



Making Pregnancy Safer

Dr Rita Kabra
Department of Making Pregnancy Safer, WHO
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Outline of the presentation

- Making pregnancy safer, **MPS**
- Integrated management of pregnancy and childbirth : **IMPAC**
- Pregnancy, Childbirth, Postpartum and newborn care: A guide to essential practice : **PCPNC**
- Managing complications in pregnancy and childbirth: **MCPC**
- Managing Newborn problems: **MNP**



Making Pregnancy Safer



WHO's contribution to the
Safe Motherhood initiative

Health sector strategy aimed to
assist countries to identify and
implement affordable strategies
to address maternal and newborn
health.





Making Pregnancy Safer

Four inter-linked elements are required for building the needed continuum of care:

- a skilled workforce to provide maternal and newborn health services
- improving the quality and provision of services
- working with women, families and communities
- strengthening collaboration with other key public health programmes, for effective planning and services provision



Integrated Management of Pregnancy and Childbirth

IMPAC is a comprehensive package of

- Norms
- Standard
- Tools

Adapted and applied at National and Sub-national levels

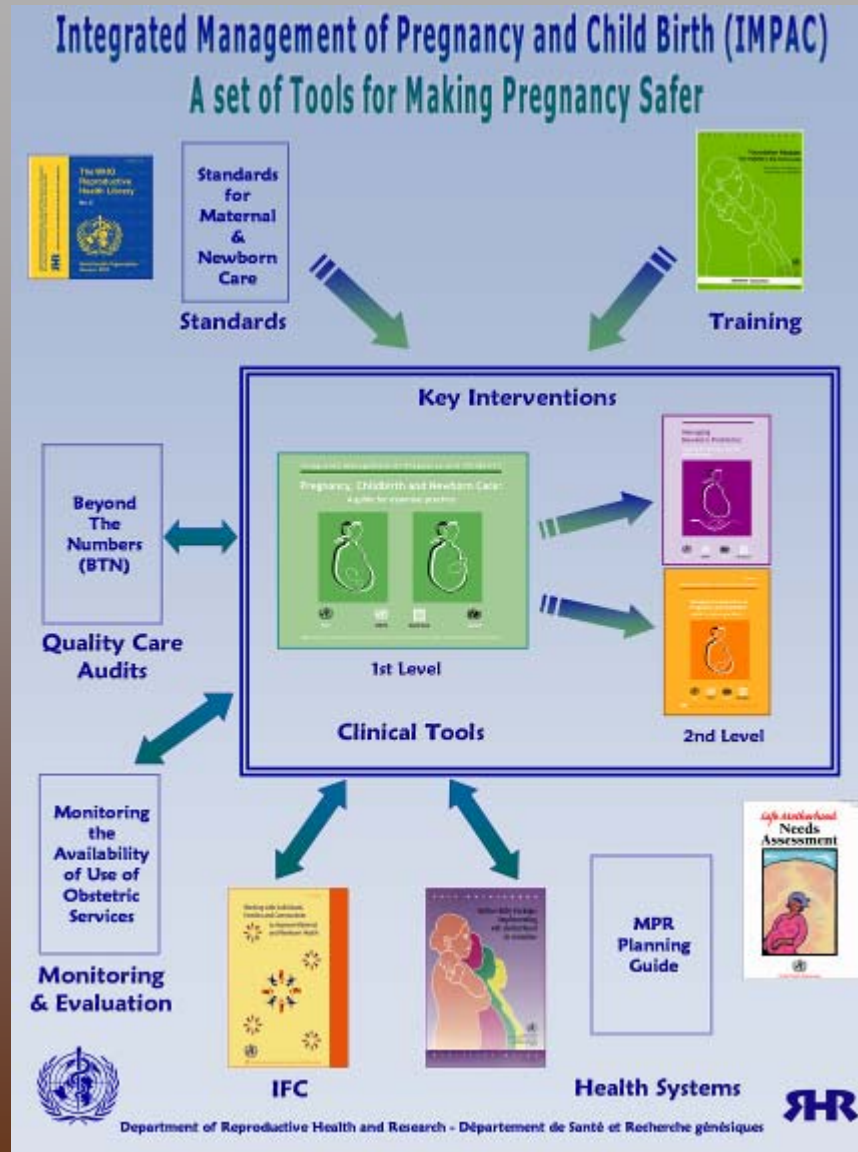
Support country effort in reducing maternal and perinatal mortality and morbidity

Guidance on :

- clinical practices
- management of the health care system and
- monitoring and evaluation of programmes.

