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IMPROVING CARE FOR WOMEN WITH PRE-ECLAMPSIA/ECLAMPSIA (PE/E) IN NIGERIA: FOCUS SHOULD GO BEYOND PROVIDERS' CERTIFICATIONS

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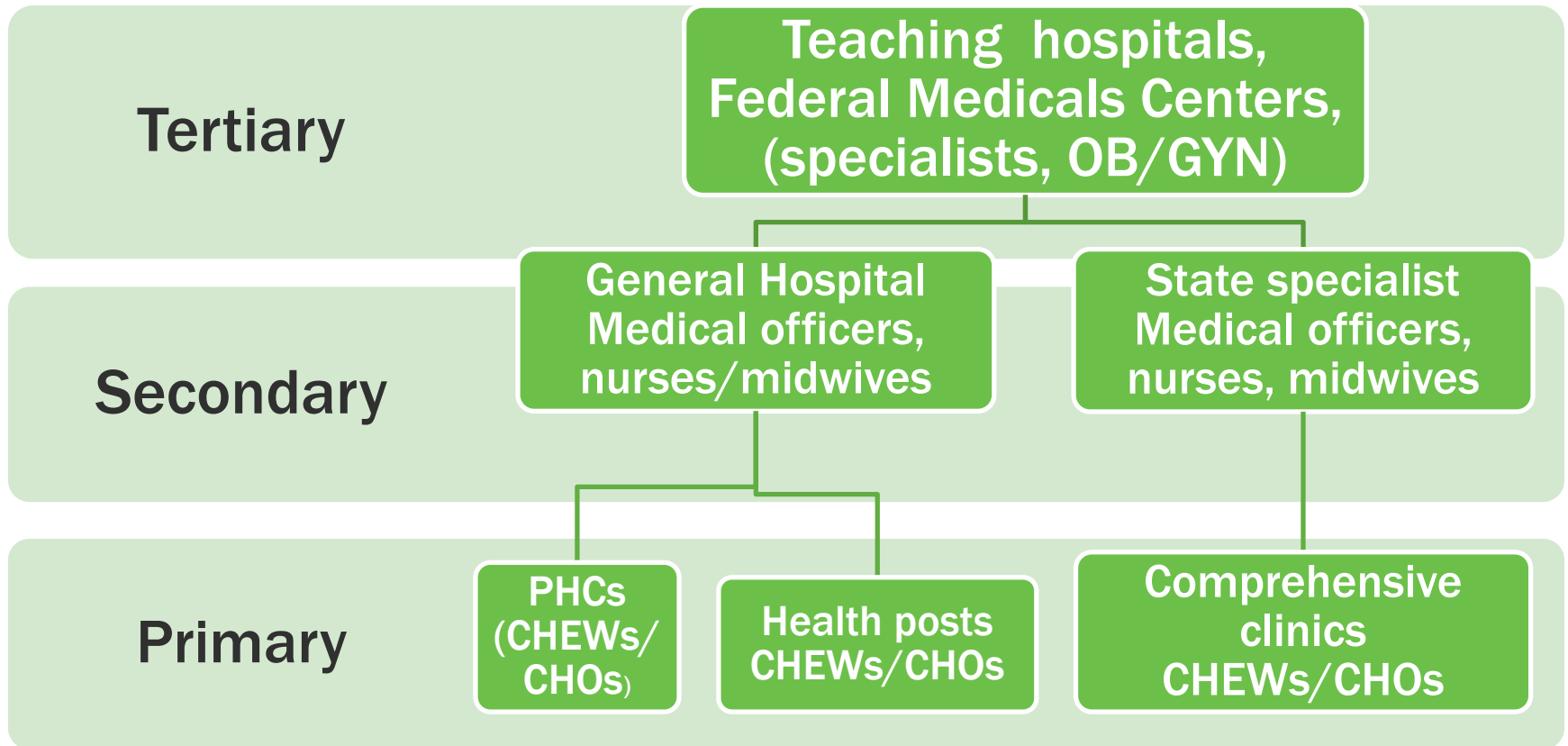
Introduction

- Access to skilled antenatal care (ANC) services is considered a panacea to reducing maternal mortality and morbidity, and recommended
- In Nigeria, skilled health care is defined as those provided by doctors, nurses/midwives and community health extension workers (CHEWs) with varying levels of expertise
- Available evidence shows that quality of care pregnant women receive varies widely with no correlation to providers' educational certification
- We surveyed providers knowledge and practice around prevention, early detection and timely management of PE across health care cadres
- We attempt to correlate their knowledge and practice with their medical qualification.

