PERSISTENT BURDEN OF PRE-ECLAMPSIA/ECLAMPSIA ON MATERNAL AND CHILD HEALTH

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Global impact of pre-eclampsia and eclampsia

PE/E causes 12% of maternal deaths, making it the second largest contributor to maternal mortality.

- 1st in Nigeria
- 2nd in Bangladesh
- 3rd in Pakistan

Women in low and middle income countries are 300 x more likely to die from eclampsia than women in high income countries.

These deaths are preventable.

Nigerian context

- PE and PPH cause most maternal deaths (>50%)
- Evidence suggests:
  - Some PPH is provoked by undiagnosed PE
  - Absolute number of deaths from PE has increased

- WHO near-miss and maternal mortality surveillance:
  - 42 tertiary hospitals in Nigeria
  - Over 100,000 referrals for pregnancy complications received, 91% arrived in a critical condition
  - 998 maternal deaths and 1451 near miss
  - 23% severe maternal outcomes due to PE/E
  - Mortality index is highest for PE/E

REF: Oladapu OT et al, “When Getting there is not enough…” BJOG 2015

Main observation in WHO Surveillance Study

- Most pregnant women with complications arrived at referral hospitals very late

- Poor knowledge and skills among lower cadre providers on:
  - Early detection of PE and other complications
  - Ability to detect complications early
  - Ability to determine when further delay is dangerous

Burden in target countries for Ending Eclampsia project

- Bangladesh: PE/E contributes to 20% of maternal deaths
- Ethiopia: PE/E contributes 16% of direct causes of maternal deaths
- Pakistan: of the 276/100,000 MM, PE/E accounts for 12%
- Situation similar in many LMIC

Ending Eclampsia approach

- Embark on multi-level interventions: policy, facility, community
- Emphasis on Primary Health Care level
- Implementation science to address ‘know-do-gaps’:
  - Scaling up the PE/E model developed in Kano State
  - Antihypertensives
  - Community level interventions

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www.endingeclampsia.org