

Hypertensive disorders during pregnancy: Are we giving enough attention?

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BACKGROUND

HYPERTENSIVE DISORDERS DURING PREGNANCY (HDP) IN BANGLADESH

- Second leading direct cause of maternal death
- 1,200 women die each year of PE/E
- 32% of women age 35 and older are hypertensive
- Lack of information on HDP

Ref: BMMS 2010 and BDHS 2011

OBJECTIVES

- Assess HDP programs, policy support, and consequences for pregnancy and maternal and newborn outcomes
- Analyze gaps in provider competence for preventing, detecting, and managing HDP
- Determine facility readiness for managing HDP

METHODS

- Cross-sectional survey with 289 service providers from 134 facilities
- Facility inventory assessment in 134 health centers
- 268 client providers interactions and 268 exit client interviews during antenatal (ANC) consultations
- 50 In-depth interviews with program managers
- Data entry was conducted using CSPro and analyzed using SPSS



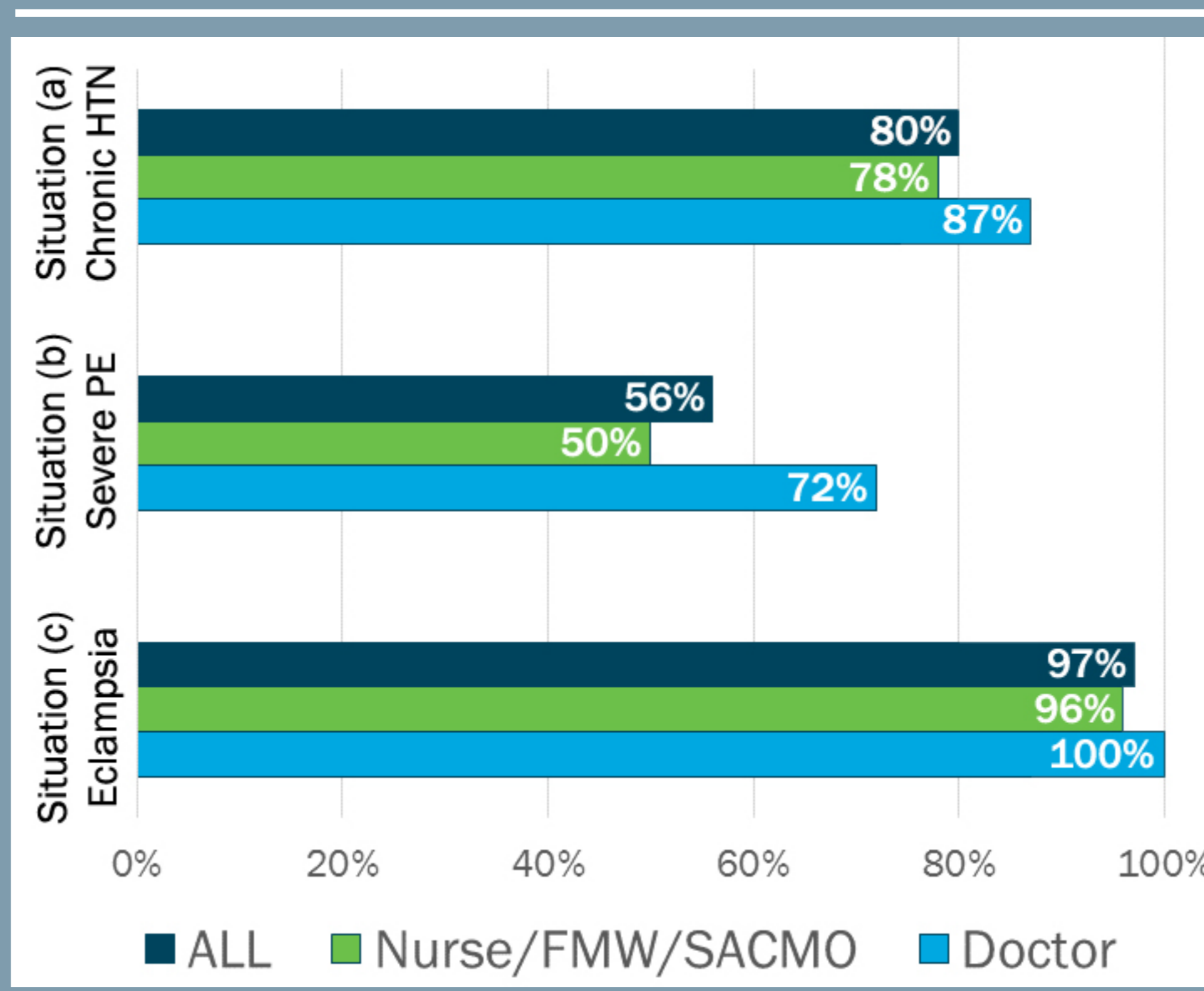
RESULTS

SERVICE PROVIDERS' KNOWLEDGE OF HDP

Three hypothetical situations related to HDP presented:

