

Antenatal Monitoring of Pre-Eclampsia in a Low Resource Setting

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Abstract : Background: In 2011, 15% of maternal deaths in Uganda were due to hypertensive disorders (pre-eclampsia and eclampsia). The majority of these deaths are avoidable with optimum antenatal care. The aim of the study was to evaluate how antenatal monitoring of pre-eclampsia was carried out in a low resource setting and to identify barriers to best practice as recommended by the World Health Organisation (WHO) as part of a 4th year medical student External Student Selected component field trip. Method: Women admitted to hospital with pre-eclampsia in rural Uganda (Villa Maria and Kitovu Hospitals) over a year-long period were identified using the maternity register and antenatal record book. It was not possible to obtain notes for all cases identified on the maternity register. Therefore a total of thirty sets of notes were reviewed. The management was recorded and compared to Ugandan National Guidelines and WHO recommendations. Additional qualitative information on routine practice was established by interviewing staff members from the obstetric and midwifery teams. Results: From the records available, all patients in this sample were managed according to WHO recommendations during labour. The rate of Caesarean section as a mode of delivery was noted to be high in this group of patients; 56% at Villa Maria and 46% at Kitovu. Antenatally two WHO recommendations were not routinely met: aspirin prophylaxis and calcium supplementation. This was due to lack of resources, and lack of attendance at antenatal clinic leading to poor detection of high-risk patients. Medical management of pre-eclampsia varied between individual patients, overall 93.3% complied with Ugandan national guidelines. Two patients were treated with diuretics, which is against WHO guidance. Discussion: Antenatal monitoring of pre-eclampsia is important in reducing severe morbidity, long-term disability and mortality amongst mothers and their babies 2 . Poor attendance at antenatal clinic is a barrier to healthcare in low-income countries. Increasing awareness of the importance of these visits for women should be encouraged. The majority of cases reviewed in this sample of women were treated according to Ugandan National Guidelines. It is recommended to commence the use of aspirin prophylaxis for women at high-risk of developing pre-eclampsia and the creation of detailed guidelines for Uganda which would allow for standardisation of care county-wide.

Keywords : antenatal monitoring, low resource setting, pre-eclampsia, Uganda

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