



Which Approach Is More Effective in Maternal and Child Health; Primary Health Care or Specialization?

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Dear Editor,

It was an honor to read “Equity in the Distribution of Maternal and Child Care Providers at the Second Administrative Level: Evidence from Iran” in an earlier issue of Shiraz E-Medical Journal. In this article, the authors claimed that the distribution of pediatricians and gynecologists in Lorestan Province was relatively equitable; however, its distribution trend has declined during 2011 - 2015 in comparison to the country-wide. They concluded that this shortcoming could increase the mortality rates among mothers and babies (1).

It was confirmed that women’s health in different periods might be threatened by an unequal distribution of resources and facilities (2). During 2010 - 2012, in Iran, the trend showed the number of health workforces, including general practitioners (GPs), midwives, pediatricians, and gynecologists per 10,000 population was increased for GPs and pediatricians and decreased for gynecologists and midwives (3). In addition, the trend of human resource per population ratio (HRPR) in Lorestan was increasing for midwives and pediatricians, almost constant for gynecologists, and decreasing for GPs during 2010 - 2012 (3).

According to the findings, the decrease or increase in human resources throughout a country does not merely lead to a better or worse human resource distribution (3). The experience of the USA and Japan also verified no evidence of equal distribution by increasing the number of physicians and health workforces (4). More importantly, primary health care (PHC) interventions in maternal, newborn, and child health have a prominent role in preventing maternal, neonatal, and infant mortality (5). Maternal death surveillance and timely response are the key strategies to reduce preventable deaths among mothers and babies. In other words, mortality audits and reviews help

health system managers take corrective actions and improve the quality of care (6). To provide effective health-care, policies should focus on improving both the coverage and quality of services simultaneously. In this way, PHC has improved access to healthcare at a low cost (2, 7).

It was verified that PHC programs could significantly reduce the wealth-based disparities in mortality. Moreover, PHC is an effective platform for the health system invigorating and expanding coverage to a range of preventive and curative services, which also lead to universal access to healthcare (7). To promote maternal health, the improved socio-economic development, increased resources allocated to the health sector, improved delivery services through trained staff, quality of primary care centers, and the level of women’s education and knowledge are the key factors in relation to policy-making (8, 9).

An examination regarding the cause of death among Iranian mothers shows that most causes can be prevented by implementing an effective PHC program (10). Moreover, the low level of mothers’ awareness and inadequate education by the health authorities could affect maternal mortality. As Abbasi-Shakaram et al. (1) found, national pieces of evidence confirmed the lowest inequality in Lorestan, regarding the Gini coefficient. However, the illiteracy of women can exacerbate the role of social determinants of health (9, 10).

Overall, although the unequal distribution of mother and baby care specialists is vital (1), social factors of health, especially maternal literacy and PHC, are the most important factors that should be reinforced in future intervention programs in Lorestan. Compared to the specialized education, such interventions do not have much economic burden on the community health sector, and Lorestan can control mother and baby mortality at an early cost. There-

fore, although PHC is on the front-line of maternal mortality reduction in a population, a package of multiple strategies should be applied.

Footnotes

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