



Puerperal Sepsis Global Overview

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Causes of Maternal Death

- Hemorrhage
- Sepsis
- Eclampsia
- Abortion
- Obstructed labor
- HIV
- 75% of maternal death due to 5 main causes



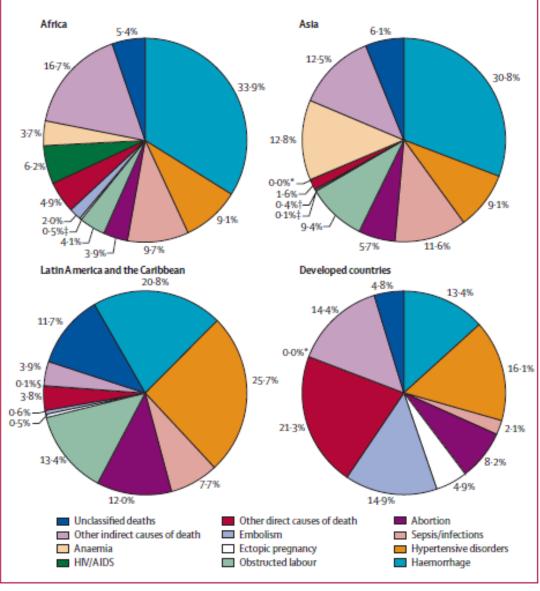


Figure 3: Geographical variation in distribution of causes of maternal deaths

Khan LANCET 2007



^{*}Represents HIV/AIDS. †Represents embolism. ‡Represents ectopic pregnancy. §Represents anaemia.

Contributing Factors and Prevention

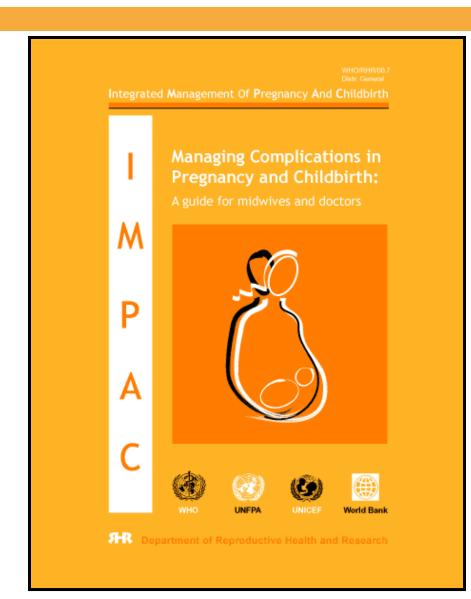
Contributing Factors

- Prolonged labor
- Prolonged rupture of membranes
- Unhygienic labor practices
- Multiple cervical exams

Preventative Strategies

- Partograph
- Labor hygiene





Global Survey on Puerperal Infection Prevention and Management

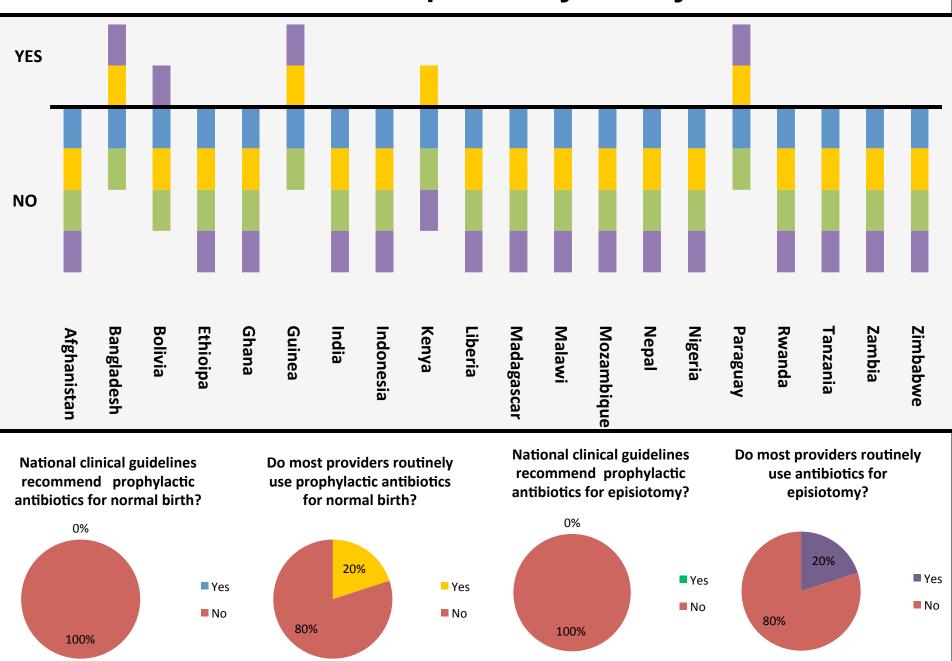
- Questions about clinical guidance and actual practice
- Preventative measures and management
- Responses from MCHIP implementing programs: 20/28 countries

