The Society of Obstetricians and Gynaecologists of Nigeria (SOGON) on July 14, 2016, launched the Voluntary Obstetrician Scheme (VOS) together with the Primary Health Care Development Agency (PHCDA) of the Federal Ministry of Health and other partners such as the United States Agency for International Development (USAID) and the Johns Hopkins Program for International Education in Gynecology and Obstetrics (JIPHIEGO), in its efforts to improve maternal and newborn health in communities across Nigeria. Under the scheme, experts in obstetrics and gynecology working in tertiary hospitals will commit regular hours free of charge to consult in primary health centers nearest to their places of work to bring maternity care close to the rural women.

SOGON initiated this scheme about the mid-2013 to address the problem of rising maternal and perinatal mortality figures, which are considered to be among the highest in the world. The scheme is designed to increase the quality of care at the Primary Health Care Centers (PHCs), which are supposed to be the point of the first call. Over the years, the PHCs have been ignored by the people because of the poor quality of care in these facilities, which are deficient in the right mix of skilled personnel (nurses and doctors). The majority of the PHCs are manned by the Community Health Extension Workers who are often supervised by the only doctor in the local government area who may have up to twenty or more facilities to supervise. The available few staff in the PHCs have not been retrained or undergone refresher courses for a long time and, therefore, have no information of modern skilled intervention packages to make mothers and newborns safe during antenatal, intrapartum, and the immediate postpartum period. It is of interest to note that many of the catastrophes’ obstetricians often encounter in the tertiary hospitals are traceable to the activities of some of these PHCs; from delays in referral to engagement in some dangerous practices that are inimical to the health of women and neonates in the rural communities.

According to the Memorandum of Understanding with the PHCDA, Volunteers in the scheme will work with facility officials to identify gaps, train health workers, gather and disseminate information related to best practices in maternal health care, bring the impact of tertiary training to the skilled birth attendants, and possibly address the challenge of skewed distribution and national shortage of skilled birth attendants.

According to the most recent Nigerian demographic health survey, over 40% of skilled birth attendants reside in Lagos, while another 50% reside in the Federal Capital Territory and other 36 state capitals leaving about 10% for the suburban and rural areas. Development partners such as USAID, JIPHEGO, United Nations Population Fund, and many others have welcomed the VOS. The World Health Organization in support for the program opined that it would be an avenue for mentoring younger professionals and improve technical expertise for centers where volunteers are expected to work.

The volunteers in the VOS are most likely to bring about the desirable positive changes including improving the quality of care of women in the rural communities, reduce perinatal and maternal mortality figures, and improve uptake of family planning commodities, immunization, and other survival strategies that will make our women and newborn babies to live and grow healthy.

The Tropical Journal of Obstetrics and Gynaecology heartily congratulates SOGON for this laudable initiative for impact and change, and it is hoped that the Federal Ministry of health will continue to extend its support to the PHCDA to perform its statutory responsibility to the Primary Health Care facilities so that they in turn will meet international best practice.

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