



Making Pregnancy Safer

From Research to Practice:
Postgraduate Training in Reproductive
Health/Chronic Disease

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Outline of the presentation

- Making Pregnancy safer (MPR)
- Integrated management of pregnancy and child birth (IMPAC)
- Specific tools - clinical
PCPNC, MCPC & MNP



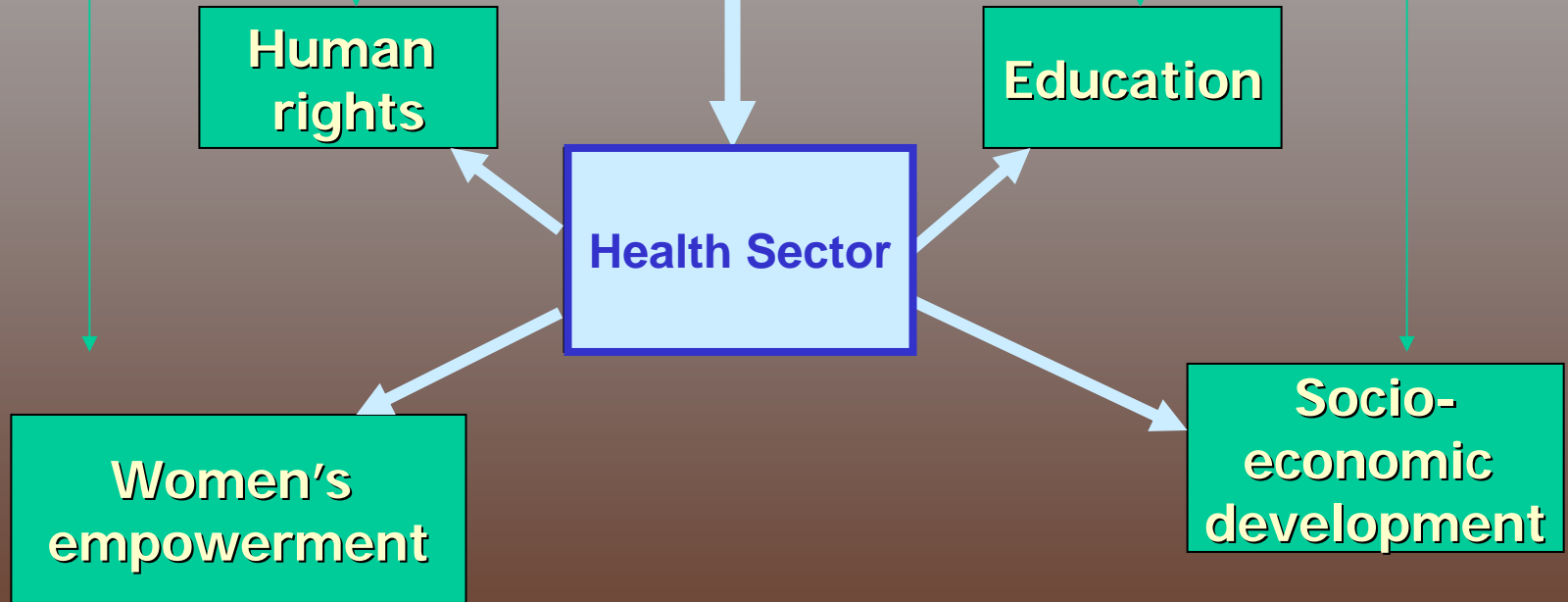
Making Pregnancy Safer

WHO's contribution to the global safe motherhood movement, aiming to reduce maternal and perinatal morbidity and mortality in all regions of the world



Safe Motherhood Initiative

Making Pregnancy Safer





Making Pregnancy Safer



Four inter-linked elements are required for building the needed **continuum of care**:

- building a skilled workforce to provide maternal and newborn health services
- improving the quality and provision of services
- working with women, families and communities
- strengthening collaboration with other key public health programmes, for effective planning and services provision



