

USE OF ANTENATAL CORTICOSTEROIDS FOR WOMEN AT IMMINENT RISK OF PRETERM BIRTH

A Policy and Implementation Landscape Analysis

Democratic Republic of the Congo, Ethiopia, Malawi,
Nigeria, Sierra Leone, Tanzania, Uganda

Findings emphasize elements of health sector readiness, the provision of ACS, health provider training, and the availability of critical maternal and newborn health care services. Key informants also offered further insights into opportunities for and challenges to expanded ACS implementation.

Overarching Findings

- All countries are implementing ACS for women at risk of imminent preterm birth – primarily at the hospital level with Ethiopia, Tanzania and Uganda supporting pre-referral first dose at the health center level.
- With the exception of Nigeria and Sierra Leone, all countries have clinical guidelines for ACS use for preterm birth.
- Range of providers authorized to independently prescribe and administer ACS across the countries—Ob/Gyns and Residents of Ob/Gyn, General practitioners, Clinical officers.
- All countries report that facilities authorized to provide ACS have at least Basic Emergency Obstetric and Newborn Care (BEmONC) capacity and all countries report that they provide newborn health care services as outlined in the WHO recommendations: resuscitation, thermal care, infection prevention/treatment, feeding support and safe oxygen use.

COUNTRY	ACS in clinical guidelines for preterm birth	National level guidance on determining if a woman is at risk of imminent PTB	Gestational Age Parameters	Corticosteroids on the Essential Medicine List / Indicated for Obstetric Use	
DRC	√	X	28 – 34 weeks	√	X
Ethiopia	√	√	28 – 34 weeks	√	X
Malawi	√	X	28 – 34 weeks	√	X
Nigeria	X	X	30 – 34 weeks	√	√
Sierra Leone	X	X	28 – 35 weeks	√	X
Tanzania	√	X	28 – 34 weeks	√	X
Uganda	√	√	32 – 37 weeks	√	X

COUNTRY	APPROVED LEVEL OF CARE FOR ACS USE	WHERE ACS ACTUALLY IN USE	INDICATIONS FOR USE	PRE-REFERRAL DOSE ALLOWED
DRC	Tertiary and maternity hospitals	Tertiary and maternity hospital in capital city only	pPROM, eclampsia, preterm labour	No
Ethiopia	Referral, General and Primary hospitals	Referral, General and Primary hospitals	Preterm labour	Yes
Malawi	District, central, health center	District, central	Preterm labour	No
Nigeria	Tertiary	Tertiary facilities	Preterm labour	No
Sierra Leone	None	Tertiary and district referral hospitals	None	No
Tanzania	Hospitals, Health Centers	Hospitals	Preterm labour	Yes
Uganda	Hospitals, health center IV, health center II	Hospitals, health center IV	pPROM and “risk of preterm delivery”	Yes

Metrics for ACS

- ACS use is not currently captured in national HMIS in any of the countries; though indicator development is underway in some, e.g. Nigeria.
- To supplement this information, we looked at the findings from the 2015 HMIS MNH Indicator Survey conducted by USAID's Maternal and Child Survival Program (MCSP) in the 23 USAID priority MCH countries.

MCSP HMIS Survey Indicators Related to WHO Preconditions for ACS Use

ACS “is recommended for women at risk of preterm birth from 24 weeks to 34 weeks of gestation when the following conditions are met”:

1. Gestational age assessment can be accurately undertaken

- ANC 4+ visits
- ANC Gestational Age (in weeks)

2. Preterm birth is considered imminent

- L&D Maternal complication diagnosed: Antepartum hemorrhage
- ANC Maternal complication diagnosed: Pre-Eclampsia/Eclampsia
- L&D Maternal complication diagnosed: Preterm premature rupture of membranes (PPROM)

3. There is no clinical evidence of maternal infection

- L&D Maternal complication diagnosed: Sepsis

MCSP HMIS Survey Indicators cont'd.



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4. Adequate childbirth care is available (including the core functions of emergency obstetric care and essential newborn care)

- L&D ACS for preterm delivery
- L&D Active Management of the Third Stage of Labor
- L&D Maternal complication – treatment: Blood transfusion
- Method of delivery: C-section
- Postnatal Care: Maternal complication treatment: Sepsis
- L&D ACS for preterm delivery

5. The preterm newborn can receive adequate care if needed (including resuscitation, thermal care, feeding support, infection prevention and treatment, and safe oxygen use)

- L&D gestational age in weeks (newborn)
- Newborn complication diagnosed: Preterm
- L&D newborn complication referred
- L&D newborn resuscitation
- L&D Essential newborn care: breastfeeding within 1 hour
- L&D Essential newborn care: Delayed cord clamping
- L&D Essential newborn care: Immediate drying
- L&D Essential newborn care: Immediate skin-to-skin
- PNC Newborn complication referred: KMC
- PNC Newborn complication treatment: Sepsis
- PNC Day 2



Highlights of findings:



- Each of the seven countries tracks ANC+4 visits.
- DRC, Ethiopia, Malawi, Tanzania and Uganda measure ANC gestational age (in weeks).
- Only Malawi tracks pre-eclampsia/eclampsia as a maternal complication during ANC.
- Ethiopia, Malawi and Tanzania track antepartum hemorrhage as a complication of labor and delivery.
- The majority of indicators covering adequate childbirth care (precondition 4) are not measured.
- DRC, Ethiopia, Malawi and Nigeria each measure preterm birth as a newborn complication in L&D.
- DRC, Ethiopia, Malawi and Tanzania track newborn resuscitation in L&D.
- DRC, Ethiopia, Malawi, Tanzania and Uganda track breastfeeding within one hour of birth for essential newborn care.
- Only Nigeria measures referrals to KMC for postnatal newborn complications.