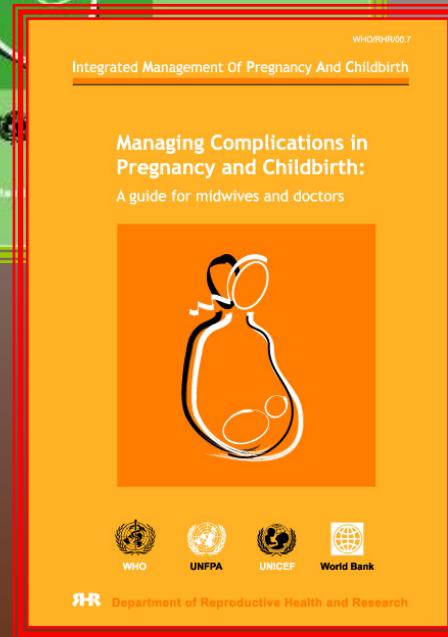
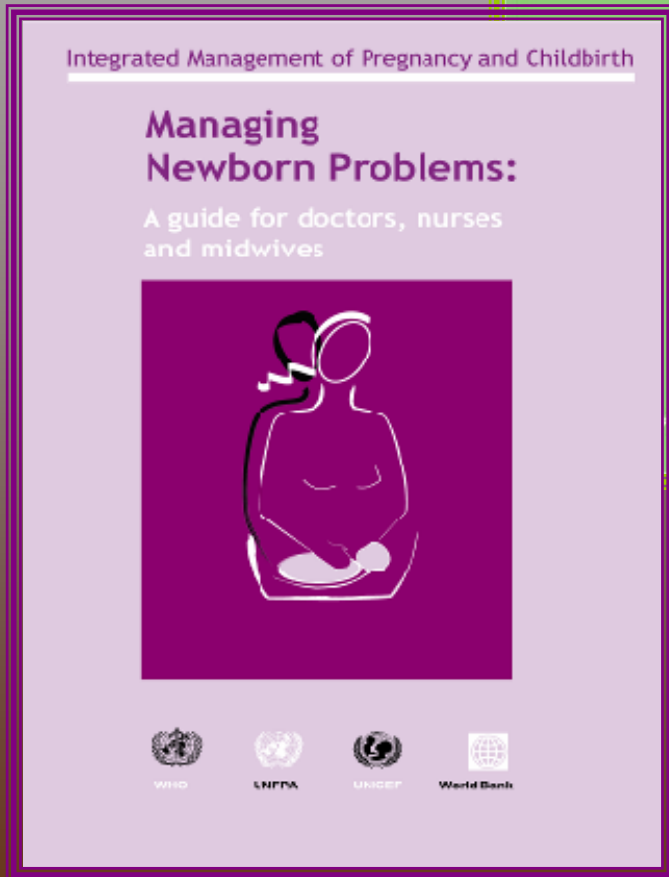
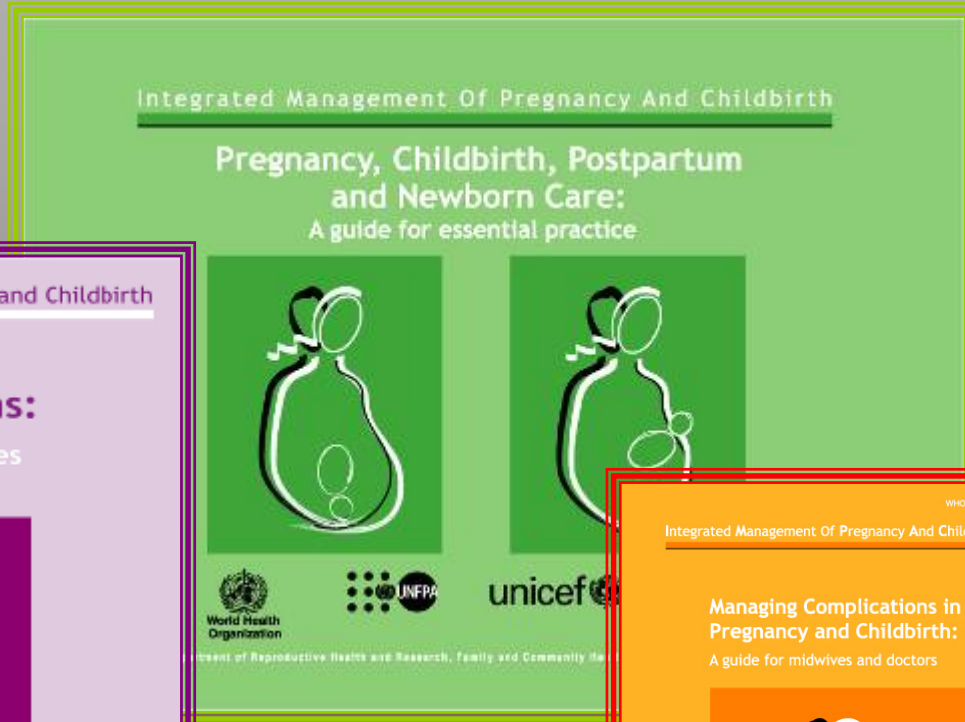