COUNTRIES	
Afghanistan	Madagascar
Bangladesh	Malawi
Bolivia	Mozambique
Ethiopia	Malawi
Ghana	Nigeria
Guinea	Paraguay
India	Rwanda
Indonesia	Tanzania
Kenya	Zambia
Liberia	Zimbabwe

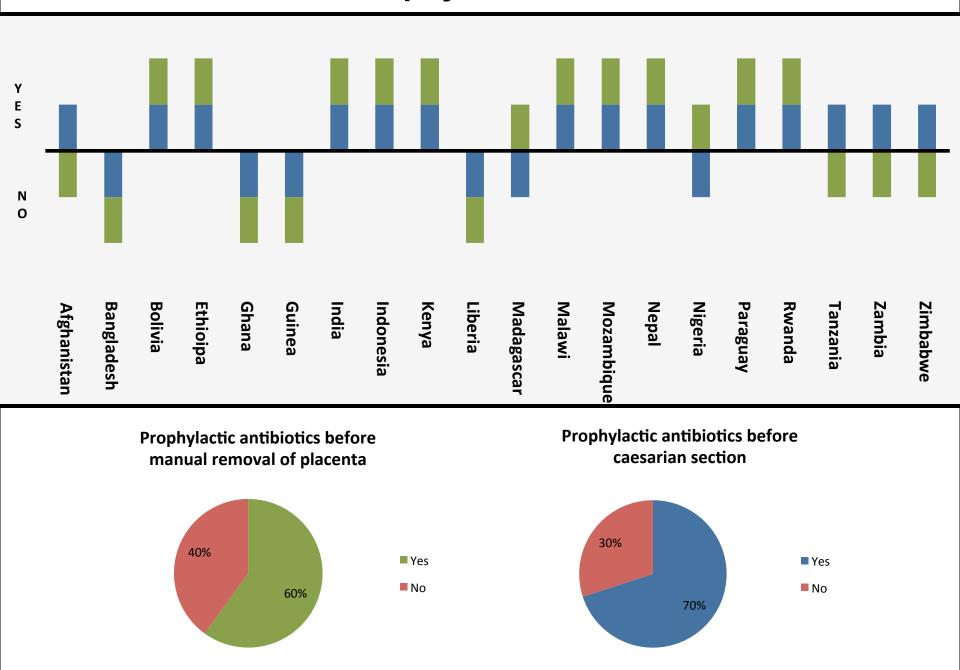




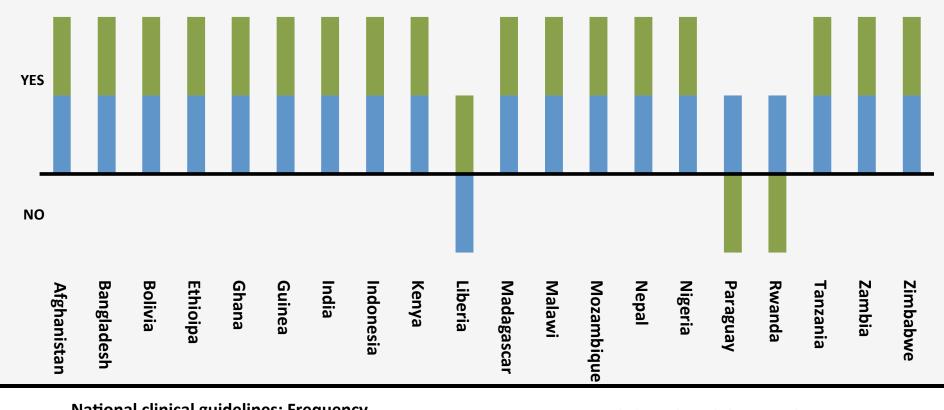
Antibiotics for Birth or Episiotomy: Policy and Practice

