



**POPULATION
COUNCIL**

Ideas. Evidence. Impact.

“PREGNANCY AS A WINDOW FOR FUTURE HEALTH”

*The Growing Threat of Non-Communicable Diseases
on Maternal Health*

Wilson Centre November 5th

Charlotte E Warren, PhD Population Council

Hypertensive disorders in pregnancy:

- 1. Chronic hypertension**
- 2. Gestational hypertension**
- 3. Pre-eclampsia & eclampsia**
- 4. Chronic hypertension & PE**

Long term CVD risk:

**Peripheral artery disease,
coronary artery disease,
congestive heart failure**

Vascular dementia

Renal disease

Metabolic disorders

Diabetes

Obesity

Stroke

History of PE should be considered in CVD risk assessment

Ending Eclampsia Project



Ending Eclampsia seeks to expand access to proven, under-utilized interventions and commodities for the prevention, early detection, and treatment of pre-eclampsia and eclampsia and strengthen global partnerships.

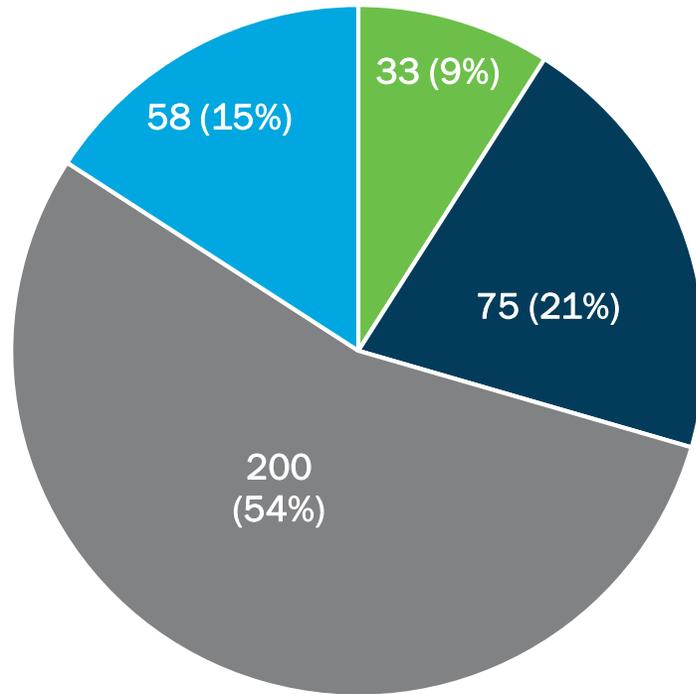
Background



- Maternal Mortality reduced by 38% between 2000 and 2017
- PE affects 5-7% of all pregnant women
- 70,000 maternal deaths and 500,000 fetal deaths globally
- Increase in PP PE
- With increase in NCDs likely more HDPs and vice versa
- Two leading causes of maternal mortality PPH and PE both require assessment of blood pressure.

