



EngenderHealth
for a better life

Addressing Eclampsia: Expanding use of Magnesium Sulphate; meeting the challenge

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Global Maternal Mortality and Morbidity

For more than half a million women every year

- Pregnancy and childbirth, instead of being a time for celebration, end in death and mourning for their families
- That translates into one woman dying every minute
- Ninety nine percent of these deaths occur in developing countries



Pre-eclampsia eclampsia; a leading cause of death`

- Pre-eclampsia presents as a rapid elevation of blood pressure during pregnancy
- If not treated in a timely manner, it can lead to convulsions (eclampsia), kidney, liver and other vital organ damage
- Ultimately, it can result in death for the mother and child
- Severe pre-eclampsia and eclampsia claim the lives of nearly 63, 000 women every year, more than 12 -16 percent of the direct causes of maternal death
- Also, women in developing countries have a higher incidence of pre-eclampsia, are more likely to progress to eclampsia and other complications, and more likely to die



Treatment recommendations

- In many developing countries, there is often no treatment
- In others, risky, poorly effective medications are used: diazepam, phenytoin, chlormethiazole etc
- WHO recognizes and recommends injectable magnesium sulphate for treatment based on scientific evidence
- It has been the standard in the developed world for more than 20 years
- It is the safest, most effective and lowest-cost medication for treating pre-eclampsia and eclampsia
- ***In spite of this, magnesium sulphate has NOT become standard treatment in other countries; WHY??***



Expert meeting, June 2007: EngenderHealth, University of Oxford

- Brought together multi-disciplinary experts from diverse nations
- Scientists, advocates, researchers
- Also global public health experts, representatives of the WHO, UNICEF, UN agencies and national Ministries of Health from around the world
- Purpose:
 - Identify the key barriers to availability and use of magnesium sulphate for treatment of pre-eclampsia and eclampsia



Key barriers identified by experts' meeting

- Lack of political will, national policy, prioritization and guidelines and/or lack of their implementation
- Shortage of trained health care professionals
- Scarce supplies of magnesium sulphate and poor logistic systems



International Call to Action at Women Deliver Conference, London, October 2007

Based on the identified barriers

- Call for collaboration and coordination
 - between policy and decision makers, ministers of health, national and international health organizations and agencies
 - To make pre-eclampsia and eclampsia a higher health priority
 - To set and implement national policy and guidelines for treatment and care based on WHO guidelines
 - To make magnesium sulphate available and affordable



Further interventions

- EngenderHealth, the University of Oxford and the John and Catherine MacArthur Foundation have made a joint commitment as part of the Clinton Global Initiative
 - To reduce maternal mortality and morbidity in target countries
 - Increase access to the life saving treatment for pre-eclampsia and eclampsia with magnesium sulphate
 - This commitment includes key interventions for Advocacy, Education and Training



Advocacy interventions – (continued)

- For magnesium sulphate to be part of every developing country essential drugs list; may need to develop local and international champions
- Helping develop, reinforce and/or implement national protocols that mandate use of magnesium sulphate as the preferred treatment
- Ensuring availability of magnesium sulphate in hospitals; could consider pre-packaged kits



Training interventions - (continued)

- The University of Oxford designed an e-learning module for training health professionals in the management of eclampsia and pre-eclampsia : plans for pilot study in Nigeria, Mexico and India



Why an e learning module?

Interactive, adaptable learning tool

With the advantage of internet connectivity where available

Easy to update as new evidence emerges

Adaptable to local needs, languages and target groups

Health professionals learn at a time and place convenient to them



Training interventions – (continued)

- Plan for content development in progress for two levels
 - Midwifery and medical; with hyperlink to select publications
 - Will learn management of pre-eclampsia/eclampsia and how to administer magnesium sulphate
 - Knowledge management platform that allows modules to be delivered onto cell-phones and PDAs
 - E learning package in maternity care for both undergraduates and postgraduates; free for all users in the developing world