Hierarchy of Health Cadres in Nigeria

- Specialists (including OB/GYN):
 - Typically operate at tertiary level
- General practitioners:
 - Operate at secondary level of health care
- Nurses/Midwives:
 - Tertiary and secondary levels of health care
- CHEWs/CHOs:
 - Primary level of care (PHCs)

Hierarchy of Health system in Nigeria



Methods

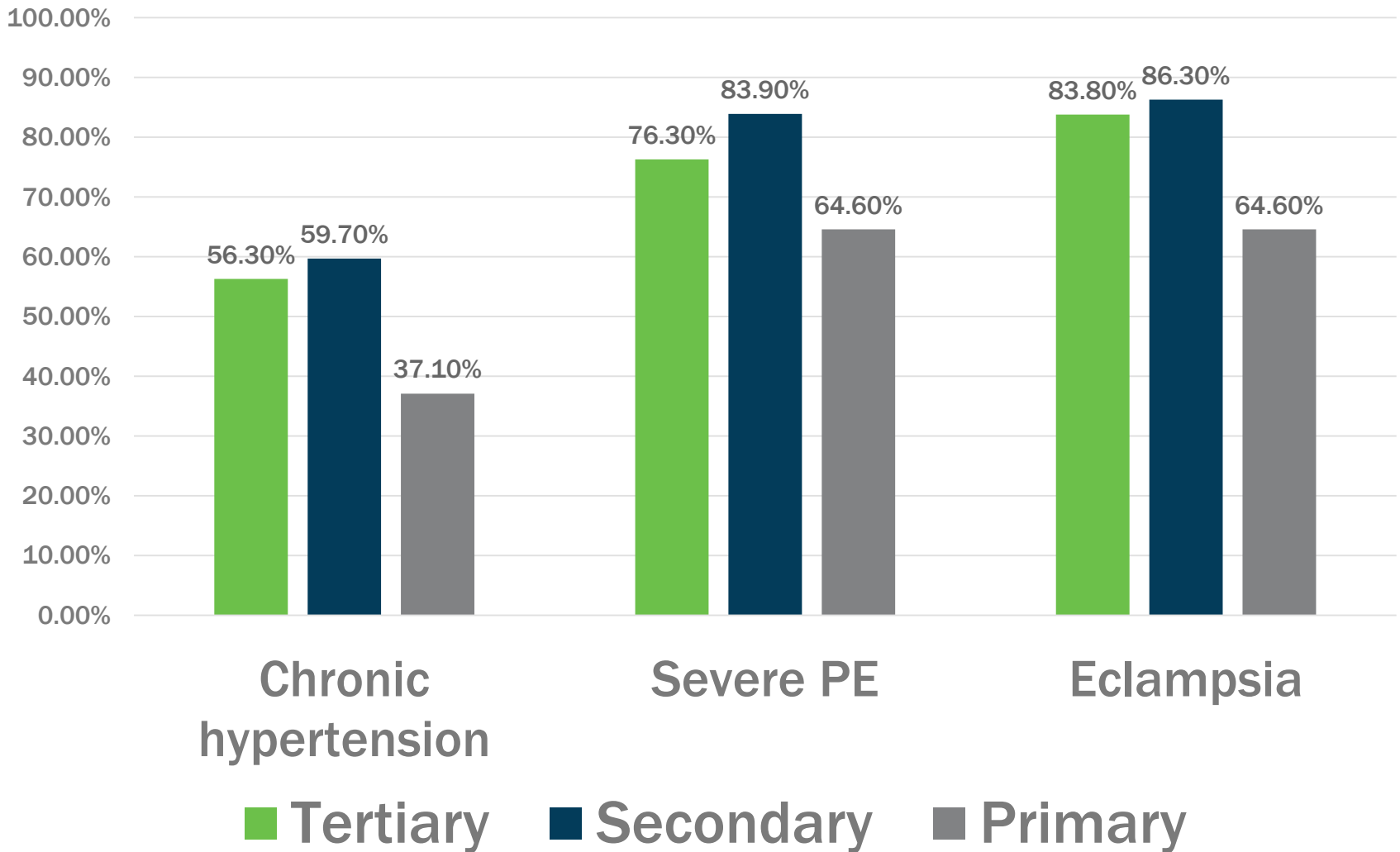
- In 2015, Ending Eclampsia conducted interviews with 379 maternity health care providers from 96 facilities (primary and secondary)
- We used a combination of self-administered questionnaires to determine knowledge and practice of providers around prevention, early detection and management of PE/E
- data collection methods: providers' interview, observation of provider-client interaction, client exit interview & facility inventory
- Descriptive (frequencies and percentages) and inferential (Chi-square test) analyses were conducted to identify factors associated with outcomes of interest.

