Making Pregnancy Safer

From Research to Practice:
Postgraduate Training in Reproductive Health/Chronic Disease

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Making Pregnancy Safer, RHR/WHO
25 March 2004
Outline of the presentation

• Making Pregnancy safer (MPR)
• Integrated management of pregnancy and child birth (IMPAC)
• Specific tools - clinical PCPNC, MCPC & MNP
Making Pregnancy Safer

WHO’s contribution to the global safe motherhood movement, aiming to reduce maternal and perinatal morbidity and mortality in all regions of the world.
Safe Motherhood Initiative

Making Pregnancy Safer

- Human rights
- Education
- Women’s empowerment
- Socio-economic development

Health Sector
Making Pregnancy Safer

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

- building 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

Guidance on:

- Clinical practices
- Management of the health care system and
- Monitoring and evaluation of programmes.

Support country effort in reducing maternal and perinatal mortality and morbidity.
IMPAC Tools

Integrated Management of Pregnancy and Child Birth (IMPAC)
A set of Tools for Making Pregnancy Safer

Key Interventions

Beyond The Numbers (BTN)
Quality Care Audits
Monitoring the Availability of Use of Obstetric Services
Monitoring & Evaluation

Standards for Maternal & Newborn Care
Training

1st Level
Clinical Tools

2nd Level
IFC
Health Systems

IMPAC Tools

Department of Reproductive Health and Research - Département de Santé et Recherche Génésiques
IMPAC Clinical Tools

- Managing Complications in Pregnancy and Childbirth (printed)
- Managing newborn problems (in press)
- Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential Care Practice (in press)
- Midwifery modules (revision)
Integrated Management of Pregnancy and Childbirth
Guiding Principles of IMPAC

• Safe, effective and evidence based recommendations
• Integrated management for the mother and newborn
• Generic: must be adapted for local situations Available in electronic form
• Periodically reviewed/ revised as evidence develops
WHO Guidelines development process

Level of evidence: extend to which one can be confident that an estimate of effect or association is correct (Oxman 2000).

Strength of recommendation: reflect the extent to which it is possible to be confident that adherence to a recommendation will do more good than harm.

Set of recommendations

1- Reviewing and reporting evidence on efficacy;
2- Implications of adopting recommendations on costs and population health

EFFICACIOUS ?
COST-EFFECTIVE ?
AFFORDABLE ?
BENEFICIAL ?
ACCEPTABLE ?
Development of IMPAC

• Review of evidence
• Collaboration with J HPI EGO
• Contributions and critical reviews from several experts
• Reviewed in different regions
• Endorsed by FIGO & ICM UNFPA, UNICEF and World Bank
• Translated into several languages
What is the purpose?

- Reduce mortality and morbidity for mother and newborn
- To support countries in achieving the MDGs
- Improve quality, safety and efficiency of care during and following pregnancy and childbirth
- Promote evidence based effective interventions
PREGNANCY, CHILDBIRTH, POSTPARTUM AND NEWBORN Care: (PCPNC)

A GUIDE FOR ESSENTIAL PRACTICE
Integrated Management of Pregnancy and Childbirth

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
- Decision makers
- Trainers and educators
Principles of the guide

- Continuum of care for the mother and newborn
- Core set of essential interventions
- Evidence based interventions
- Diagnostic and clinical decision making based on signs, symptoms and basic tests
- Management based on effective low-cost options suitable for limited resource settings
General principles of quality of care

- Communication with women
- Confidentiality
- Organisation of services
- Universal precautions for infection control
Contents

• Clinical
• Administrative
• Health Promotion
Clinical Components

- Emergency management & referral
- Antenatal care
- Labour and delivery
- Postpartum care
- Care of the new-borns
- Post-abortion care
Structure of clinical component

- Triage, assessment and management of emergency
- Routine care for the essential elements of maternal and neonatal care pertinent to specific visit
- Respond to problems
- Preventive measures
- Advice and counsel
Rapid Assessment & Management (RAM)

Principles of development

Few clinical signs: Action oriented, ABC rules
Able to be done quickly
Relatively easy to teach
No equipment required for initial screening
Consistent approach to management of pregnancy/delivery/post-partum complications in the outpatient setting in labour/delivery
Rapid Assessment and Management (RAM)

Triage all women of childbearing age

Emergency / danger signs:
- First assess the woman for:
  - Airway & breathing
- Then for:
  - Circulation
  - Vaginal bleeding
  - Convulsions
  - Severe abdominal pain
  - Dangerous fever

If a main symptom is present:
Assess the woman further for signs related to the main symptom

Identify urgent pre-referral treatment.
Give the treatment
Refer the woman urgently to hospital

ABSENT

Priority signs:
- Labour pain
- Severe pallor
- Severe headache
- Fever > 38°C
- Ruptured membranes
- Abdominal pain
- Blurred vision, vomiting

If a symptom is present provide prompt full assessment and treatment using appropriate charts