Integrated Management of Pregnancy and Childbirth



IMPAC is a comprehensive package of

- Norms
- Standard
- Tools

Adapted and applied at National and Sub-national levels

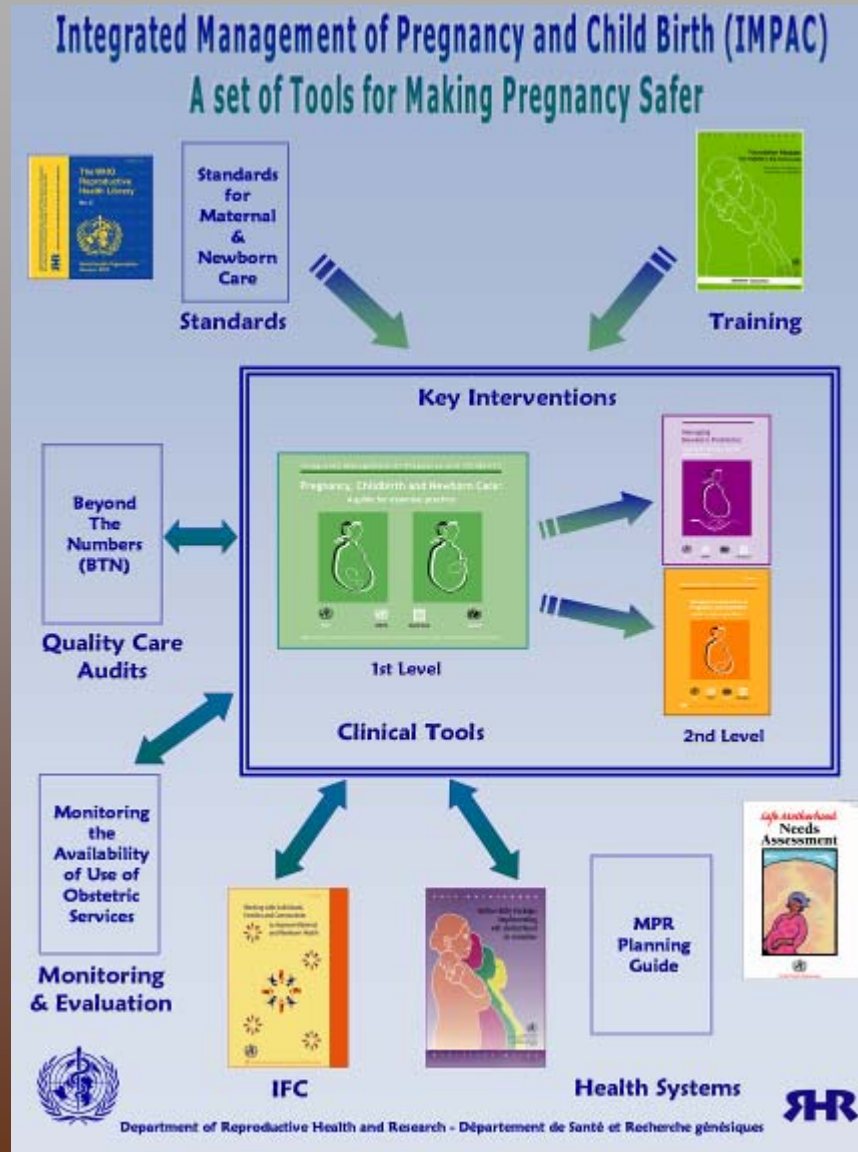
Support country effort in reducing maternal and perinatal mortality and morbidity

Guidance on :

- clinical practices
- management of the health care system and
- monitoring and evaluation of programmes.



