Wolfgang Holzgreve, Dr. med., Dr. h.c. mult.

Professor of Gynaecology and Obstetrics

Medical Center - University of Freiburg

Geboren 1955 am Möhnesee, Nordrhein-Westfalen

Studium der Medizin an der Universität Münster, der University of California, Berkeley und der University of California, San Francisco

PROJECT

Capacity Building to Improve Maternal-Child Health in Low Resource Countries

Die häufigste Ursache bei den 500.000 mütterlichen Todesfällen im Zusammenhang mit Schwangerschaft und Geburt weltweit ist die postpartale Hämorrhagie, die in über 80% der Fälle verhindert werden könnte. Hier sollen die Erfahrungen mit einkommensschwachen Ländern aus den Partnerschaftsprogrammen der Internationalen Gynäkologenvereinigung FIGO ausgewertet werden, vor allem die Bedeutung des preisgünstigen und leicht zu verabreichenden Medikaments Misoprostol, mit dem ich mich bereits früher wissenschaftlich beschäftigt habe. Besonders möchte ich mich dabei auf das kleine, rohstoffarme Land Eritrea konzentrieren, zu dem ich einen besonders guten Zugang habe.

Angestrebt wird ein nachhaltiges "Capacity Building" basierend auf wissenschaftlichen Daten.

Lektüreempfehlung

Hahn, S., W. Holzgreve. "Fetal cells and cell-free fetal DNA in maternal blood: new insights into pre-eclampsia." Human Reproduction Update 8, 6 (2002): 1-8.

Holzgreve, W., S. Hahn, X. Y. Zhong, O. Lapaire, I. Hösli, S. Tercanli, P. Miny. "Genetic communication between fetus and mother: short- and long-term consequences." Am J Obstet Gynecol (2007): 372-382.

Osterhues. A., W. Holzgreve, K. B. Michels. "Shall we put the world on folate?" Lancet 374 (2009): 959-961.

Surbek, D. V., P. M. Fehr, I. Hösli, W. Holzgreve. "Oral misoprostol for third stage of labor: A randomized placebo-controlled trial." Obstet Gynecol 94 (1999): 255-258.

www.wolfgang-holzgreve.de

COLLOQUIUM, 18.07.2011

Capacity Building for the Improvement of Mother-Child Health in Low Income Countries

Maternal and newborn health is one of the major inequities in the world with e.g. the lifetime risk of a

woman dying from pregnancy or childbirth-related causes being 1:44 in Eritrea and 1: 47600 in Ireland. There are about 360 000 maternal deaths every year, and one million children die each year, because their mothers have died. About 98% of all these maternal and neonatal deaths worldwide are in low income countries.

Many national and international government and non- government organizations have tried to help improving this unacceptable situation, and it is interesting to see that in every continent there are some successful countries as well as many which have failed.

During my WIKO-project I had the opportunity to identify and analyze factors which have contributed to more or less successful outcomes in various countries, and this analysis involved:

- Identifying accurately the reasons why mothers and their children die

- Identifying strategies which have proven to be successful to improve the situation and which could be potentially transferred from one country to another

- Identifying political factors which are part of the solution rather than part of the problem.

The work with a German non-government organization (NGO) which has a long time partnership with professional colleagues and the government in Eritrea in the area of Maternal-Child Health allowed us to help with some developments in this small (4.9 Mill. inhabitants) and poor country following our hypotheses which strategies were identified as successful and sustainable. During the WIKO-months as a board member of the more than 120 national societies covering International Federation of Gynecology and Obstetrics (FIGO) and Member of the Academy of Sciences Delegation at the G8/ 20 meeting in Canada we could also do some advocacy work, and the UN has now committed major financial support (40 Mrd. US $) for improving maternal-child health in the world. It therefore becomes even more important to have evidence-based strategies to create sustainable structures for increasing the safety for mothers and their children. This involves activities in areas as varied as

- providing the proper treatment and prophylaxis strategies against postpartum hemorrhage (PPH) especially making the cheap and effective Misoprostol medication available even though its use is "off label",

- providing contraception and safe abortion,

- fighting sexually transmitted diseases, including now HPV to prevent cervical cancer and

- combating the in Africa widely distributed practice of female genital mutilation (FGM).

As opposed to the government-dependent and supporting international organizations such as the UN or WHO, we put our emphasis according to the possibilities of FIGO and the NGO on cooperation with our professional colleagues regarding their capacity building (creating professional societies, adapting international guidelines to local needs etc.), and in our scientific analysis I could find evidence that the pronounced emphasis of international organizations on skilled birth attendants in the field has on the one side positive influence, but on the other side in cases of PPH usually only larger centers with the appropriate staff and equipment can prevent maternal deaths. It will remain very important in the future that the increasing international financial support is used in an evidence-based way to really achieve its goals on an unbiased scientific basis for sustainable positive goals.

PUBLICATIONS FROM THE FELLOW LIBRARY

Holzgreve, Wolfgang (Osfrod, UK,2012)

Maternal mortality in Eritrea : improvements associated with centralization of obstetric services

https://kxp.k10plus.de/DB=9.663/PPNSET?PPN=1687305331

Holzgreve, Wolfgang (Warszawa,2011)

Wyrównywanie niedoborów folianów u kobiet w wieku rozrodczym

https://kxp.k10plus.de/DB=9.663/PPNSET?PPN=1689517115

Holzgreve, Wolfgang (2011)

Risk factors in prolonged postpartum urinary retention : an analysis of six cases

https://kxp.k10plus.de/DB=9.663/PPNSET?PPN=757124879

Holzgreve, Wolfgang (2011)

Person-centered medicine and the perspective of the International Federation of Gynaecology and Obstetrics : the example of screening for chromosomal abnormalities in pregnancy

https://kxp.k10plus.de/DB=9.663/PPNSET?PPN=757124097

Holzgreve, Wolfgang (2010)

Transplacental traffic after in utero mesenchymal stem cell transplantation

https://kxp.k10plus.de/DB=9.663/PPNSET?PPN=757125158

Holzgreve, Wolfgang (2010)

Diagnosis and treatment of iron-deficiency anaemia during pregnancy and postpartum

https://kxp.k10plus.de/DB=9.663/PPNSET?PPN=75712321X

Holzgreve, Wolfgang (2007)

Genetic communication between fetus and mother : short- and long-term consequences

https://kxp.k10plus.de/DB=9.663/PPNSET?PPN=757123678

Holzgreve, Wolfgang (2006)

Placental mesenchymal stem cells as potential autologous graft for pre- and perinatal neuroregeneration

https://kxp.k10plus.de/DB=9.663/PPNSET?PPN=757124496