

EDITORIAL

Malaria which is endemic in Nigeria has a significant adverse consequence's in pregnancy. This makes the implementation and utilization of malaria preventive strategies in pregnancy an important subject. It is on this background that Oriji and Kasso carried out a study aimed at determining the knowledge and use of known interventions towards preventing malaria in pregnancy among women prior to registration for antenatal care. They reported a poor use of malaria preventive actions such the use of insecticide treated nets and malaria prophylaxis prior to antenatal registration in spite of the good knowledge of malaria aetiology and transmission. They also noted late registration for antenatal care among the study subjects. They recommend intensification of education and implementation of malaria preventive strategies among women of reproduction age.

In Nigeria where the access and cover to health insurance service is poor, most patients pay for their medical and health services out of their pockets. This practice is expected to put vulnerable and dependent population like children at risk of poor access to healthcare service. Ogaji et al in a cross sectional survey assessed the cost, payment modalities and economic impacts for accessing paediatric emergencies in a tertiary hospital in Nigeria. Their study revealed that 41.8% and 52.5% of households spent more than 40% of their monthly non-food and 50% of their monthly non-subsistent earnings on the index paediatric emergency. They conclude that the cost of accessing paediatric emergencies could put a high proportion of uninsured households at risk of being impoverished. They recommend the intensification of efforts at scaling up of the social insurance scheme to cover all household as a means of assuring social health protection for all.

Postpartum haemorrhage (PPH) is a leading global cause of severe maternal morbidity and mortality with majority of PPH related deaths

occurring in developing countries like Nigeria. Drs. Green and Ojule present the outcome of a study which sought to the determine the incidence, risk factors and outcome of primary postpartum haemorrhage at the University of Port Harcourt Teaching Hospital (UPTH), south-south, Nigeria. They report an incidence rate of 4.28% for PPH with uterine atony as the leading cause and caesarean section as the commonest risk factor. They recommend a reduction in the caesarean section rates and improve surgical skills as strategies to reduce the incidence and morbidity of PPH.

The adverse effects from second line drugs used in MDRTB treatment include neuropsychiatric effects which are usually very significant as they may cause anxiety and lead to default and poor adherence by patients. Dunga et al present a case series of cycloserine related psychosis among patient on treatment for MDR-TB in Nigeria from two treatment centers. They advocate close monitoring, adequate evaluation and quick response and treatment to this important ADR.

With the global increase in the prevalence of cardiovascular diseases, economically less developed countries like Nigeria are experiencing an increase in Non-communicable diseases with cardiovascular risk. This trend is expected to present new demands for health services such as invasive and interventional cardiology which are largely unavailable. Dr. Nwafor presents a report which reviews the prospects and challenges for invasive cardiac procedures in South-South Nigeria using cardiac pacemaker implantation as a surrogate.

Scientific abstracts which were presented at the 2015 Annual Scientific meeting of the Nigerian Medical Association Rivers state are published in this issue.

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