IMPAC Tools





Clinical evidence-based IMPAC guidelines: according to level of care



- Arabic
- Portuguese
- English
- French
- Spanish
- Russian
- Laotian
- Vietnamese
- Indonesian
- Chinese
- Farsi
- Mongolian
- Mandarin
- Bangle
- Dari
- Pushtu
- Korean
- Timorese

Rita Nabra_IMPAC2005/7



What is PCPNC ?

Practice guide on essential routine and emergency care which should be available at all levels of health care particularly at the primary health care level, during pregnancy, child birth, post-partum and post-abortion periods.

Integrated Management Of Pregnancy And Childbirth

Pregnancy, Childbirth, Postpartum
and Newborn Care:
A guide for essential practice



WHO Department of Reproductive Health and Research, Family and Community Health, World Health Organization, Geneva



Target audience

- Health care providers /Skilled birth attendant
- Decision makers
- Trainers and educators



Principles of the guide

- Continuum of care for the mother and newborn
- Core set of essential interventions
- Major causes of maternal and neonatal mortality
- Evidence based interventions
- Clinical decision making based on signs and symptoms
- Consistent approach to management
- Integrated approach



Principles of the guide

- Treat at first encounter, early detection, stabilisation and appropriate referral
- Quality of care
- Communication with women
- Confidentiality
- Organisation of services
- Universal precautions for infection control



Contents

- Clinical
- Health Promotion
- Administrative



Clinical Components

- Rapid assessment & management section B
- Bleeding in early pregnancy / Post-abortion care
- Antenatal care section C
- Child birth, Labour and delivery and immediate postpartum care section D
- Postpartum care section E
- Care of the new-borns section J and K



Health promotion

Integrated in each clinical section...

