

Making Pregnancy Safer



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**WHO-UNFPA Strategic partnership Programme
on Introduction, adaptation, implementation of WHO guidelines
on Maternal and newborn Health and Family planning
11-13 Dec, 2005, Kabul, Afghanistan**

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





The vision

A world in which women go through pregnancy and childbirth safely and newborn babies are assured health





The mission

Accelerated country support to scale up
access to essential interventions to reduce
maternal and newborn morbidity and
mortality
and improve maternal and newborn health





Strategic Directions

Strategic direction 1

Building a conducive social, political and economic environment to support timely actions in countries

Strategic direction 2

Responding to country needs to achieve universal coverage of essential interventions that will ensure skilled care at every birth

Strategic direction 3

Building effective partnerships across relevant programmes and partners for coordinated actions in countries

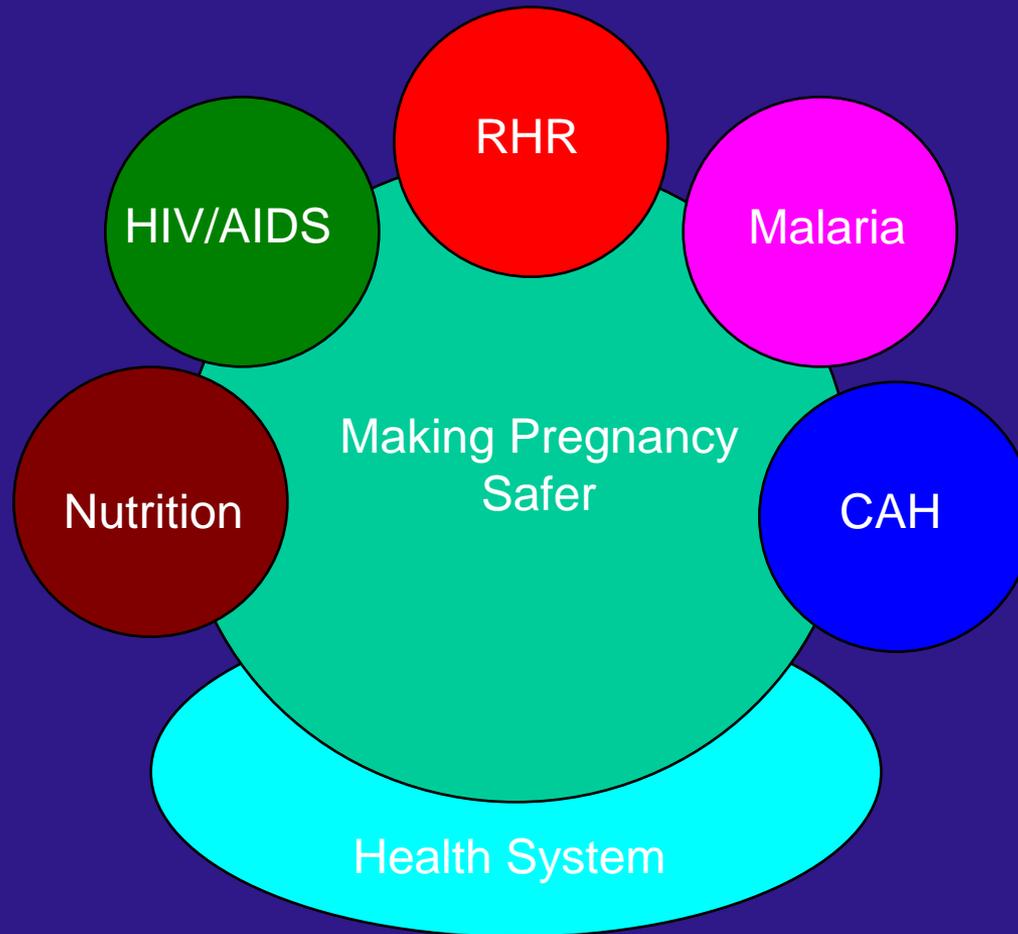
Strategic direction 4

Strengthening assessment, monitoring and evaluation for better decision-making by policy-makers and planners





Linking with Programmes



Guiding principle of the strategy



- Equity
- Continuum of care
- High quality services
- An Integrated approach
- Ownership, partnership and responsibility
- Sustainability
- Policies and strategies are based on evidence and best practices



