

## Picture Story



## Lessons learnt from history on hypertension in pregnancy: should the older technologies be discarded in favour of the new?

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Maternal and child health services in Sri Lanka have a long history, which dates back to the early 20th century with the establishment of first health unit in Kalutara in 1926. This model primary health care unit conducted antenatal clinics, immunization, health education, etc., and annually these health units expanded throughout the country to all 26 districts. Later, the health units were designated as Medical Officer of Health (MOH) areas, which are headed by an MOH. In 1965, family planning was accepted as an integral part of the national health policy.

In the early 1930's, one of the leading causes of maternal deaths was due to postpartum eclampsia. Figure 1 demonstrates an interesting phenomenon presented by a renowned public health professional in then Ceylon (1). It clearly shows, with the increase in the number of antenatal field clinics and provision of good antenatal care, how the maternal deaths due to postpartum convulsions and eclampsia had steadily declined from 75% in 1931 to 10.2% in 1938. In the year 1939, there were zero maternal deaths due to eclampsia. The technologies used then were the simple sphygmomanometer and the stethoscope. Figure 2 shows the comparison of maternal mortality rate (MMR) between Ceylon and Kalutara district, which depicts a gradual decline of the MMR from 1934 till 1940. Since then, the MMR has declined steadily with the introduction of family planning, immunization, skilled attendance at delivery, emergency obstetric care and many more interventions that were introduced with the safe motherhood package. The latest available MMR is for year 2015, which is 33.7 per 100,000 live births (2).

At present, new technologies such as the Doppler ultrasound technology and cardiotocography are available in most government hospitals and these are gradually replacing the stethoscope and sphygmomanometer. The question we need to ask from healthcare professionals is “*should the older technologies be discarded in favour of the new?*” To obtain optimum results and benefits, the old technology could be modified in an innovative manner and used in combination with the newer techniques.

References

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2. FHB. *Annual Report 2016*. Colombo: Family Health Bureau, Ministry of Health, Sri Lanka, 2016.

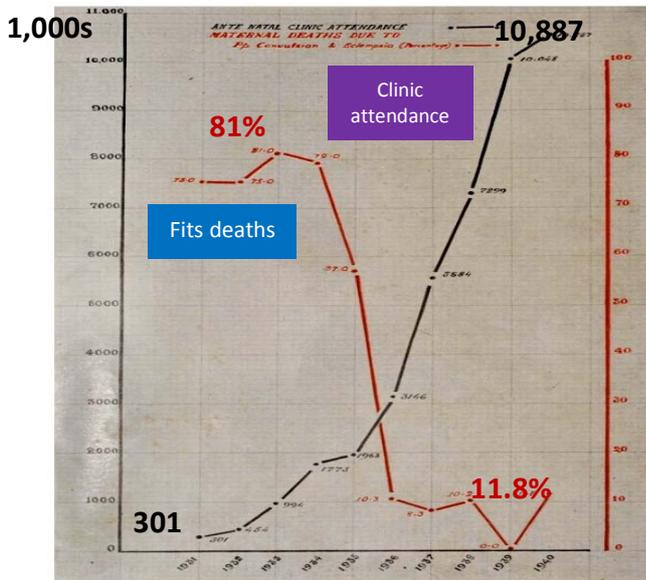


Figure 1. Antenatal clinic attendance and % of maternal deaths due to fits in pregnancy: 1931-1940.

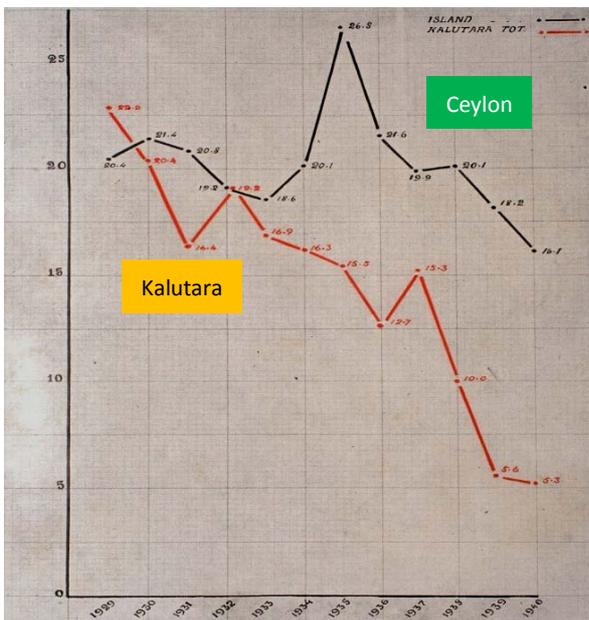


Figure 2. Maternal mortality rate per 1000 live births in Ceylon and in Kalutara district: 1929-1940.

Figure 3. Type of stethoscope available at the time.