Findings

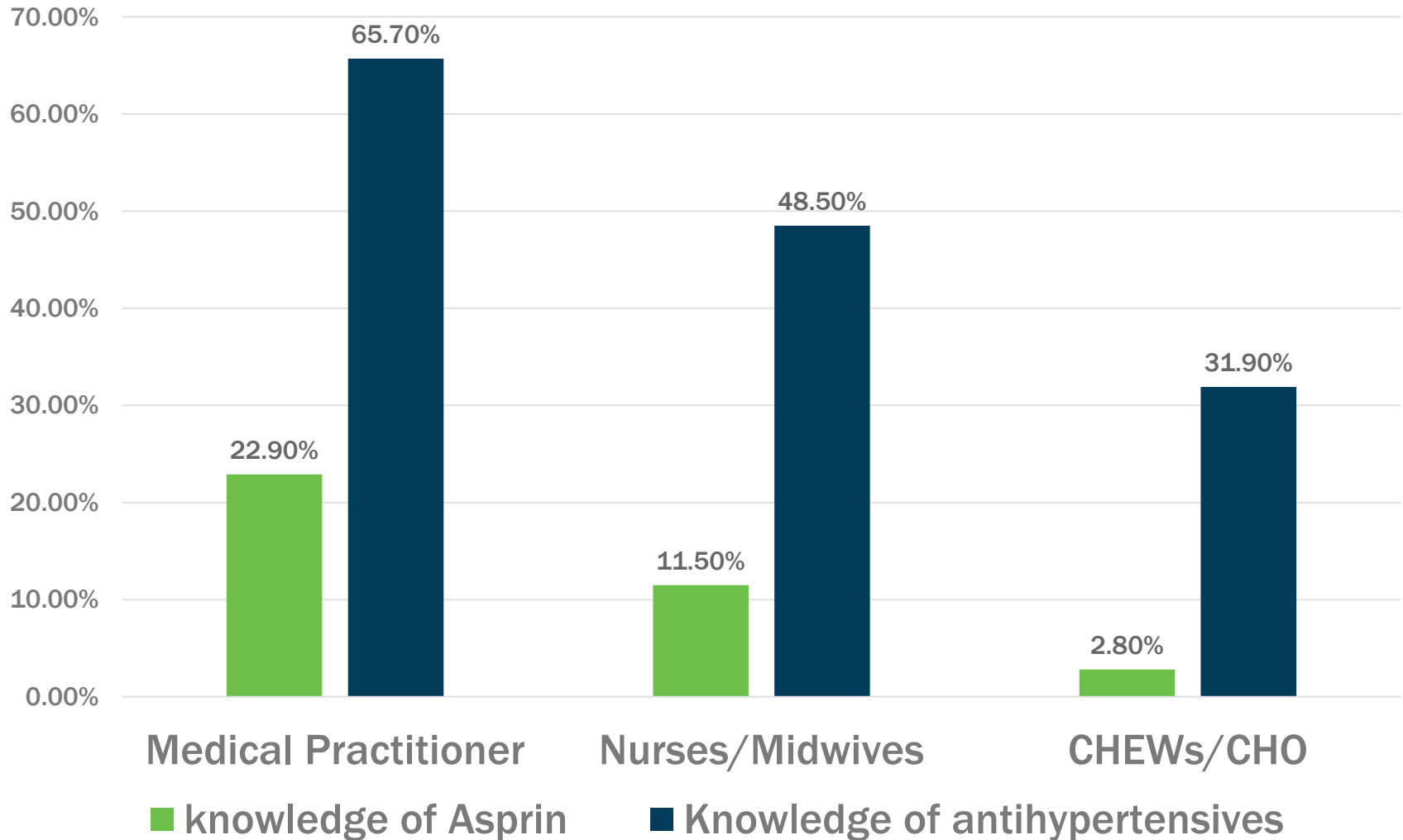
Summary of quantitative data

States	Health provider Interview	Facility inventory	ANC Client-Provider interaction	ANC Client Exit Interview
Cross River	59	11	15	15
Ebonyi	46	20	10	10
