



Commemorating the inaugural World Preeclampsia day on May 22nd 2017

Press Statement

Today is the first ever World Preeclampsia Day under the theme ***“Take the Preeclampsia Pledge – Know the symptoms. Spread the word.”*** We gather here to commemorate and rally support and commitment from government to take action and improve the health system where health centers can provide early recognition of preeclampsia and timely / proper management of pregnancy to prevent serious morbidity and mortality.

The Health Systems Advocacy Partnership, a project seeking to have stronger health systems so people in Sub-Saharan Africa, particularly Uganda gain better access to sexual and reproductive health services is joining the world to bring to light the relatively high prevalence and devastating impact of preeclampsia and other hypertensive disorders of pregnancy in Uganda. Hypertensive disorders are not rare complications of pregnancy and as such, government needs to expand access to proven, underutilized interventions and commodities for the prevention, early detection, and treatment of pre-eclampsia and eclampsia.

In seeking to end preeclampsia, we urge government to expand access to proven, underutilized interventions and commodities for prevention, early detection, and treatment of preeclampsia and strengthen Human Resources for Health and National partnerships. The mission of this globally recognized day is multi-faceted: increase awareness of preeclampsia as a life threatening complication of pregnancy and its symptoms; increase the volume of traditional and social media coverage of this problem; and secure supporters for a national call to action.

The World Health Organization has highlighted that the condition has a highly disproportionate impact on low-to-middle income countries (LMIC), where over 99% of pregnancy-related deaths occur. It is estimated that 16% of maternal deaths in LMIC are the result of preeclampsia and eclampsia. It accounts for a tenth of maternal deaths in Africa¹.

In Uganda, 368 women die from pregnancy and childbirth-related causes per 100,000² live births. Hypertensive disorder during pregnancy, such as pre-eclampsia and eclampsia is one of the most common causes of maternal deaths after postpartum hemorrhage accounting for 6% of maternal deaths. Preeclampsia is a life-threatening, pregnancy induced high blood pressure which can lead to seizures and other fatal complications.³

For the mother, complications of preeclampsia and eclampsia cause illness for an extended period of time and are strongly associated with the future development of a range of

¹ WHO 2011 retrieved from http://apps.who.int/iris/bitstream/10665/70749/1/WHO_RHR_11.30_eng.pdf

² UBOS, Uganda Demographic Health Survey, 2016

³ Roadmap for Accelerating the Reduction of Maternal and Neonatal Mortality and Morbidity in Uganda 2007-2015

debilitating non-communicable diseases such as cardiovascular disease, type II diabetes and renal impairment⁴.

Magnesium Sulphate (which can be used to manage preeclampsia) one of 13 UN Lifesaving Commodities for Women and Children, is on the national essential medicines list and according to the WHO Service Availability Readiness Survey Report for Uganda-2014, the overall availability of Magnesium Sulphate is 77% across health facilities in the country.⁵

With limited understanding of the cause, or preventative or effective treatments, the need for basic and clinical research to advance our medical options and healthcare practices must be prioritized.

Clinical management of preeclampsia requires that the right staff are in place to manage this disorder in pregnant women. Despite recent advances in understanding the etiology of preeclampsia, there is still no clinically useful screening test. The diagnosis of preeclampsia in the community is by detection of persistent hypertension and presence of proteins in urine, which then warrants referral to tertiary units of managements.

The management of preeclampsia has not changed significantly over time, possibly as a result of the poor progress being made in our understanding of the condition. Effective management of preeclampsia may be divided into three categories; prevention of preeclampsia, early detection, and treatment. Women considered being at high risk of preeclampsia (such as those with chronic hypertension, coexisting renal disease, or anti phospholipid syndrome should be referred for pre-pregnancy counselling to identify modifiable risk factors.

As HSAP, we support all efforts in ending preeclampsia and we call upon government to:

- *To recognize the importance of preventing and treating these disorders;*
- *Encourage additional research funding into preeclampsia and related disorders;*
- *Prioritize patient and community education and treatment for these disorders;*
- *Prioritize education, training, and access to medical resources for healthcare providers;*
- *Address prevention through a better understanding of the causes and through access to appropriate, safe, and effective treatment;*
- *Encourage collaboration and partnerships between public and private sector organizations to support and advance these goals.*

⁴ WHO recommendations for Prevention and treatment of pre-eclampsia and eclampsia 2011 retrieved from http://apps.who.int/iris/bitstream/10665/44703/1/9789241548335_eng.pdf

⁵ Uganda Hospital and Health Centre IV Census Survey 2014

Districts:

- *Bring the fight nearer to the communities*
- *Ensure adequate supplies*
- *Adequate number of skilled Health workers*

CSOs:

- *Facilitate training of health workers*
- *Contribute to strengthening health systems to prevent and treat preeclampsia*
- *Join advocacy for adequacy of budgets*

Nurses & Midwives Council, UNDPC, AHPC:

- *Institute CPDs, Targeting preeclampsia*

Pharmaceutical Industry:

- *Make available affordable and easy to use formulations.*

Working individually and in partnership, we must continue to shine a strong light on preeclampsia and related disorders to ensure that they are minimized and their tragic impact reduced.

The opportunity to reduce the prevalence of these disorders and their impact on women, infants, families, and communities worldwide is within our grasp.

Ms. Lauren a 22 year old woman and her husband were eagerly expecting their first born, like any other couple would.

During one of their antenatal visits at 6 months, they were told that they were expecting twins. This got them really thrilled, but this excitement was short lived.

A few days after, Lauren started feeling pains that were not exactly explained, then swollen feet and later the whole body getting swollen. When she went to a higher level health facility, she was diagnosed with preeclampsia, Preeclampsia is a serious disease related to high blood pressure that can strike fast –“eclampsia” is the Greek word for lightning. She was later referred to Mulago hospital where the fetus was removed to save her life, seven days after it died due to breathing related complications.



When further tests were run on her organs, it was found out that her kidneys were damaged.

Lauren is not alone. 10-40 % of the maternal and deaths in Uganda are due to preeclampsia. Many women in Uganda die and lose their babies to preeclampsia due to ignorance about the disease which is the second cause of death among pregnant women, second to hemorrhage, but also because during antenatal visits, the Blood Pressure machines in some health facilities are non-functional or have broken down and the condition is not diagnosed at its early stage that is manageable. Another challenge too, is stock out of Magnesium Sulphate, used in the management of the condition.

*As the world launched and marked the 22nd of May 2017 as the International Preeclampsia day, African Centre for Global Health and Social Transformation together with the other Health Systems Advocacy Partners; Amref Health Africa and Coalition for Health Promotion and Social Development (HEPS) convened a press briefing at the Golf Course Hotel to raise awareness on this deadly disease in Uganda under the theme: **“Take the Preeclampsia Pledge – Know the symptoms. Spread the word.***

The public is therefore called to a prolonged effort to raise awareness that is geared towards ending the pandemic in Uganda.