IMPAC Tools



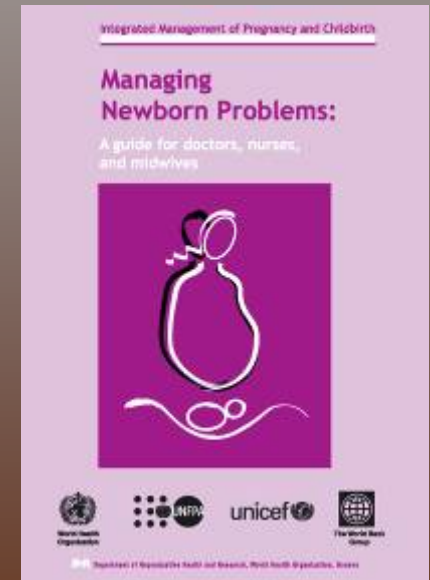
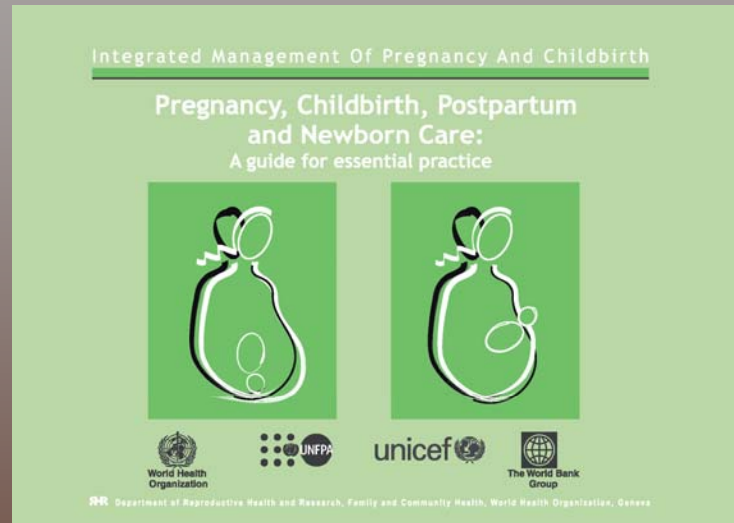
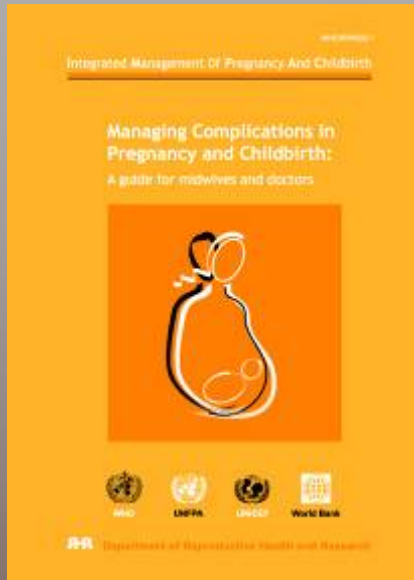


IMPAC Clinical Tools

- Managing Complications in Pregnancy and Childbirth (printed)
- Managing newborn problems (in press)
- Pregnancy, Childbirth, Postpartum and Newborn Care: A guide for essential Care Practice (in press)
- Midwifery modules (revision)



Integrated Management of Pregnancy and Childbirth





Guiding Principles of IMPAC

- Safe, effective and evidence based recommendations
- Integrated management for the mother and newborn
- Generic: must be adapted for local situations Available in electronic form
- Periodically reviewed/ revised as evidence develops



WHO Guidelines development process



Level of evidence: extend to which one can be confident that an estimate of effect or association is correct (Oxman 2000).



Strength of recommendation: reflect the extent to which it is possible to be confident that adherence to a recommendation will do more good than harm.



Set of recommendations

- 1- Reviewing and reporting evidence on efficacy;
- 2- Implications of adopting recommendations on costs and population health



- EFFICACIOUS ?**
- COST-EFFECTIVE ?**
- AFFORDABLE ?**
- BENEFICIAL ?**
- ACCEPTABLE ?**





Development of IMPAC

- Review of evidence
- Collaboration with JHPIEGO
- Contributions and critical reviews from several experts
- Reviewed in different regions
- Endorsed by FIGO & ICM UNFPA, UNICEF and World Bank
- Translated into several languages



What is the purpose ?