Ondo	59	11	22	22
Kogi	44	8	15	15
Sokoto	61	11	37	37
Bauchi	55	14	28	28
Katsina	55	21	9	9
Total	379	96	136	136

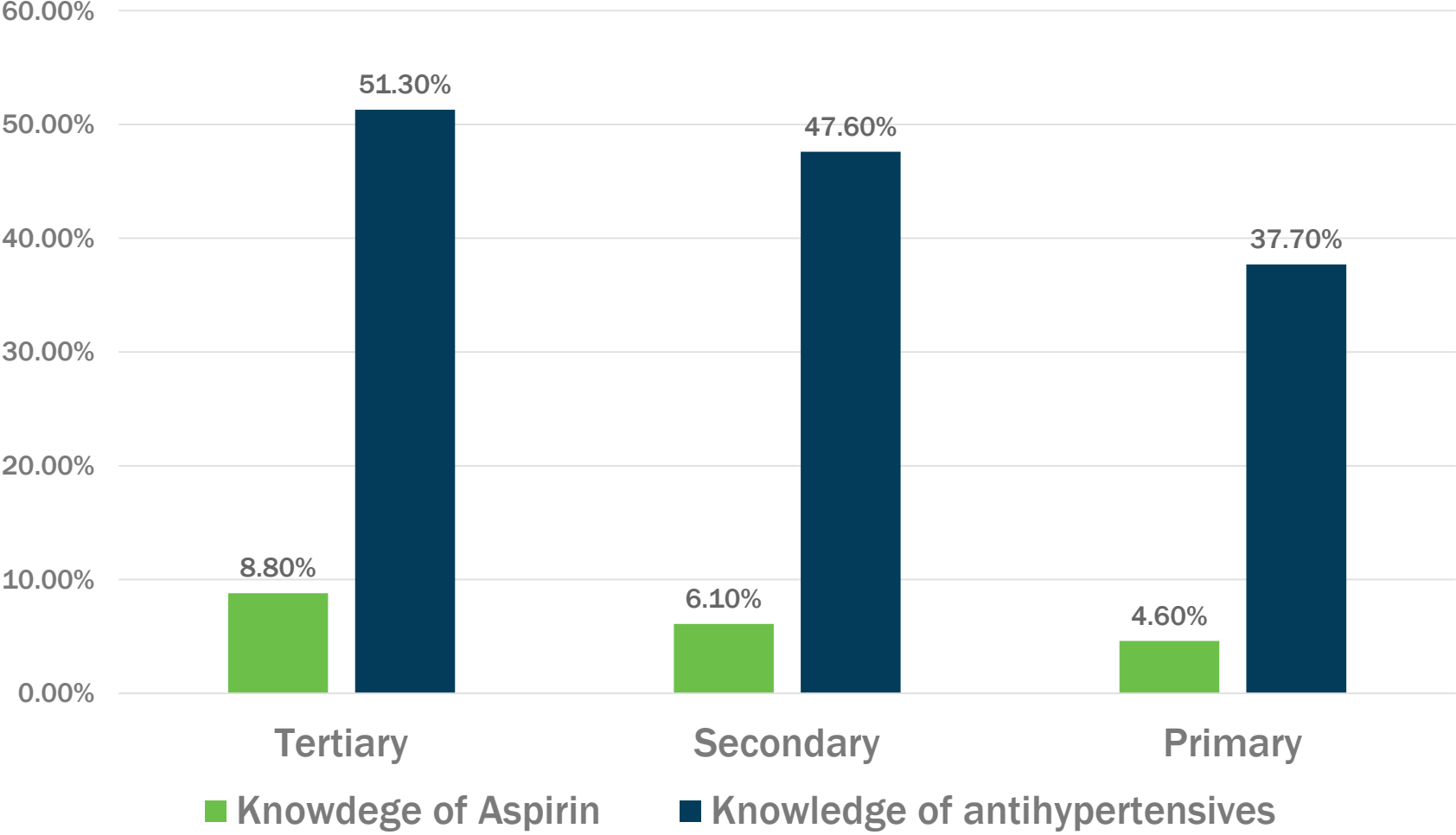
Knowledge of hypertensive disorders in pregnancy by level health care



