



CASE STUDY

Reaching the Health Facility In Time

Kano • August 2014



Hauwa Haruna smiles as she hugs her son at the Murtala Mohammed General Hospital in Kano.

Hauwa Haruna laughed and you couldn't help laughing with her. Her grin starts small and then spreads across her face. She hugged her baby and told how her husband, afraid for her and their then-unborn child, had rushed her out of their house to the hospital just before midnight on 22 May 2014.

"It was after my fourth antenatal care visit, at nine months, that I started feeling pain. I went for ANC that morning and I took my scan result. They said everything was fine. I went back home. Suddenly I started feeling pains down here [placing her hand on her lower abdomen], and it was so bad. It even increased at night and my husband took me back to Sabon-Gando health post. It was closed, so we went to another hospital called Bamali Hospital. I was there for a while but I didn't give birth. The health

worker then said I had started showing signs of eclampsia. The doctor wasn't there so they sent me to this present hospital (Murtala Mohammed General Hospital)."

At the Murtala Mohammed Hospital in Kano State, she was received by Matron Theresa Iwuayanka, a midwife who had been trained two years earlier in Advanced Life-Saving Skills (ALSS) by the UKaid-funded Partnership for Transforming Health Systems 2 (PATHS2). "When they got here, Hauwa was barely conscious," recalls Mrs Iwuayanka. "Her husband had been given a referral from Bamali. A partograph to track the progress of her labour had already been opened for her, and was also sent. She had been

given a loading dose of magnesium sulphate to prevent seizures. We revived and stabilised her, and checked the foetal heartbeat to make sure it was normal. Then we gave her oxytocin to help the labour progress faster, so the baby could be delivered quickly.

“The ALSS training has really helped us in this hospital. It is easy to take things for granted after a while, when you attend to so many patients every day, for so long. But with the training, you are always armed with the skills, and you know how to respond in any situation. Because this is now the ALSS training centre, we are exposed to frequent refreshers. Our Chief Matron is also the assistant trainer.”

Hauwa received magnesium sulphate for 24 hours, and she remained in hospital over the next seven days being cared for and to guard against postpartum eclampsia. She and her son are lucky to be alive. Not so lucky was her ward mate Jamila Aminu, who survived but lost her five-month pregnancy as a result of eclampsia.

Preeclampsia and eclampsia (PE/E) are life-threatening disorders that occur during pregnancy, childbirth and the postpartum period. They are characterised by high blood pressure (hypertension) and protein in the urine of the mother. When convulsions occur amidst signs of PE, it is termed eclampsia. Eclampsia is among the leading causes of maternal death and disability worldwide. The World Health Organization (WHO) estimates that PE/E

account for at least 16 percent of maternal deaths in low-resources settings with inadequate numbers of skilled birth attendants.

Through PATHS2, 347 health workers including Community Health Extension Workers (CHEWs), nurses and midwives have been trained in ALSS in Kano State. The ALSS training is a three-week intensive, competency-based clinical training that covers areas such as supporting a woman in labour, management of pre-eclampsia/eclampsia, post-partum haemorrhage, and newborn resuscitation. The training is aimed at preventing and reducing maternal and neonatal morbidity and mortality.

To increase the chances of survival at the community level, CHEWs are trained during the ALSS to administer a loading dose of magnesium sulphate and immediately refer the patient. By designing interventions such as the ALSS and task-shifting to empower community workers, PATHS2 provides skilled health care even to remote communities that have neither doctors nor comprehensive health facilities.

Maternal and infant mortality rates continue to be a source of concern in Nigeria. PATHS2 and several other development partners and the Ministries of Health have been working together since 2008 to combat the primary challenges that rural communities in Nigeria face with respect to access, availability, affordability and equity in health care.

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The Partnership for Transforming Health Systems Phase Two (PATHS2) is a health systems strengthening initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKaid from the Department for International Development, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders to improve the planning, financing, and delivery of sustainable health services for those most in need. In addition to its work at the federal level, the PATHS2 programme is implemented in the five states of Enugu, Jigawa, Kaduna, Kano, and Lagos. PATHS2 follows the successful PATHS programme, which was implemented from 2002 to 2008.

PATHS2 is managed by Abt Associates, in association with Options, Mannion Daniels, and the Axios Foundation.