- Inform and counsel on HIV section G
- Women with especial needs- adolescents, women living with violence section H
- Community support, Linkages with community groups, other health care providers, dais section I
- Information/counselling sheets section M
- Family planning section C, D



Administrative activities

- Introduction
- Principles of good care section A
- Equipment, supplies and medicines section L
- Laboratory: RPR, HIV, Hb, urine analysis
- Records and forms section N



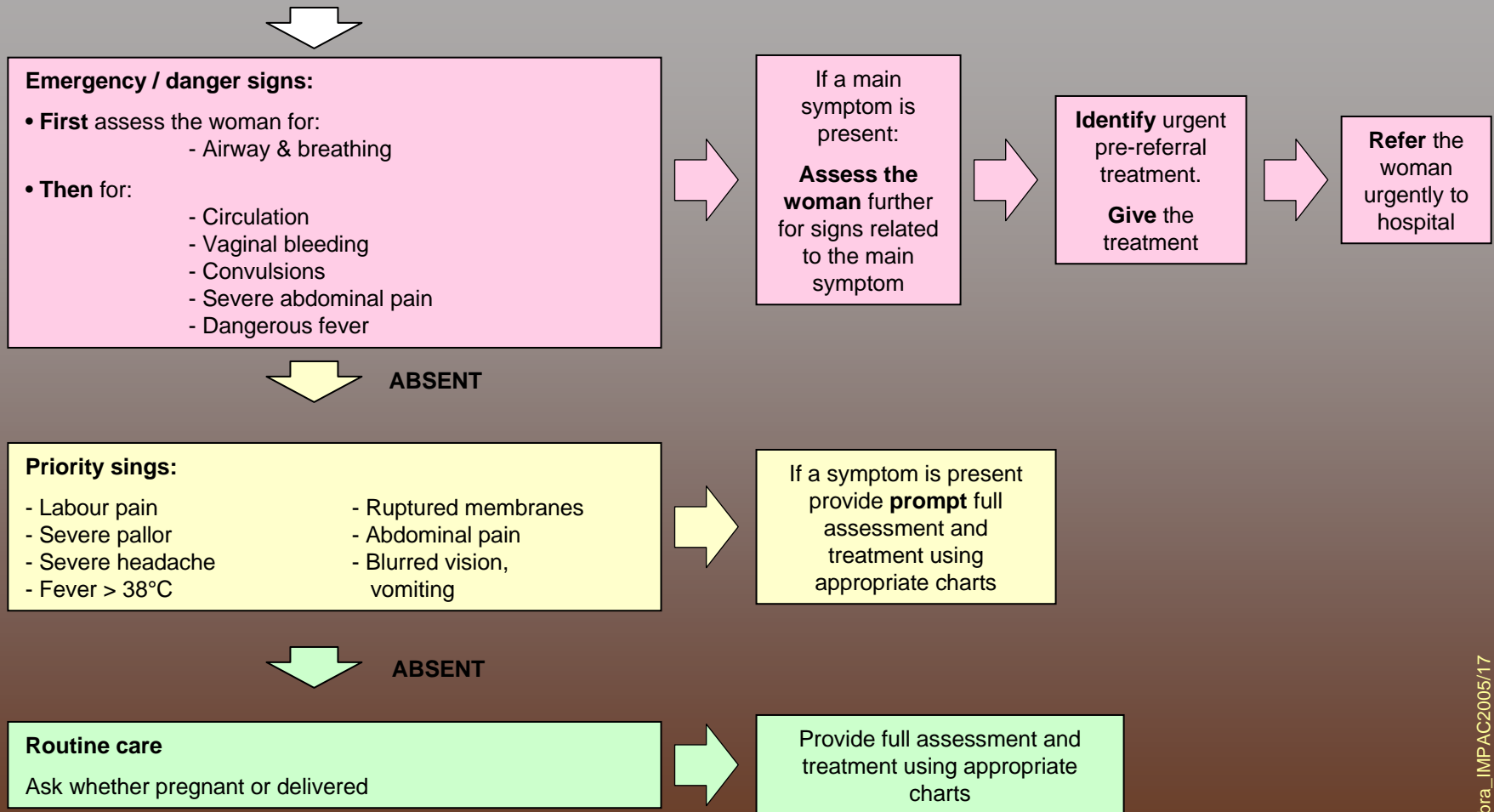
Structure of clinical component

- Rapid assessment and management of emergency
- Routine care for the essential elements of maternal and neonatal care pertinent to specific visit
- Respond to problem
- Preventive measures
- Advice and counsel