Cornerstone of global MPS strategy



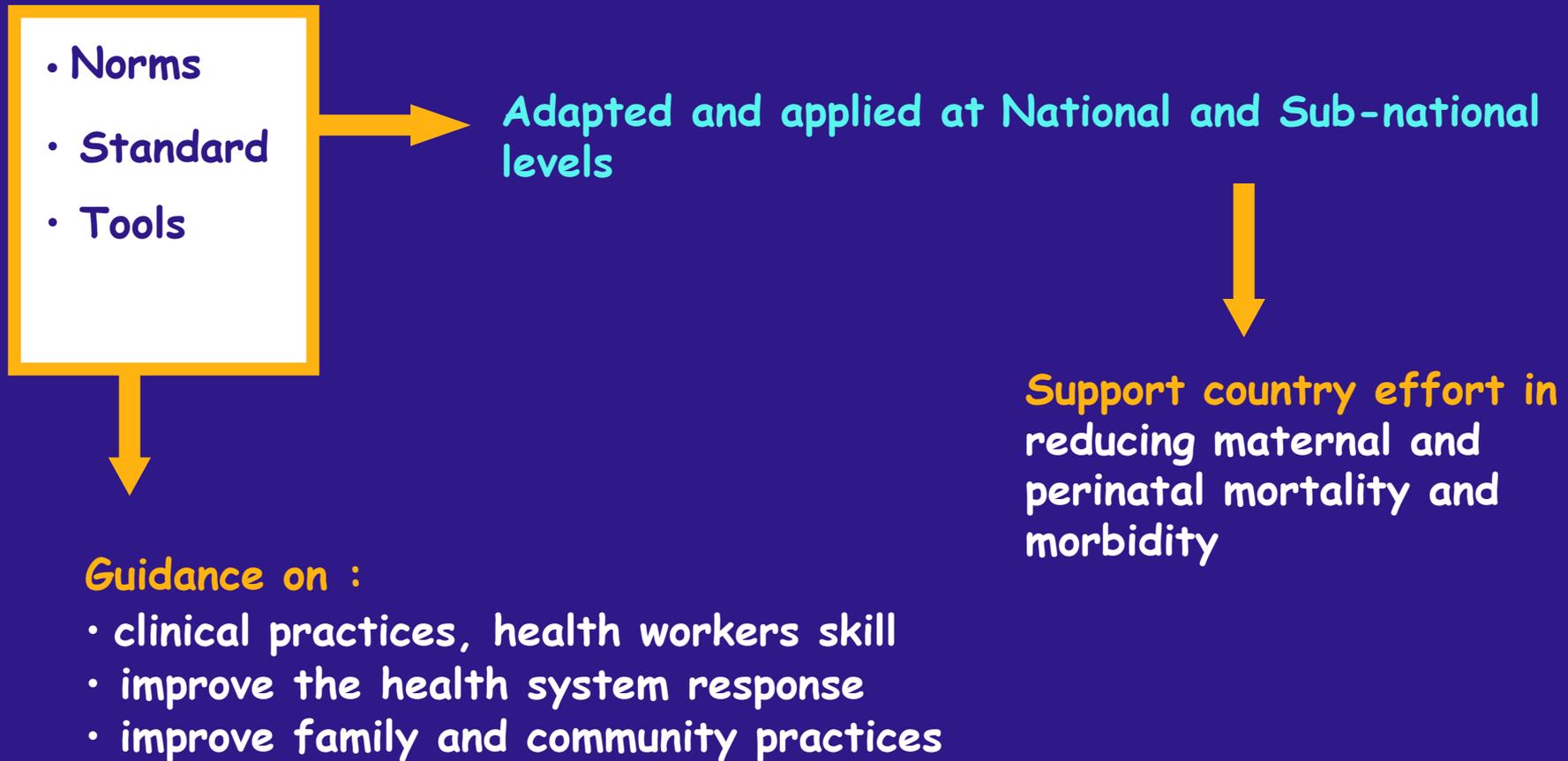
*Integrated Management of
Pregnancy and Childbirth
(IMPAC)*



