

## **ABSTRACT OF INAUGURAL LECTURE BY PROFESSOR OLADAPO OLAYEMI**

### **TITLE: ROCKING THE CRADLE: THE PRESSURE AND THE PANGS**

The lecture highlights the work of the lecturer in maternal and reproductive health. The pressure refers to hypertension in pregnancy which is a condition which cause is still a subject of theories. The historical perspective of hypertension in pregnancy is traced for the Middle Ages to contemporary times. The various theories and the resultant remedies to the condition are presented. The influence of a Frenchman born in 1637 named Francois Mauriceau in the birth of the field of Obstetrics and Gynaecology was mentioned. The highlights include the development of the modern sphygmomanometer by Koroktoff in 1905.

Initial theories that dictated the treatment include the theory of spiritual causation of illness, the four-humor theory and the wandering womb theory which resulted in treatments such as prayers, use of amulets and charms and bloodletting. The modern theories of aetiology include Abnormal trophoblastic invasion of uterine vessels, Maternal maladaptation to cardiovascular or inflammatory changes of normal pregnancy, Dietary deficiencies, Genetic influences, and Immunological intolerance between maternal and fetal tissues.

The immunological theory is the most accepted theory, studies done in this environment to support this theory include the influence of new paternity and abortion on hypertension in pregnancy and the study on the influence of cohabitation of development of hypertension in pregnancy. Both studies provided evidence in support of the immunological theory. Low dose aspirin use for prevention, and the use of antihypertensives, magnesium sulphate as anticonvulsant and for seizure prophylaxis with appropriately timed delivery are the cornerstone of current management, and these represents the giant leap in the past 50 years based on the modern theories.

The lecture presented the pangs to include both physical and emotional pain caused by conception, The sorrows related to conception is felt by the woman who either cannot conceive or conceives but has no living child. In pregnancy, several conditions can cause pain and sorrow even before labour and finally, the pain experienced at labour, the relief of pain in labour is as ancient as man himself, with several methods applied to the different compartments of pain.

The psychological aspect of pain in labour was explored by studies like Attitudes of patients to obstetric analgesia at the University College Hospital, Ibadan, Determinants of pain perception in labour among parturients at the University College Hospital, The influence of westernisation on pain perception in labour among parturient at the university college hospital Ibadan. Finally, a randomized controlled trial on the use of support during labour and showed the benefit of the practice to reducing the pangs of labour. With the shortage of personell to provide analgesia in labour, psychological support is necessary in our environment and recognized in guidelines by the World Health Organization.

Finally, the issue of the emotional pang caused by maternal mortality was presented and the benefit of tranexamic acid in reducing deaths and other complications of postpartum haemorrhage was presented.