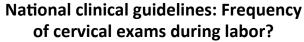


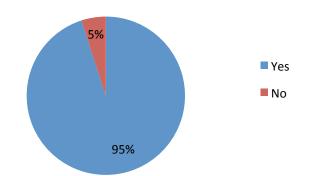
Antibiotic Prophylaxis for Procedures



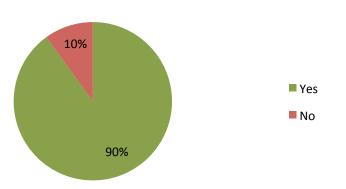
Guidelines on Cervical Exams and AROM



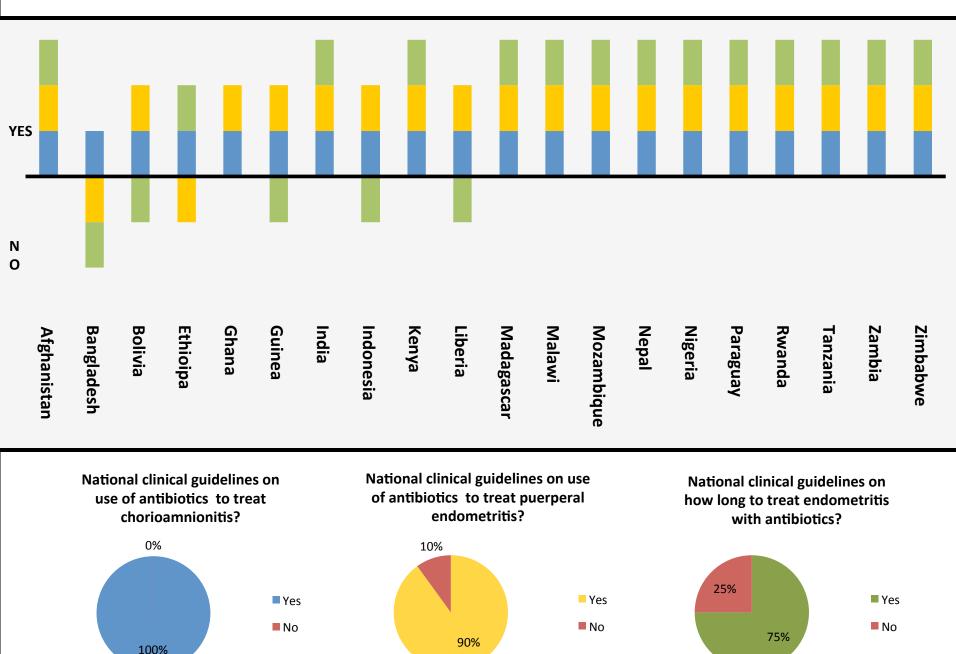




National clinical guidelines: When to perform artificial rupture of membranes?



