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**IVth International Congress for  
Maternal and Neonatal Health  
held in conjunction with the  
IVth National Congress of the  
Indonesian Society for  
Perinatology**

The Congress was held in Bandung, Indonesia, September 11-14, 1991, and attended by over 300 delegates, many from MCI member countries. A brilliant keynote address by Dr. Fred Sai, Honorary President of International Planned Parenthood Federation, opened the proceedings. The coveted MCI Award was presented to Dr. Sai for his outstanding contributions to the health of mothers and children.

The thoughtful scientific program and stimulating discussions of the delegates, together with the gracious hospitality of our Indonesian colleagues made this a most successful event. The recommendations of the Congress were:

1. The Scientific Council of Mother and Child International (MCI) should form a Committee on Neonatal Care to provide guidance to National Members on conservative and practical approaches to care of the at risk newborn.
2. Studies of maternal mortality should explore both pre-existing risk factors for the mother and obstacles to obtaining professional obstetric care.
3. Emphasis should be placed on administering the fifth tetanus toxoid injection to all girls and women of reproductive age so that tetanus toxoid injections during pregnancy will seldom be needed.
4. Epidemiologic studies to explore risk factors for perinatal transmission of HIV should be conducted in areas of high prevalence of maternal HIV infection, e.g., Central Africa and the Caribbean.
5. Control of infections in the neonatal care unit should be used as an indicator of quality assurance programs of hospitals.
6. Every tertiary hospital should have a research department or unit and it should monitor quality assurance in maternity care.
7. Increased efforts should be made to provide continuing education to improve the skills of the numerous indigenous practitioners in rural areas of developing countries.
8. A system of perinatal and obstetrical audit should be started in all district hospitals.
9. Regionalization of perinatal health care with adequate transport should be encouraged.
10. Referral criteria for maternal and neonatal care must be guided by the facilities and clinical expertise of the referral center.
11. The training of TBAs must be seen as a continuous process rather than by a short course.
12. The formation and regular meeting of maternal and perinatal mortality committees should be encouraged in both hospitals and peripheral maternity services.
13. Improved general and reproductive health of women must be seen as a prerequisite to improved maternal and neonatal health.
14. Better access to family planning is a most practical approach to preventing maternal mortality.
15. Innovations in communications, especially video and television should be maximally used to deliver health education messages to the public and for professional training.
16. Simple resuscitation of newborns should be taught to all persons who are responsible for deliveries.

## Post-Congress Symposium on Nonsurgical Female Sterilization, Bandung, September 15, 1991

The Symposium on the Quinacrine Pellet Method of Nonsurgical Female Sterilization was co-sponsored by Mother and Child International (MCI) and the International Federation for Family Health (IFFH). The key researchers of this leading candidate nonsurgical sterilization method were present, including its developer, Dr. Jaime Zipper of Santiago, Chile. Local arrangements were made by the Indonesian Coordinating Board for Fertility Research, the national affiliate of IFFH.

The largest experience was reported by Dr. Zipper (2000 cases), Dr. Do Trong Hieu of Vietnam (12,000), Dr. Biral Mullick of India (9,000) and Dr. Altaf Bashir of Pakistan (2,300). Among these 23,700 cases there was not a single serious complication, compared to 400 (1.7%) expected for surgical sterilization based on the literature. Estimates of mortality attributable to surgical sterilization in developing countries are approximately 6 to 9 per 100,000 procedures. The expected deaths for these 23,700 cases would have been 1 or 2, but there were none – again demonstrating the relative safety of the quinacrine method.

Dr. Zipper described the effect of addition of antiprostaglandins to quinacrine in his studies which both reduces mild side effects and lowers the failure rate.

An important observation made at the Symposium was that the majority of failures with the quinacrine method occur in the first three months of use after the usual protocol of two intrauterine insertions of 252 mg of quinacrine pellets a month apart using a modified IUD inserter for placement of the pellets. A pre hysterectomy study of Dr. Rohinee Merchant of Bombay showed that it takes at least 6 weeks for tubal closure to occur in a high percentage of cases. This led to an important recommendation of the Symposium to study the effect of 3 months' additional contraception (e.g., a single injection of Depo Provera) in a single insertion study.

In his overview of demand for female sterilization in the 1990s, Dr. Stephen Mumford indicated it is unlikely that the demand can be met by surgical sterilization. Dr. Elton Kessel emphasized the importance of the quinacrine method in saving the

lives of women of reproductive age by avoiding high risk pregnancies. Since each sterilization prevents an average 2 pregnancies in developing countries, were the quinacrine pellet method available, each 100,000 additional sterilizations would save twice the maternal mortality per 100,000 live births. In India and Pakistan, where over 10,000 quinacrine cases have been completed, it is estimated that over 100 lives of women of reproductive age have been saved by this research, as maternal mortality in their rural areas is over 500.

At the end of the Symposium, Dr. Ulrich Frey, Secretary General of MCI, made the following prepared statement:

For several years MCI has financed the evaluation of the quinacrine pellet method as a promising new contraceptive with the hope that it could contribute to solving the problems of too rapid population growth of developing countries. Nevertheless, at the recent Executive Board and General Assembly meetings we had to decide to end our support of this project for lack of financial means.

In the deliberations of these meetings there was discussion of the fact that this method is not yet recommended for study by WHO, and official government approval has not been sought for trials in some countries. These and other concerns will be discussed at the Executive Board meeting in May 1992 and reported in the next Newsletter.

Finally the Secretary General expressed the opinion that other organizations primarily involved in population and family planning activities, such as the UNFPA, IPPF, IFFH and others, should financially assist such studies. Mr. Freddy Santschi, MCI Treasurer, who also attended the Symposium, voiced his concurrence with the statement.

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**Late release** - As the Newsletter goes to press, we have received confirmation that the Government of India has decided to initiate a clinical trial of the quinacrine pellet method. This was prompted, in part, by a report to the Government by Dr. J.K. Jain, Chairman of the Symposium.