

EDITORIAL

Advancing Reproductive Health Through Comprehensive Care and Evidence-Based Practice

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This issue of the Tropical Journal of Obstetrics and Gynaecology brings together a diverse collection of original research and case reports that reflect the multifaceted challenges and opportunities in obstetrics and gynaecology, particularly in sub-Saharan Africa and other resource-limited settings. The articles address critical gaps in our understanding of reproductive health across the continuum of care—from preconception through postpartum periods—while highlighting the persistent disparities in maternal and perinatal outcomes between developed and developing nations.

The contributions span several important domains. Several articles examine barriers to optimal reproductive outcomes. The high prevalence of intimate partner violence among pregnant women underscores a pressing yet often-neglected public health concern requiring integrated screening within antenatal care. Similarly, anxiety disorders in adolescent pregnancies reflect the particular vulnerability of young mothers, many of whom lack adequate psychological support. The findings emphasising unplanned pregnancies and poor social support as key risk factors provide actionable targets for intervention through community-based counselling programmes.

Articles addressing preventable complications reveal significant opportunities for harm reduction. The high stillbirth rate, predominantly in unbooked mothers with abruptio placentae as the leading cause, starkly illustrates the consequences of limited access to quality antenatal and intrapartum care. Conversely, the relatively low utilisation of evidence-based interventions—such as preconception care, intermittent preventive treatment for malaria in pregnancy, and the nascent adoption of the WHO Labour Care Guide—represents critical implementation gaps despite established benefits.

This issue also features uncommon but important clinical presentations. The case reports of ruptured caesarean scar ectopic pregnancy and bicornuate uterus with recurrent malpresentation

remind us of the necessity for careful clinical examination and high indices of suspicion, particularly in women with adverse obstetric histories. These cases underscore that diagnostic acumen remains paramount even as imaging technology advances.

Several articles present encouraging findings on acceptance and feasibility. The high acceptance of child adoption as a management option for infertility in Ogbomoso, the positive perception of postpartum intrauterine device insertion among practitioners, and the recognised potential of the Labour Care Guide all suggest receptiveness to innovations that could expand reproductive choices and improve care quality.

We acknowledge that many findings in this issue reflect context-specific realities of Nigerian and other African healthcare systems—resource constraints, limited training infrastructure, and sociocultural factors. Yet these realities underscore universal principles: that evidence-based practice, when combined with culturally sensitive implementation strategies and equitable resource allocation, can substantially reduce preventable maternal and perinatal mortality.

The editors encourage readers to critically appraise these findings within their own practice contexts and to advocate for policies that translate evidence into practice. We particularly urge investment in: (1) comprehensive antenatal screening for psychological and social risk factors; (2) strengthening referral networks and emergency obstetric services; (3) widespread training in evidence-based intrapartum care tools; and (4) integration of preconception care into routine health services.

As we continue to advance the frontiers of reproductive health, the diverse insights presented in this issue offer a compelling roadmap for achieving better outcomes through comprehensive, equitable, and evidence-based care.