Pilot Centres



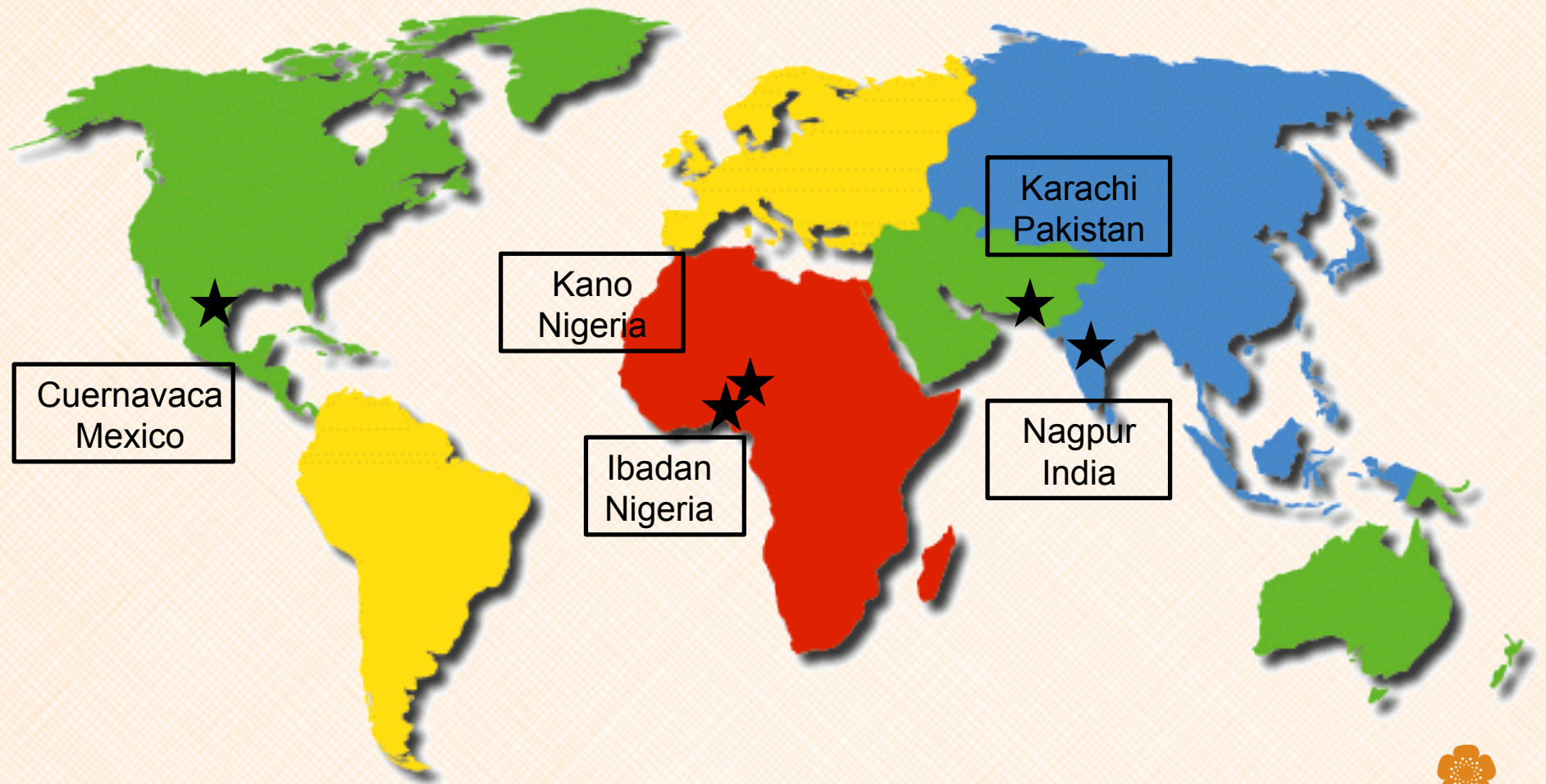
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Pilot Centres

