



Perinatal Care Status In Egypt

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Perinatal Care Status In Egypt

Historical Perinatal services didn't exist in Egypt.

Attempts have been started to establish these services and specialty since 1991 by the Child Survival Project.

It was not until obstetricians and Neonatologists were trained together to first identify high risk mothers and then work as a team to provide neonatal care did attitudes begin to change.



Perinatal Care Status In Egypt

Sustained efforts to improve the quality of obstetric care and to reduce the fertility rate and unwanted births led to the decline of Maternal Mortality in Egypt dropped from 174/100,000 to 84/100,000 between 1992-93 and 2000. It reached 68/100,000 in 2005.

Infant Mortality

- **Though infant mortality in Egypt has declined by 64% from 124 per 1000 in 1974-78 (EDHS 1988) to 44 per 1000 in 1995-99 (EDHS 2000). A further reduction to 33/1000 IN 2005. Yet the decline has been greatest among older infants due to the success of infant immunization programs, and programs targeting infant nutrition, oral re-hydration and acute respiratory infections.**



Infant Mortality

- As a consequence, the proportion of deaths in the neonatal period has increased. The most recent data indicate that 60% of all infant deaths are in the neonatal period (first month of life) (EDHS 2005).
- Neonatal Mortality In Egypt is 20/1000(EDHS 2005).



Perinatal Mortality

- Perinatal and neonatal mortality is most effectively addressed by interventions in pregnancy, during labor and delivery, and in the first few weeks after birth.



Most perinatal deaths are caused by:

- Pregnancy related complications such as placenta previa.
- Delivery related complications including premature birth, intrapartum asphyxia and birth trauma or diseases in neonatal; period as sepsis and pneumonia. Moreover, the majority of these factors are avoidable.



The Egyptian Perinatal Program

focused on:

- Care during pregnancy.
- Care during birth and beyond.
- Data documentation and evaluation and their relation to outcomes.

Goals and Objectives of the program:

- ❖ To develop the concept of Regionalization of Perinatal Care.
- ❖ To develop a system of inpatient perinatal care in Egypt.
- ❖ To develop a system of Ambulatory Perinatal Care.

Regionalization of perinatal Care

The concept of regionalization of perinatal care was laid down and neonatal units were divided into three levels.

- Level I, primary health care units.
- Level II secondary or District Hospital offering neonatal care to cases classified as moderate risk.

Regionalization of perinatal Care

- Level III, tertiary level or General Hospital offering neonatal care to cases classified as high risk and offering respiratory therapy through CPAP (Continuous Positive Airway Pressure) or mechanical ventilation.
- Level IV, University Hospital.



Inpatient Perinatal Care

It included:

Prenatal care :

Screening for high risk pregnancies

Care for special cases

Intra-partum Care:

Enforcing admission policies and procedures



Inpatient Perinatal Care

Essential Obstetric Care (EOC):

Integrated decision making and management of high risk scenarios between the two departments.



Inpatient Perinatal Care


Postpartum and follow-up Care:


Maternal Care.

Neonatal Care.

- Referral.
- Child card.
- Assessment of the Newborn.

Discharge Policy and procedures.

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- The efforts started by establishing resuscitation sessions conjointly for both departments including all health providers.



Again, on implementing a system of inpatient care focuses on the major causes of perinatal mortality by variety of interventions at different levels was done on various levels.



The problem of asphyxia was targeted by:

- Establishing the levels of risk of pregnancy and creation of notification forms for pediatricians and a form with the delivery room data and training of health providers or filling this forms and emphasizing the importance of the link between the two departments for a good outcome.




As for Neonatal Sepsis:

- Courses for preparation and mixing I.V. fluids and medications were done for 487 physicians and 429 nurses. Moreover, these courses trained on proper hand washing and neonatal procedures as cannula insertion and removal.
- A video tape for nurses on procedures was done concentrating on neonatal nursing procedures.



As for Respiratory Distress:

- A Swat team for CPAP was done concentrating on CPAP therapy.

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- Strengthening the neonatal system for inborn and out born by supplying the units with portable incubators and training the ambulance team as well as establishing a referral tree.

Strengthening Inter-hospital Care of the Perinatal Patient was done through:

These areas have been addressed, yet, still a lot of work needs to be done in this domain, however, the program is targeting towards:

- Maternal and Neonatal Transport:


24 hours service

Formal transfer request

Reliable, accurate communicating system

Strengthening Inter-hospital Care of the Perinatal Patient was done through:


- * Equipment availability.**
- * Training personnel.**
- * Availability of equipment for Safe monitoring physiological functions.**
- * Transport vehicles.**



To develop the guidelines for Perinatal Care. This included:


- Service standards and QA checklists.
- Training materials.
- Neonatal protocols and modules.

These concentrated on:

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- Integrated Resuscitation Protocol
 - Infection Control protocol for OB/GYN & neonatal departments.
 - Normal Newborn Care protocol.



Program Monitoring and Evaluation



Perinatal statistics to monitor outcomes are done through the use of specific indicators for high risk areas:

- Perinatal asphyxia.
- Perinatal sepsis.
- Premature births.
- Diabetes in pregnancy.

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- Enforcement of Safe Motherhood Committees on the District and Government levels.



Conclusion:

Perinatal and neonatal mortality were addressed by consolidating efforts towards an interface between neonatal and obstetric services through ensuring the quality of integrated perinatal services in the obstetric environment, developing specific indicators that will monitor the practice as well as encouraging hospital & district based activities.