ASSESSING THE FEASIBILITY AND ACCEPTABILITY OF COMMUNITY HEALTH EXTENSION WORKER TREATMENT OF HYPERTENSION IN PREGNANCY

In Nigeria, hypertensive disorders of pregnancy – mainly pre-eclampsia and eclampsia (PE/E) – are the most common causes of death in pregnant women, accounting for 23 percent of maternal deaths in tertiary health facilities. Uncontrolled hypertension puts women at risk of cerebrovascular accident, a common cause of death from PE/E. Averting deaths from PE/E requires early detection, timely delivery of the baby, effective use of antihypertensive drugs to control the associated hypertension, and administration of magnesium sulphate (MgSO$_4$) to prevent and treat convulsions.

Primary health care (PHC) providers (Community Health Extension Workers or CHEWs) are authorized to administer the loading of MgSO$_4$ prior to referring a pregnant woman to a secondary or tertiary health facility. Nigeria’s task shifting policy is unclear whether these frontline care providers – often the first points of contact for pregnant women – are allowed to administer antihypertensive drugs to pregnant women. Currently, no evidence shows whether PHC providers can safely administer antihypertensive drugs for hypertensive disorders of pregnancy.

RESEARCH AIM

This study intends to test the feasibility of CHEWs in detection and management of hypertension, and administration of alpha methylldopa at PHC facilities as part of package of care for women with PE/E. In Ebonyi State, CHEWs were trained on accurate measurement and categorization of hypertension in pregnancy as normal, mild, moderate, or severe hypertension and were trained on how to manage hypertension using alpha methylldopa. An endline evaluation will measure improvements in knowledge retention and early detection, prevention, and management of PE/E using antihypertensive drugs.

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 recommended by the 13 UN Life-Saving Commodities for Women and Children.
- Pre-eclampsia and eclampsia and other hypertensive disorders of pregnancy increase the risk of preterm births, which can lead to low birth weight, anemia, and stunting.
- Understanding CHEWs’ capacity to manage and treat hypertension in pregnancy with antihypertensive drugs, and administer MgSO$_4$ in emergency situations, could inform national policy and save the lives of women and babies.
Referral to secondary hospitals

Providers’ training updates include details of counselling and referrals to be made and providers receive training on the policy guidelines for referral and places of referral. All referrals are tracked to assess health outcomes. Each week, the local government health officer collects a list of all referrals made from each facility and cross references it with the referral facilities to confirm that women with PE/E sought services. If patients do not show-up in the referral facilities, he/she will follow up with the patients directly.

EXPECTED OUTCOMES

Data collection for the endline survey will take place in early 2018. Researchers will evaluate women with pre-eclampsia and severe hypertension who receive a loading dose of MgSO$_4$ before referral. They will also assess women who take alpha methyldopa throughout their pregnancy, the proportion of PE/E patients referred to higher level facilities, PE/E patients presenting for care at comprehensive emergency obstetric and neonatal care facilities, absolute increase in facility births, as well as the number of maternal deaths, stillbirths, and neonatal deaths or complications of uncontrolled hypertension.

The research team is measuring outcomes such as proper diagnosis and classification of hypertensive disorders, appropriate use of antihypertensive drugs, effective control of hypertension, use of MgSO$_4$ when necessary, and maternal and fetal outcomes.

CONTACT

Salisu Ishaku
sishaku@popcouncil.org
Lead Researcher, Ending Eclampsia Nigeria
Population Council, Abuja, Nigeria

Emmanuel Nwala
nwala@popcouncil.org
Senior Research Analyst, Ending Eclampsia Nigeria
Population Council, Abuja, Nigeria