Antibiotics to Treat Chorioamnionitis or Endometritis



Quality of Care Surveys 2010

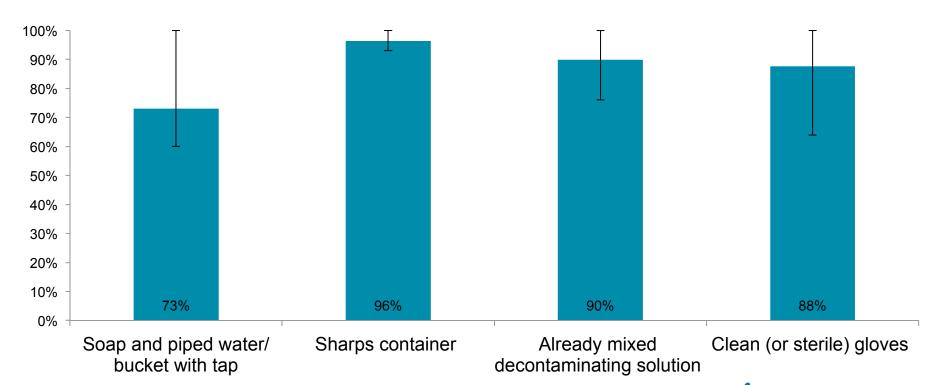
- By MCHIP and host countries
- Direct observation of clinical practices
- 5 countries: Kenya, Tanzania, Ethiopia, Madagascar and Rwanda





Availability of infection prevention supplies in the delivery room

Notes: Bars represent average of mean scores for all countries and high-low error bars show the by-country range.







Quality of infection prevention duringlabor & delivery

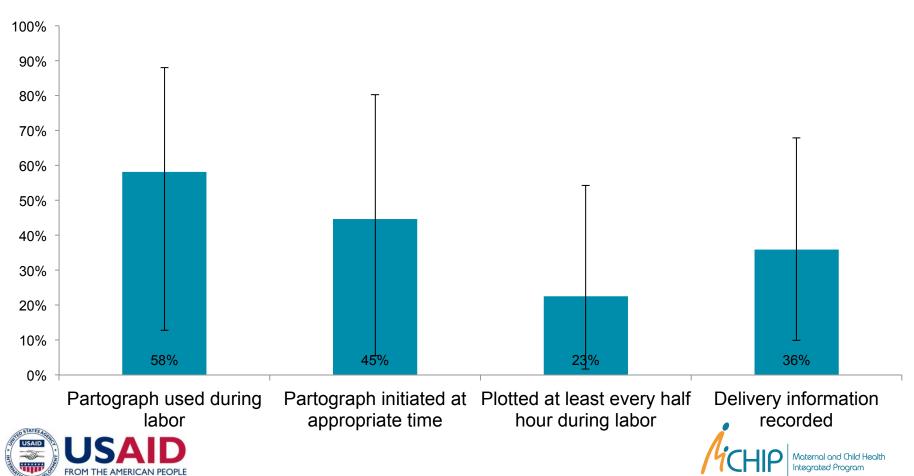
Notes: Bars represent average of mean scores for all countries and high-low error

bars show the by-country range. Initial assessment: Washes his/her hands before any examination 41% 1st stage: Washes his/her hands before any examination 40% Wears high-level disinfected or sterile gloves for vaginal examination 92% Puts on clean protective clothing in preparation for birth Disposes of all sharps in puncture-proof container 94% 87% Decontaminates all reusable instruments in 0.5% chlorine solution Disposes of all contaminated waste in leakproof containers 95% Wipes apron with 0.5% chlorine solution 30% Washes hands after birth 75% 50% 60% 0% 10% 20% 30% 70% 80%



Quality of partograph use

Notes: Bars represent average of mean scores for all countries and high-low error bars show the by-country range.



Conclusions

- Prevention, early diagnosis and proper treatment of maternal infection crucial
- Policies and guidelines on IP and use of ABX are generally accurate
- Practices do not always conform to national guidelines
- Further understanding of approaches for prevention and management of maternal infection is needed







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