ASSESSING QUALITY OF CARE AND HEALTH OUTCOMES AFTER PRE-ECLAMPSIA/ECLAMPSIA

Hypertensive disorders in pregnancy, including pre-eclampsia and eclampsia (PE/E), kill more women in Nigeria than postpartum hemorrhage. Factors such as lack of capacity to detect, monitor and refer from lower level health facilities (primary health care centers and secondary hospitals) to tertiary hospitals contribute to these preventable deaths.

PE/E is generally characterized by the presence of high blood pressure in pregnancy, and may predate the pregnancy (chronic hypertension) or occur for the first time during pregnancy after 20 weeks gestation. In the latter case, hypertension can be isolated hypertension (gestational hypertension) or accompany protein in urine (pre-eclampsia). Hypertensive disorders in pregnancy are responsible for 70,000 maternal deaths globally each year and contributes to more than 23 percent of direct causes of maternal mortality in Nigeria, making hypertensive disorders in pregnancy the leading cause of maternal deaths.

The Ending Eclampsia project conducted a landscape analysis around health care facilities’ readiness and health care providers’ competence to detect and manage PE/E in seven states across the six geo-political zones of Nigeria. Findings revealed gaps in maternal care for women with PE/E during the antenatal period. However, maternal care for women with PE/E is not limited to antenatal and intrapartum periods alone, it goes beyond childbirth into the first year postpartum.

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 (MgSO₄).

• MgSO₄ 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 the postpartum implications of pre-eclampsia and eclampsia is critical to improving the lives of mothers and newborns.

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.
RESEARCH AIM

Guidelines that direct care for women with PE/E in the postpartum period are not locally available. The World Health Organization guidelines for pre-eclampsia prevention and management even stopped short of the postpartum period. This study aims to ascertain service delivery gaps and patterns of morbidities associated with PE/E within one year of delivery.

Methodology

This study applies a longitudinal design that follows hypertensive women and their newborns over time. Women's outcomes will be monitored for one year after birth.

Using international guidelines as a benchmark, learning objectives include:

• What appropriate care do women whose pregnancies were complicated by PE/E typically receive, physically and biochemically, in the immediate postpartum period and up to one year following delivery?

• What appropriate care do babies of women whose pregnancies were complicated by PE/E typically receive, in the immediate and extended postpartum period up to one year, following delivery?

• What proportion of women with gestational hypertension or pre-eclampsia develop chronic hypertension, including resistant hypertension or other morbidities associated with PE/E within one year postpartum?

• What are the experiences, expectations, and satisfaction of services that women with PE/E have during and after pregnancy?

Recruitment

Participants are recruited around the time of delivery, at the onset of labor at the hospitals' delivery units, or before discharge from the hospital (if recruitment did not happen before delivery). After obtaining informed consent and contact information (mobile telephone numbers), data collectors (research assistants) follow up with them at designated time periods.

Women who participate in the study are enrolled simultaneously in northern and southern Nigeria, and enrollment and follow up will proceed concurrently for the first six months after delivery. After six months, clients' enrollment is discontinued and the last client to enroll is followed up to one year after delivery. Researchers anticipate enrolling 500 women.

Follow up

During the follow up, women and their babies are evaluated on whether they received the minimum basic care following PE/E after delivery up to one year based on standard international recommendations. The follow up identifies women and babies who develop any morbidity and complication known to be associated with hypertension in pregnancy. Points of contact and the types of evaluation conducted during recruitment and enrollment are baseline medical and laboratory tests at delivery (if not performed previously during pregnancy), and at nine weeks, six months, and one year postpartum.

EXPECTED OUTCOMES

Study findings will inform policymakers for development of guidelines for managing women with hypertensive disorders in pregnancy during the postnatal period. The study may also benefit the women if/when they require treatment and/or referral.

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