Antenatal care (ANC): Quality vs quantity – it’s the content that counts for improving pre-eclampsia/eclampsia (PEE) outcomes

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Presentation Outline

• ANC – minimum requirements for quality PEE care
• Challenges and how we overcome these?
Introduction

- Disease burden for women and newborns due to PEE is high in pregnancy, labour and postpartum
- Reliable data on PEE prevalence is unavailable in most settings
- ANC serves as an important entry point for early identification and prevention of PEE progression to severe PEE and eclampsia
Current practice re frequency ANC

- Antenatal care is a complex intervention
- Considerable differences across countries in what constitutes standard care
- In most low-resource settings the standard minimum 4 antenatal visits is inline with current WHO guidelines but coverage of ANC4+ variable
- Number and frequency ANC visits currently being revised by WHO
Historically little focus on quality of ANC

‘Focusing on the proportion of pregnant women making at least 4 antenatal visits to measure program performance has drawn the attention away from the content of care to mere contact.’

The quality–coverage gap in antenatal care. Hodgins 2014
ANC serves as an important platform for prevention, identification, and management of PEE.

- **Primary Prevention** e.g. Calcium Supplementation
- **Secondary Prevention**: Activities aimed at early disease detection and management to reduce PEE progression to severe PEE and eclampsia.
- **Focused on identifying women with elevated BP and other PEE features (e.g. proteinuria) and checking for danger signs**
Among women who received ANC for their most recent birth:

- 84% had their BP measured
- 79% were informed of pregnancy complications
- 58% had a urine sample taken.
ANC Coverage & Quality - Sindh, Pakistan

87% of women received at least one ANC checkup

- 81% had BP measured
- 73% had urine tested
- 72% had blood tested
- 65% took iron tablets
- 61% received 2+ tetanus shots
- 56% had weight measured

Only 28% of ANC users received all 6 elements of care
One example: Key ANC services, Tanzania

Data from MCHIP Quality of Care Study

<table>
<thead>
<tr>
<th>All Facilities</th>
<th>2010 (n=391)</th>
<th>2012 (n=366)</th>
</tr>
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<tbody>
<tr>
<td><strong>Key Services</strong></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>BP taken</td>
<td>79</td>
<td>84</td>
</tr>
<tr>
<td>Any urine test</td>
<td>40</td>
<td>50</td>
</tr>
<tr>
<td>Counselling danger signs (headache /blurred vision)</td>
<td>42</td>
<td>78</td>
</tr>
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</table>
Tanzania: Performance of screening components PEE during ANC, 2010 and 2012

- Take client's blood pressure with appropriate technique: 65% (2010), 84% (2012)
- Perform or refer for urine test: 40% (2010), 43% (2012)
- Ask about headache or blurred vision: 25% (2010), 64% (2012)
- Ask about swollen hands or face: 22% (2010), 55% (2012)
- Both PE/E screening elements (ask about a danger sign and take BP): 24% (2010), 27% (2012)
Quality ANC for PEE care needs functional and accountable health system

- Reliable early detection of PEE along the continuum of care from household to health facility
- Ensure women with pre-eclampsia or eclampsia promptly receive appropriate interventions, according to WHO guidelines (WHO 2015) – also applies in ANC
- Coordinating PEE care across system levels (community, primary, referral) and phases of care (pregnancy, intra and postpartum)
- Measuring & tracking ANC quality of care measures e.g. proportion of ANC visits at which blood pressure (BP) was measured
- Explore alternative models for ANC services as platforms for improved and integrated service delivery to reach every woman
<table>
<thead>
<tr>
<th>Challenges</th>
<th>Solutions</th>
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<tbody>
<tr>
<td>Updated national guidelines /protocols</td>
<td>• Ensure national guidelines on prevention &amp; management PEE operationalized</td>
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<tr>
<td>• Availability</td>
<td>• Criterion-based audit</td>
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<td>• Adherence</td>
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<td>Lack of skills in BP measurement</td>
<td>• On-the-job training/mentoring</td>
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<td>• Track BP measurement as quality of care standard</td>
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<td></td>
<td>• Use of automated or semiautomated devices</td>
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<tr>
<td>Availability of reliable BP machines</td>
<td>Low-cost, durable automated or semiautomated BP machines</td>
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<tr>
<td>Capacity to detect severe PEE and provide initial management at ANC then refer</td>
<td>• Quality improvement approaches including facility readiness e.g. regular clinical drills</td>
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<td>• Functional-referral and counter-referral systems</td>
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<td>Availability of anti convulsants (MgSO4) and antihypertensive drugs</td>
<td>Life saving commodities also available at ANC sites</td>
</tr>
<tr>
<td>Shortage of confident, competent staff esp. lower level facilities</td>
<td>• Task-shifting and shifting</td>
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<td>• Simplified tools and job aids</td>
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Measures to improve BP measurements
The new healthcare paradigm

- More comprehensive patient centered ANC
- Technological developments (diagnostic, communications)
- An informed client who has more control on her condition (e.g. when to return for BP check; self testing urine)
Ending preventable maternal deaths ….

• Health sectors that are moving towards empowered clients who are potentially the most effective agents for improving their own health.

• Like other complications early detection and management of PEE needs accountable and functional health systems

• Improved metrics / use of data to track and sharpen implementation
For more information, please visit www.mcsprogram.org

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