Rapid Assessment and Management (RAM)

Triage **all** women of childbearing age





Assessment, management charts

- Decision making tools: ask, look, treat. similar to IMCI
- Colour coded scheme
 - Red: immediate action
 - Yellow: specific treatment
 - Green: Home management



CHECK FOR ANAEMIA



Screen all pregnant women at every visit

	SIGNS	CLASSIFY	TREAT AND ADVISE
<p>ASK:</p> <ul style="list-style-type: none"> • Ask about exercise/work tolerance. Do you tire easily? • Are you breathless (short of breath) during routine household work? <p>LOOK:</p> <ul style="list-style-type: none"> • Look for conjunctival pallor. • Look for palmar pallor. <ul style="list-style-type: none"> If pallor: <ul style="list-style-type: none"> - Is it severe pallor? - Some pallor? - Count the breaths in 1 minute. • If able to measure haemoglobin, check on first visit or if woman has pallor on any visit. 	<ul style="list-style-type: none"> • Severe palmar and conjunctival pallor and/or haemoglobin less than 70g/l <p style="text-align: center;">OR</p> <ul style="list-style-type: none"> • Any pallor with <ul style="list-style-type: none"> - 30 or more breaths/minute - poor exercise tolerance (tires easily) 	<p>SEVERE ANAEMIA</p>	<ul style="list-style-type: none"> ➢ Refer urgently to hospital if last 2 months of pregnancy. (p.16) In all other cases refer to health centre for clinical assessment and haemoglobin and other tests. ➢ Revise birth plan so as to deliver in a facility with blood transfusion services. (p.24) ➢ Give double dose of iron/folate (1 tablet twice daily) for 3 months and counsel on compliance with treatment. (p.87) ➢ Counsel on nutrition. (p.36) ➢ Give appropriate oral antimalarial. (p.88) ➢ Follow up in 2 weeks to check clinical progress, test results and compliance with treatment.
	<ul style="list-style-type: none"> • Palmar or conjunctival pallor • Haemoglobin 70 to <110 g/l 	<p>MODERATE ANAEMIA</p>	<ul style="list-style-type: none"> ➢ Give double dose of iron/folate (1 tablet twice daily) for 3 months and counsel on compliance with treatment. (p.87) ➢ Counsel on nutrition. (p.36) ➢ Give appropriate oral antimalarial if due (not given in the past month). (p.88) ➢ Reassess at next antenatal visit (4-6 weeks). If anaemia persists refer to hospital.
	<ul style="list-style-type: none"> • No pallor • Haemoglobin 110 g/l or more 	<p>NO ANAEMIA</p>	<ul style="list-style-type: none"> ➢ Give iron/folate 1 tablet once daily for 3 months and counsel on compliance with treatment. (p.87) ➢ Counsel on nutrition. (p.36)



CHECK FOR PRE-ECLAMPSIA

Screen all pregnant women at every visit

ASK:

LOOK AND FEEL:

- Measure blood pressure in sitting position.
- If diastolic blood pressure is 90 mmHg or greater
 - Repeat after 1 hour rest.

Do you have:

- Severe headache
- Blurred vision
- Epigastric pain

If still high:

- Check protein in urine

SIGNS	CLASSIFY	TREAT AND ADVISE
<ul style="list-style-type: none"> • Diastolic blood pressure 110 mmHg or greater or • Diastolic blood pressure 90 mmHg or greater with 2+ proteinuria, with: <ul style="list-style-type: none"> - severe headache or - blurred vision or - epigastric pain 	SEVERE PRE-ECLAMPSIA	<ul style="list-style-type: none"> ➢ Give magnesium sulphate. (p.13) ➢ Revise the birth plan. (p.24) ➢ Refer urgently to hospital. (p.16)
<ul style="list-style-type: none"> • Diastolic blood pressure 90 mmHg or greater with 2+ proteinuria 	PRE-ECLAMPSIA	<ul style="list-style-type: none"> ➢ Revise the birth plan. (p.24) ➢ Refer to hospital.
<ul style="list-style-type: none"> • Diastolic blood pressure 90 mmHg or greater on two readings 	HYPERTENSION	<ul style="list-style-type: none"> ➢ Advise to reduce work load and to rest. ➢ Advise on danger signs. (p.37) ➢ Reassess at the next antenatal visit or in 1 week if >8 months pregnant. ➢ If hypertension persists, after 1 week or at next visit, refer to hospital or discuss case with doctor or midwife, if available.