- Reduce mortality and morbidity for mother and newborn
- To support countries in achieving the MDGs
- Improve quality, safety and efficiency of care during and following pregnancy and childbirth
- Promote evidence based effective interventions

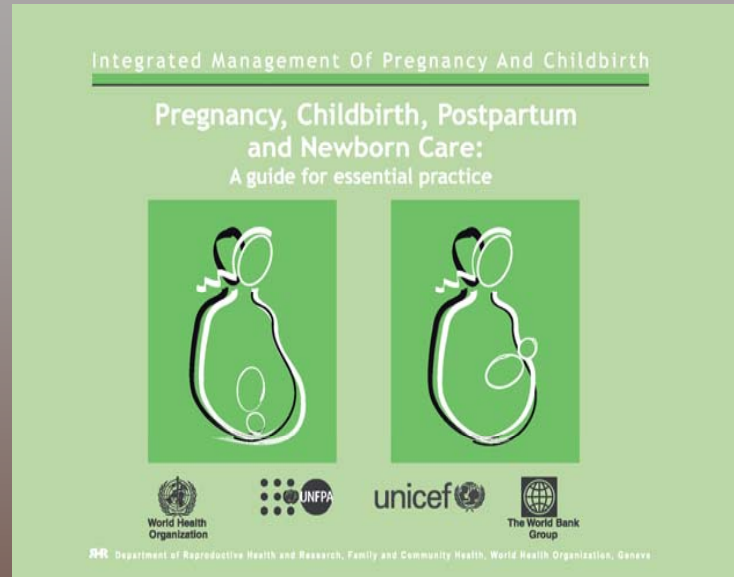


PREGNANCY, CHILDBIRTH, POSTPARTUM AND NEWBORN Care: (PCPNC)

A GUIDE FOR ESSENTIAL PRACTICE



Integrated Management of Pregnancy and Childbirth





What is PCPNC ?

Practice guide on essential routine and emergency care which should be available at all levels of health care particularly at **the primary health care level**, during pregnancy, child birth, post-partum and post-abortion periods.



Target audience

- Health care providers /Skilled birth attendant
- Decision makers
- Trainers and educators



Principles of the guide



- Continuum of care for the mother and newborn
- Core set of essential interventions
- Evidence based interventions
- Diagnostic and clinical decision making based on signs, symptoms and basic tests
- Management based on effective low-cost options suitable for limited resource settings



General principles of quality of care

- Communication with women
- Confidentiality
- Organisation of services
- Universal precautions for infection control



Contents

- Clinical
- Administrative
- Health Promotion



Clinical Components

- Emergency management & referral
- Antenatal care
- Labour and delivery
- Postpartum care
- Care of the new-borns
- Post-abortion care



Structure of clinical component



- Triage, assessment and management of emergency
- Routine care for the essential elements of maternal and neonatal care pertinent to specific visit
- Respond to problems
- Preventive measures
- Advice and counsel



Rapid Assessment & Management (RAM)



Principles of development

Few clinical signs: Action oriented, ABC rules

Able to be done quickly

Relatively easy to teach

No equipment required for initial screening

Consistent approach to management of pregnancy/delivery/post-partum complications

