



EXPLORING OPPORTUNITIES FOR PREVENTING AND MANAGING PRE-ECLAMPSIA/ECLAMPSIA

Pre-eclampsia and eclampsia (PE/E) are a major cause of maternal and newborn morbidity and mortality worldwide, contributing to 14 percent of the world's maternal deaths. A cross sectional study on maternal health care utilization based on the Ethiopian 2011 DHS demonstrated existing gaps in service utilization of antenatal care (ANC), postnatal care (PNC), skilled birth attendants (SBAs), and postnatal care (PNC) throughout the country.

The Southern Nations, Nationalities, and Peoples Region (SNNPR) is one of Ethiopia's most ethnically diverse regions. Recent work on PE/E within a maternity ward of Ethiopian hospital found a high incidence rate of pre-eclampsia (2.23%) in a hospital in Dilla town (SNNPR), while use of $MgSO_4$ was very low; only 15% of severe pre-eclampsia cases receiving treatment.

In addition to the challenges all Ethiopian women face when trying to access quality ANC, PNC, and emergency services to prevent and manage PE/E, there is a particularly high risk of PE/E among younger women and unmarried women. Further investigation into the underutilization of ANC and PNC services and the health system's limitations and gaps at all levels is necessary.

FORMATIVE RESEARCH AIM

This cross sectional qualitative study explores the gaps in antenatal care in Ethiopia and with a focus on PE/E at multiple levels. The study will take place in peri-urban and rural areas of SNNPR, and seeks to understand the nuanced relationships of women, communities, and health systems that shape experience and burden of PE/E. It builds upon this knowledge and specifically aims to assess the policy and

Highlights

- Pre-eclampsia (PE) is a condition of pregnancy marked by increased blood pressure and protein in urine after 20 weeks gestation.
- High-quality antenatal care improves prevention and early detection of pre-eclampsia and can prevent progression to eclampsia.
- Eclampsia is a life-threatening condition characterized by convulsions in women with PE.
- Women in developing countries are 300 times more likely to die from eclampsia than women in developed countries.
- It can be managed by administering antihypertensive drugs and magnesium sulphate ($MgSO_4$).
- $MgSO_4$ is the safest and most effective treatment for severe pre-eclampsia and eclampsia, and is one of the 13 UN Life-Saving Commodities for Women and Children.
- Pre-eclampsia and eclampsia and other hypertensive disorders in pregnancy increase the risk of pre-term births, which can lead to low birth weight, anemia, and stunting.
- Understanding barriers and opportunities for PE/E prevention and treatment can inform national policies that aim to reduce maternal and newborn mortality.

The Ending Eclampsia project seeks to expand access to proven, underutilized interventions and commodities for the prevention, early detection, and treatment of pre-eclampsia and eclampsia and strengthen global partnerships.



Made possible by the generous support of the American people through the United States Agency for International Development (USAID).

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health systems environment related to PE/E diagnosis, referral, and treatment, and identifying bottlenecks in the supply chain. It investigates knowledge and perceptions of PE/E and aims to describe barriers for provision/utilization of PE/E prevention and management, including ANC and PNC during service delivery and within communities.

Researchers explore similarities and differences in PE/E knowledge, attitudes, and care-seeking behaviors across rural and urban settings and perspectives, and anticipate being able to answer the following questions:

- How do policy makers and stakeholders describe drugs to treat PE/E and their availability?
- How do policy makers, stakeholders and health workers describe the causes and consequences of PE/E?
- How do individuals and communities describe the causes and consequences of PE/E?
- What is the community perception about what to do when a women is pre-eclamptic?
- How do health workers and midwives deal with complications? What barriers do they face in the system?
- What are women's service-seeking attitudes and behaviors during antenatal, delivery, and postpartum periods?
- What are the policy and guideline gaps that inform the availability, accessibility and acceptability of quality the maternal health services during pregnancy and delivery?

Methodology

This formative study adopts a qualitative approach and uses various methods to collect data and documents from multiple sources. It draws upon institutional ethnography—a critical approach that informs design, data collection, and analysis—which builds upon the actualities of women's lives, probes on the political nature of these realities, and describes the social processes surrounding particular viewpoints to identify recommendations. This approach provides insight into gender and power dynamics within a system's hierarchy.

Reserachers explore viewpoints from the entire health system, including federal policy informants, health care service providers, community men and women, and survivors of pre-eclampsia. The study reviews guidelines around maternal health supply chains of essential commodities. These perspectives cover users, providers, and organizers of maternal health care in SNNPR.

Study activities

This study takes place in rural and urban woreda purposively selected with input from regional stakeholders. Key informant perspectives include zonal, regional, and national perspectives.

Researchers conduct in-depth interviews (IDI) with policy makers and stakeholders at national, regional, and woreda levels, with the intention of understanding the barriers women experience when trying to access or receive timely care. IDIs with health workers include health extension workers, nurses/midwives, and doctors at primary and secondary levels, including health posts, health centers, and hospitals further illustrate challenges and strengths of the health system's ability to provide quality maternal health care to women with complciations. IDIs with women who have experienced PE/E explore their stories and care-seeking pathways.

Researchers also hold focus group discussions with married men and women, including adolescent and older groups who have at least one child, to understand the attitudes and beliefs around ANC/PNC, perceptions and understanding of of PE/E and their maternal care-seeking behaviors in general and in response to complications during pregnancy.

Expected outcomes

Analysis of data collected in 2017 is currently ongoing for this study. Findings will be shared in February 2018. Findings will highlight existing barriers and opportunities for PE/E prevention and treatment, and can inform national policies and programming for reducing maternal and newborn mortality.

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