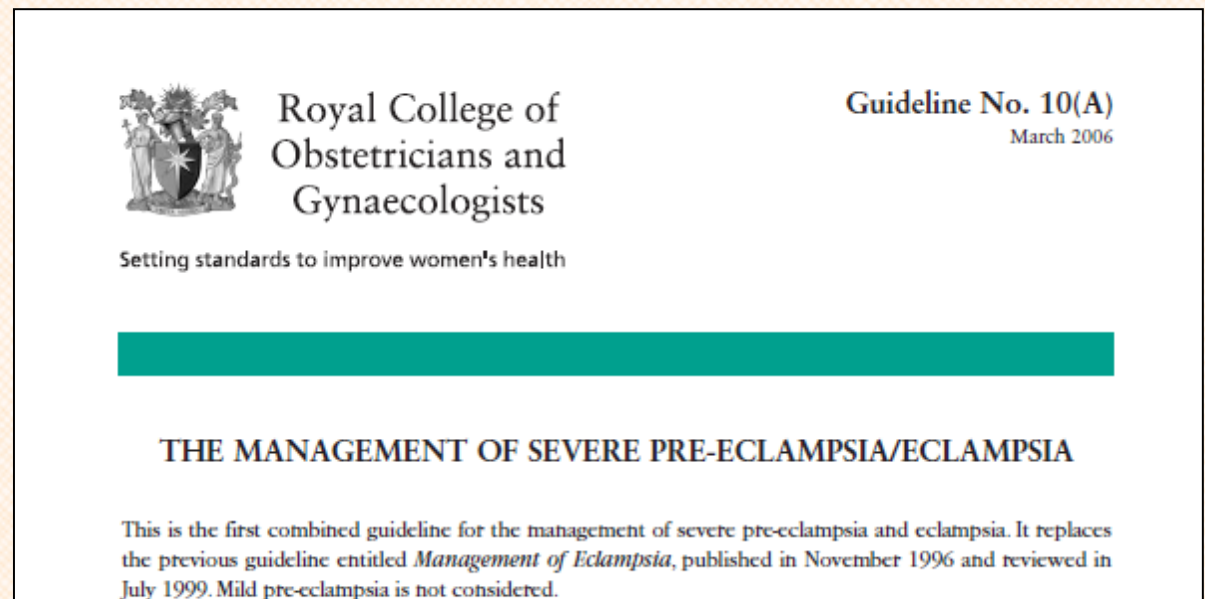
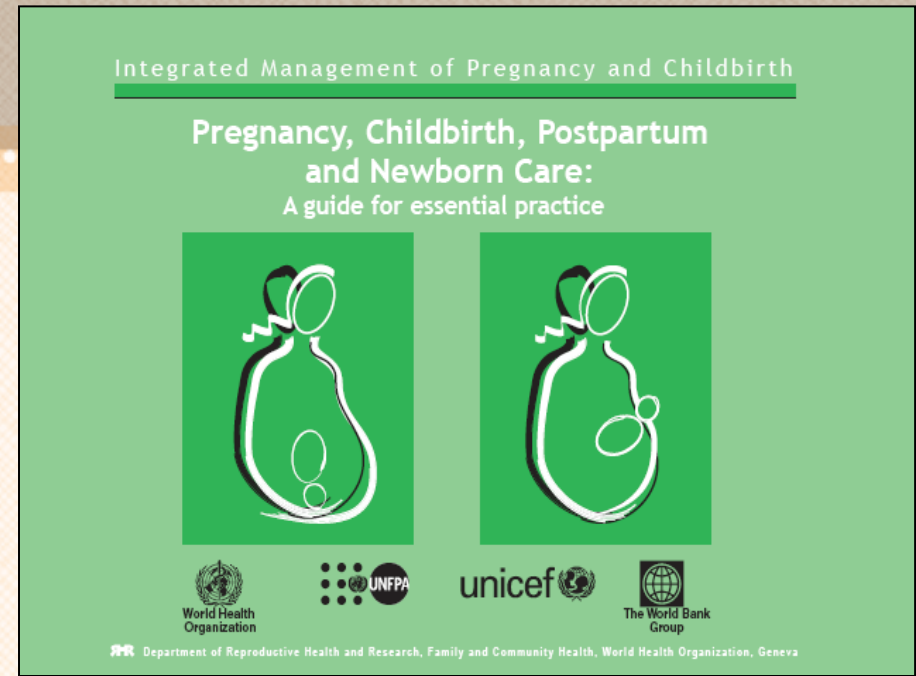
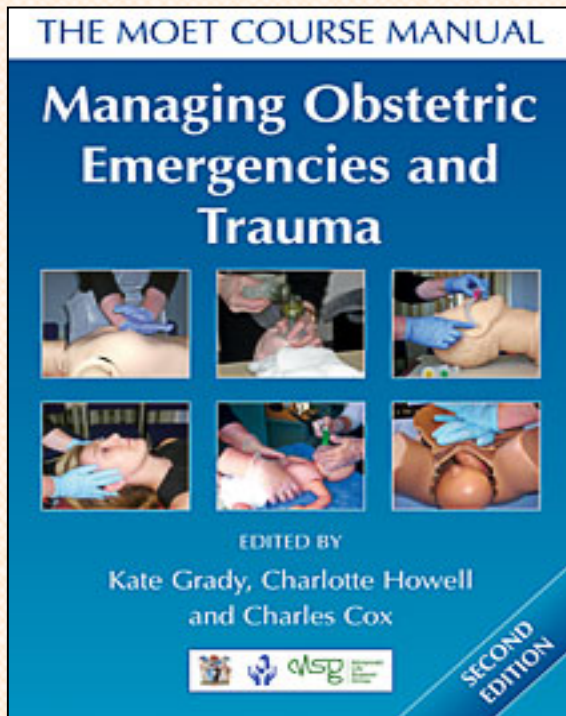


Methods

1. Assess local needs and constraints
2. Identify core material, write curriculum and content
3. Transform into an interactive module with the help of Giunti Labs
4. Pilot assessment and collect feedback



Examples of publications referred to



Future plans

- Extend coverage of the module worldwide
- Development of similar modules on other aspects of maternal and neonatal care



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Thank you !