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# PRE-ECLAMPSIA AND ECLAMPSIA IN NIGERIA: LOOKING BEYOND THE NORTH AND EMERGING CHALLENGES

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# Introduction: building on the evidence

- **Ending Eclampsia (supported by USAID) continues the work commenced in Kano state on increasing access to underutilized commodities and interventions**
- **Landscape or ‘context analysis’ conducted to understand gaps and plan for improvement**

## **States**

- **Katsina (MacArthur)**
- **Bauchi,**
- **Sokoto**
- **Kogi**
- **Ebonyi**
- **Cross River**
- **Ondo state**



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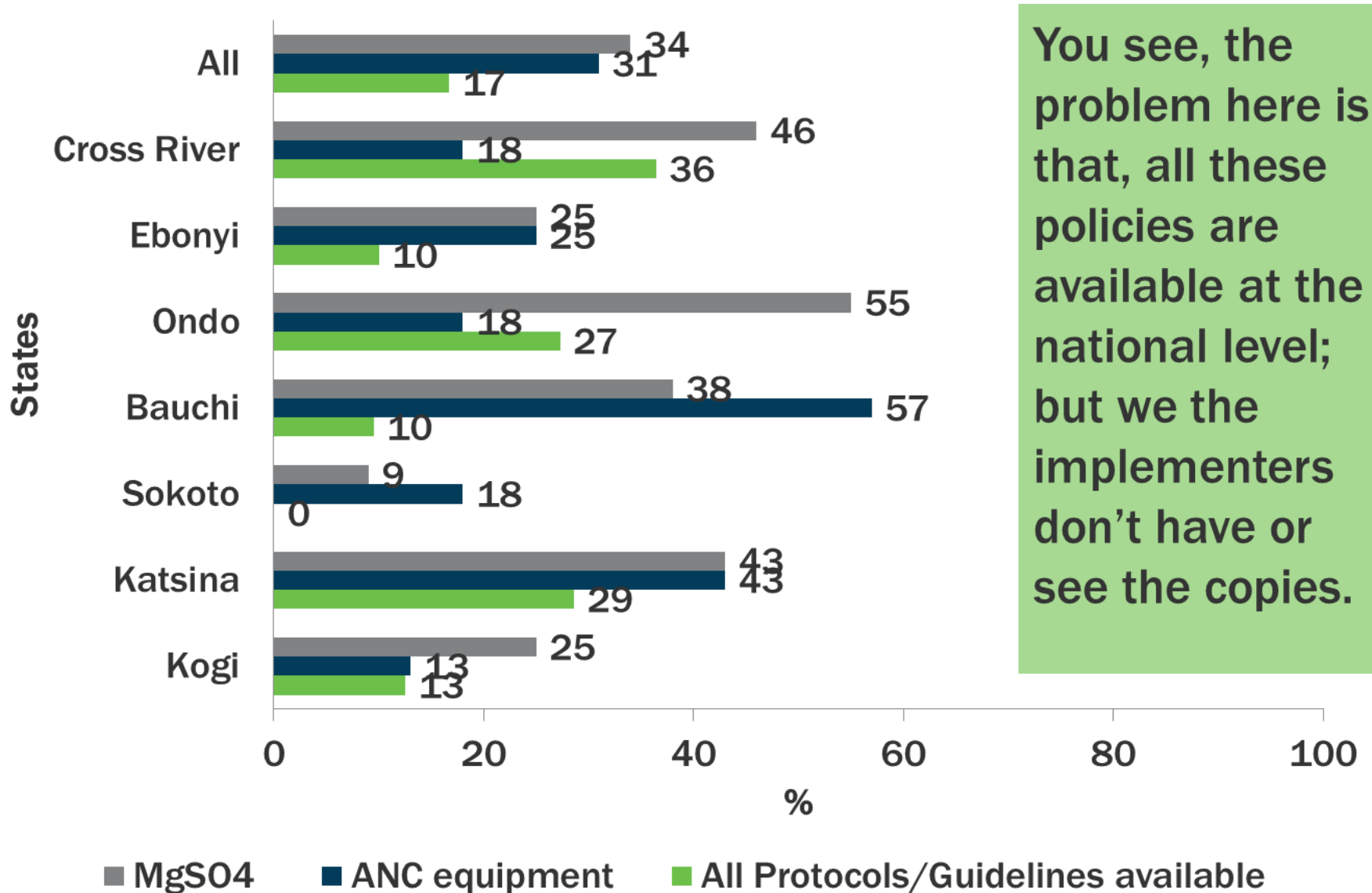
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## **GAPS IDENTIFIED THROUGH THE LANDSCAPING ANALYSIS**