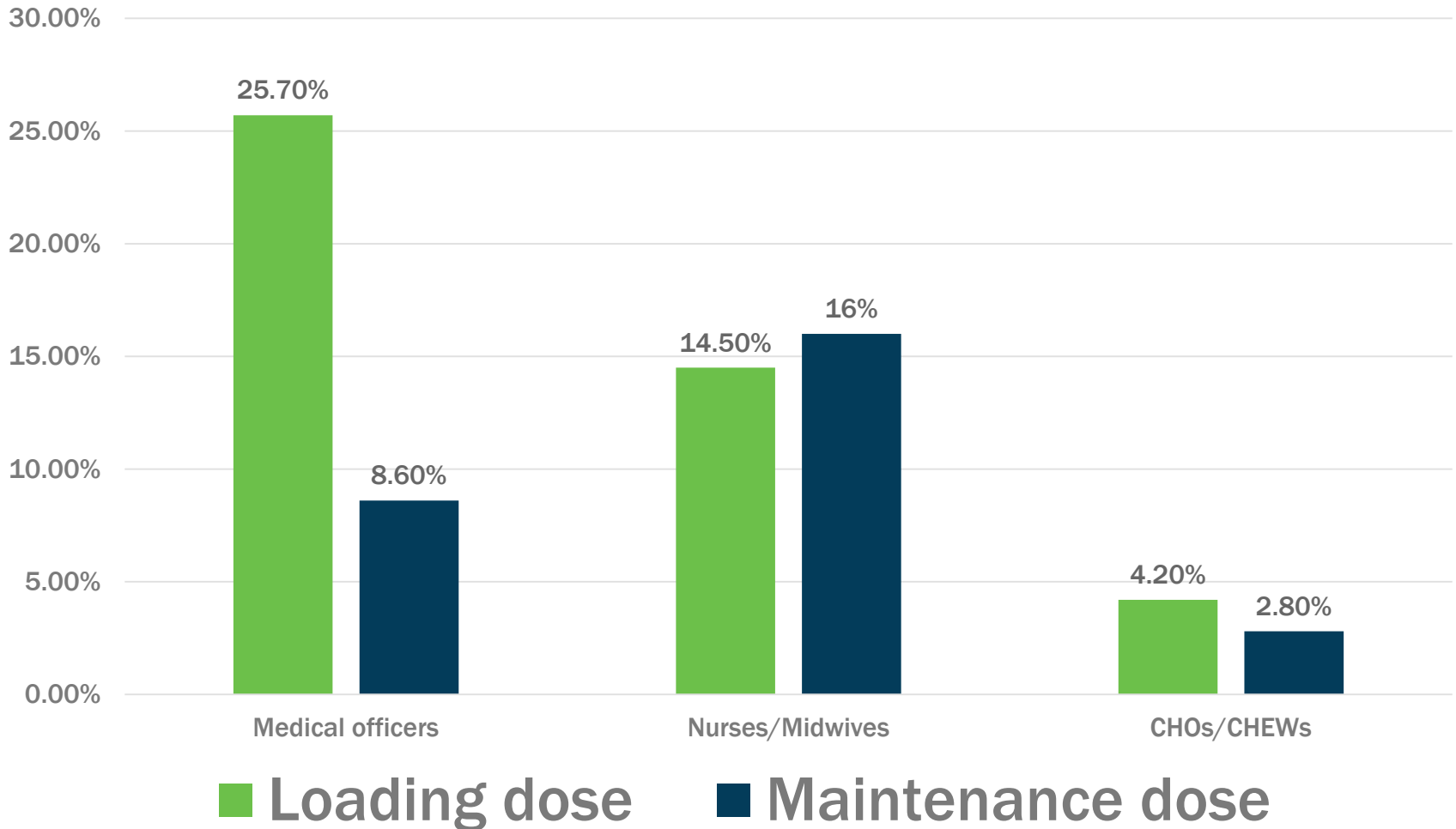
Knowledge of Aspirin and antihypertensives by type of provider