p. 13

- **Give magnesium sulphate**
If convulsions (severe pre-eclampsia and eclampsia).
- **Important considerations in caring for a woman with eclampsia**

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PREGNANCY STATUS AND BIRTH PLAN

Use this chart for all women for every antenatal visit

p. 37

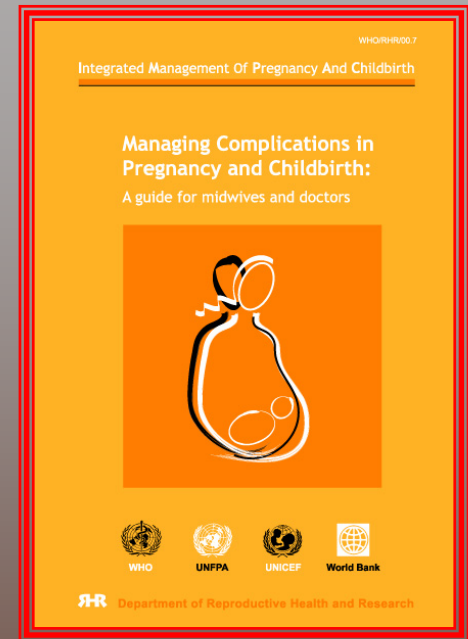
ADVISE ON WHEN TO SEEK CARE

- **Routine antenatal care visit**
- **Follow-up visit**



What is MCPC ?

- Guidelines for Emergency Care
 - Pregnancy, Childbirth and Postpartum
 - Immediate newborn care
- Evidence based interventions
- Symptom-sign based approach
- Target
 - Midwife and doctor
 - First referral level





Principles of the manual

- Simple diagnostic and clinical decision making based on symptoms, signs and basic tests
- Management based on effective low-cost options
- Evidence based interventions



Contents

The major sections:

Clinical Principles - C

Rapid initial assessment, Emergencies

General care , normal Labour and Childbirth

Operative care

Symptoms - S

Shock, vaginal bleeding, labour complications,
mal-presentation, fever

Procedures - P

Manual removal of placenta, caesarean section

Appendix - A

Essential drugs ,Index



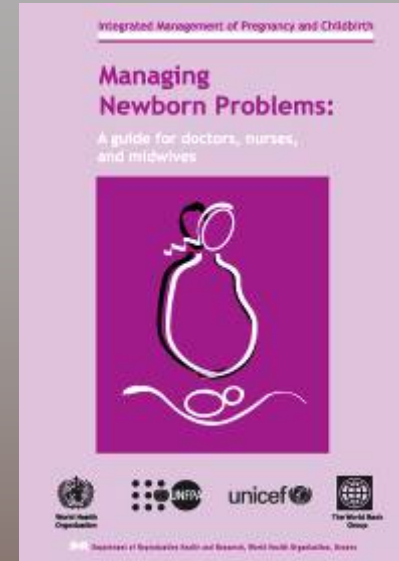
What is not in MCPC?

