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**ENDING  
Eclampsia**

# **A Woman's Pathway to and Experience of Life-saving PPH and PE/E Care: Unmet Needs**

**An Unfinished Agenda in Maternal Health: Meeting the Needs of  
Women with Preeclampsia/Eclampsia and Postpartum Hemorrhage**

**Washington, DC  
June 13, 2017**

# Outline

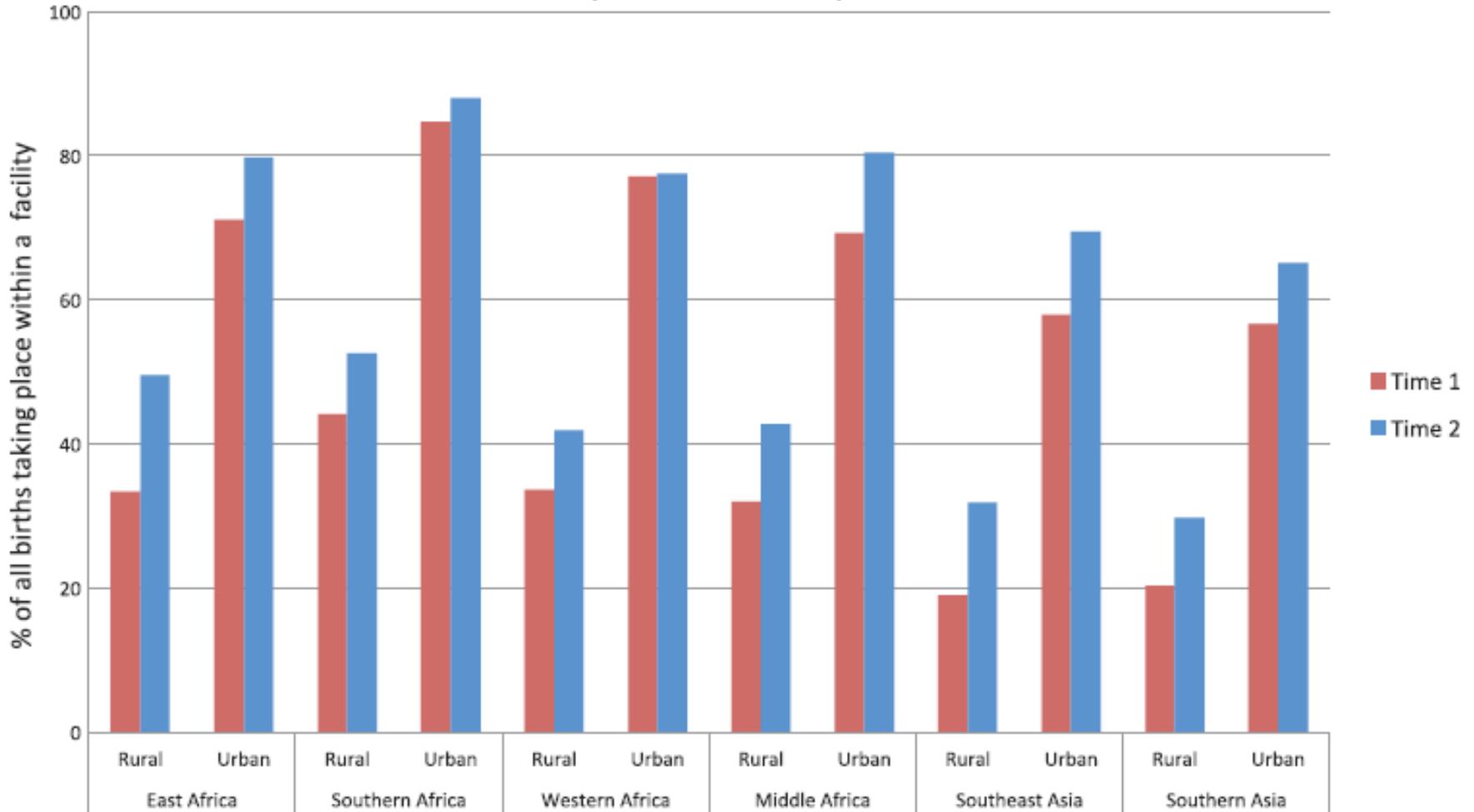
- Diverse pathways to PPH and PE/E Care (Lancet conceptual framework)
- Women's experience of PPH and PE/E care