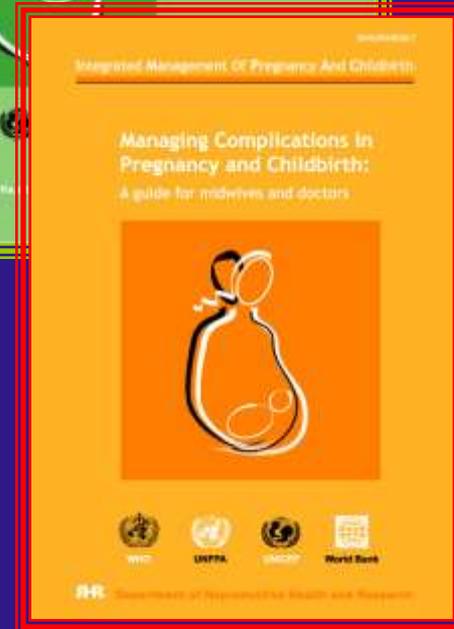
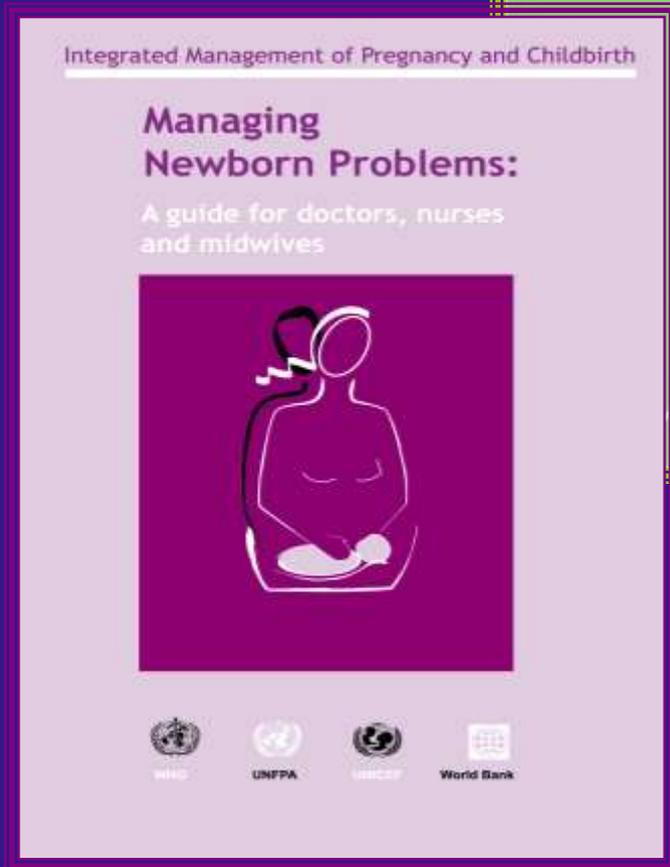
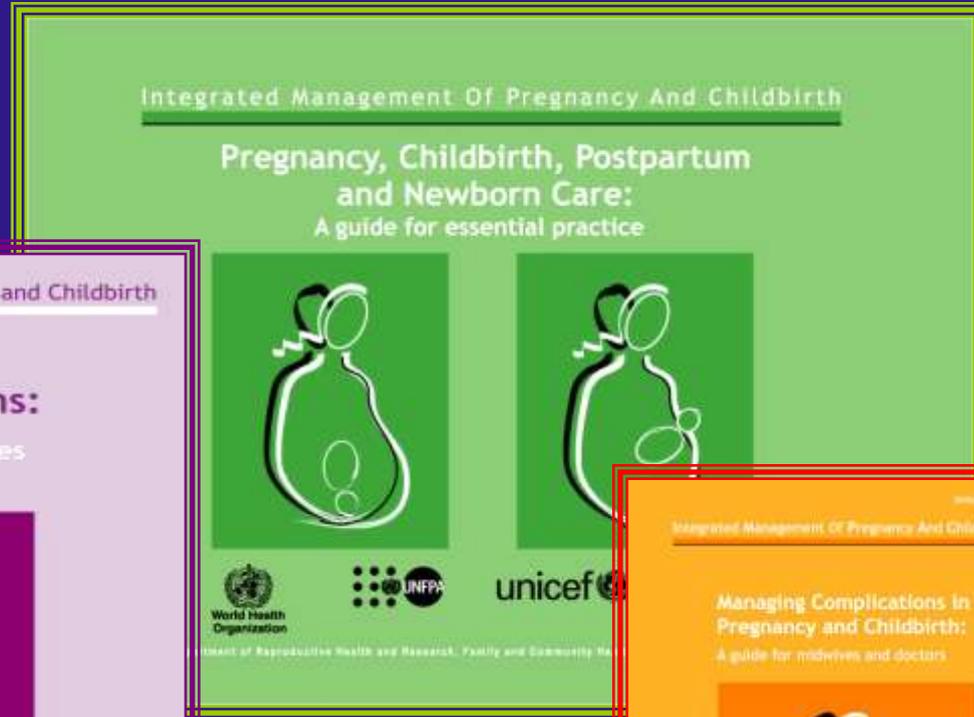
IMPAC is an approach to maternal and newborn survival and improvement of their health