in the outpatient setting

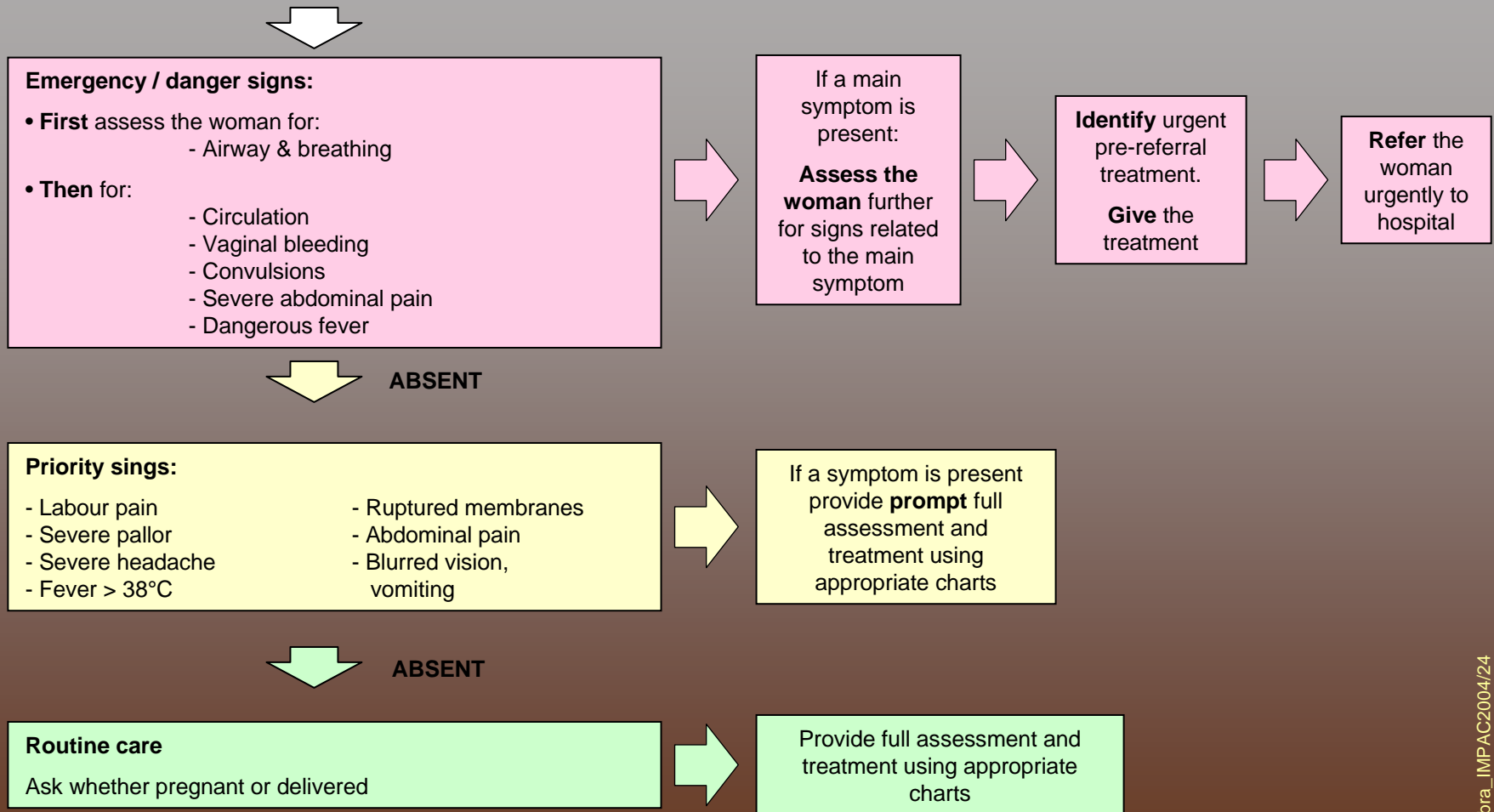
in labour/delivery



Rapid Assessment and Management (RAM)



Triage **all** women of childbearing age





Assessment, management charts

- Decision making tools: ask, look treat
- Colour coded scheme
 - Red: immediate action
 - Yellow: specific treatment
 - Green: Home management



CHECK FOR ANAEMIA



Screen all pregnant women at every visit

ASK:	LOOK:
<ul style="list-style-type: none"> Do you tire easily? Are you breathless (short of breath) during routine household work? 	<ul style="list-style-type: none"> On the first visit : Measure haemoglobin On subsequent visits Look for conjunctival pallor Look for palmar pallor. is it severe pallor? - Some pallor? Count the breaths in one minute

