

Addressing Maternal Mortality from Eclampsia: Community-based Interventions in Nepal

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Politics, Health and Development in Nepal

- Post-conflict, transitional democracy, federal republic, rebels in government
- Dramatic declines in maternal and child mortality in the last 15 years:
 - IMR now 48
 - Under-five mortality rate dropped to 61/1,000 live births
 - Total fertility rate dropped to 3.1
 - MMR dropped from 539 to 281 (DHS, 1996, 2006)

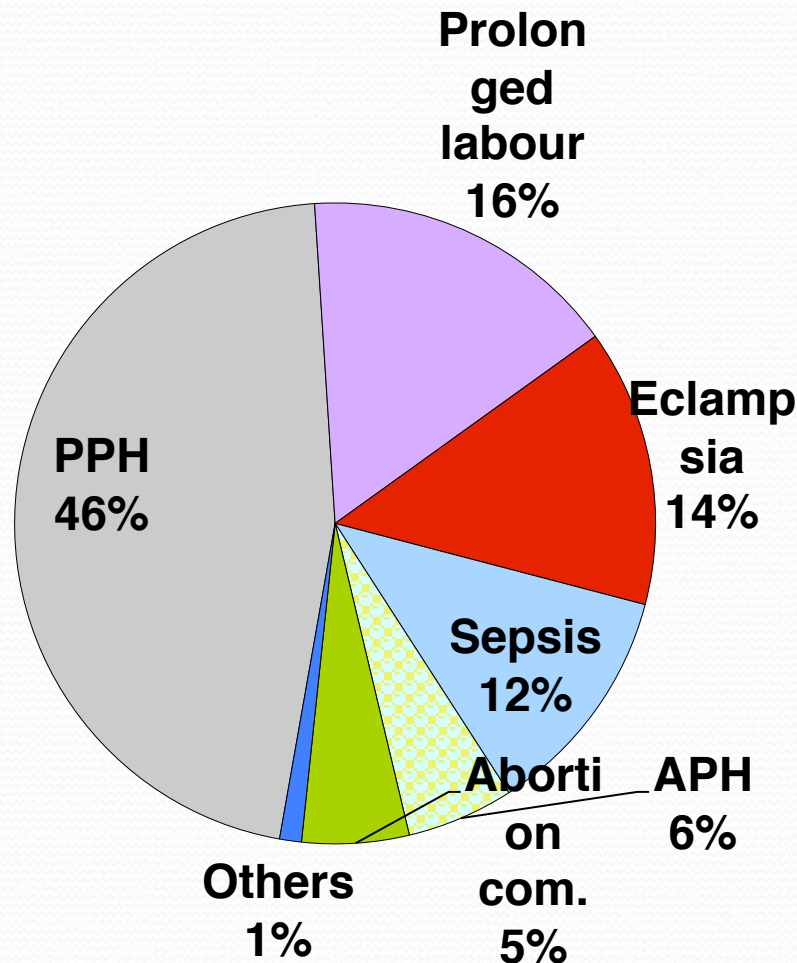


Maternal/Newborn Health (MNH) Situation

- Most women still deliver at home (82%) and without a skilled healthcare provider (81%)
- 86% of population lives in rural area in challenging topography
- Equity, access and social inclusion key political and development issues
- National efforts underway to:
 - Train thousands of SBAs
 - Expand abortion services
 - Offer transport incentives
 - Provide free delivery care
- Expand community-based MNH care



Causes of Maternal Mortality in Nepal



- PPH leading cause being addressed:
 - AMTSL in SBA training
 - Misoprostol
- Eclampsia 3rd cause
- 2008 study expected to show eclampsia higher % of deaths



What Has Worked: Community MNH

- With the majority of births at home, Nepal has prioritized and piloted low-tech, low-cost and large-scale community-based MNCH interventions:
 - Iron supplementation-Antiworm drugs
 - ARI diagnosis and treatment for children
 - Newborn infection (MINI, chlorhexidine)
 - Misoprostol to prevent PPH
- Link community volunteers to promote services at health facilities
 - 48,500 female community health volunteers (FCHVs) selected by local mothers groups-promoting MNH



New Focus: Comprehensive Approach for Preventing Mortality from PE/E

	Primary Prevention	Secondary Prevention	Tertiary Prevention
Aim	Prevent PE	Detect all preeclampsia, timely delivery	Treat severe PE &E
Intervention	<ul style="list-style-type: none"> • Education • Community based distribution of calcium 	<ul style="list-style-type: none"> • No missed opportunity to do BP/urine protein test • Community detection for PE • PHC-Hospital: improve quality of care for PE/E 	Magnesium Sulphate <ul style="list-style-type: none"> • Standardized protocol • Ensure supplies • Job aids • Quality assurance, audit
Provider	Women, FCHVs, healthcare providers	SBA, other health providers FCHV	SBA, EmOC providers



Advocacy

- Formation of Technical Advisory Group
- Advocacy at different levels:
 - National (all stakeholders)
 - District
 - Community
- Information package for different audience



Primary Prevention: Calcium

- Supplement pregnant women with 1 gram of calcium carbonate for 90 days after fourth month of pregnancy
- Educate her and her family about the benefits of calcium using:
 - Educational sheet for FCHVs to educate pregnant women during regular contacts
 - Informational sheet and pictorial package (envelope) of calcium with instructions for use
- Monitor compliance and acceptability among users; monitor overall program implementation



Primary Prevention: Calcium

1. Test calcium acceptability in different forms (tablet and powder) among 150 pregnant women (2 of 47 VDCs in one district): **6 months**
 - 30 days/form then women choose preference for remaining 30 days
2. Use acceptability results to design full-district pilot: **6 months**
3. Use district pilot results to scale up in phasewise manner in other districts