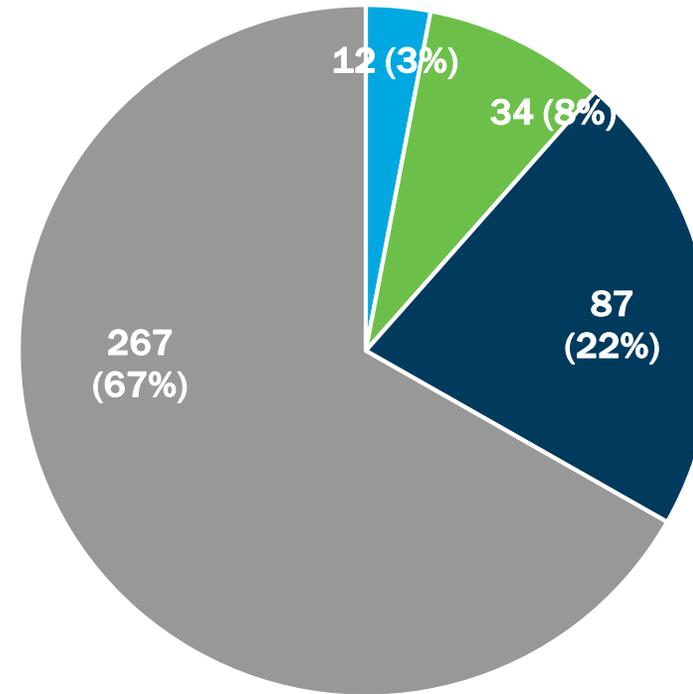
Distribution of HDP types at admission

NIGERIA



n = 366

BANGLADESH

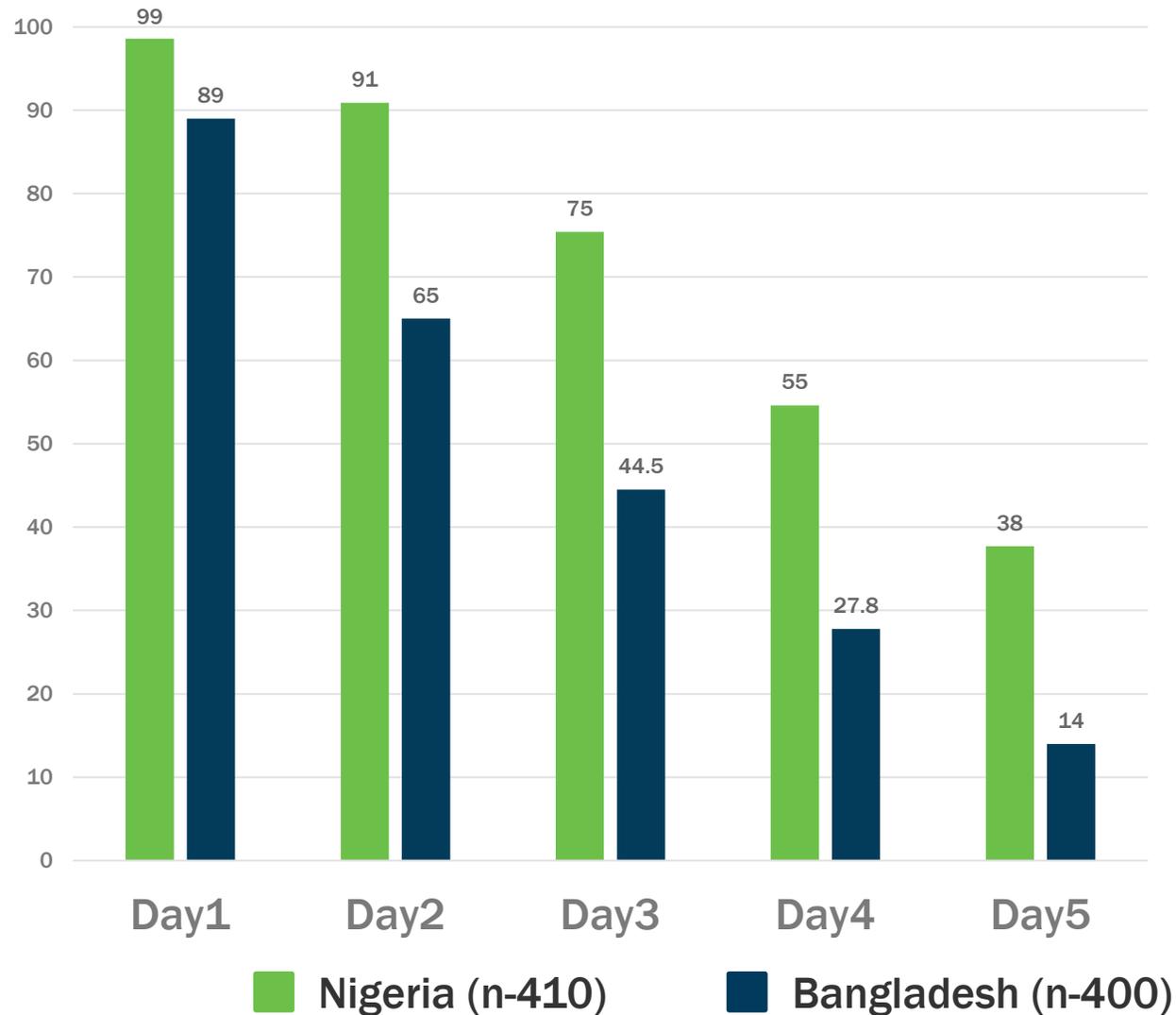


n = 400

■ Pre-eclampsia
■ Eclampsia

■ Chronic Hypertension
■ Gestational Hypertension

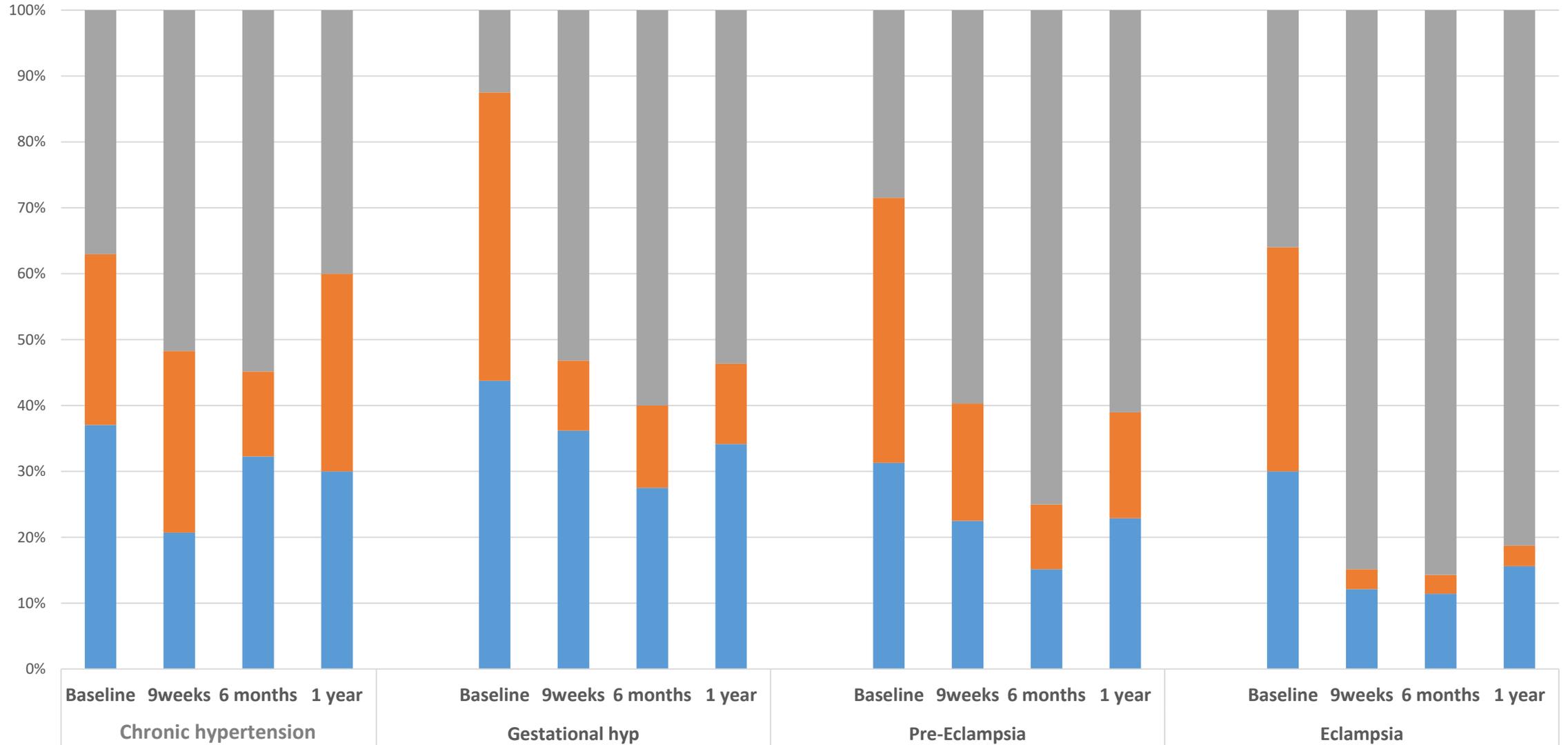
Proportion of women with HDPs whose BP were measured and documented after delivery



Severity of hypertension over one year (Nigeria)

N = 366

■ mild ■ moderate ■ severe



Women's experiences and perceptions

	Bangladesh (n-48)	Nigeria (n-303)
When you were told that you have an HDP, did you understand what that meant?	4 (8.3)	246 (81.2)
Did the provider find time to explain to you what the condition means and its implication for your health and that of your baby?	5 (10.4)	216 (71.3)
Were you given the opportunity to ask questions for clarification?	6 (12.5)	187 (61.7)
Has anyone in your family had this kind of condition in the past?	27 (56.3)	197 (65.2)
Did you have any concerns when you were informed that you developed HDP?	45 (93.8)	205 (67.9)
Have you discussed this concern with your health care providers?	18 (40.0)	132 (64.4)
Did you receive satisfactory feedback from your service providers?	12 (66.7)	125 (94.7)
Do you think you have received the right care / information from you care-providers?	35 (72.9)	283 (94.0)
Did you suffer from any complication in this pregnancy as a result of this condition?	46 (95.8)	283 (94.0)
Now that you have given birth, do you think that your caregivers have given you sufficient information about your future health after having a HDP?	0 (0.0)	207 (69.2)
Is knowing how this condition can be prevented something you are interested in?	21 (43.7)	286 (95.7)
Have you been counselled on how to prevent this condition in a future pregnancy?	1 (3.7)	132 (44.1)

Women centred care

- Women with preeclampsia, gestational diabetes, and obesity during pregnancy are at risk for medical complications later in life. Therefore, practitioners should identify those who can benefit from early diagnosis and interventions
- Early and frequent ANC and routine PNC (4th Trimester) can help women understand current challenges in controlling their BP, the risks and potential complications in the future (which may be asymptomatic)
- Integrated care: Women should use every contact with Health System to have BP checked at minimum (infant immunization, FP sessions)

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The Population Council conducts research and delivers solutions that improve lives around the world. Big ideas supported by evidence: It's our model for global change.