

# Strengthening Pre-service Training to Prevent Maternal Mortality from Pre-eclampsia/eclampsia

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## The Nigeria Experience

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# Strengthening Pre-Service Training

- Ipas has supported preservice training for house officers/interns and midwives for over 10 years
- In 2015, with funding from MacArthur, Ipas and key stakeholders developed a training guide on select interventions in maternal and reproductive health for teaching hospitals
- The guide addresses three leading causes of maternal mortality in Nigeria
  - Postpartum hemorrhage (PPH)
  - Pre-eclampsia/eclampsia
  - Unsafe abortion.

# Intervention

- Advocacy meeting to FMoH, MDCN & SOGON
- Facility baseline assessment
- Development of accreditation criteria for MDCN
- Development of the training guide
- TOT for the lectures
- Pilot testing the training guide in 5 TH
- Stakeholder meeting & review of the training guide
- Printing & dissemination of the training guide
- Pilot mentoring scheme for select trained House officers
- Tracer study
- IT support to the MDCN for House Officers permanent registration

# Why Pre-service Interns?

- Front-line practitioners at all service points
- Their input to management is crucial in reducing maternal and perinatal morbidity and mortality
- Other health care providers (Nurses, CHOs, CHEWS) benefit from their skills
- Most cost-effective and sustainable way to increase knowledge and skills of the medical workforce
- They have the ability to reach more rural and vulnerable populations during their one year mandatory National Youth Corp Service.

# Identified Gaps in Pre-service Training

- No written accreditation requirements
- No standardized curriculum across teaching institution
- Limited exposure to hands-on training during three month obstetrics and gynecology rotation
- Absence of formal training during the one year national service corps (NYSC)

# Training Center Checklist

- Pre and post intervention
- Checklist looked at:
  - Availability of supplies, equipment, and infrastructure necessary for service delivery
  - Knowledge and skills of hospital consultants and midwives to roll out the training to medical interns, as well as their availability and willingness to participate
  - Adequate space and resources for training medical interns
- Joint action plans developed

# Training Process

- Nine sessions in the module for pre-eclampsia/eclampsia
- Didactic lectures
- Group discussions
- Supervised live patient management at service points for 12 weeks
- Piloted mentoring at a select site for hands on by the House Officers

# Key Outcomes

By the end of the intervention, All 5 teaching hospitals had protocols in place for pre-eclampsia (only 2 of the 5 had them at baseline)

85% of house officers interviewed recalled training topics on magnesium sulphate

51% of the house officers trained and who were posted had magnesium sulphate available at their facility

33% had utilized magnesium sulphate at their post since their training



# Challenges

- Industrial action in Public sector delay implementation of the project
- House Officers not available to be trained at a time
- Government policies – TSA, NYSC postings
- Challenges with supply of magnesium sulphate in facilities (only about half interviewed had it available at their facility)
- Tracking House officers who have completed their housemanship by the MDCN

# Taking the Training Guide to Scale

- Tie off grant from MacArthur
- Establish task force & stakeholders
- Advocacy training for select stakeholders
- Develop a comprehensive sustainability plan for preservice training of the House Officers
- Present lessons learned in previous projects & the tie off grant at SOGON

# House Officer Quotes

- *At the general hospital where I am doing my private practice, a woman presented with pre-eclampsia and was being managed with antihypertensive. When I came I told all involved in the management that the woman could benefit from magnesium sulphate. They were all surprised because they taught it was only for eclampsia. Her life was saved when she received mgso4 from my experience.*

**(Male House Officer from Enugu)**

- *The training was basically a re-enforcement to what we already have. With the details given during one of the lectures on Mag. Sulphate, helped me to manage a pre-eclampsia client in my current place of work.*

**(Male House Officer, AKTH)**