# Provider knowledge (n-379)

- Only 12% providers knew correct loading dose of MgSO<sub>4</sub> (Pritchard regime)
- 10% knew the correct maintenance dose
- 7% knew which drug to use for treating MgSO<sub>4</sub> toxicity
- <11% providers could list 3 ways to monitor MgSO<sub>4</sub> toxicity

# Availability of guidelines for management of PE/E , ANC equipment and MgSO4 (96 facilities)



# Scaling up approaches

- Scale-up early detection of PE and use of  $\text{MgSO}_4$ 
  - Train service providers on early detection and timely management of PE including referral
  - Train social workers to provide pregnancy related health information messages during ANC
  - Mentor nurses, midwives and CHEWs on prevention, early detection and management of PE/E
  - Build capacity of logistic officers to request for essential tools and commodities for detection and management of PE/E

# Expansion

- Harmonize PE/E and PPH national guidelines, training materials, protocols, tools and job-aids
- Advocacy to government ministries and agencies on adoption of guidelines and policies at local level
- Continuous advocacy to states MOHs for procurement of essential tools and commodities
- Build a global and local networks of stakeholders around PE/E in Nigeria
- Build global evidence: disseminate findings

[www.endingeclampsia.org](http://www.endingeclampsia.org)

# Implementation Research

- Determine the feasibility of PHC workers to detect and treat hypertension in pregnancy (with alpha methyldopa)
- Test utility of sensitizing women at community level on their health care-seeking behaviors
- Sensitize young married women to demand and receive quality antenatal care

