

ASSESSING THE ADEQUACY OF SCREENING FOR PRE-ECLAMPSIA IN PRIMARY HEALTH CARE CENTRES IN ANURADHAPURA DISTRICT

TRN Fernando*, BGS Jayaratna, ECK Lankeshwara

Department of Obstetrics and Gynecology, Faculty of Medicine and Allied Sciences

*romanifernando@yahoo.com

INTRODUCTION

Pre eclampsia is a leading cause of maternal death world-wide, especially in the developing world. During the past decade pre eclampsia had been among the first 3 leading causes of maternal deaths in Sri Lanka. Maternal death review by Family Health Bureau (FHB) in 2001 had stated that 82% of maternal deaths in Sri Lanka were due to 3 major causes. They are haemorrhage, obstructed labour and pre eclampsia.

There is a triad of symptoms in pre-eclampsia: hypertension, proteinuria and oedema. When these symptoms are complicated by convulsions, it is called eclampsia. This condition occurs only during pregnancy and differs from chronic hypertension.

Early recognition of women at risk of pre eclampsia will enhance surveillance and prophylaxis. Screening for pre eclampsia include, the clinical risk assessment at the antenatal booking visit, blood pressure (BP) measurement and investigations.

BP measurements and urine protein (UP) checking should be done routinely in ante natal clinics (ANC). FHB states 98% of deliveries in Anurdhapura district (AD) take place at Anuradhapura Teaching Hospital (ATH). That is a total of 15,467 in 2010.

METHODOLOGY

Data were collected from Ante natal records of women admitted to antenatal & post natal wards in ATH during 15th - 30th of May 2011, with a gestation of 28weeks or more. Women from outside Anuradhapura district were excluded from the study.

Sample size is 510 women.

Sample size was decided with 95% confidence interval for assumed 50% prevalence of Pre-eclampsia in Anurdhapura district.

Random selection of women from the admission registry was done; every odd number of each day's admission was selected.

RESULTS AND DISCUSSION

Majority (96%) of women in the study population had the booking visit before 14 weeks of gestation. Only 0.63% had the booking visit after 20 weeks of gestation.

Majority (95%) of the women had their BP checked at the ante natal booking visit and 94% had their UP checked. Majority (79%) of the women had their BP & UP checked at all subsequent visits. Majority (70%) of the women had 5 or more clinic visits until delivery.

There is no standard value to compare the above parameters, also we are not comparing our results with other districts in our country, therefore we do not comment about the significance of our study.

The available screening in the ANCs in the primary care in Anuradhapura district is adequate. Majority of women present before 20 weeks and almost 95% have their BP & UP checked at each visit. This helps to differentiate between pregnancy induced and other hypertensive conditions.

CONCLUSION

Screening for pre eclampsia in the primary health care in Anuradhapura district appears adequate. However the morbidity & mortality due to hypertensive disorders in pregnancy remains yet high. Therefore, more attention should be paid to referral, emergency management protocol developments in the secondary & tertiary care hospitals island wide and within Anuradhapura district.