IMPAC includes



Clinical 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

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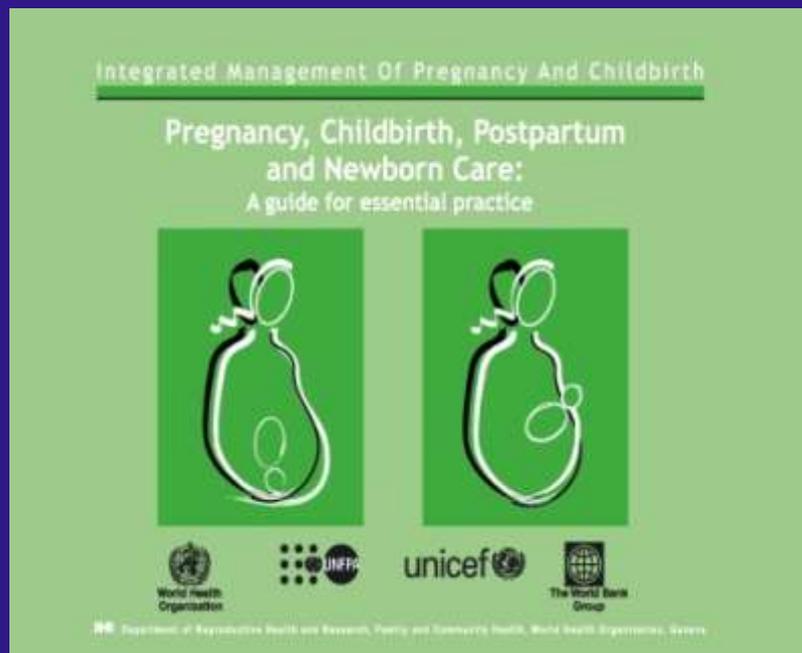
Development



- Review of evidence
- Endorsed by FIGO, ICM, UNFPA, UNICEF and World Bank
- Contributions and critical reviews from several experts
- Collaboration with JHPIEGO (MCPC, MNP)
- Reviewed in different regions
- Translated into several languages
- Adapted at local level

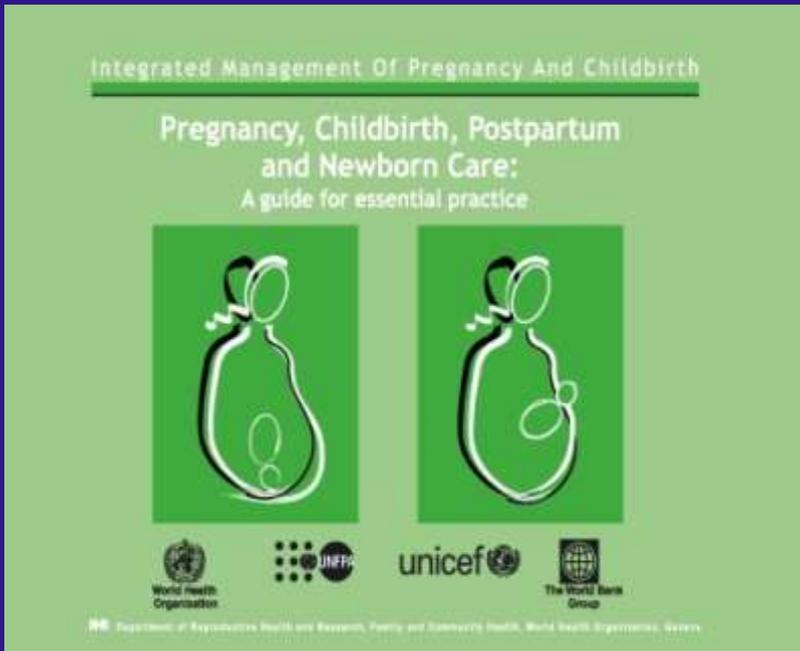


Pregnancy, Childbirth, Postpartum and Newborn Care: a guide for essential practice





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



Target audience



- Health care providers / Skilled birth attendant
- Trainers and educators
- Health planners
- Programme managers





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
- Integrated approach
- Clinical decision making based on signs and symptoms
- Consistent approach to management





Principles of the guide (2)

- 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, preventive measures
- Programmatic/organisational





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, prevention

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**





Programmatic activities

- Introduction: organisation of services, universal precautions, etc
- Principles of good care **section A**
- Equipment, supplies/medicines, laboratory: **section**
- Records and forms **section N**



