## Step 4: Design Message Strategy

| **PRIMARY AUDIENCE 1: PREGNANT WOMEN AND THEIR FAMILIES** |
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| **OBJECTIVES** |
| By 2015, increase the percentage of pregnant women and their families who:1. Can identify and understand the signs of PE/E
2. Know what to do and where to seek care should they experience PE/E symptoms
3. Understand the value and benefits of ANC visits and know where to access services
4. Attend at least four ANC visits during the course of the pregnancy
5. Talk to their partner or family member about pregnancy care regimens and attended or facility deliveries
6. Recommend ANC to friends
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| **POSITIONING** |
| Knowing key danger signs during pregnancy means you are better prepared to protect your/your wife’s/your family member’s health, and that of the baby. |
| **KEY PROMISE** |
| Attending ANC regularly gives mothers and babies the best chance at a healthy pregnancy.  |
| **SUPPORT STATEMENT** |
| Early detection and treatment of pregnancy complications helps guarantee a safer delivery for mom and good development and delivery for the baby.  |
| **KEY MESSAGES** |  |
| Key messages for pregnant women and their families should focus on the benefits of ANC care, identifying danger signs of PE/E and seeking prompt care:* ANC visits are an important part of any pregnancy. These visits help you/your wife/your family members learn about protecting your/the mother’s and baby’s health, and how to prepare for the delivery.
* Just four ANC visits during your/your wife’s/your family member’s pregnancy will help protect the health of the mother and the strong development of the baby.
* Ask for a urine test and BP measurements at each ANC visit. Ask your health care provider about your/the mother’s risk for PE/E.
* Have a birth plan. Talk to your ANC provider or CHW about what to do in case of a concern or emergency during pregnancy or delivery, and to help you decide where and with whom you/the mother will deliver.
* PE/E is dangerous for the mother and the baby, but there are warning signs you can learn about that will help you know when to seek treatment.
* Dizziness, blurred vision, headaches, swelling legs or feet, and pain in the upper abdomen may be signs of PE/E. If you/the mother experience(s) one or more of these symptoms during pregnancy, go to a CHW or health center immediately.
* Too many women die of PE/E before or during childbirth. You can help make sure you/your partner/your family member isn’t one of them.
* Magnesium sulfate is the best treatment for PE/E. It is very safe, and rarely has side effects. Even if side-effects occur, they, too, can be easily treated.
* Talk to your partner and family about the importance of ANC.
* For male partners/family members: Be the foundation your family needs, and make the right decision. Support your partner/family member in attending ANC visits, know the warning signs of PE/E, and know what to do and where to go if something goes wrong during the pregnancy or birth.
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| **PRIMARY AUDIENCE 2: FACILITY-BASED CLINICAL PROVIDERS** |
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| **OBJECTIVES** |  |
| By the year 2015, increase the percentage of clinical providers who:1. Know how to diagnose PE/E, especially during ANC
2. Know that magnesium sulfate is the recommended drug for treatment of PE/E
3. Know how to administer magnesium sulfate (correct dosage, route and regimen)
4. Feel confident they can administer magnesium sulfate for the treatment of PE/E
5. Feel confident they can monitor patients for magnesium toxicity and administer calcium gluconate if required
6. Have access to all necessary supplies around PE/E diagnosis and treatment
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| **POSITIONING** |  |
| Life saving steps you can take – Severe pre-eclampsia and eclampsia can be treated and the lives of mothers and babies saved by taking a few simple steps: Implement an early detection protocol for PE and treat patients using the best available drug - magnesium sulfate. |
| **KEY PROMISE** |  |
| Clients and superiors will praise your work and you will be rewarded for your diligence. You will gain in reputation / prestige in your community and more people will trust you. |
| **SUPPORT STATEMENT** |  |
| By knowing how to systematically diagnose and treat PE/E, you will help pregnant women and their growing babies avoid serious issues and this in turn will contribute to reducing mortality and morbidity in your community. |
| **KEY MESSAGES** |  |
| Key messages should seek to develop well-informed providers, who know and use the most up-to-date guidelines to treat common maternal health issues.* You can easily diagnose PE using a combination of BP measurement, protein levels in urine and other associated danger signs such as blurred vision, headaches, oedema, and epigastric pain
* You can provide treatment for PE and obtain excellent results in health outcomes with minimal complications
* Magnesium sulfate is easy to administer at any health facility level
* Magnesium sulfate, when used appropriately, does not cause any harm to mother or fetus
* Medical trials demonstrate a decrease in case fatality rate when magnesium sulfate is used instead of diazepam to treat PE/E
* Toxicity risks associated with magnesium sulfate are very low and the easiest way to treat non-severe side-effects is just to withhold the next dose. In case of severe side-effects the antidote calcium gluconate is inexpensive to procure, easily available and easy to administer
* With the WHO recommended format of 50% concentration for magnesium sulfate to treat PE/E, you can easily dilute and administer at the point of care
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| **INFLUENCING AUDIENCE 1: DISTRICT AND LOCAL HEALTH OFFICIALS** |
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| **OBJECTIVES** |  |
| By 2015, health officials will have taken steps to:**District Level**1. Ensure that updated guidelines and procurement information on PE/E are disseminated to local health facilities
2. Disseminate PE/E screening and treatment job aids and checklists for use at facility level
3. Develop and implement a plan to train lower level facilities and lower cadre (nurses) on PE/E
4. Prioritize magnesium sulfate in annual budgets

