

# Contents

<b>Foreword: Global Women's Health: Not Merely Focusing on Disease</b>	<b>xiii</b>
William F. Rayburn	
<b>Preface: Global Women's Health: Health Equity for Women</b>	<b>xv</b>
Jean R. Anderson and Chi Chiung Grace Chen	
<b>Global Preconception and Contraception Care: Using a Life-Course Approach to Improve Health Outcomes in Lower-Resource Settings</b>	<b>647</b>
Megan A. Cohen, Somesh Kumar, and Mark Hathaway	
<p>A life-course approach incorporating appropriate preconception and contraception care is key to achieving optimal maternal, neonatal, and child health outcomes. In low- and middle-income countries (LMIC), there is a large unmet need for contraception and an estimated 49% of pregnancies are unintended. In this article, we discuss preconception and contraception care in LMIC settings including key recommendations for content and service delivery. We discuss barriers and facilitators to contraceptive provision, discuss considerations for providers who may practice in LMIC settings, and highlight strategies for achieving increased contraceptive uptake including several examples of successful programs.</p>	
<b>Antenatal and Postnatal Care</b>	<b>665</b>
Adeniyi Kolade Aderoba and Kwame Adu-Bonsaffoh	
<p>Optimal care during the antenatal and postnatal phases of the life cycle is a potentially positive determinant of health elsewhere in the continuum. A successful transition from the antenatal to the postnatal period requires early detection, optimal management, and prevention of disease; health promotion; birth preparedness; and complication readiness. Women, their babies, and families need appropriate evidence-based care based on their dignity and human rights before, during, and after birth. In this review, we present an overview of the components of antenatal and postnatal care needed to provide women a culturally sensitive and positive pregnancy and postnatal experience. The challenge of antenatal and postnatal care is determining their core components and underpinning them with evidence without overmedicalizing their practice.</p>	
<b>Human Immunodeficiency Virus Treatment and Prevention for Pregnant and Postpartum Women in Global Settings</b>	<b>693</b>
Friday Saidi and Benjamin H. Chi	
<p>Efforts to prevent mother-to-child transmission of human immunodeficiency virus (HIV) have led to dramatic reductions in pediatric HIV worldwide. New advances in HIV treatment and prevention, focused on pregnant and breastfeeding women living with HIV, have improved maternal health while decreasing vertical and horizontal HIV transmission.</p>	

In this article, we describe how such interventions—including antiretroviral therapy and HIV pre-exposure prophylaxis—can be incorporated into antepartum and postpartum care in global settings.

### **Maternal Mortality in Low and Middle-Income Countries**

713

Emma R. Lawrence, Thomas J. Klein, and Titus K. Beyou

Despite a 38% decrease in global maternal mortality during the last decade, rates remain unacceptably high with greater than 800 maternal deaths occurring each day. There exists significant regional variation among rates and causes of maternal mortality, and the vast majority occurs in low-income and middle-income countries. The leading causes of direct maternal mortality are hemorrhage, hypertensive disorders of pregnancy, sepsis, complications of abortion, and thromboembolism. Eliminating preventable maternal mortality hinges on improving clinical management of these life-threatening obstetric conditions, as well as addressing the complex social and economic barriers that pregnant women face to access quality care.

### **Pelvic Floor Disorders/Obstetric Fistula**

735

Saifuddin T. Mama and Mohan Chandra Regmi

Pelvic floor disorders (PFDs) and obstetric fistula (OF) are common across the globe. PFDs include stress and urge urinary incontinence, overactive bladder, pelvic organ prolapse, fecal incontinence, sexual dysfunction, and pelvic pain. Although PFD and OF are common in low- and middle-income countries (LMIC) there is a lack of awareness and constraints in health care resources. This article focuses on epidemiology, risk factors, assessment, and treatment of PFD and OF in resource-poor settings. Adherence to basic medical ethics principles has to be maintained at all times, coupled with knowledge of and respect for local cultures, traditions, and perceptions of health norms.