- Pregnant woman seen at ANC clinic at 30 weeks gestation with blood pressure (BP) 180/115 mmHg and proteinuria of 2++
- Woman 12 weeks pregnant at ANC with BP 160/100 mmHg with no proteinuria
- Pregnant woman with hypertension and significant proteinuria at 30 weeks gestation. One week later, her partner brought her back with convulsions

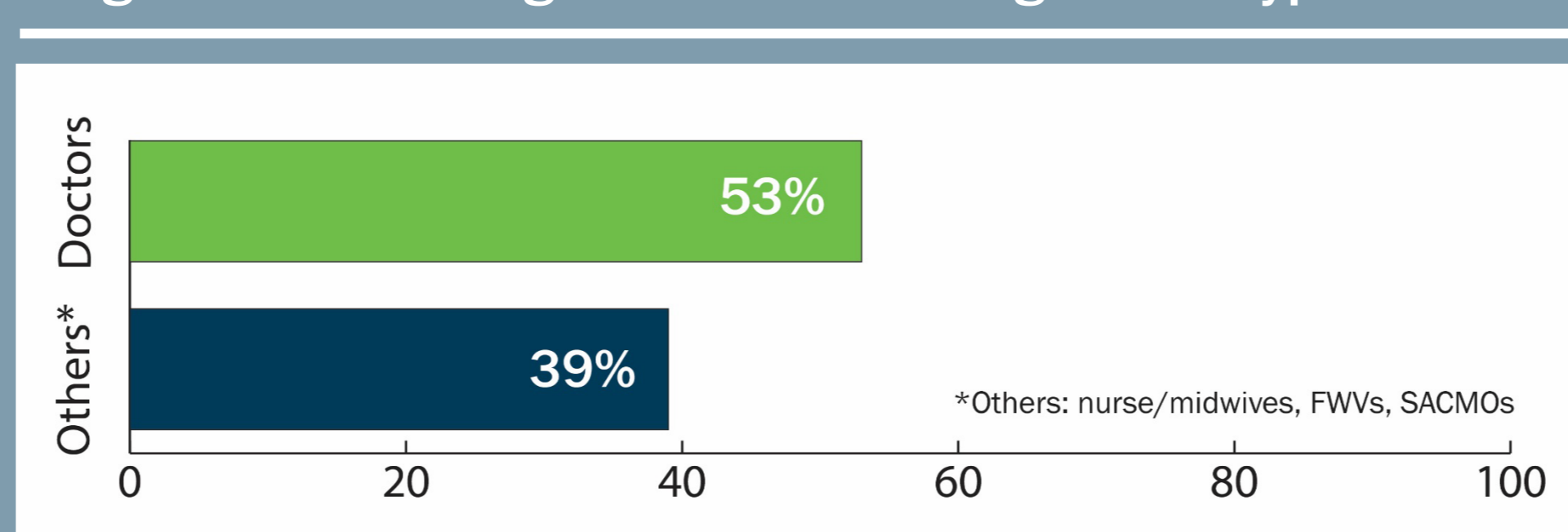
Figure 1. Correct knowledge on hypothetical HDPs



KNOWLEDGE OF INITIATING ANTIHYPERTENSIVES TO CONTROL AND CALCIUM TO PREVENT PE

- Providers did not know when to introduce antihypertensives in pregnant women with HDP
- Antihypertensive drugs should be initiated ($\geq 140/90$ to $159/109$)
- None were able to mention calcium supplementation during pregnancy for preventing HDP

Figure 2. Knowledge on correct timing of antihypertensives



AVAILABILITY AND USE OF ESSENTIAL DRUGS AND SUPPLIES

- Primary Health Care (PHC) facilities (UH&FWCs) lack essential infrastructure and maternal and newborn health (MNH) supplies
- 46% facilities have 24-hour electricity
- Inconsistent supply of antihypertensive drugs in secondary facilities and no supply in PHCs
- PHC providers not currently allowed to provide antihypertensives to pregnant women
- Magnesium sulphate ($MgSO_4$) at only 4 secondary facilities; and calcium gluconate managing $MgSO_4$ toxicity at only 1 secondary facility

GAPS AND CHALLENGES

- Guidelines and protocols for HDP are available in all secondary hospitals, but not PHC facilities
- Policy makers and program managers are unaware of policies on HDP diagnosis and management
- Poor knowledge, skills, confidence, logistical support, training and reluctance lead to misdiagnosis or low diagnosis of HDP
- Unreliable supply of essential drugs within the government system
- PHC providers are not allowed to prescribe antihypertensives to pregnant women

CALL TO ACTION:

All stakeholders and service providers must be aware of, and receive training on, standard operating procedures for PE/E prevention and treatment. All facilities must have relevant drugs in stock, and local leaders should raise awareness in communities on signs and symptoms of PE/E.

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