

O Sun God, Savitr!
 Thou dazzling fount of life-persuasive light!
 Sublimest mystery speeding from afar!
 Swift became that burst too potent on the sight!
 This radiant type of strength and youth!
 Glowing eternally!



శ్రీ వేపచేదు విద్యా పీఠము
 VEPACHEDU EDUCATIONAL FOUNDATION

May the golden-eyed Savitar come hither!
 Shining forth he rises from the lap of the dawn!
 Praised by singers, my God Savitar!
 Stepped forth and never missed his place!
 He steps forth the splendor of the sky the wide!
 Seeing, far-shining, the shining wanderer!
 -Rig Veda, vii, 65

He alone shines!
 All luminaries get illuminated by His Illumination!
 The whole Universe is enlightened by His light!
 - Kathopanisad

The Telangana Science Journal
 Health and Nutrition

TIACS-subscribe@yahoogroups.com (The Indian American Chemical Society)

ॐ भूर्भुवः स्वः तत्सवितुर्वरेण्यं भर्गो देवस्य धीमहि। धियो यो नः प्रचोदयात्।

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Issue 255

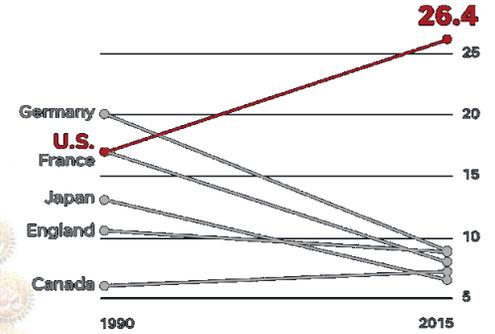
Chief Editor: డాక్టర్ శ్రీనివాసరావు వేపచేదు | పంజాబ్ శాఖాధ్యక్షుడు: డాక్టర్ శ్రీనివాసరావు వేపచేదు | Dr. Sreenivasarao Vepachedu



EXCEPTIONAL AMERICAN MATERNAL MORTALITY

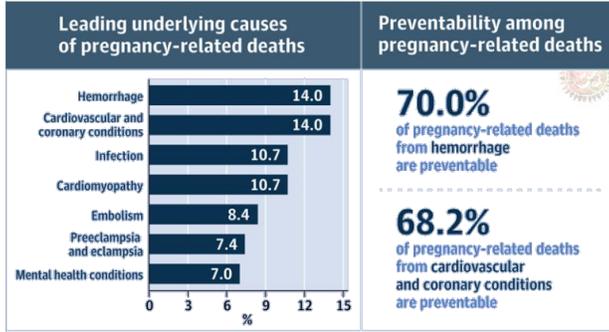
According to international groups, maternal mortality rates dropped by an estimated 44% worldwide from 1990 to 2015—a decline of 48% for industrialized countries. All developed countries did better than the US in maternal mortality, e.g., 4.4 per 100 000 live births in Sweden, 9.2 in the United Kingdom, and 7.3 in Canada. Lancet reported that global maternal deaths decreased slightly from 390 185 (95% UI 365 193–416 235) in 1990 to 374 321 (351 336–400 419) in 2000 before dropping to 275 288 (243 757–315 490) in 2015, but more than 250 000 women died during or following pregnancy in 2015, most of which were preventable deaths. Every woman that died left children, widowers, family, and their communities behind. More effective and widespread action and policies to promote education of girls and women, provide them with comprehensive family planning services, and ensure that each and every woman has access to the types of reproductive care they need to survive and thrive¹.

From 1990 to 2015, the number of maternal deaths per 100,000 births in most developed nations has fallen dramatically. In the U.S., the rate has risen sharply.



SOURCE: The Global Burden of Diseases 2015: Maternal and Neonatal Mortality as published in The Lancet Global Health Journal.

Pregnancy-Related Deaths in the US



Based on US statistics, pregnancy related deaths rose in US by an estimated 27% from 2000 to 2014, except in California State where maternal death rate has fallen by half, while deaths rose across most of the country. An investigation concluded that US is the most ignorant and dangerous place in the developed world to deliver a baby, and at least 30 states have avoided scrutinizing medical care provided to mothers who died, or they haven't been studying deaths at all, while thousands of women in the suffer life-changing injuries or die during childbirth because hospitals, doctors, and nurses ignore basic best practices known to head off disaster and half of those women's lives could be saved if doctors and nurses took

simple steps, including measuring blood loss during and after delivery and giving timely treatment for high blood pressure².

