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## **Saving Women's Lives: Eclampsia prevention in Bangladesh**

Eclampsia is a multi system disorder of high blood pressure (140/90 mm Hg & more), oedema, proteinuria & convulsion associated with pregnancy. The cause of pre-eclampsia & eclampsia is unknown, and cause of eclamptic convulsions is also not known. Eclampsia is the third major cause of maternal deaths in Bangladesh (16%), preceded by haemorrhage and sepsis. Eclampsia remains a major killer in Bangladesh indicating that death from eclampsia is particularly difficult to prevent.

According to one study at Dhaka Medical College & Hospital<sup>1</sup>, most of the patients who had complications died rapidly & these complications developed as a result of a delayed decision to seek treatment.

A simple low cost treatment with MgSo<sub>4</sub> upon symptoms of pre-eclampsia can prevent the development of eclampsia as well as control the convulsions related to eclampsia and prevent deaths.

### Case study of Nilufa Begum

*Nilufa, an NGO staff & a literate woman living in a village in Bangladesh was in full term first pregnancy & her blood pressure was 140/90 mm Hg. She had availed irregularly of the ante-natal check-ups at the Family Welfare Centre (FWC) near her village and consulted a private physician at a later stage. She was at home when the labour pain started on the evening of 24 January 2009 three days after her estimated date of delivery. She had breathing difficulties followed by convulsion & her blood pressure increased severely.*

*First, her family tried to treat her using the local traditional doctor. When the situation did not improve for two hours, she was taken to the nearest sub district hospital the Upazila Health Complex (UHC) but the doctors were not able to reduce her blood pressure & convulsion. They referred her to the district hospital. The family took her to the nearest hospital 20 km away, a Lutheran mission hospital, but due to bad road condition it took two hours to reach there. As her condition worsened the doctors referred her to the Medical College Hospital. They travelled the whole night & reached to the hospital early morning where she was admitted. After 2 hours of effort Nilufa died. It was 8 a.m. on 28<sup>th</sup> January 2009.*

### Major observations:

- *FWC personnel, as well as the private physician, had failed to identify her as a high-risk patient and inform her accordingly. Of course her blood pressure may not have been high at that time. Document on routine check-up was not found. If routine check-up was done it would have been identified that she is a potential case of eclampsia.*
- *Heavy reliance on traditional doctors is still very common*
- *The presence of an obstetrician and anaesthetist at the UHC would have enabled surgical intervention and increase her life chances.*
- *Distance to district hospital influenced family decision to go to nearest non-government hospital.*
- *Communication difficulties due to bad road condition aggravated the situation.*

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<sup>1</sup> Eclampsia: Still a Problem in Bangladesh by Mosammat Rashida Begum, Anowara Begum, Ehsan Quadir, Sayeba Akhter, and Latifa Shamsuddin, 2004, PubMed

Recommendations:

- Increased public awareness about causes of maternal deaths in general and of symptoms of pre-eclampsia in particular and the importance of routine check-up at regular intervals can ensure timely treatment.
- Training of local traditional doctors and health personnel at facility level on prevention of pre-eclampsia and efficient management of eclampsia can reduce the onset of eclampsia, complications and deaths.
- Mandatory presence of obstetricians and anaesthetists in the primary level of government health facilities, such as UHCs can ensure the availability of emergency obstetric care. (This raises several issues related to the high incidence of absenteeism among doctors, the shortage of trained anaesthetists nationally, and rational use of human resources).
- Ensure local level accountability mechanisms to increase better attendance of doctors and life saving emergency supplies.
- Adoption of an emergency training programme for increasing supply of anaesthetists can improve emergency obstetric care at the UHC level.
- Introduction of maternal death audits, strict monitoring of the lapses and corresponding actions at all levels of the health system and at community levels.
- Supply and prescription of magnesium sulphate in all cases of pre-eclampsia and in the management of patients with eclampsia can save lives.
- Decentralisation of health services will improve resource utilisation, performance and quality of care.

Naripokkho, a women's activist organisation working on women's health and reproductive rights has been concerned with the high incidence of maternal mortality in Bangladesh. Naripokkho plans to launch an advocacy campaign to prevent eclampsia related deaths. The campaign will be multi-pronged in addressing:

- (i) institutional issues related to the observance of eclampsia management protocols, training of health personnel, adequate supply of magnesium sulphate, availability of obstetricians and anaesthetists for emergency obstetric care at UHC level;
- (ii) policy issues related to the introduction of maternal death audits and a crash programme for increasing the supply of anaesthetists in particular and the decentralisation of health services in general; and,
- (iii) public education to build community level awareness regarding the prevention of maternal deaths including those related to eclampsia.

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