Structure of clinical component

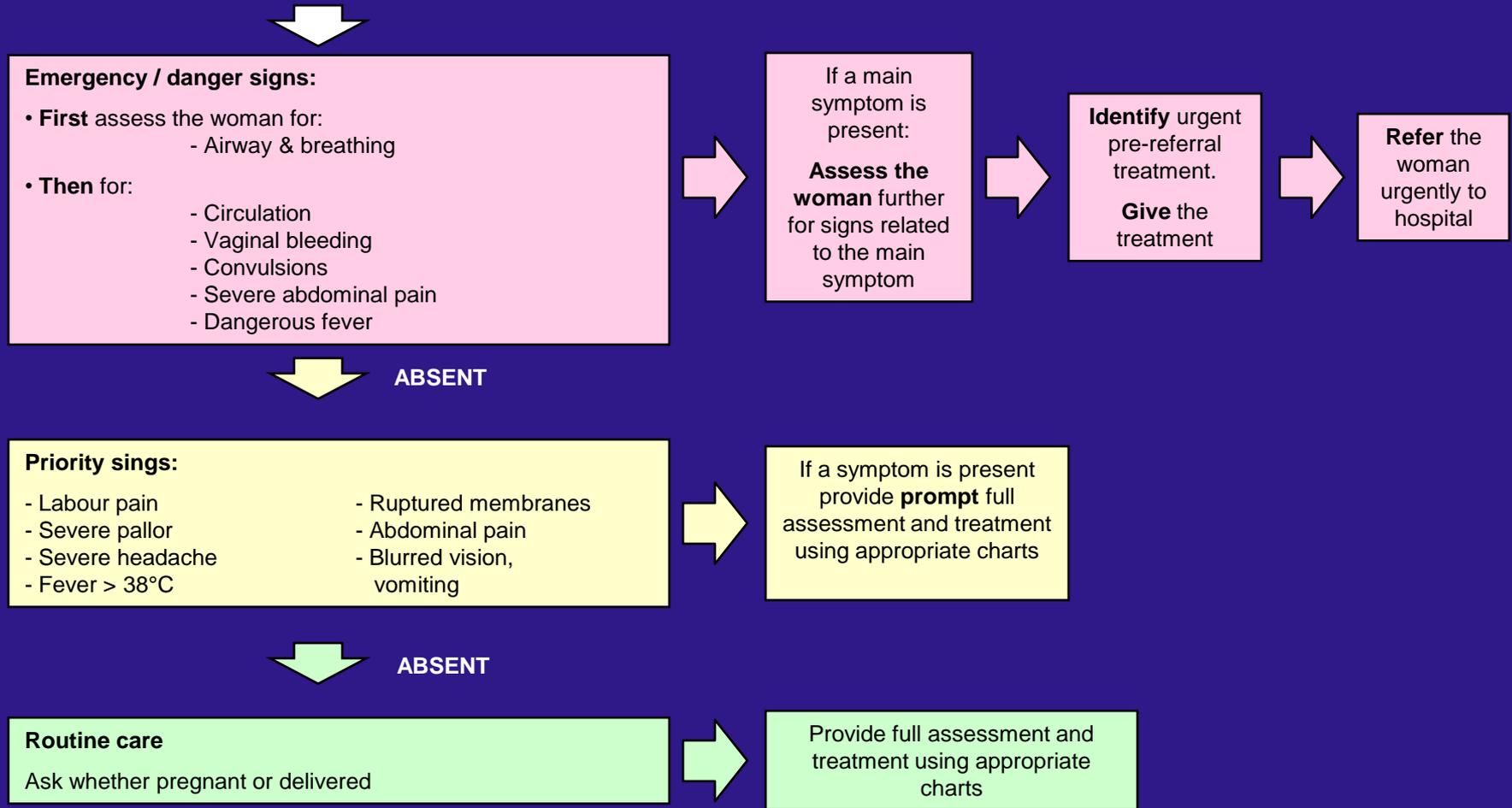
- Rapid assessment and management of emergency
- Routine care for the essential elements of maternal and neonatal care pertinent to specific visit
- Respond to problem
- Preventive measures
- Advice and counsel





