

delivery. Neonatal outcomes are also affected, with a greater likelihood of intensive care admission, while maternal risks extend into the postpartum period, with haemorrhage, delayed recovery, and psychological issues such as depression. Despite these challenges, there remains considerable hope. Evidence-based strategies at the community, fertility, and clinical levels can positively influence outcomes. Community education and preconception counselling enable early detection and management of subfertility, while empowering primary healthcare workers to support fertility care. Advances in ART, including preimplantation genetic testing, improve success rates and minimize genetic risks. Individualized obstetric management, involving optimized preconception health, tailored antenatal surveillance, and multidisciplinary intrapartum and postpartum care, can mitigate complications.

In conclusion, AMA represents an emerging women's health challenge that demands a comprehensive care pathway. Strengthening community awareness, integrating advanced fertility treatments, and providing individualized, respectful obstetric care are key to improving outcomes and ensuring safer motherhood in this vulnerable population.

### **Violence Against Children - The Hidden Epidemic in Paediatric Care**

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Children have the fundamental right to live, learn, and grow free from abuse, neglect, and exploitation. Yet, various forms of violence, bullying, maltreatment, sexual exploitation, intimate partner violence, and psychological harm persist across age groups. Violence against children is a hidden epidemic in Sri Lanka, with alarming statistics and systemic challenges. Data from the Northern Province underscores the seriousness of the problem: Several barriers prevent effective protection: absence of a national framework, weak coordination among agencies, inadequately trained

personnel, and social norms that normalize violence. Awareness among parents, teachers, and children remains low, limiting the use of available child protection services.

Socio-economic vulnerabilities compound the issue. Only 26.4% of Sri Lankan children under 15 benefit from social protection measures, leaving the majority exposed to poverty, child labour, and exploitation. Youth exposed to violence often normalize aggression, developing harmful behaviors such as substance abuse, reckless actions, and poor conflict resolution. Increasingly, risks extend to cyberspace, where children face exploitation, sexting, and cyberbullying. The long-term consequences are profound, including poor academic outcomes, mental health disorders, substance dependence, and even chronic illnesses. Preventive strategies emphasize shifting policymaker priorities toward stronger social protection systems, empowering adolescents through life skills education, and strengthening families to prevent separation. Life skills such as self-awareness, empathy, decision-making, and stress management equip children to resist violence and thrive. Ultimately, safeguarding children requires coordinated national action, cultural change, and sustained investment in social protection and education. Protecting children is not only a legal obligation but also a vital step toward building a safer and healthier society.

### **Never Miss a Mother at Risk: Prompt Recognition and Response in Obstetric Care**

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Maternal survival hinges on the timely detection and effective management of obstetric emergencies. This presentation explores three sentinel causes of preventable maternal mortality—ruptured ectopic pregnancy, eclampsia, and postpartum sepsis—through illustrative clinical scenarios. It underscores essential competencies: vigilant