



### PERSISTENT BURDEN OF PRE-ECLAMPSIA/ECLAMPSIA ON MATERNAL AND CHILD HEALTH

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#### Nigerian context

- PE and PPH cause most maternal deaths (>50%)
- Evidence suggests:
  - Some PPH is provoked by undiagnosed PE
  - Absolute number of deaths from PE has increased
- WHO near-miss and maternal mortality surveillance:
  - 42 tertiary hospitals in Nigeria
  - Over 100,000 referrals for pregnancy complications received, 91% arrived in a critical condition
  - 998 maternal deaths and 1451 near miss
  - 23% severe maternal outcomes due to PE/E
  - Mortality index is highest for PE/E

REF: Oladapu OT et al, "When Getting there is not enough..." BJOG 2015

# Main observation in WHO Surveillance Study

 Most pregnant women with complications arrived at referral hospitals very late

- Poor knowledge and skills among lower cadre providers on:
  - Early detection of PE and other complications
  - Ability to detect complications early
  - Ability to determine when further delay is dangerous

## Burden in target countries for Ending Eclampsia project

- Bangladesh: PE/E contributes to 20% of maternal deaths
- Ethiopia: PE/E contributes 16% of direct causes of maternal deaths
- Pakistan: of the 276/100,000 MM, PE/E accounts for 12%
- Situation similar in many LMIC

#### **Ending Eclampsia approach**

- Embark on multi-level interventions: policy, facility, community
- Emphasis on Primary Health Care level
- Implementation science to address 'know-dogaps':
  - Scaling up the PE/E model developed in Kano State
  - Antihypertensives
  - Community level interventions

## Ideas. Evidence. Impact.





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