



New dimensions in maternal and child health

This special issue is dedicated to the topic of maternal and child health following a call for papers on the subject. The response has been gratifying with original research, commentaries, systematic reviews, case studies, case reports, field reports, and poetry all represented. Indeed, there are additional submissions to be included in a future regular issue on this important global health topic. Improvements in maternal and child health are targets under Sustainable Development Goal #3: a reduction in maternal mortality, an increase in births attended by skilled health personnel, a reduction in the neonatal mortality rate, and a reduction in the under-five mortality rate. Within each of these goals are multiple factors that contribute to success in meeting them and this issue has contributions across the board.

[Kristen Weeks and Stewart Simonson](#) have contributed an editorial in response to the Trump administration having suspended funding to combat neglected tropical diseases (NTDs) which significantly affects maternal-child health. They offer good arguments for making NTDs a global health priority and argue that government funds have had a leveraging effect for private and faith-based support. NTDs are targeted in the Sustainable Development Goals, but are not part of the America First Global Health Strategy recently published by the US Department of State. Omission of NTDs from the government's strategy may be due to the low prospect of these maladies being a threat to US populations, the defining rule of the strategy. For those advocating for government funding of faith-based organizations, it would be of interest to address this point. The amounts required to sustain current global efforts in NTDs are not so great as to be incapable of being met from private sources, and government funds have the capacity to suppress private sources as well as leveraging them. More extended commentary on the published Global Health Strategy would be welcome.

Uganda has a high rate of exclusive breast feeding, but paradoxically a significant rate of malnutrition in children under five. [Emmanuel Otieno, Stella Asayo, Teopista Agutu, and Josephine Namyalo](#) undertook a case study of fifty nurses and primary school teachers in a fast-growing municipality east of Kampala. It was competition between opportunities with their infants and vocational commitments that adversely affected exclusive breast feeding. The personal experience of delivery in a hospital or clinic not surprisingly affects willingness of women to return for subsequent care. [Joyce Nankabirwa, Etukoit Bernard Michael, and Eve Nakabembe](#) undertook in-depth interviews and focus group discussions among women and healthcare workers in rural health clinics in Uganda. They found significant levels of unsatisfactory treatment experiences compounded by a lack of any complaint mechanism. They concluded that there is ample opportunity to enhance maternal and child health outcomes by reporting and resolving maternal complaints.

Ultrasound has capacities for point of care service use which would be particularly valuable in rural and lower-resourced healthcare settings. [Taaha Adamji and James Lingren](#) show how bedside ultrasound can be used to assess visceral adiposity and metabolic risk in primary care pediatric practice in rural Mexico. [Anna Talahatu, Vanny Laka and Marselinus Laganur](#) interviewed mothers of malnourished infants in Indonesia about a wide range of parenting behaviors and discovered a number of behaviors that if modified could substantially impact the nutrition of their children.

This issue includes two literature reviews related to the care during pregnancy. [Basambo Vernyuy and Heather Sipsma](#) surveyed the literature on the influence religious leaders have on antenatal and pregnancy care in Ethiopia, Ghana and Nigeria. [Maxentia Septierly](#) from Indonesia looked at how nutrition education

during pregnancy positively influenced maternal health and birth weights in Africa.

Three commentaries address theological approaches, financing, and historical and future trends in faith-based maternal child health. [Erap Gultian](#) discusses financial accountability in faith-based health systems and finds that the service intentions do not have to conflict with requirements for financial discretion. [Bernt Lindtjorn](#) is concerned to revitalize efforts to reduce high levels of maternal and neonatal mortality in Ethiopia. Healthcare in Ethiopia has been affected by multiple factors including a decline in outside financial support, wars and civil unrest and political hostility to Christian mission work. He describes a community-based, decentralized, multifactorial effort that produced improvements in spite of resource limitations. [Gary Vanz Blancia and Jewelle Olarte](#) describe some distinctives of Seventh Day Adventist maternal and child healthcare which emphasizes wholistic, preventive, and resilience features.

Three case studies illustrate helpful approaches to maternal child health. [Silpa Voola, Kalpana Kosalram and Prince Kalyanasundaram](#) tested the effects of a sensory play garden on time-on-task performance of three children with attention deficit disorder to open further research opportunities on the therapeutic effects of natural environments. [Yasmin Vaughn](#) and her colleagues describe a model of low-dose, high-frequency training for midwives in Sierra Leone. Results showed increases in both knowledge and confidence. [Evelyn Gathuru, Judy Amoke-Ekasi and Professor Ezra Chitando](#) engaged 248 faith leaders in nine Kenyan counties to improve

family planning awareness and acceptance to reduce maternal and infant mortality. [Roopa Verghese, Jameela George, Jewel Jagan Jacob, and Ashima John](#) present a three-case report and discussion on the morbidity and mortality of over-the-counter medical abortion in India.

The journal is willing to publish short communications and field reports of personal experiences, perspectives, or an unusual or uncommon event. These are reviewed by the editors and need to be concise, focused and have a clear spiritual dimension. Contributors should be aware that only a limited number can be accepted. This issue has three such essays. [Crystal Lemus Torres](#) in *Held Back to be Still* provides a very personal reflection on the limitations of self-sufficiency and what it means to be “divinely cultivated.” [Princy Challa](#) suggests how recovery from physical injury or repair of a broken bone can be a metaphor for the healing of a broken life. [Cashtri Meher](#) and colleagues offer a series of vignettes describing how church-based teaching in Indonesia provided new insights on the barriers to and facilitators of maternal child health.

Finally, this issue has four poetry submissions to which the reader is referred with enthusiasm. [James Pedrera](#) from the Philippines captures the guiding, healing, and loving presence of a mother. [Fotarisman Zaluchu](#) from Indonesia frames the human body in its dust and glory. [Erap Gultian](#) reflects on Psalm 34:18 applied to the context of brokenness and human limitations. [Bernardino and Laguitan](#) present a biblical critique of intersectionality and metrics-oriented analysis in a complex world. Finally, [Rinarose B. Budeng](#) describes the beauty of the human life cycle in the mire of mortal life