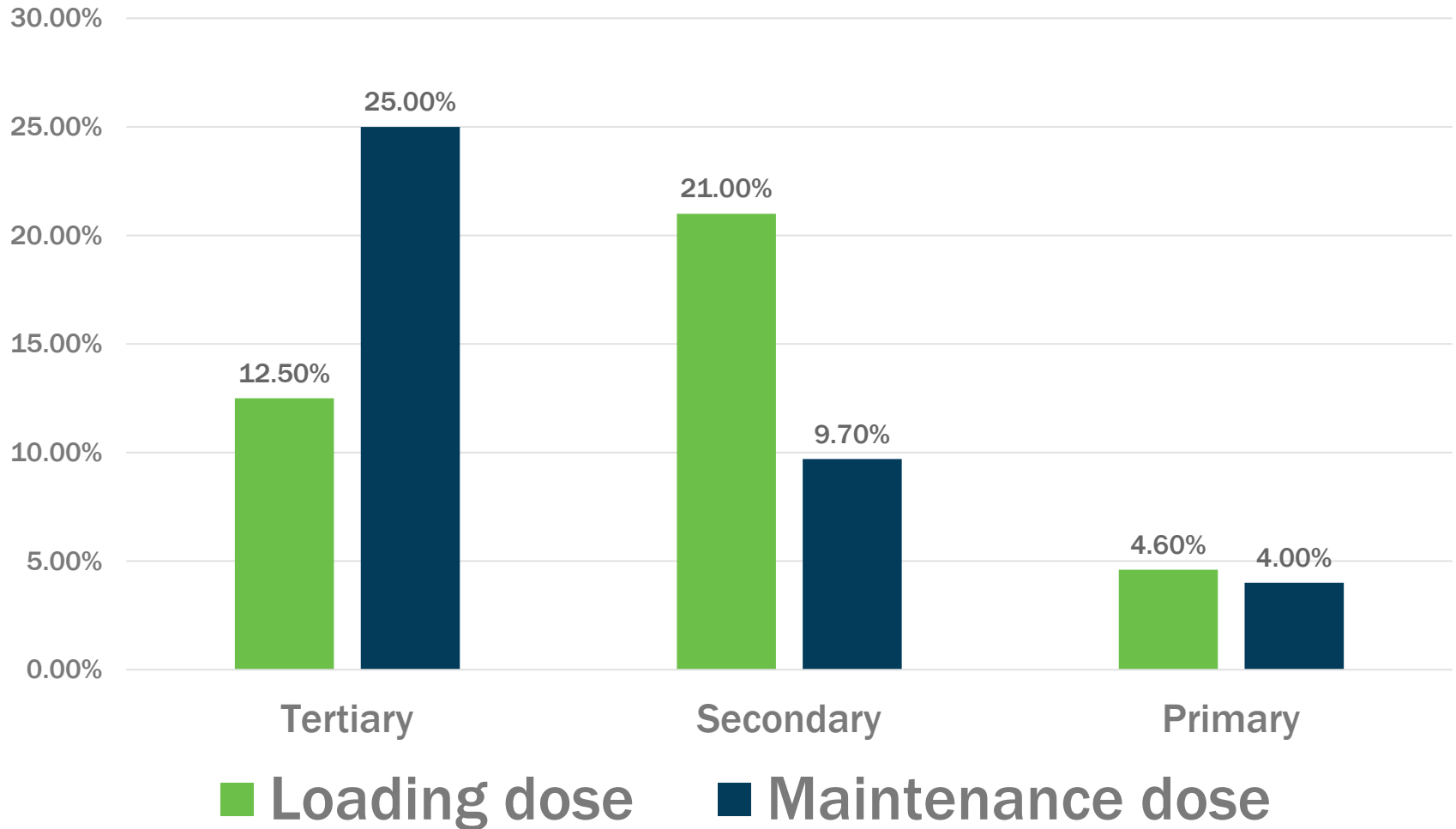
Knowledge of aspirin/anti-hypertensives across level of health care



