



Knowledge and Practices for the Prevention of Pre-eclampsia among Frontline Health Care Providers in Bangladesh and Nigeria: A Call for Action

Salisu Ishaku, Sharif Hossain, Gloria Adoyi, Ayodeji Oginni, Rahat Ara Nur
Population Council

BACKGROUND

- Pre-eclampsia (PE) and hypertensive disorders in pregnancy (HDP) are the leading cause of maternal death in Nigeria (29%) and second leading cause in Bangladesh (20%)
- WHO recommends low-dose aspirin prophylaxis and calcium supplementation in populations with low dietary calcium to prevent PE
- These preventive practices are not routine in low-income countries where PE contribute significantly to both maternal and perinatal deaths
- Ending Eclampsia examined the gaps in PE knowledge and prevention practices among frontline healthcare providers, and charted pathways for improvement in Nigeria and Bangladesh

METHODS

In 2015, data were collected and analyzed for a landscape analysis to determine knowledge and practices for PE prevention among frontline health care providers in Bangladesh and Nigeria.

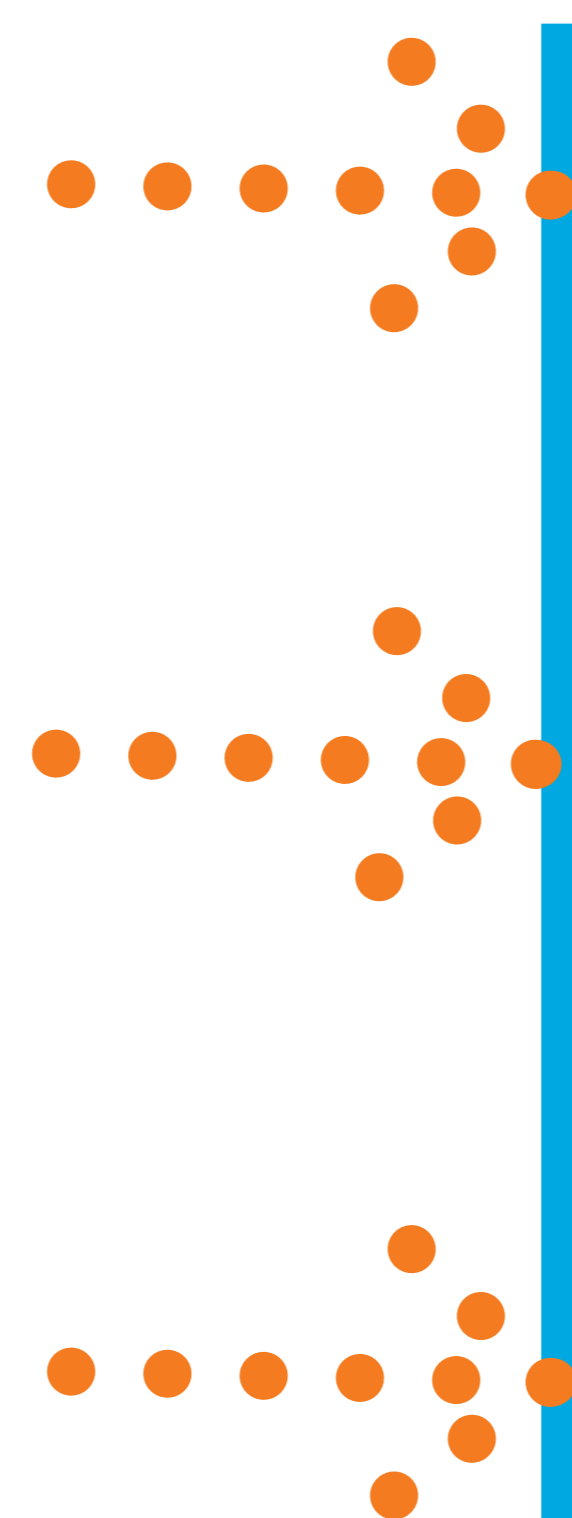
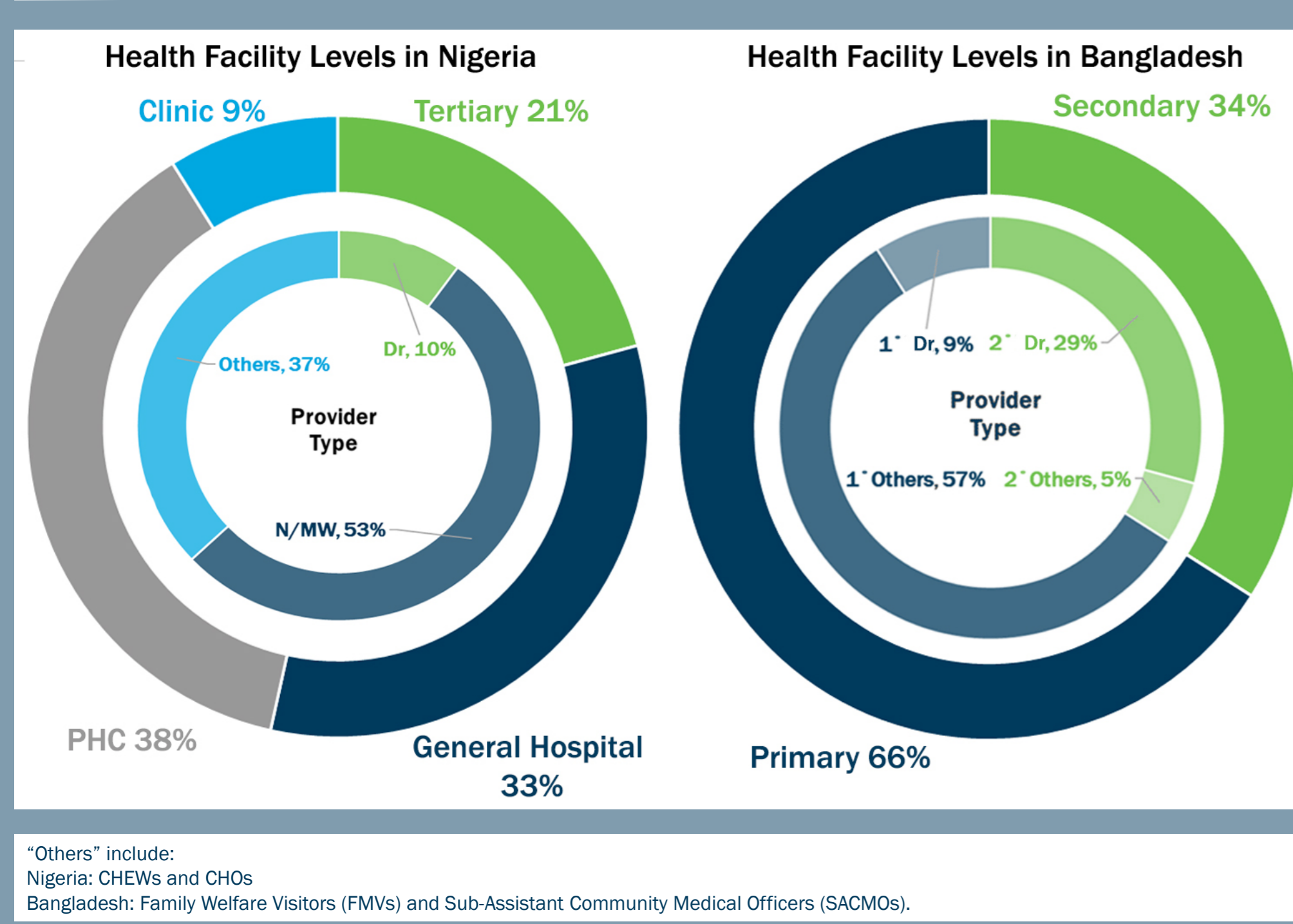
Interviews at:

- 96 facilities in Nigeria
- 134 facilities in Bangladesh

Providers interviewed:

