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
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)
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
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.
Thank you!