PRE-ECLAMPSIA AND ECLAMPSIA IN NIGERIA: LOOKING BEYOND THE NORTH AND EMERGING CHALLENGES

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Introduction: building on the evidence

• Ending Eclampsia (supported by USAID) continues the work commenced in Kano state on increasing access to underutilized commodities and interventions

• Landscape or ‘context analysis’ conducted to understand gaps and plan for improvement

States
– Katsina (MacArthur)
– Bauchi,
– Sokoto
– Kogi
– Ebonyi
– Cross River
– Ondo state
GAPS IDENTIFIED THROUGH THE LANDSCAPING ANALYSIS
Provider knowledge (n-379)

- Only 12% providers knew correct loading dose of MgSO4 (Pritchard regime)
- 10% knew the correct maintenance dose
- 7% knew which drug to use for treating MgSO4 toxicity
- <11% providers could list 3 ways to monitor MgSO4 toxicity
You see, the problem here is that, all these policies are available at the national level; but we the implementers don’t have or see the copies.
Scaling up approaches

- Scale-up early detection of PE and use of MgSO$_4$
  - Train service providers on early detection and timely management of PE including referral
  - Train social workers to provide pregnancy related health information messages during ANC
  - Mentor nurses, midwives and CHEWs on prevention, early detection and management of PE/E
  - Build capacity of logistic officers to request for essential tools and commodities for detection and management of PE/E
Expansion

- Harmonize PE/E and PPH national guidelines, training materials, protocols, tools and job-aids
- Advocacy to government ministries and agencies on adoption of guidelines and policies at local level
- Continuous advocacy to states MOHs for procurement of essential tools and commodities
- Build a global and local networks of stakeholders around PE/E in Nigeria
- Build global evidence: disseminate findings [www.endingeclampsia.org](http://www.endingeclampsia.org)
Implementation Research

- Determine the feasibility of PHC workers to detect and treat hypertension in pregnancy (with alpha methyldopa)
- Test utility of sensitizing women at community level on their health care-seeking behaviors
- Sensitize young married women to demand and receive quality antenatal care
EMERGING CHALLENGE: DISCONNECT BETWEEN PROVIDERS’ CERTIFICATION AND KNOWLEDGE AND SKILLS
Knowledge of aspirin prophylaxis and antihypertensives by type of provider

- Medical Practitioner: 65.70% knowledge of aspirin, 22.90% knowledge of antihypertensives
- Nurses/Midwives: 11.50% knowledge of aspirin, 48.50% knowledge of antihypertensives
- CHEWs/CHO: 31.90% knowledge of aspirin, 2.80% knowledge of antihypertensives
Knowledge of loading/maintenance dose of MgSO4 (Pritchard regimen) by type of provider

- **Medical officers**
  - Loading dose: 25.70%
  - Maintenance dose: 8.60%

- **Nurses/Midwives**
  - Loading dose: 14.50%
  - Maintenance dose: 16%

- **CHOs/CHEWs**
  - Loading dose: 4.20%
  - Maintenance dose: 2.80%
Knowledge of monitoring of toxic effects and antidote to MgSO4 toxicity by provider

- **Medical officers**
  - Monitoring of MgSO4 toxicity: 31.40%
  - Antidote to MgSO4 toxicity: 57.10%

- **Nurses/Midwives**
  - Monitoring of MgSO4 toxicity: 10.00%
  - Antidote to MgSO4 toxicity: 38.00%

- **CHEWs/CHOs**
  - Monitoring of MgSO4 toxicity: 7.60%
  - Antidote to MgSO4 toxicity: 9.00%
Conclusion

• Need innovative ways to ensure:
  – Competence of health care providers
  – Availability of working equipment and policies for the detection, management and monitoring of PE

• Emphasis should be on true providers’ competence rather than on their certification: current definition for a ‘skilled provider’ is not very helpful.

• Essential to promote quality ANC services for early detection of PE/E
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