# Three Delays: timely PPH and PE/E Care

- PPH, PE/E recognition and decision to seek care (Delay 1)
- Two pathways to accessing PPH, PE/E care (Delay 2)
- Receiving timely, effective respectful care (Delay 3)

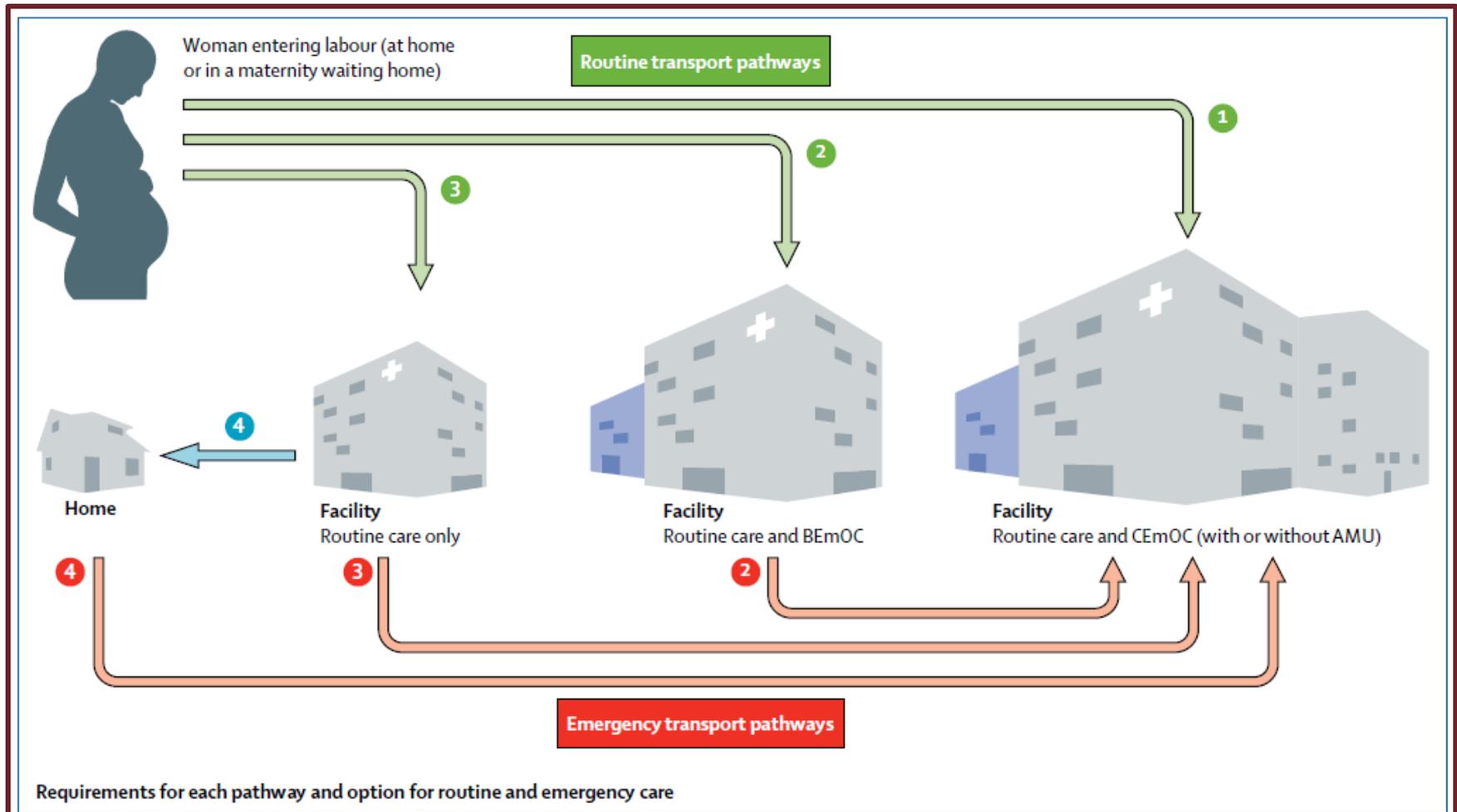
# First delay?

