EDITORIAL

Which Perinatology for Africa: Involving Community through network of care is a must!

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With the highest records of avoidable maternal and neonatal deaths, sub-Saharan Africa is still struggling to achieve the third sustainable development goal prior 2030. The many strategic and programmatic plans written in countries that also include health of adolescent girls ; they are driven to help countries to alleviate these higher rates of deaths by the strengthening of the health system and the increasing equity through access to universal health coverage [1].

In the areas of service delivery, it is more than ever recognized than linking communities to hospitals and building networks of care are an essential part of this process.As a result, the journey of future mothers and their newborns would be optimized while networking the various actors and services according to the different levels of care. Obviously, this anticipates a descriptive typology of maternity units taking into account the still high rate of out-of-hospital and home-births. In fact, questions around the availability of staff are critical. The quantitative shortage in qualified human resources constitutes a real challenge in the way to optimize the care of mothers and babies dyads in order to reduce this rate of maternal and neonatal mortality [2].

The real effects of the importance of perinatal networks have been documented in high resource countries with a significant reduction in maternal and neonatal mortality rates. The main components of any strategy may include availability and affordability of maternal and newborn services, ensuring integration of interventions on the selected targets, promoting retention and continuum of care through linkages with communities and networks[3].

This is of utmost importance since data from demographic and health surveys, report that approximately 20% to 40% of women depending on the country do not have access to prenatal consultation with a low rate of health facilities deliveries or assisted by qualified personnel. This means that the challenge lies in the demand for care and its use in a situation of available and

accessible offers of service. From health promotion to prevention and case management, the chain of preventive, promotional and curative care must continue after birth and postnatal up to 42 days. This integrated and generalized approach should make it possible to achieve neonatal mortality rates of less than 12 per 1000 by 2030 and maternal mortality rates of less than 70 per 100,000 live births by the same deadline [4].

Without a doubt, this requires strengthening the initial and continuing training of health workers. This involves increasing the number of continuous trainings using new technologies via telemedicine and mannequin based simulation training. High-frequency, low-dose training should enable all stakeholders to acquire the skills required to be able to monitor, with high performance, any mother-child couple wherever they are, in urban areas or in rural areas in respect of equity and equal opportunities.

Integration with existing programs and networks for both mother and newborn is therefore imperative. Without a doubt, the widespread implementation of universal health coverage is an opportunity to improve access to prenatal consultation and the completeness of the required number as well as to childbirth in a health facility or by qualified personnel [5]. Assuming the necessary involvement of different types of community stakeholders, via health districts including decentralized local authorities, this challenge is certainly possible.

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