**Facility level:**1. Ensure that updated guidelines and procurement information relative to PE/E and magnesium sulfate are disseminated to all relevant staff
2. Orient staff on new job aids and checklists for PE/E screening and treatment
3. Ensure that lower level facilities and lower cadre (nurses) are trained on PE/E
4. Prioritize magnesium sulfate in annual budgets
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| **POSITIONING** |  |
| Life saving steps you can take - Public health officials have to ensure that all health facilities in the country / district are equipped to improve early detection, treatment and management of severe pre-eclampsia and eclampsia. By developing the right tools and integrating them into your health system as part of a holistic maternal health intervention, you are making sure medical staff on the ground are equipped to respond to potential PE/E cases. |
| **KEY PROMISE** |  |
| You will contribute to reducing maternal deaths due to PE/E in your country and help your country meet its MDG targets. Doing so will help you gain prestige among your peers and superiors and enhance your job satisfaction. |
| **SUPPORT STATEMENT** |  |
| It has been demonstrated that a stronger focus on detection of PE, combined with a better access to supplies such as magnesium sulfate for treatment and management, results in improved health outcomes for pregnant women. Treatment of PE/E with magnesium sulfate is a low cost, simple intervention with high health impact that you can implement (in your district / facility). |
| **KEY MESSAGES** |  |
| Key messages should focus on how responsible, committed health officials can implement steps at district and facility levels that will result in significant improvements of health outcomes at the point of care. Essential messages on the product should also be covered.* Magnesium sulfate is recommended by WHO as the most effective treatment of PE/E
* WHO guidelines for treatment of PE/E clearly state the appropriate dosage, regimen and route of administration
* The WHO guidelines are adequate for low resource settings and allow lower cadre of providers to administer magnesium sulfate at the facility level
* Several countries have already implemented training of health providers on the use of magnesium sulfate to prevent or treat eclampsia and have obtained excellent results on mortality and morbidity cases linked to PE/E
* Magnesium sulfate is straightforward to use, and toxicity risks are very low when administered following WHO guidelines
* Diazepam is not recommended for treatment of convulsions in case of eclampsia. It should be removed from guidelines.
* Guidelines at all levels (pre-service, in service, clinical care) need to be aligned and consistent to avoid confusion among providers
* Registration, procurement and distribution officers need to be updated on the product specifications and ensure availability at all authorized levels
* Providers at primary care centers can be trained to detect PE/E and procure and administer magnesium sulfate before referral to higher level centers
* ANC providers need refresher trainings and better tools to ensure systematic detection of pre-eclampsia. BP tools, urine tests, danger signs list, decision making algorithm and job aids at the point of care help ANC providers improve detection
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| **INFLUENCING AUDIENCE 2: COMMUNITY HEALTH WORKERS (CHWs)** |
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| **OBJECTIVES** |  |
| By 2015, increase the percentage of CHWs who:1. Correctly list all danger signs related to PE (blurred vision, dizziness, headaches, oedema, epigastric pain)
2. Know the link between pregnancy danger signs and associated severe complications, such as maternal seizures and potential loss of baby
3. Know when to refer a pregnant woman for treatment of PE
4. Feel confident in explaining to pregnant mothers and the broader community about PE danger signs and why it is important for pregnant women experiencing these danger signs to get prompt care at a health facility
5. Can inform pregnant women in communities about the type of tests they should expect and ask for at each ANC visit (BP and urine test for PE/E screening)
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| **POSITIONING** |  |
| Life saving steps you can take – because of your close proximity to pregnant women in your community and the relationship that you have created with them and their families, you are first in line when it comes to detecting PE/E and can save the lives of mothers and babies in your community. |
| **KEY PROMISE** |  |
| By knowing how to systematically identify PE/E danger signs and referring women for proper care, you will become the most reliable source of information at community level. You will gain in reputation in your community and more people will trust you, value your work and show support. |
| **SUPPORT STATEMENT** |  |
| For the community to know that there is a person among them who can help identify warning signs and encourage healthier behaviors is extremely valuable. Community members value and respect people who are trained in health issues because they are impressed by their knowledge. |
| **KEY MESSAGES** |  |
| Key messages for CHWs should focus on knowing and watching/probing for warning signs among pregnant women, as well as encouraging other healthy behaviors such as going to ANC visits and delivering at health facilities. Basic messages about PE/E should also be covered.* Dizziness, blurred vision, headaches, swelling legs or feet, and pain in upper abdomen may be signs of PE/E in pregnant women
* As a CHW, you can identify danger signs as they arise and explain the need to seek immediate care at a health facility
* The community trusts you to give them information that they can use to improve their health related to pregnancy and delivery, including treating PE/E
* You are the key link between the community and the health facility. It is your role to facilitate referrals to health facilities and, as a result, you will ensure improved health outcomes for your community.
* You can encourage pregnant women to go for the full course of ANC visits, and to make sure they request to their providers at each visit to test them for elevated BP and protein in urine as well as check them for other PE danger signs.
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