## Trends in Facility Deliveries in Africa and Asia (2003-13)



# Diverse pathways to reach care

(Lancet 2016 MH Series)



**Conceptual framework of pathways leading to adequate childbirth care options**

Source: Series Paper Maternal Health 3. Lancet 2016

# First Delay: PPH/PEE recognition and decision to seek care

- **Facility-based deliveries**
  - How do women/families decide whether to deliver in a facility, which facility and when to go? (ANC role?)
  - What factors make women/families agree to referral?
  - Do women/families know danger symptoms to look for once discharged from the health facility?
- **Home deliveries experiencing a complication**
  - What do we know about family and providers' capacity to identify PPH/PEE and to recognize symptom severity?
  - Who and what factors influence decision to seek care (or follow through on referral) and process of accessing care?
  - Is this any different for PPH/PEE than other complications?

# Six-country study on PPH recognition and care-seeking (USAID Translating Research into Action)

- Examined PPH identification, severity recognition and care-seeking (also newborn illness)
- Ethiopia, India, Indonesia, Nigeria, Tanzania, Uganda

Early reflections (synthesis report pending):

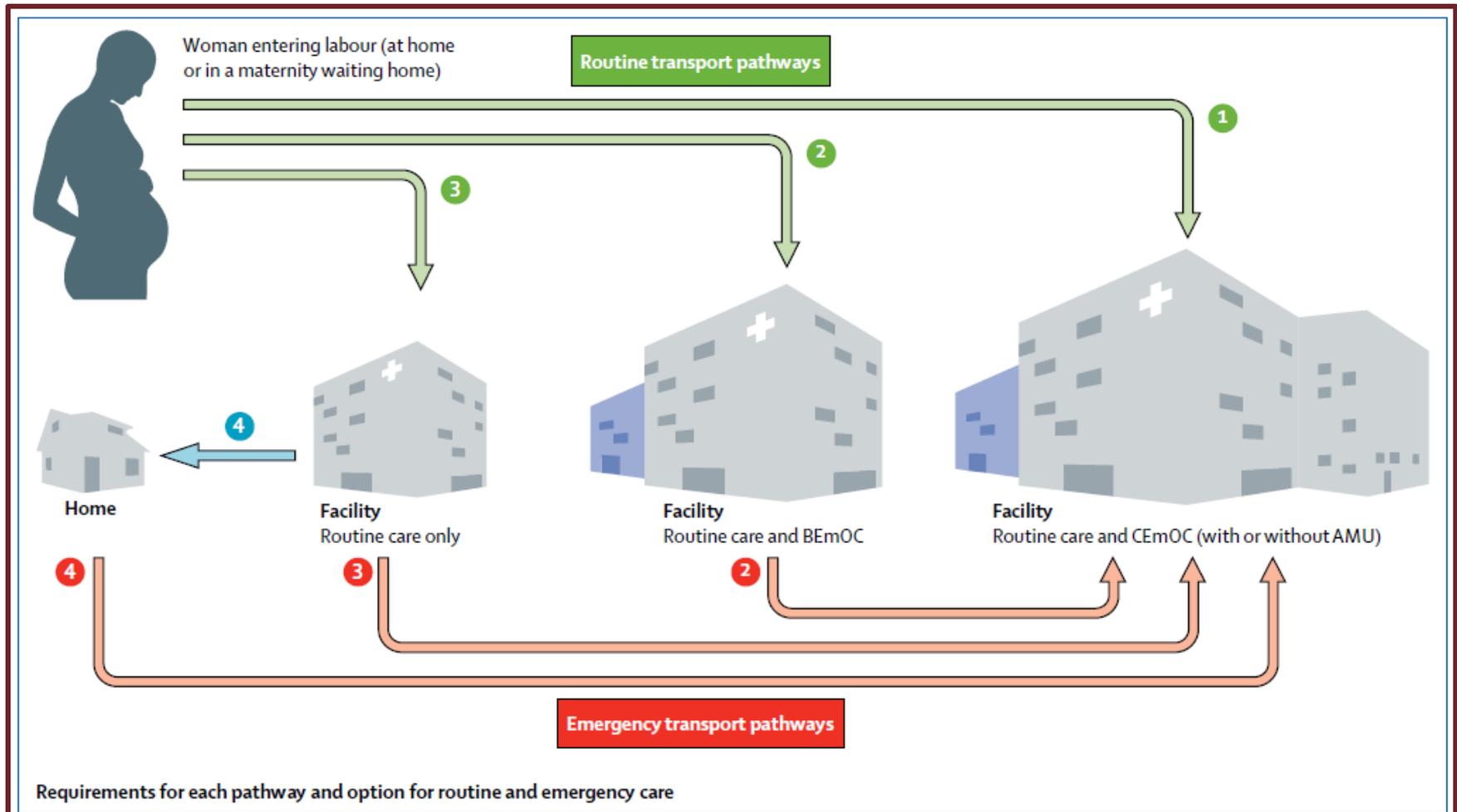
- Husbands and elder females common decision makers (reinforced in literature)
- Common by-passing of primary facilities; bouncing between facilities (established in literature)
- Quality of care (clinical and experience of care) commonly cited as major factor in care-seeking process.
- Perceived complication cause may influence type of care sought (e.g. spiritual, formal/facility, traditional.)
- Post-partum confinement practices can deter care-seeking