ABSENT

Routine care
Ask whether pregnant or delivered

Provide full assessment and treatment using appropriate charts
Assessment, management charts

- Decision making tools: ask, look treat
- Colour coded scheme
  - Red: immediate action
  - Yellow: specific treatment
  - Green: Home management
CHECK FOR ANAEMIA

Screen all pregnant women at every visit

**ASK:**
- Do you tire easily?
- Are you breathless (short of breath) during routine household work?

**LOOK:**
- On the first visit:
  - Measure haemoglobin
- On subsequent visits:
  - Look for conjunctival pallor
  - Look for palmar pallor
    - Is it severe pallor?
    - Some pallor?
  - Count the breaths in one minute

<table>
<thead>
<tr>
<th>SIGNS</th>
<th>CLASSIFY</th>
<th>TREAT AND ADVISE</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Haemoglobin less than 7g/dl</td>
<td>SEVERE ANAEMIA</td>
<td>➢ Refer urgently to hospital</td>
</tr>
<tr>
<td>AND/OR</td>
<td></td>
<td>➢ Revise birth plan so as to deliver in a facility with blood transfusion services. (p.24)</td>
</tr>
<tr>
<td>• Severe palmar and conjunctival</td>
<td></td>
<td>➢ Give double dose of iron/folate (1 tablet twice daily) for 3 months and counsel on compliance with treatment. (p.87)</td>
</tr>
<tr>
<td>OR</td>
<td></td>
<td>➢ Counsel on nutrition. (p.36)</td>
</tr>
<tr>
<td>• Any pallor with</td>
<td>MODERATE ANAEMIA</td>
<td>➢ Give appropriate oral antimalarial if due (not given in the past month). (p.88)</td>
</tr>
<tr>
<td>- 30 or more breaths/minute</td>
<td></td>
<td>➢ Reassess at next antenatal visit (4-6 weeks). If anaemia persists refer to hospital.</td>
</tr>
<tr>
<td>- poor exercise tolerance</td>
<td></td>
<td>➢ Follow up in 2 weeks to check clinical progress, test results and compliance with treatment.</td>
</tr>
<tr>
<td>(tires easily)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Palmar or conjunctival pallor</td>
<td></td>
<td>➢ Give iron/folate 1 tablet once daily for 3 months and counsel on compliance with treatment. (p.87)</td>
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<tr>
<td>• Haemoglobin 7g/dl to &lt;11 g/dl</td>
<td>NO clinical ANAEMIA</td>
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# CHECK FOR PRE-ECLAMPSIA

**Screen all pregnant women at every visit**

### ASK:
- Severe headache
- Blurred vision
- Epigastric pain

### LOOK AND FEEL:
- Measure blood pressure in sitting position.
- If diastolic blood pressure is 90 mm Hg or greater:
  - Repeat after 1 hour rest.
- If still high:
  - Check protein in urine

### SIGNS CLASSIFY TREAT AND ADVISE

<table>
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<tr>
<th></th>
<th>SEVERE PRE-ECLAMPSIA</th>
<th>PRE-ECLAMPSIA</th>
<th>HYPERTENSION</th>
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</thead>
<tbody>
<tr>
<td>Diastolic blood pressure 110 mm Hg or greater or Diastolic blood pressure 90 mm Hg or greater with 2+ proteinuria, with: │ Give magnesium sulphate (p.13) ➔ Revise the birth plan. (p.24) ➔ Refer urgently to hospital. (p.16)</td>
<td>Revise the birth plan. (p.24) ➔ Refer to hospital. (p.16)</td>
<td>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 &gt;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.</td>
<td></td>
</tr>
<tr>
<td>Diastolic blood pressure 90 mm Hg or greater with 2+ proteinuria</td>
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### ADVISE ON WHEN TO SEEK CARE

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

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- **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

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**Department of Reproductive Health and Research**

**Département Santé et Recherche Génésiques**
Administrative activities

- Equipment, drugs and supplies
- Laboratory: RPR, HIV, Hb, urinanalysis
- Vaccines, contraceptives
- Records
Health promotion

- Linkages with community, TBAs
- Key messages for danger signs, birth preparedness, family planning
- Support for women with especial needs - HIV, PMTC, adolescents, women living with violence
- Counselling booklet
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
MANAGING COMPLICATIONS IN PREGNANCY AND CHILDBIRTH: (MCPC)

A GUIDE FOR MIDWIVES AND DOCTORS
Managing Complications in Pregnancy and Childbirth:
A guide for midwives and doctors
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

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

• There are sections on:
  – Infiltration anaesthesia for caesarean section
  – Craniotomy and craniocentesis
  – Symphysiotomy
  – Malaria in pregnancy
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
Management of Newborn Problems:

A GUIDE FOR MIDWIVES AND DOCTORS
Management of 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
Management of Newborn Problems

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

http://www.who.int/reproductive-health/mpr
…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