SIGNS	CLASSIFY	TREAT AND ADVISE
<ul style="list-style-type: none"> Haemoglobin less than 7g/dl AND/OR Severe palmar and conjunctival OR Any pallor with <ul style="list-style-type: none"> - 30 or more breaths/minute - poor exercise tolerance (tires easily) 	SEVERE ANAEMIA	<ul style="list-style-type: none"> ➤ Refer urgently to hospital ➤ Revise birth plan so as to deliver in a facility with blood transfusion services. (p.24) ➤ Give double dose of iron/folate (1 tablet twice daily) for 3 months and counsel on compliance with treatment. (p.87) ➤ Counsel on nutrition. (p.36) ➤ Give appropriate oral antimalarial. (p.88) ➤ Follow up in 2 weeks to check clinical progress, test results and compliance with treatment.
<ul style="list-style-type: none"> Palmar or conjunctival pallor Haemoglobin 7g/dl to <11 g/dl 	MODERATE ANAEMIA	<ul style="list-style-type: none"> ➤ Give double dose of iron/folate (1 tablet twice daily) for 3 months and counsel on compliance with treatment. (p.87) ➤ Counsel on nutrition. (p.36) ➤ Give appropriate oral antimalarial if due (not given in the past month). (p.88) ➤ Reassess at next antenatal visit (4-6 weeks). If anaemia persists refer to hospital.
<ul style="list-style-type: none"> No pallor Haemoglobin greater than 11 g/dl 	NO clinical ANAEMIA	<ul style="list-style-type: none"> ➤ Give iron/folate 1 tablet once daily for 3 months and counsel on compliance with treatment. (p.87) ➤ Counsel on nutrition. (p.36)



CHECK FOR PRE-ECLAMPSIA

Screen all pregnant women at every visit

ASK:

Do you have:

- Severe headache
- Blurred vision
- Epigastric pain

LOOK AND FEEL:

- Measure blood pressure in sitting position.
- If diastolic blood pressure is 90 mmHg or greater
 - Repeat after 1 hour rest.

If still high:

- Check protein in urine

SIGNS	CLASSIFY	TREAT AND ADVISE
<ul style="list-style-type: none"> • Diastolic blood pressure 110 mmHg or greater or • Diastolic blood pressure 90 mmHg or greater with 2+ proteinuria, with: <ul style="list-style-type: none"> - severe headache or - blurred vision or - epigastric pain 	SEVERE PRE-ECLAMPSIA	<ul style="list-style-type: none"> ➢ Give magnesium sulphate. (p.13) ➢ Revise the birth plan. (p.24) ➢ Refer urgently to hospital. (p.16)
<ul style="list-style-type: none"> • Diastolic blood pressure 90 mmHg or greater with 2+ proteinuria 	PRE-ECLAMPSIA	<ul style="list-style-type: none"> ➢ Revise the birth plan. (p.24) ➢ Refer to hospital.
<ul style="list-style-type: none"> • Diastolic blood pressure 90 mmHg or greater on two readings 	HYPERTENSION	<ul style="list-style-type: none"> ➢ Advise to reduce work load and to rest. ➢ Advise on danger signs. (p.37) ➢ Reassess at the next antenatal visit or in 1 week if >8 months pregnant. ➢ If hypertension persists, after 1 week or at next visit, refer to hospital or discuss case with doctor or midwife, if available.

p. 13

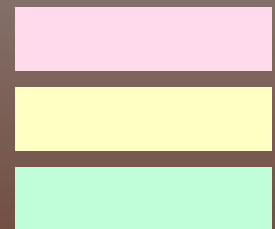
• **Give magnesium sulphate**
If convulsions (severe pre-eclampsia and eclampsia).

