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Spectrum, scope, and strategy to optimize maternal medicine care services in Sri Lanka: the physicians' perspective

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Sri Lanka's advancement in the field of health care service delivery to achieve best outcomes in maternal medicine is yet in evolution. Nevertheless, the key indicators of maternal health in Sri Lanka remain as jewels in our crown of health achievements. Significant improvement over the decades in the number of maternal deaths from life-threatening obstetric causes, i.e., haemorrhage, eclampsia, and sepsis, has revealed that the lives of a sizeable proportion of mothers are yet compromised by a spectrum of medical disorders that complicate pregnancy. The vital statistics closely monitored and evaluated by the Family Health Bureau of the Ministry of Health, Sri Lanka have shown the temporal trends of maternal mortality and morbidity from medical disorders to remain unacceptably festering, with an upward trend. Demographic changes of a higher maternal age in childbearing with epidemiological transition of maternal obesity and risks for chronic non-communicable disease have brought in a new dimension to maternal medicine.

The spectrum and scope of outcomes in maternal medicine are shaped by various factors, including socio-economic and demographic changes, the health-care infrastructure, health policies, in-built attitudes and behaviors, and available resources. The Ceylon College of Physicians (CCP), prioritized in its annual planner for 2024 to match the current national needs in evidence-based health policy and implementation that would focus on maternal medicine. A bottom-up approach with an emphasis on physician training through a multidisciplinary engagement, personally led by President Dr Upul Dissanayake and a committed core group of college members, has helped formulate a pragmatic strategy. This approach has potential to upscale Sri Lanka's obligation to mitigate unwarranted maternal demise from medically treatable disease. The role adopted by the CCP as a supportive partner of multidisciplinary planning and the development of a stronger care network should be viewed as an investment for Sri Lanka's healthcare infrastructure. Capacity building through focused postgraduate training, CPD, and public health engagement are crucial in achieving an equitable improvement of maternal and fetal health outcomes in our island nation.

The strategic plan proposed to address maternal medicine for the participation of specialist physicians practicing in all sectors of Sri Lanka includes:

a) Regular case-based CMEs on multidisciplinary specialist contributions to high-risk pregnancy management, with a special emphasis on maternal hyperglycaemia, cardiac disorders, hypertensive disease/ preeclampsia, solid organ and blood disorders and fetal anomalies, that require a holistic approach and gaining an insight to prenatal screening and diagnosis.

In parallel, the introduction of a comprehensive training module in maternal medicine to formal postgraduate training of internal medicine and the related subspecialities is required based on the feedback received from our peripherally located physicians.

b) Research and training suited for the active participation in real time data driven audits and reviews conducted by the Family Health Bureau with the key stakeholder the Sri Lanka College of Obstetricians and Gynaecologists that focus on improving outcomes for mother and baby. Such joint engagement would enable

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the formulation of targeted training programs to enhance skills among all categories of healthcare providers involved with managing complicated pregnancies.

c) Addressing challenges faced by care providers for maternal medicine in Sri Lanka includes limited access to advanced medical technology in rural areas, disparities in healthcare quality, and the need for more trained specialists. Physician awareness of the notable success of the lifecycle approach adopted by the MCH programme, where care delivery extends from adolescence to the menopause and beyond, with universal attainment of antenatal care services from the first trimester, with skilled birth attendance, and health educational programs is the way forward to optimize a quality service.

d) Inculcating a professional responsiveness to the cultural determinants that continue to play a role in maternal health, community awareness programs that aim to educate families and communities on key issues related to saving lives of mothers and babies and the need for the practicing physicians to address family planning, pre-conception care and inter-pregnancy management of major medical disease is crucial for upscaling our health system.

Prioritization of maternal health as a critical component of the Ceylon College of Physicians' mandate will undoubtedly help to further enhance the health and well-being of Sri Lankan women and children. Despite progress, challenges remain, including healthcare inequity, the need for more trained maternal health professionals through physician participation. Such an approach needs the conscious linkage to management of non-communicable disease/ risks among women of reproductive age, which must be perceived to minimize the inter-generational perpetuation of adiposity, glucose intolerance and cardiovascular risks caused by an epigenetic effect.

In summary, the future of maternal health in Sri Lanka needs emphasis on integrating the services of broader health systems that focus on women's health throughout their lifecycle. Physician engagement, family planning and reproductive health services within our daily practice of medicine would further improve maternal health and wellbeing. Undoubtedly, tele-medicine and mobile health applications can provide mothers with access to information, resources, and consultations and enable a research-based data collection as a key essential to understanding maternal health trends.

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