- Detailed description of anatomy, physiology, pathology
- Detailed classification of diseases
- Academic terminology
- Chapters based on disease classification
- Non-emergency conditions except normal labour, childbirth and newborn care principles



Managing Newborn Problems

- Entry: ill or small baby
- Manual's emphasis is on:
 - early recognition of problem
 - clinical, not laboratory, diagnosis
 - simple, consistent standards of treatment
 - Minimal number of procedures





Managing Newborn Problems

- Target audience:
 - generalist physicians
 - midwives
 - newborn nurses
 - other clinical caregivers at district hospital level



Managing Newborn Problems

Contents:

- Section 1: Assessment and Findings
- Section 2: Newborn Care Principles
- Section 3: Newborn Care Procedures
- Section 4: Annexes (records, drugs, equipment, supplies)



Major Newborn Health Problems Covered

- Infections: generalized and local
- Birth asphyxia
- Problems of small babies
- Birth injuries, brain injury
- Haemolysis (G6PD, ABO, Rh)
- Bleeding
- Skin, umbilical cord, eye problems
- Feeding problems



Supporting material

- Mother's counselling booklet
- Labour form, Referral form
- Multi-pregnancy home-based record (in development)
- Handbook and trainers guide
- Training material: locally adapted
- Adaptation guides & summary of evidence



Assumptions and adaptation

- Transmission of falciparum malaria
- Anaemia and hookworm
- HIV/ STI/ gonorrhoea

Need for adaptation to suit local situation and available resources



Essential practice is selected on the basis of evidence on efficacy and safety



Integrated Management of Pregnancy and Childbirth (IMPAC)

**Pregnancy, Childbirth, Postpartum and Newborn Care:
A guide for essential practice (PCPNC)**

ADAPTATION GUIDE
A guide to identify necessary adaptations of clinical policies and guidelines

A. The Adaptation Process

December 2003
Working Draft: for Limited Distribution Only

World Health Organization
Department of Reproductive Health and Research

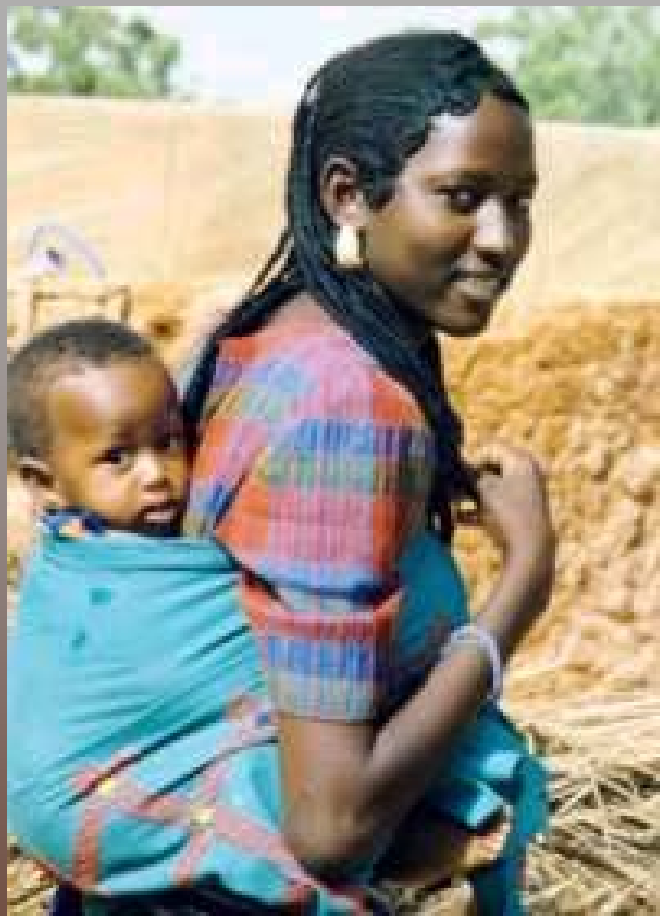


making Pregnancy Safer (MPS)
Département Pour une grossesse à moindre risque (MPS)



How to use these guides

- Adaptation
 - Alternatives on setting, epidemiology, national standards and new evidence
 - Not changing basic principles and evidence based practices
 - Translation
- Training
 - Pre-service
 - In-service



....women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.

Dr. M. Fathalla

Department of Making Pregnancy Safer (MPS)
Département Pour une grossesse à moindre risque (MPS)



Websites

<http://www.who.int/reproductive-health/mpr>