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 PRE-ECLAMPSIA

Check for pre-eclampsia in all women at every visit

ASK:	LOOK AND FEEL:
<ul style="list-style-type: none"> • Measure blood pressure in sitting position. • If diastolic blood pressure is 90 mmHg or greater <ul style="list-style-type: none"> - Repeat after 1 hour rest. 	<ul style="list-style-type: none"> • Measure blood pressure in sitting position. • If diastolic blood pressure is 90 mmHg or greater with 2+ proteinuria, with: <ul style="list-style-type: none"> - severe headache or - blurred vision or - epigastric pain
Do you have: <ul style="list-style-type: none"> • Severe headache • Blurred vision • Epigastric pain 	If still high: <ul style="list-style-type: none"> • 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. > Refer to hospital if you notice any danger signs. (p.37) at the next antenatal visit 1 week if >8 months > 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**

p. 37

p. 24

PREGNANCY STATUS AND BIRTH PLAN

Use this chart for all women for every antenatal visit

ADVISE ON WHEN TO SEEK CARE

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





Assumptions and adaptation

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

Need for adaptation to suit local situation and available resources



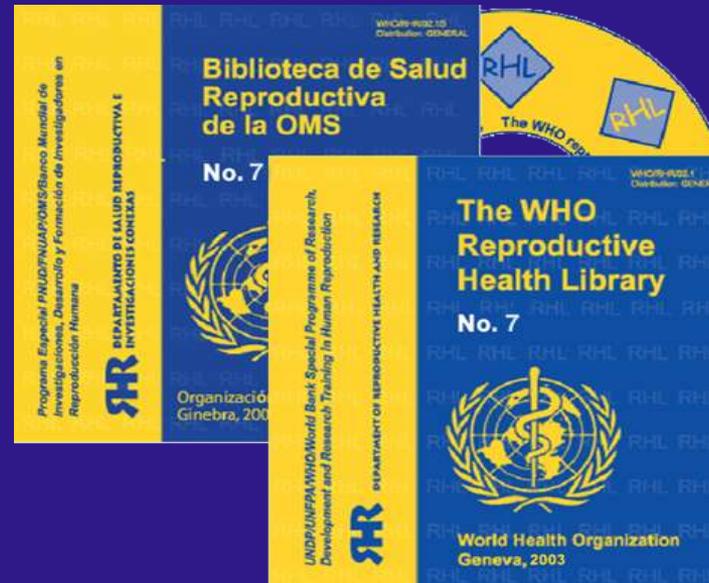
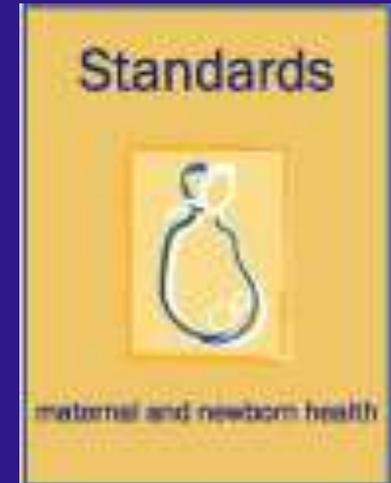


To support the adaptation process

**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*

December 2003



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Present status:

- Adaptation work has initiated in Uganda, Zambia, Mongolian, Laos, Indonesia, Philippines
- Translation is ongoing in French, Arabic, Mongolian, Russian, Vietnam, Timor leste, Thai
- Implementation work has initiated in SEARO, WPRO, AFRO,



National facilitators in Zambia

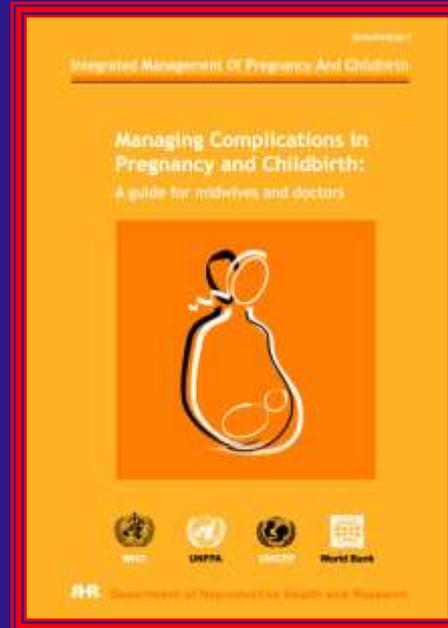
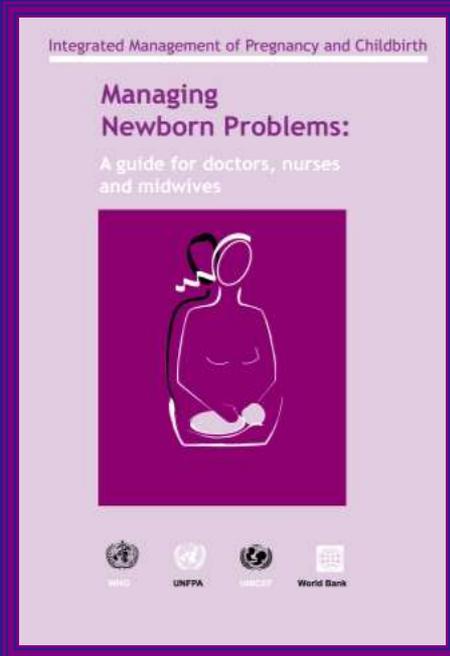


after (MPS)
re risque (MPS)





