Short Communication International Journal of Global Health

2020

Vol.3 No.4

Public Health Congress 2019 : Barriers to identify and manage Severe Pre-Eclampsia and Eclampsia in primary and secondary health facilities in Bangladesh - Kanij Sultana - Population Council

Kanij Sultana, Shongkour Roy, Sharif Mohammed Ismail Hossain

Population Council, Bangladesh

In Bangladesh pre-eclampsia/eclampsia (PE/E) is the second leading cause of maternal death and accounts for 24% death. The correct knowledge of primary health care providers (PHCs), who are the first contact point for antenatal care (ANC) clients, and reliable availability of drugs and equipment are important to prevent, detect and manage PE/E. We examined service provider's knowledge, facility capacity to perform certain activities for severe pre-eclampsia/eclampsia (SPE/E) services, ANC and PNC service provision, MNH logistics and infrastructure for providing MNH services. A total of 289 service providers including Physicians and other service providers (nurse, midwives and paramedics) were interviewed and facility inventory assessments were conducted in 134 facilities using a checklist. Written guideline or protocol for diagnosing and managing PE/E are pre-requisite for PE/E management were mostly not available. Only 13.4% of secondary facilities had printed guideline and no guideline available in primary facilities. Out of 20 secondary facilities, only 4 had the supply of magnesium sulphate ($MgSO_4$), however primary facilities had no supply. Only four secondary facilities always used $MgSO_4$ and none of the PHC facility used it. Physicians and other service providers had reasonably good knowledge on the signs and symptoms of PE/SPE/E but had poor knowledge on correct timing for introducing anti-hypertensives. Over half of physicians and 39% of other service providers knew when anti-hypertensive drugs should be initiated. Regarding loading doses of $MgSO_4$, one third of physicians knew the loading and maintenance doses of $MgSO_4$ and no PHC providers can mention this. Barriers to identify and manage of PE/E included lack of provider knowledge, lack of essential equipment and supplies, lack of $MgSO_4$ and non-availability of guideline and clinical protocols at the health facilities. Ensuring the supply of essential drugs and equipment and improving knowledge and skills of PHC providers is pre-requisite to reduce morbidity and mortality due to PE/E.

Preeclampsia, intense preeclampsia, and eclampsia (PE/SPE/E) are hypertensive problems of pregnancy that make contributions drastically to worldwide maternal and perinatal mortality.1 Marked via high blood pressure (BP) and the presence of albumin in urine, preeclampsia is a chance aspect for the capacity improvement of intense preeclampsia or complete-blown eclampsia and should be monitored. control of SPE/E poses a challenge in low- and center-earnings countries due to a lack of basic supplies, medical expert shortages, limited talents of frontline providers, and structures challenges that result in delays in ladies receiving necessary remedy.2–four In Bangladesh, eclampsia-associated conditions are the second one leading direct cause of obstetric deaths and result in 24% of all maternal deaths. Over 1,000 girls die every yr in Bangladesh due to PE/SPE/E. As in many low- and center-income nations, maximum pregnant girls who broaden PE/SPE/E in Bangladesh do now not get diagnosed or treated. They either do not access the fitness machine in any respect, aren't screened properly, or do no longer get hold of well timed treatment because of delays in making the choice to searching for care, being transported to acquire care, and in reality receiving the specified remedy at the care web site in which it's miles available.

In current years, worldwide efforts to reduce eclampsia-associated deaths have targeted on project moving, or enabling frontline medical experts to identify girls with PE/SPE/E and provoke control of the sickness.eight,9 Calcium supplementation is usually recommended for stopping preeclampsia when nutritional consumption of calcium is low, even as antihypertensive tablets may be important for women with PE. Magnesium sulfate (MgSO4) is recommended through the arena health corporation (WHO) to manage SPE/E among pregnant girls. In settings where administering a full MgSO4 regimen (which includes a "loading dose" accompanied with the aid of scheduled protection doses) is not viable, WHO guidelines include offering the initial MgSO4 loading dose (thru intramuscular injection and/or intravenous drip) and without delay moving the person to a better stage of care.10 To enforce this strategy, frontline medical examiners in low- and center-profits nations need to have get right of entry to to BP gauges, urine dipsticks, and MgSO4, and need

This Short Communication was presented at 7th World Congress on Public Health, Nutrition & Epidemiology May 15-16, 2019 Singapore

to be trained to screen all pregnant girls >20 weeks of gestation for increased BP, urine albumin, and the presence of any chance symptoms. If SPE/E is recognized, the employees need to administer a MgSO4 loading dose and facilitate a well timed referral of the girl to a higher-level sanatorium.

Biography:

Dr Kanij Sultana completed MBBS degree in Medicine and after that she did her Masters in public health. Currently she is working as an Assistant Program Officer of a project which testing magnesium sulphate by the primary level health providers to reduce pre-eclampsia/eclampsia in the Bangladesh, Nigeria and Pakistan. Dr. Sultana has her expertise in program management, monitoring and evaluation. Simultaneously, she has the capacity in developing research proposals, constructing survey instruments, data collection, and data analysis. Before her involvement in the current project, Dr. Sultana was employed in a multi country HIV/AIDS project which examined how to provide better sexual and reproductive health services to the key population at risk in five countries. In the recent years, she have attended several workshops and seminars on service delivery models, quality of care, research methodology and acted as a facilitator or team leader which indicates her leadership ability. Dr. Sultana received the BMJ (British Medical Journal) South Asia award 2018 in non-communicable disease initiative of the year.

ksultana@popcouncil.org

This Short Communication was presented at 7th World Congress on Public Health, Nutrition & Epidemiology May 15-16, 2019 Singapore