-General of WHO's Noncommunicable Diseases and Mental Health cluster, talks about the challenge of making governments and the public more aware of the threat of chronic disease. The *Bulletin* also reports recent news from WHO, including a new tuberculosis initiative, a new malaria report and a report on the 10 risk factors behind 40% of global deaths.

### Counting Caesarean births in poor countries (pp. 449–455)

Cynthia K. Stanton et al. examined the reliability of the data on Caesarian births from developing countries to make recommendations on how this could be improved. In their study, they analysed Demographic and Health Surveys (DHS) and health facility-based records from the Unmet Obstetric Need Network together with estimates of the number of live births in Benin, Burkina Faso, Haiti, Mali, Morocco and Niger from 1989 to 1999. They find that a discrepancy between the rates provided by each of their two sources and conclude that DHS data would suffice for the purposes of national and global monitoring but not as a basis for evaluating programmes at regional level.

### Hepatitis B vaccine at birth in Indonesia (pp. 456–461)

In their study, Carol E. Levin et al. sought to estimate the cost of providing hepatitis B vaccine to infants at birth in Indonesia to help policy-makers develop immunization strategies. They calculated the incremental costs and savings due to a change in the hepatitis B immunization programme in the

country. In their paper, they report that substantial costs could be saved by introducing hepatitis B vaccine pre-filled in a single-dose device that can be administered by a midwife. They found that the wastage rate for multidose vials was 33%. They conclude that switching to a single-dose device could save money and increase coverage of the critical birth dose of this vaccine.

### Feeding infants in Ghana, India and Peru (pp. 418–426)

Rajiv Bahl et al. looked for a link between feeding patterns and mortality and hospital admissions in a child's first six months. They analysed data for infants who had been breastfed only, predominantly breastfed, partially breastfed or not breastfed at all in Ghana, India and Peru. They looked at 9424 infant-mother pairs from 1995 to 1997. No significant difference between the first two categories was found, while partially or non-breastfed infants had a greater risk of dying. They conclude that non-breastfeeding led to "extremely high risks of infant mortality" and that efforts should focus on sustaining high rates of predominant breastfeeding rather than on shifting from predominant to exclusive breastfeeding.

### Is depression less widespread than we think?

(pp. 443–448)

One of the major findings of the 1990 global burden of disease study was that depression is a major contributor to this burden. Michelle E. Kruijshaar et al. sought to find out whether this was an overestimation. They analysed disability data from a Dutch community survey and calculated the overall disability weight for depression. In their paper, they report that expert valuations were similar to those of previous studies with one exception and that there was no indication that disability associated with depression had been overestimated. They conclude that to reach an accurate estimate it is necessary to tailor disability weights to epidemiological data on prevalence. ■