IMPAC guidelines: At first referral level



Practical guidance for managing major complications that cause mortality in the mother and her newborn



Managing Newborn Problems, MNP

Managing Complications in Pregnancy & Childbirth, MCPC

Target audience:

- Midwife and doctor
- First referral level

Entry:

- ill or small baby
- Woman with complication





Principles of MNP (1)



- Sign based approach
- Early recognition of problem
- Emphasis on clinical assessment and decision making
- Limited use of diagnostic methods
- Limited number of treatment options





Principles of MNP (2)



- Least invasive treatment choice and for the shortest possible period
- Specific, precise, directive
- Communication, privacy, dignity
- Recording, reporting





Major conditions covered:



- Infections : generalised , HIV, local,
- Birth asphyxia,
- Small baby
- Birth injuries
- Haemolysis (G6PD, ABO, Rh)
- Bleeding disorders
- Feeding problems
- Maintain body temperature





Structure of the Guide

Section 1: Assessment, findings & management (C)

Section 2: Principles of good newborn care (C)

Section 3 : Procedures, (P)

Section 4: Appendix (A) equipment, medicines,
records





Section 1: Assessment, Findings, Management

Small baby
Multiple findings
Breathing difficulty
Mother with history of infection
or fever
Convulsions, spasms
Abnormal body temperature
Jaundice
Lethargy
Low blood glucose
Feeding difficulty
Vomiting, abdominal distension
Diarrhoea

Bleeding and/or pallor
Swelling of scalp
Skin, mucous membrane
problems
Umbilicus red, swollen, draining
pus or foul smelling
Eyes red, swollen or draining pus
Asymptomatic baby of mother
with problems (HIV, hepatitis
B, TB, diabetes, syphilis)



Section 2 : Principles of Newborn Baby Care



- Maintaining normal body temperature
- Feeding and fluid management
- Oxygen therapy
- Antibiotics
- Infection prevention
- Clinical use of blood
- Immunization
- Assessing growth
- Communication and emotional support
- Transfer and referral
- Discharge and follow-up



Section 3: Procedures



- Resuscitating a baby who was breathing
- Measuring body temperature, blood glucose
- Taking blood samples
- Giving injections
- Establishing an intravenous line
- Transfusing blood
- Inserting a gastric tube
- Performing a lumbar puncture
- Administering rectal paraldehyde
- Draining an abscess