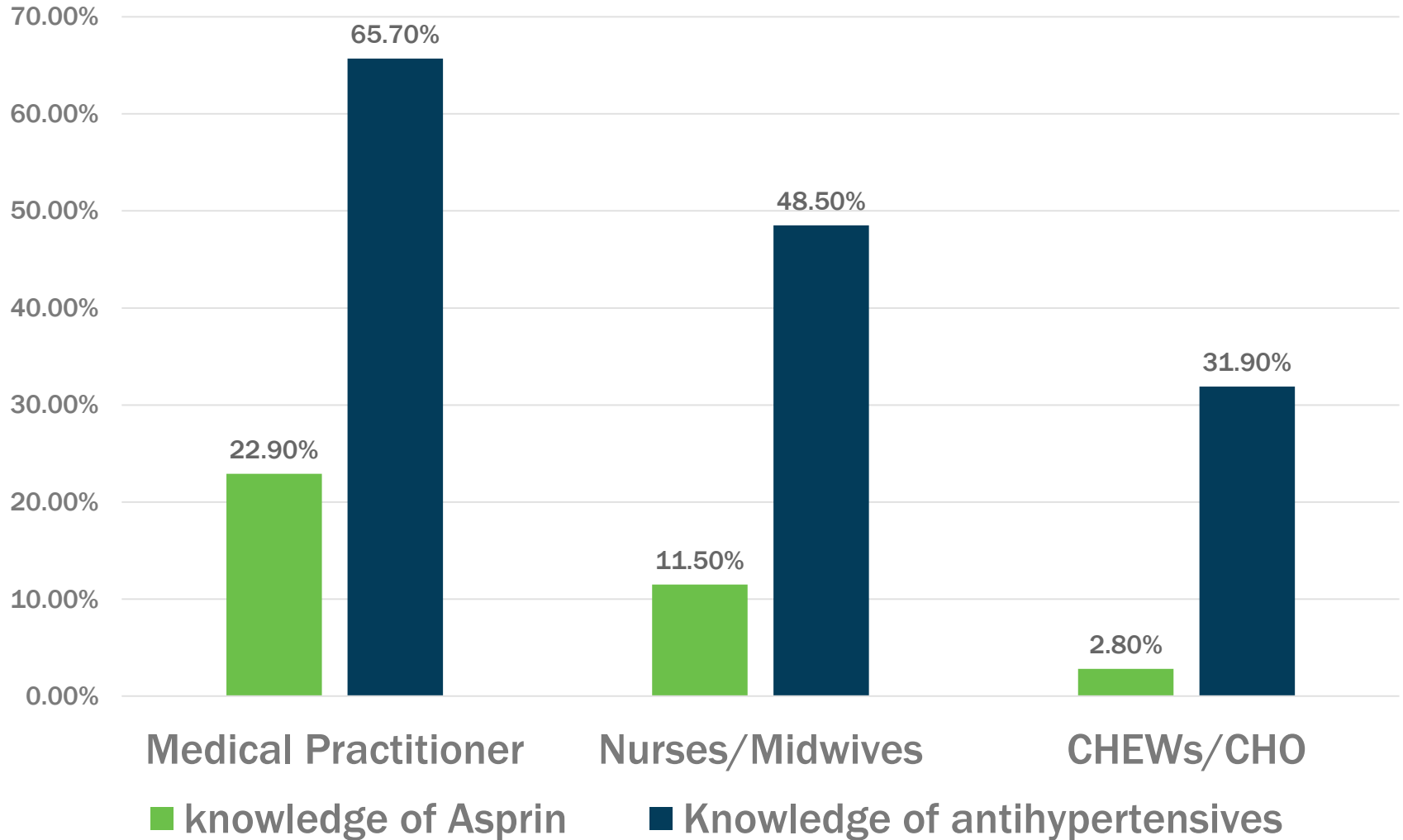




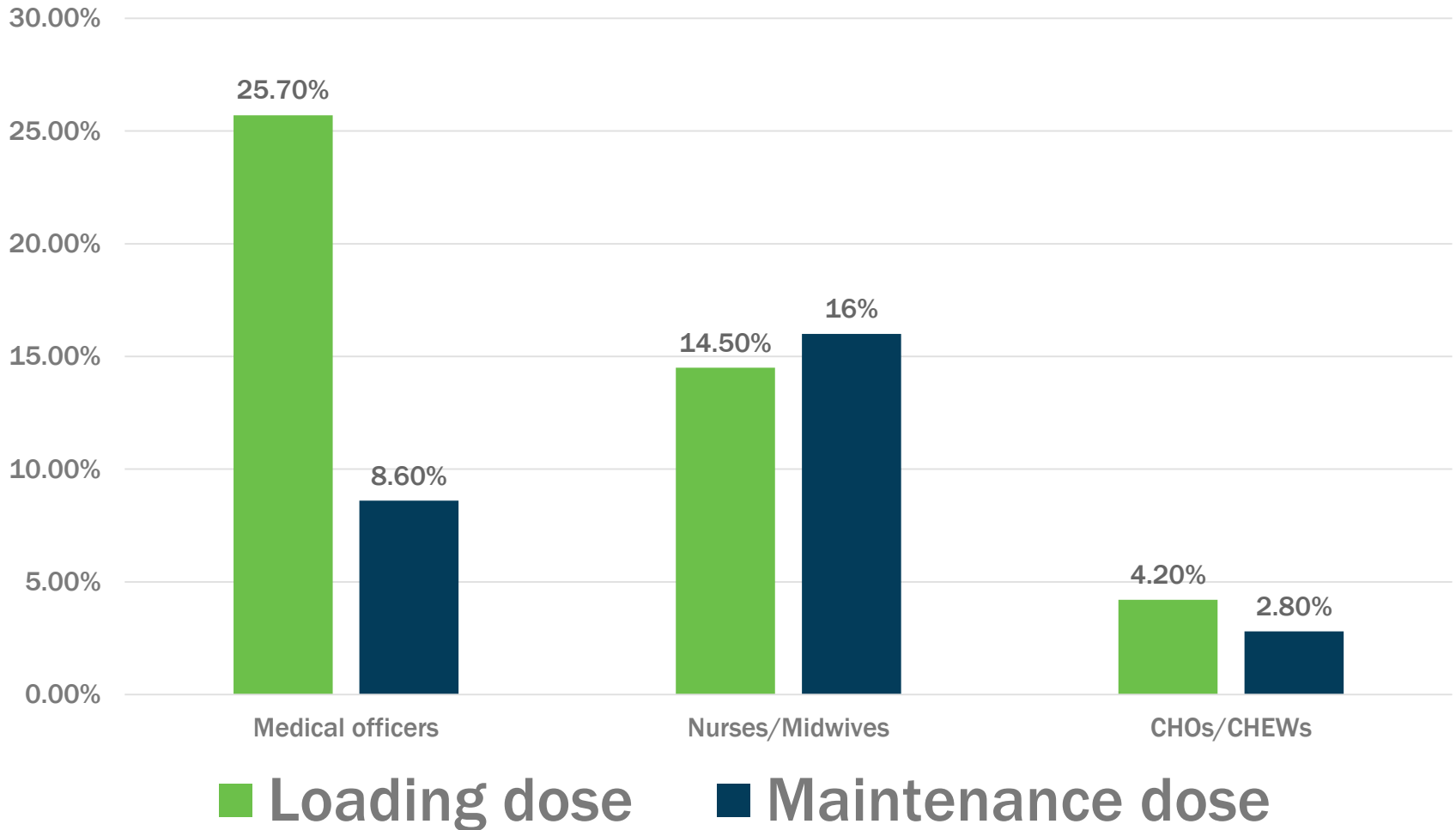
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# **EMERGING CHALLENGE: DISCONNECT BETWEEN PROVIDERS' CERTIFICATION AND KNOWLEDGE AND SKILLS**

