**Promising practices from PE/E research**

- **Women’s groups** improve PE/E awareness within communities and provide health education on importance of early antenatal care (ANC).
- Task-sharing early detection and management to other **community-based health cadres** in context (e.g. community midwives)
- **Oral antihypertensive** drugs are a key component of task sharing detection and management of PE/E to primary healthcare centers (PHC), strengthening the quality of ANC and postnatal care (PNC).
- **PNC follow up** for women who had PE/E should occur at all levels of the health system.

**Legend**
- Essential PE/E activities
- Other promising practices
- Enabling Environment: National policy & standardized clinical protocols, stakeholder engagement, funding, infrastructure, human resources, supply chain for essential drugs and commodities
- Client referral
The primary health care (PHC) model uses pre-eclampsia/eclampsia (PE/E) as an entry point to improve the quality of ANC and by extension the pregnancy continuum. It emphasizes bringing preventive and treatment services nearer to where pregnant women live and can be integrated into existing maternal health strategies.

**Critical considerations for adaptation to different contexts:**

- **Policy environment** favorable to task-sharing with PHC providers to:
  - Prescribe antihypertensive drugs to manage moderate to severe hypertension (sBP-160mmHg or dBP-110mmHg)
  - Administer MgSO₄ loading dose to women with severe PE/E
- **Standardized protocols** for providers at all levels of the health system clearly delineating roles for detection and management of hypertension and PE/E
- **Leadership** at facility, district, regional, and national levels to champion task-sharing implementation
- **Medicine availability**, as recommended by WHO – support public sector supply chain and promote private sector alternatives when system fails or as required
- Necessary **equipment and supplies logistics** and **training** available for providers to use their knowledge and skills to identify, provide initial treatment, and refer
- **Involvement of women and communities** – build knowledge on danger signs and symptoms and increase self-advocacy skills to better ensure providers listen to them
- Well-defined **referral pathways** to ensure prompt treatment and positive outcomes for those with PE/E and all women throughout the pregnancy continuum
- Existing structures to closely monitor women during **labor and delivery**, during immediate postnatal period (when 20-30% of PE/E cases occur), and through comprehensive follow-up PNC

Prioritize essential activities and promising practices based on country policy and health system readiness!