



USAID
FROM THE AMERICAN PEOPLE

 Maternal and Child
Survival Program

ENDING
Eclampsia

Session 7 : Synthesis of key takeaways from each session

Meeting highlights, priorities, and next steps

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Epidemiology & Data

Opportunities from the Gaps

- **Harmonizing definitions and measurement** approaches for PPH and PE/E, and MM more broadly
 - **Accurate classification** and counting of maternal deaths
 - Need for national and sub-national **epidemiological data** to prioritize and tailor interventions and approaches
 - Need for better data on **births / deaths outside of facilities**, general need for **stronger HMIS** systems
 - **Global / Regional epi** – more data is needed, particularly for LAC region
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Clinical Guidelines and Research Updates

Opportunities from the Gaps

- **Implementation research in different contexts**, across the continuum of care and levels of care
 - Creating/adapting **local “bundles of care”** and packages
 - **Real-time updating of clinical guidelines and adapt** them to the local context into practical clinical pathways/algorithms
 - Getting information to decision makers and frontline providers
 - **Early, accurate, practical identification** of complications/risk of complications (e.g., PE/E, PPH)
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Women's needs, care-seeking, access to and experience of care

Opportunities from Gaps

- **Reconceptualize the woman's pathway** (the '3 delays' – including the 4th delay, following discharge).
- **Better and deeper understanding of the barriers** to accessing/receiving quality care **along the entire pathway**, and in different settings (e.g., urban vs rural).
- Better understanding of **social, cultural, economic, health systems, and knowledge gaps** related to danger signs for obstetric complications
- **Additional research into implications of PE/E prodromal symptoms** and how to integrate that into an early identification/management plan, taking into consideration costs, facility bed management, and balancing “too little, too late” with “too much, too soon”.

Data for MH programming and QI

Opportunities from the Gaps

- **Prioritizing MH information needs for policy, programming, QI** (all system levels), including aggregation of data for sub-national managers
- **Improve facility data using standardized Log Books / patient records** for clinical decision making + QI processes
- Improve **accurate classification** and identification of PPH and PE/E
- Monitor quality and respect and client experience of care as part of routine monitoring
- **Strengthen MPDSR team functioning** (cause of death, response, follow up)
- Linking MPDSR team-work processes and continuous QI processes
- **Institutionalizing the importance of 'no blame'** to avoid underreporting/misreporting (hiding) of maternal deaths and attribution of cause

Capacity Building & Human Resources

- Strengthening **simulation-based team-based performance** and **self-reflection**.
 - Modifying training and supervision programs to **address barriers to PE/E care** (fear of MgSO₄ toxicity, patient aggression; challenges in referral systems)
 - **Breaking down hierarchies and communication barriers** via team-based approaches
 - Supporting provider **motivation**
 - Need to **incorporate accountability** into capacity building and QI approaches
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Referral and Transport

- Need for **locally defined formal guidelines and protocols**
 - national, subnational, and tailored to level of facility
- Cannot be solved at community level – need to advocate for and **invest in advocacy, policy and emergency health care and transport systems**

Commodities and Supplies

- **Strengthening commodities data availability/quality** within health systems; functional LMIS
- **Invest in commodities procurement and distribution** (in addition to procurement)
- Promote use of **antihypertensives in addition to MgSO₄** for PE/E and hypertension in pregnancy
- **Strengthen systematic coordination** with MOH and between all implementing partners
- **Overcome bottlenecks** to distribution and local management of MH commodities
- Look at the full picture – including private sector, pharmacies, etc.
- Extend focus beyond the 3 main MH commodities to include oxygen, BP cuffs, etc.



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Thank you!