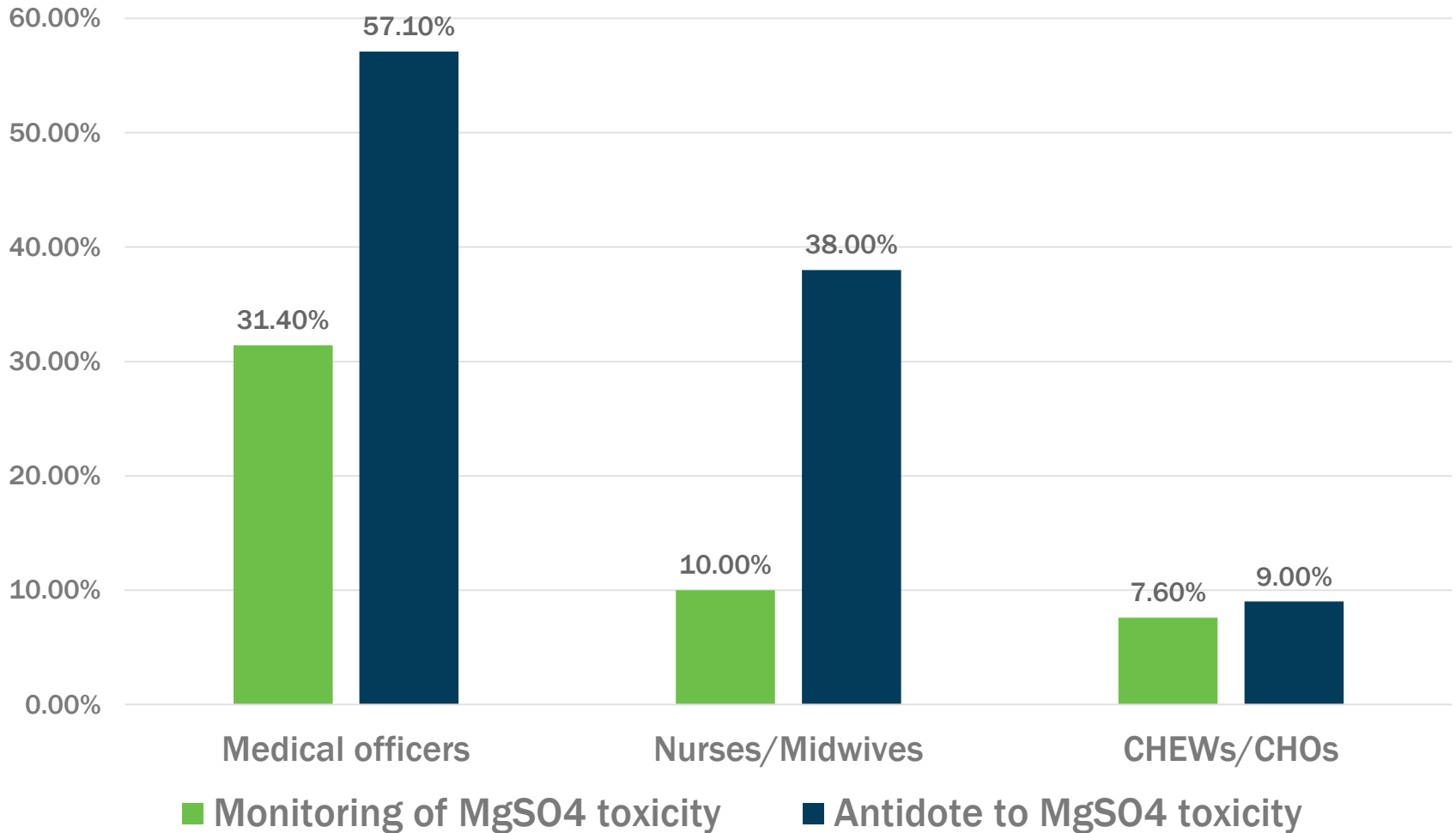
# Knowledge of aspirin prophylaxis and antihypertensives by type of provider



# Knowledge of loading/maintenance dose of MgSO4 (Pritchard regimen) by type of provider



# Knowledge of monitoring of toxic effects and antidote to MgSO4 toxicity by provider



# Conclusion

- Need innovative ways to ensure:
  - Competence of health care providers
  - Availability of working equipment and policies for the detection, management and monitoring of PE
- Emphasis should be on true providers' competence rather than on their certification: current definition for a 'skilled provider' is not very helpful.
- Essential to promote quality ANC services for early detection of PE/E

# Ideas. Evidence. Impact.



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