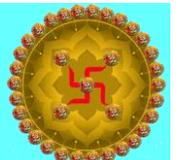


Issue 255

కలి కాలము/Kali Era| 2075 విక్రమార్క కాలము/Vikramarka Era| 1939 శాలివాహన కాలము/Salivahana Era

❀ (స్వస్తి) శ్రీ వాంధ్రమాన వికారి నామ సంవత్సరము ❀ (स्वस्ति) श्री चांद्रमान वीकारि नाम संवत्सर/❀ Swasti Sri Vkar Year

చైత్ర మాసము / वैशख / CHAITRA Month
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ॐ असतो मा सद्गमय । तमसो मा ज्योतिर्गमय । मृत्योर्मा अमृतं गमय । ॐ शान्तिः शान्तिः शान्तिः ॥

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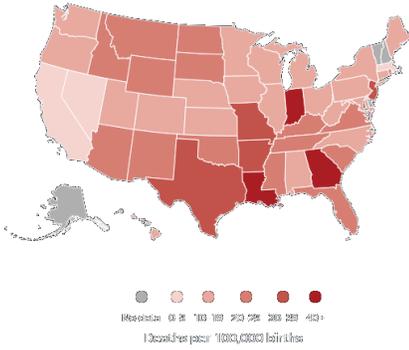
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Chief Editor: డాక్టర్ శ్రీనివాసరావు వేపచేదు | భారత శ్రీనివాసరావు వేపచేదు | Dr. Sreenivasarao Vepachedu



As global maternal mortality rates fell in recent decades, the number of women in US (except California³) dying in childbirth rose just like in Afghanistan, Lesotho, and Swaziland⁴. Approximately 800 women in the US die each year during pregnancy and within 42 days after delivery. The estimated maternal mortality rate in US was 26.4 per 100 000 live births in 2015⁵.

Despite widespread recognition that the California safety measures save lives, hospitals in other states have failed to use them⁶. If an unexpected emergency arises, mothers and providers should be prepared. Here are some tips and questions to assess a hospital's ability to treat excessive bleeding and high blood pressure, two of the

leading preventable causes of childbirth harms to moms⁷:

- Does the hospital measure blood loss during and after childbirth? Hospitals should measure cumulative blood loss by weighing blood-soaked pads or by collecting blood in containers. A visual estimate — made just by looking at the blood — often winds up being low and results in treatment delays.
- Does the hospital measure blood loss for every birth? Some hospitals only start measuring blood loss after a woman appears to be bleeding too much. That can lead to underestimates and delayed treatment, experts say.
- How will the hospital assess and prepare for your risk of excessive bleeding? Staff should examine your personal risk factors. If you are at high risk, they should take steps to have matching blood ready for you. For all births, the hospital should have a “massive transfusion protocol” — essentially a game plan to ensure a mother can quickly get a large amount of blood in an emergency.
- When did the hospital last do a hemorrhage drill? The maternity unit should conduct hemorrhage drills regularly.
- If I need it, does the hospital have a policy to make sure I get the right medication fast? A systolic blood pressure (the first number) of 160 or higher, or diastolic blood pressure (second number) of 110 or higher is dangerous — and needs urgent treatment. If your pressure is in either of these danger zones before or

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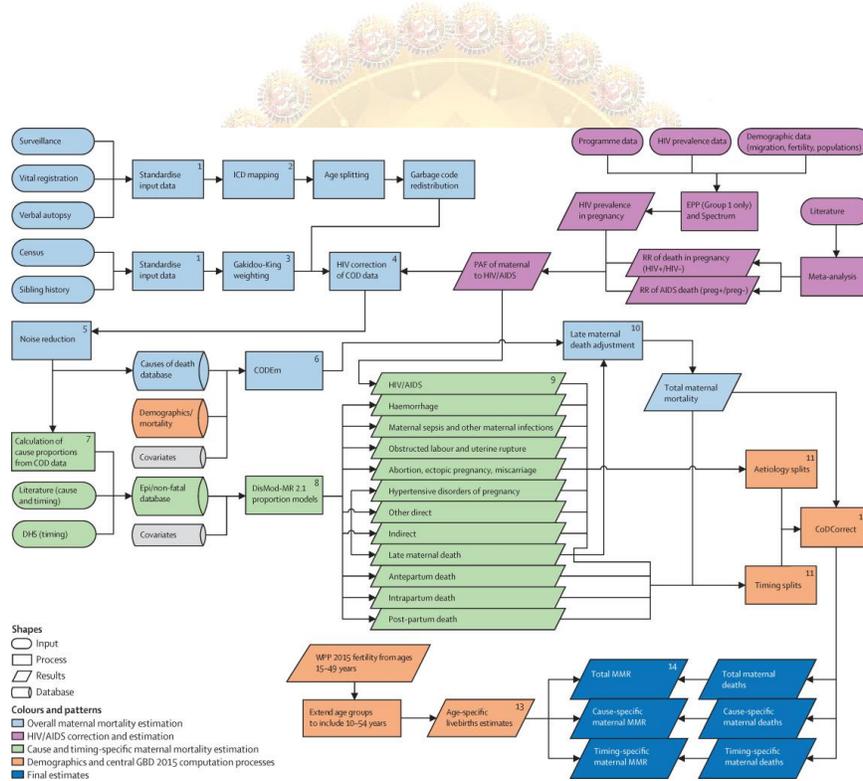
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after delivery, nurses should retest you within 15 minutes. If it's still too high, pressure-lowering medication should be given within an hour to prevent a stroke.

- What if I'm only given magnesium sulfate? Magnesium sulfate can prevent seizures caused by high blood pressure. But moms need anti-hypertensive drugs to actually lower their pressure or they risk a stroke. The primary recommended drugs — considered safe for pregnant and recently delivered moms — are both delivered by IV: labetalol and hydralazine. One type of pill, immediate-release oral nifedipine, can also be used.



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