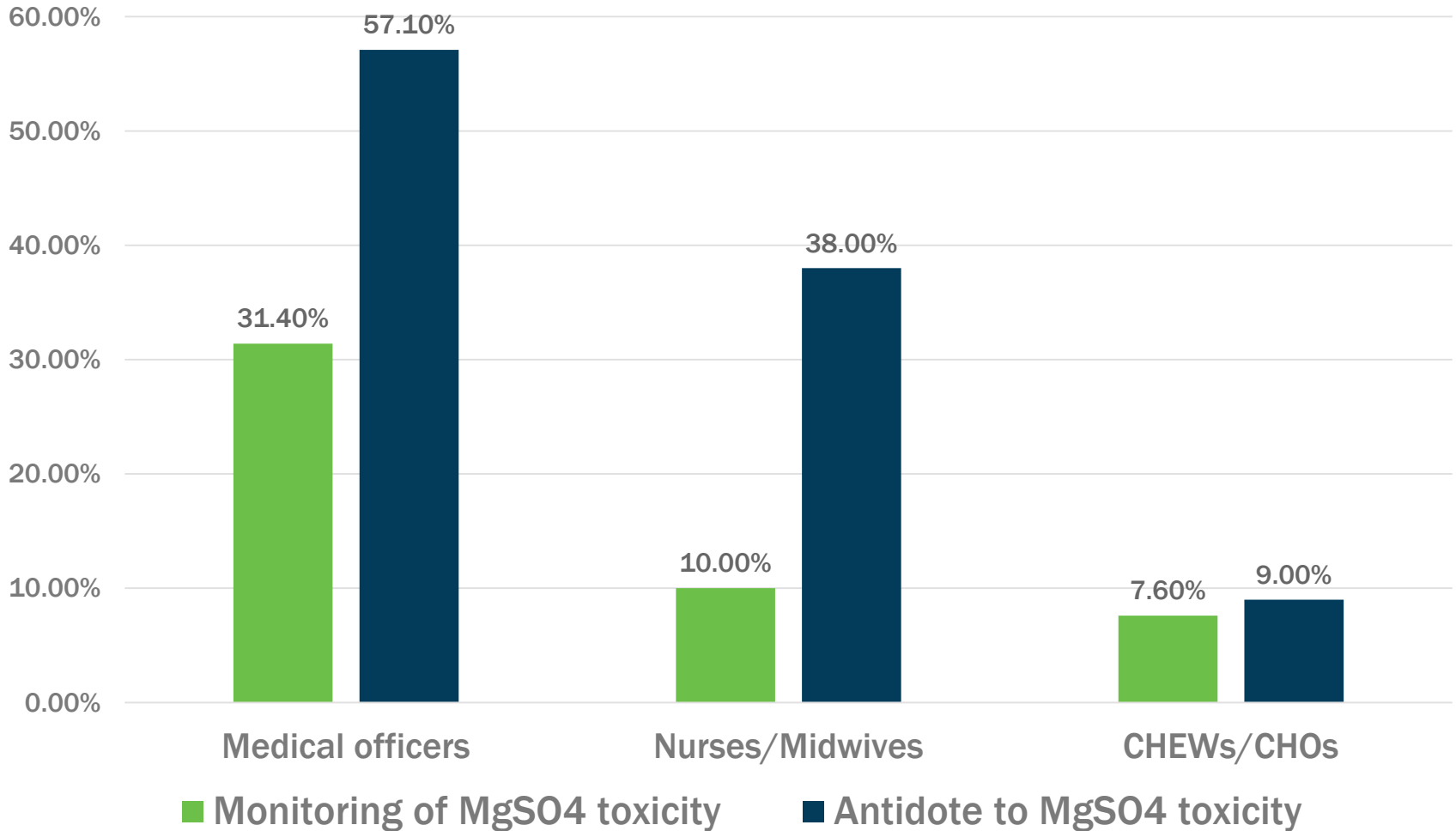
Knowledge of loading/maintenance dose of MgSO4 (Prichard regimen) by type of provider