- 379 in Nigeria
- 289 in Bangladesh

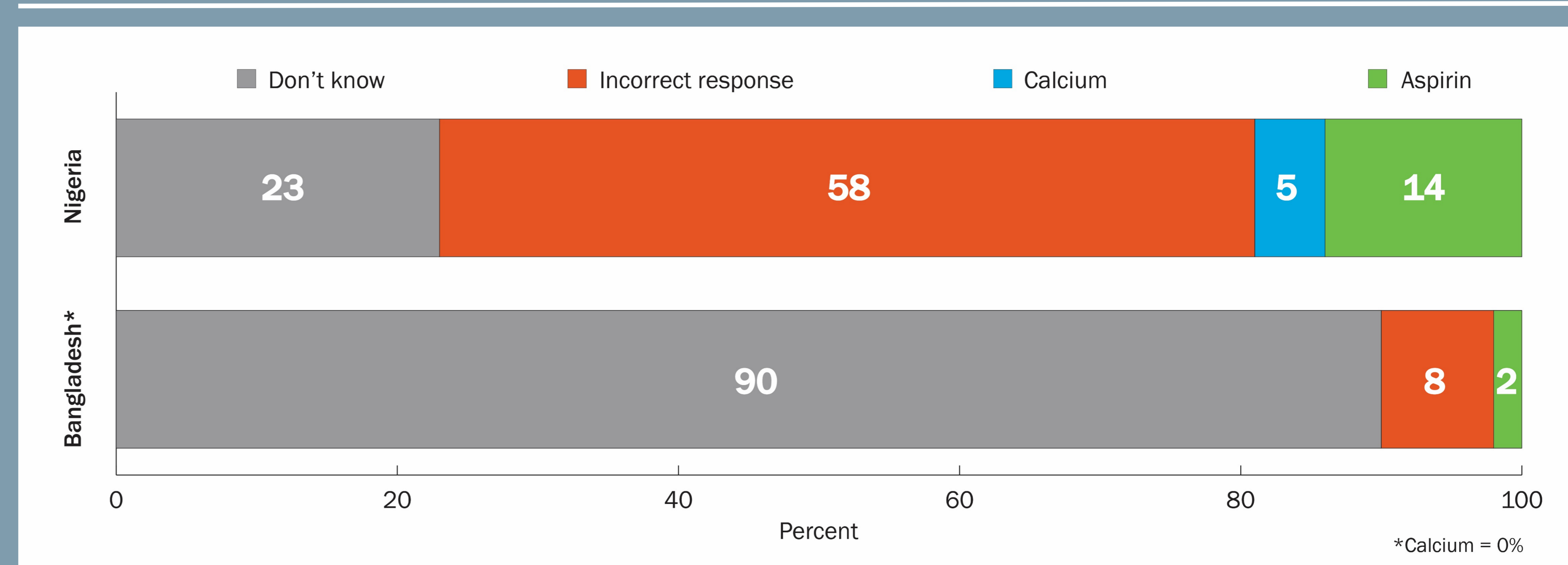
Figure 1. Breakdown of study facilities & providers



CALL TO ACTION: The global community must accelerate the utilization of proven, low-cost practical interventions for early detection and preventive measures for managing PE/E patients in low-resource countries.

RESULTS

Figure 2. Provider knowledge of prophylactic drugs for PE



- Despite the proven effectiveness of aspirin and calcium to prevent PE, providers were unaware of their prophylactic use. Figure 2 shows the breakdown of all responses. Overall, correct responses (either aspirin or calcium) were very low: 2% in Bangladesh and 19% in Nigeria
- Among the 14% of Nigerian providers who mentioned aspirin, only 9% had ever given it to women at risk for PE; none had provided calcium supplementation
- In Bangladesh, no providers were aware of calcium supplementation; although there is no national policy for aspirin prophylaxis, 2% of providers (mainly doctors) knew of this approach
- Calcium is routinely given to pregnant women in Bangladesh, which might explain why providers are unaware of its preventive association with PE.
- Lack of knowledge about the preventive roles of aspirin and calcium is widespread in both Bangladesh and Nigeria

CONCLUSION

- Capacity building for frontline service providers is imperative.
- Program implementers and policy-makers must ensure that service providers are trained on use of aspirin and calcium to prevent PE
- High risk women will be reached if these prophylactic measures can be institutionalized at antenatal care centers