*“...Husbands take their pregnant wife to traditional healers 100% of the time. Only 25% take their wives to hospital for ANC, others visit traditional healers and chemists.”* Male, FGD Nigeria

*“These are **WOMEN’S** problems during pregnancy and after delivery. ..I don’t want to interfere... My mother and grandmother might be the right persons to decide.”* Male, FGD Bangladesh

# Diverse pathways to reach care

(Lancet 2016 MH Series)



**Conceptual framework of pathways leading to adequate childbirth care options**

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## Second Delay: unmet needs, ensuring timely access to PE/E and PPH Care

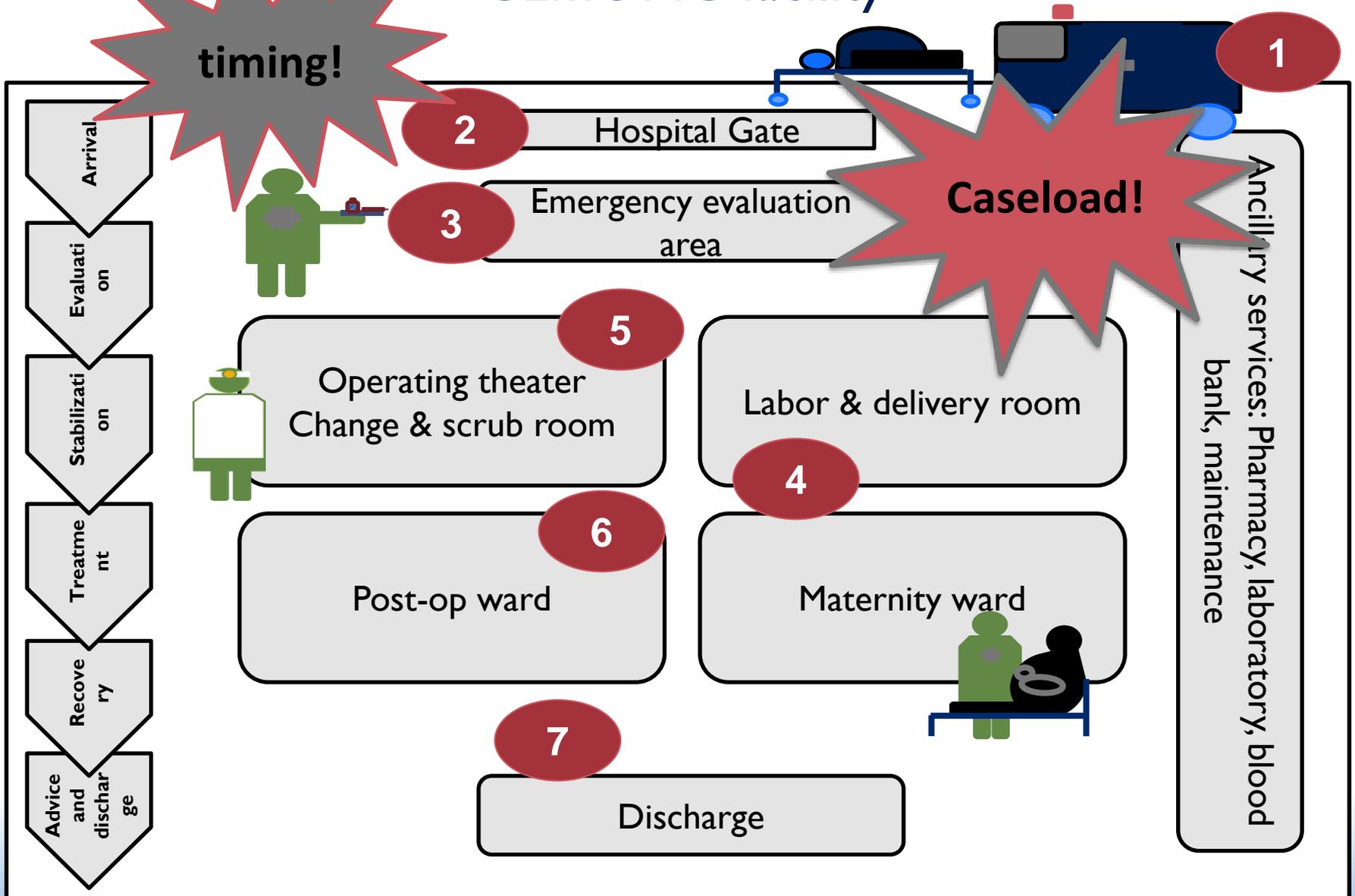
- Emergency patient transport systems (24/7)
- Locally defined referral protocols
- Pre-referral and transport standards (e.g. IV access, accompanying skilled provider.)
- Innovations in service organization to expedite care access (e.g. “alongside midwifery-led units” next to hospitals, maternity homes.)

*“This was her 7th pregnancy at age forty. Her BP was high and she was having checkups from BHU and taking BP pills. Her labor pains started in 8th month and she was taken to BHU....BHU staff left her unattended; they took her to DHQ.*

*At DHQ staff said there was no expert doctor and [told us to] go to X Medical Complex. Too much time was spent to reach X Medical Complex due to traffic. As soon as her checkup was started at the Medical Complex she passed away.”*

*Pakistan Verbal Autopsy*

# Third Delay: a woman's care pathway once she reaches a CEmONC facility



# **What do we know about women's experience of PPH and PE/E care and influencing factors?**

- Limited published information in medical and public health literature
- What matters most to women and families?
- What factors influence women's experience of PPH/PEE care? Including pain?
- How does provider experience of giving care, including prior trauma related to near-misses/maternal deaths influence care?
- What about follow-up care?
- What other consequences? (economic, social, emotional)

*“By far the hardest thing for me to accept is [what happened] from Lauren’s perspective....the amount of pain she must have experienced in that exact moment when she finally had this little girl [and knew she was dying] ....I can accept the amount of pain I have been dealt...but [her pain] is the one thing I just can’t accept. I can’t understand, I can’t fathom it.”*

Widow of Lauren Bloomstein who died of undiagnosed PE/E in a U.S. hospital several hours after giving birth to a baby girl