• **Important considerations in caring for a woman with eclampsia**

p. 24

PREGNANCY STATUS AND BIRTH PLAN

Use this chart for all women for every antenatal visit



p. 37

ADVISE ON WHEN TO SEEK CARE

- **Routine antenatal care visit**
- **Follow-up visit**



Administrative activities

- Equipment, drugs and supplies
- Laboratory: RPR, HIV, Hb, urinalysis
- Vaccines, contraceptives
- Records



Health promotion

- Linkages with community, TBAs
- Key messages for danger signs, birth preparedness, family planning
- Support for women with especial needs- HIV, PMTC, adolescents, women living with violence
- Counselling booklet



Supporting material

- Mother's counselling booklet
- Labour form, Referral form
- Multi-pregnancy home-based record (in development)
- Handbook and trainers guide
- Training material: locally adapted
- Adaptation guides & summary of evidence



Assumptions and adaptation

- Transmission of falciparum malaria
- Anaemia and hookworm
- HIV/ STI/ gonorrhoea

Need for adaptation to suit local situation and available resources



MANAGING COMPLICATIONS IN PREGNANCY AND CHILDBIRTH: (MCPC)

A GUIDE FOR MIDWIVES AND
DOCTORS




WHO/RHR/00.7
Date: General





Integrated Management Of Pregnancy And Childbirth

I
M
P
A
C

Managing Complications in Pregnancy and Childbirth:

A guide for midwives and doctors



DRHR Department of Reproductive Health and Research





What is MCPC ?

- Guidelines for Emergency Care
 - Pregnancy, Childbirth and Postpartum
 - Immediate newborn care
- Evidence based interventions
- Symptom-sign based approach
- Target
 - Midwife and doctor
 - First referral level



Principles of the manual

- Simple diagnostic and clinical decision making based on symptoms, signs and basic tests
- Management based on effective low-cost options
- Evidence based interventions



Contents

- Practical guidance for managing major conditions that cause mortality in the mother and her newborn
- There are sections on:
 - **Infiltration anaesthesia for caesarean section**
 - **Craniotomy and craniocentesis**
 - **Symphysiotomy**
 - **Malaria in pregnancy**



Contents



The major sections:

Clinical Principles - C

Rapid initial assessment, Emergencies

General care , normal Labour and Childbirth

Operative care

Symptoms - S

Shock, vaginal bleeding, labour complications,
mal-presentation, fever

Procedures - P

Manual removal of placenta, caesarean section

Appendix - A

Essential drugs , Index



What is not in MCPC?

- Detailed description of anatomy, physiology, pathology
- Detailed classification of diseases
- Academic terminology
- Chapters based on disease classification
- Non-emergency conditions except normal labour, childbirth and newborn care principles



Management of Newborn Problems:

A GUIDE FOR MIDWIVES AND DOCTORS



Management of Newborn Problems

- Entry: ill or small baby
- Manual's emphasis is on:
 - early recognition of problem
 - clinical, not laboratory, diagnosis
 - simple, consistent standards of treatment
 - Minimal number of procedures



Management of Newborn Problems

- Target audience:
 - generalist physicians
 - midwives
 - newborn nurses
 - other clinical caregivers at district hospital level



Management of Newborn Problems

- Contents:
 - Section 1: Assessment and Findings
 - Section 2: Newborn Care Principles
 - Section 3: Newborn Care Procedures
 - Section 4: Annexes (records, drugs, equipment, supplies)



Major Newborn Health Problems Covered

- Infections: generalized and local
- Birth asphyxia
- Problems of small babies
- Birth injuries, brain injury
- Haemolysis (G6PD, ABO, Rh)
- Bleeding
- Skin, umbilical cord, eye problems
- Feeding problems



How to use these guides

- Start at the beginning ?
 - Introduction
 - Become familiar
- Start at chapter of interest ?
 - Use it when required
 - Read the rest when time is available
 - Understand and internalise



How to use these guides

- Adaptation
 - Alternatives on setting, epidemiology, national standards and new evidence
 - Not changing basic principles and evidence based practices
 - Translation
- Training
 - Pre-service
 - In-service



Websites

<http://www.who.int/reproductive-health/mpr>



....women are not dying because of diseases we cannot treat. They are dying because societies have yet to make the decision that their lives are worth saving.

Dr. M. Fathalla