### **Genital Tract Infections in Women, Pregnancy and Neonates**

751

Alphonse N. Ngalame, Mwangelwa Mubiana-Mbewe, and Jodie A. Dionne

Treatable genital tract infections in women are common and most are transmitted via sexual contact with the potential for vertical transmission during pregnancy. Adverse infection outcomes include pelvic inflammatory disease, infertility, ectopic pregnancy, preterm delivery, and congenital or neonatal infection. Highly sensitive molecular diagnostic testing for genital tract infections is now recommended in many countries. Unfortunately, this testing is not yet widely available in low- and middle-income countries because of cost. Improved access to early diagnosis and treatment for curable genital tract infections is critical to improving women's health and reaching global STI elimination targets by 2030.

### **Prevention of Cervical Cancer in Low-Resource African Settings**

771

Masangu Mulongo and Carla J. Chibwasha

Cervical cancer is a leading cause of cancer among women. Approximately 350,000 women die from cervical needlessly from cancer each year, and 85% of the global burden occurs in low- and middle-income countries (LMICs). Disparities in the incidence and mortality between

LMICs and industrialized countries can be attributed to differences in access to human papillomavirus (HPV) vaccination and cervical cancer screening and treatment. The World Health Organization (WHO) is leading a renewed international effort to reduce the global burden of cervical cancer. In this article, we discuss recommendations for HPV vaccination, primary HPV screening, and treatment of precancerous lesions.

**Breast, Ovarian, Uterine, Vaginal, and Vulvar Cancer Care in Low- and Middle-Income Countries: Prevalence, Screening, Treatment, Palliative Care, and Human Resources Training** 783

Achille Van Christ Manirakiza and Krista S. Pfaendler

Breast, ovarian, uterine, vaginal, and vulvar cancers pose a significant risk to women's lives in low- and middle-income countries due to increasing incidence and presentation with advanced stage disease. There are challenges to screening and early detection and limitations in access to treatment and palliative care, and the current global health care workforce is insufficient. However, there is promise in development of telehealth strategies, task shifting, and increasing number of physician training programs to help address currently unmet needs.

**Surgical Burden of Disease in Women** 795

John E. Varallo, Daisy Ruto, and Anmol Patted

Globally, an inequitable surgical burden exists. Greater than 90% of people in low- and middle-income countries (LMICs) lack access to safe, affordable surgical care. Also, patients undergoing surgery in LMICs suffer much higher rates of perioperative complications and death. In many LMICs, cesarean section is both underused and overused, and frequently performed unsafely. Obstetric fistula and women's cancers contribute to the surgical burden of women in LMICs. Surgical team nontechnical skills (eg, teamwork and communication) and use of tools such as the WHO Surgical Safety Checklist and Enhanced Recovery after Surgery program have the potential to greatly improve surgical outcomes.

**Violence Against Women – A Global Perspective** 809

Laura Keyser, Raha Maroyi, and Denis Mukwege

Gender-based violence (GBV) affects more than 700 million women and girls, worldwide, manifesting systemically (eg, human trafficking) and at the interpersonal level (eg, rape, intimate partner violence) and conveying significant negative economic, social, mental, and physical health impacts. It is important for the clinician to be prepared for providing emergency, urgent, and longer-term care to women who are survivors of GBV. Panzi Hospital in the Democratic Republic of the Congo provides an example of person-centered, holistic care for survivors of GBV, including conflict-related and nonconflict-related sexual violence.

**Quality Improvement Models and Methods for Maternal Health in Lower-Resource Settings** 823

Victor Mivumbi Ndicunguye and Alison M. El Ayadi

Optimizing maternal health in lower-resource settings requires a joint focus to simultaneously increase skilled delivery care access and improve the

quality of preventive and emergency maternal health care provided. Evidence-based interventions are largely established, yet despite increasing access, poor quality is limiting health gains. Assessing quality and implementing quality improvement approaches across varied health system levels is imperative to address health priorities. Evaluations of maternal care quality improvement suggest the need for enhancing standardized monitoring strategies and identifying optimal implementation strategies for translating findings into practice within different lower-resource settings to increase adoption and sustainability.

### **Interprofessional Care in Obstetrics and Gynecology**

841

Neil Joseph Murphy and Reinou Sybrecht Groen

Interprofessional care relates to providing care to an individual in an integrated system of professionals who share and shift the care given, depending on the individual and population need. By broadening the scope of care given by health-care workers (HCWs) or shifting tasks through interprofessional care in Obstetrics and Gynecology, more women and their newborns can benefit from safe deliveries, decreased perinatal morbidity and mortality and through screening and early treatment prevent morbidity and mortality secondary to gynecologic diseases.