6.1 Health care systems - Introduction (5 min)

Introduction

Welcome to Learning Unit 6, in which we focus to better understand how the Obstetrician/Gynecologist can provide leadership and guidance for those taking care of patients with hypertensive disorders in pregnancy at various levels of care, and learn the roles and responsibilities of the different cadre of health professionals involved.

The overall aim of this Learning Unit is therefore to understand the scope, differences and gaps in hypertensive disorders in pregnancy care that can be provided at various facility levels. This will allow you as an OBGYN to work with decision makers to improve care for hypertensive disease of pregnancy throughout the health care system.

Learning objectives

After finishing this Learning Unit, you will be able to:

- 1. Discuss the ideal provision of care at the **community health level**, including how workers at this level should identify cases for referral, establish the required care, and identify logistical considerations for treatment and transport to the next level.
- 2. Discuss the clinical and facility needs for the provision of care at the **district level**, establish the required care and guidelines for identification of cases for referral, and identify of logistical considerations for treatment and transport.
- 3. Discuss the provision care at the **tertiary level**, establish the required level of care, and identify the gaps and logistical considerations to ensure good maternal and neonatal outcomes.
- 4. Identify the role and responsibility of the OB/GYN and of the other of health professionals involved (including midwives, nurses, community health workers, pediatricians, anesthetists /anesthesiologists) at these three levels of care.
- 5. Identify contributing factors to maternal morbidity and mortality due to hypertensive disorders in pregnancy that occur throughout the health care system by understanding the Three Delays Model.
- 6. Discuss how to harmonize the ACOG (Nov 2013) and WHO guidelines on hypertension in pregnancy with the local sub-Saharan African context.