Section 4 : Appendix

- Record keeping
- Essential equipment, supplies, medicines
- Index



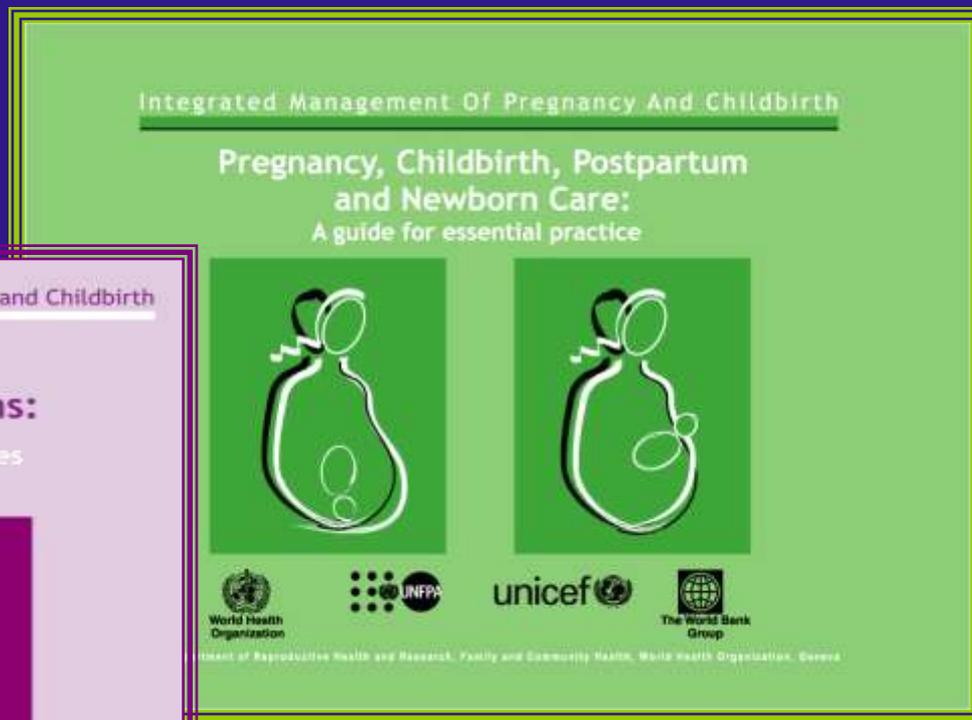
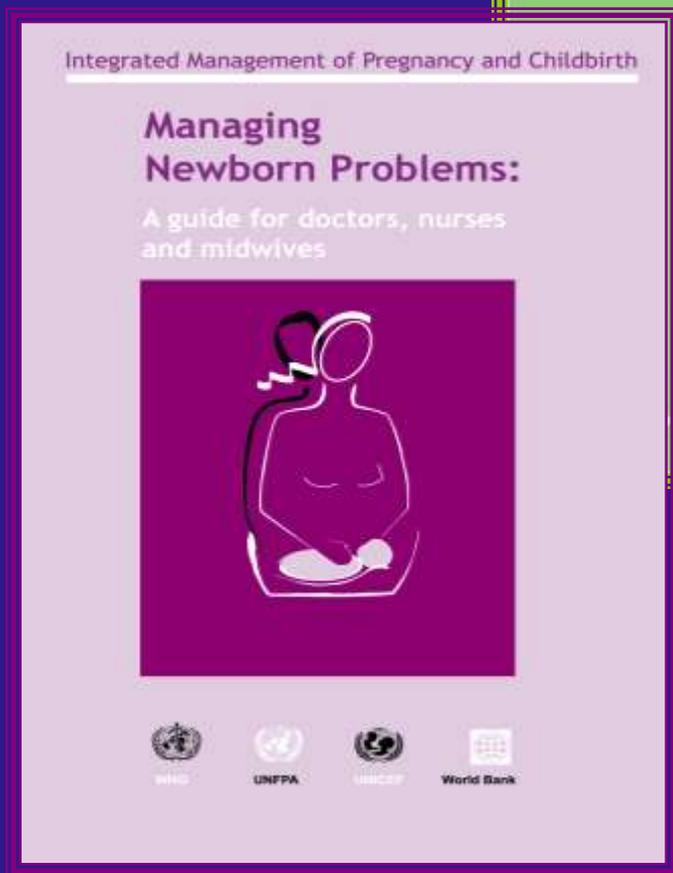


What is not in MNP

- Detailed description of anatomy, physiology, pathology
- Detailed classification of diseases
- Academic terminology
- Chapters based on disease classification



IMPAC guidelines: for newborn care



How to use these guides



- Start at the beginning ?
 - Introduction
 - Become familiar
- Start at chapter of interest ?
 - Use it when required
 - Read the rest when time is available
 - Understand and internalise



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
 - Revising medical and midwifery curriculum



Supporting material



- Facilitators guide , Users guide
- Adaptation guides & summary of evidence
- Training material: ENCC, JHPIEGO learning material, midwifery modules, locally adapted
- Handbook for counselling and communication



Present status



- MCPC translated in 14 languages. MNP translated in five languages, PCPNC is translated in 10 languages
- Used in developing national protocols and guidelines: Zambia
- Used as training material in Afghanistan, Bhutan, Bangladesh, Pakistan, Nepal
- Used for pre service curriculum for doctors in India, (Vellore, Chandigarh), Afghanistan,
- Used for pre service curriculum for nurses /midwives: Philippines, Vietnam, Afghanistan
- Used for in service training : AMDD project/Columbia university
- Pamphlets, job aids are adapted from MCPC





Conclusions:

- **IMPAC** is being used to *strengthen the health system*
 - ✓ improve clinical skills of doctors, nurses midwives at pre service, in service level
 - ✓ Revise medical and midwifery curriculum
 - ✓ Developing national standards and protocols
 - ✓ Review the medicines, equipments infrastructure needs at each level of care
 - ✓ Increase community awareness
 - ✓ Strengthen referral system





....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





<http://www.who.int/mps>