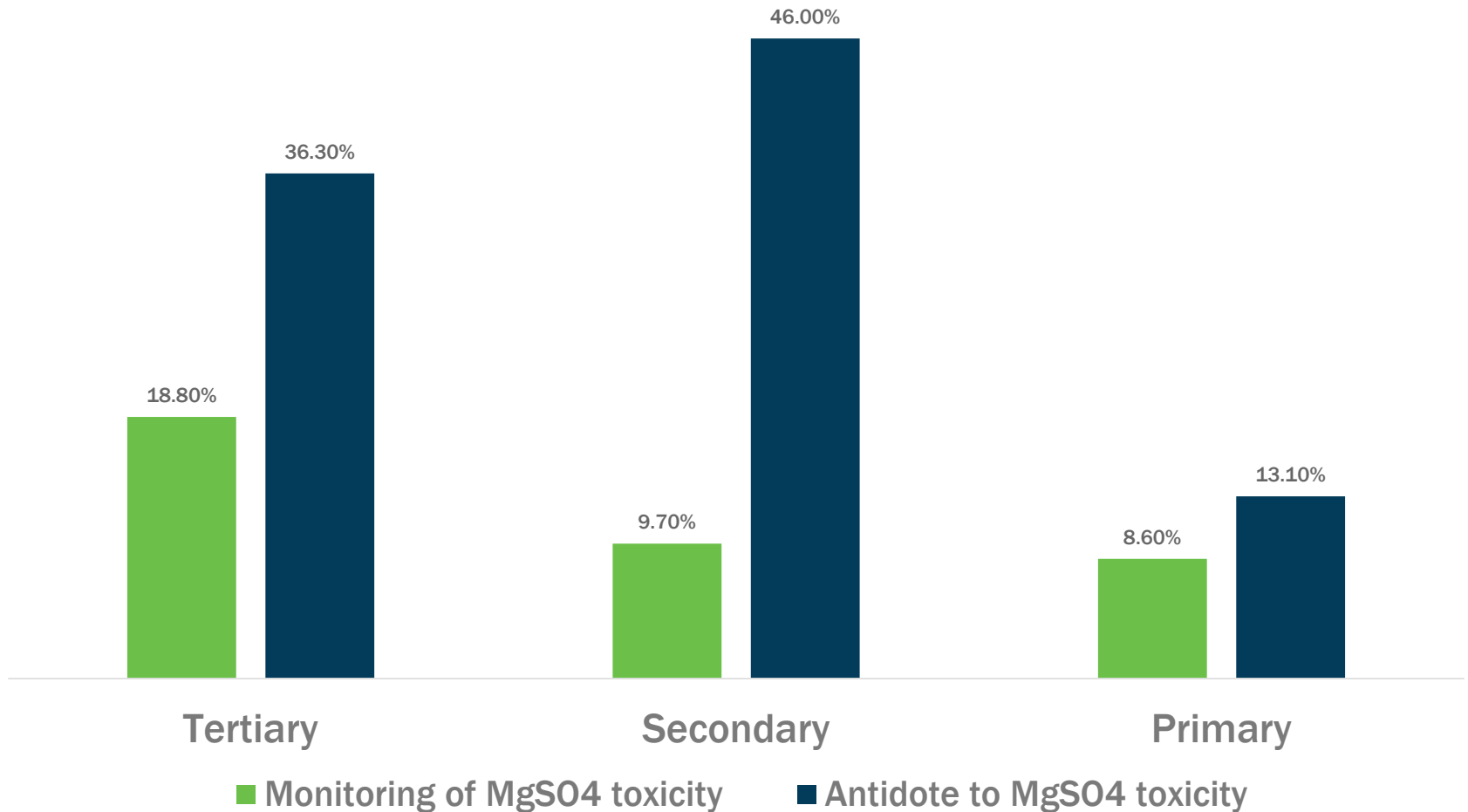
Knowledge across levels of practice



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



Knowledge of monitoring toxic effects and of MgSO4 toxicity by level



Discussion

- There is no guarantee that pregnant women would receive true care just by interacting with care providers
- Knowledge of providers in relation to best practices for PE/E is grossly inadequate
- Knowledge and practice around prevention, detection and management of PE/E is random; not consistent with providers' certification and hierarchy of care

Conclusion

The assumption that skilled providers are those with some designated certificates is erroneous.

While the importance of pregnancy care by well-trained providers cannot be overstated, focus should be around ensuring that providers stationed at service delivery points know what to do as opposed to deploying them based on their certificates alone.