

CLIP TRIAL: INDIA

1. WHAT WE DID



14,783 pregnancies recruited



Control group
7839 pregnancies

Intervention group
6944 pregnancies

Community of care



1379 community engagement sessions
39,619 participants



63,992 home-based visits by 148 health workers

Study period
Feb 2014 - Oct 2016

Trial sites
12 areas in Karnataka State

3. RESEARCH HIGHLIGHTS AND KEY TAKEAWAYS



Significant **reduction** in morbidity and mortality over time*



Demographic surveillance and routine audits can improve **maternal and perinatal outcomes**

No difference in maternal and perinatal mortality or morbidity, compared with control group

Maternal mortality
145/100,000 livebirths

Neonatal mortality
28.7/1000 livebirths

Stillbirth
30.5/1000 births



Pregnancy hypertension (10.3%)

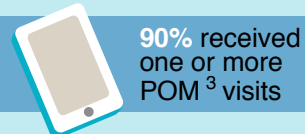
Accurate population-level estimates of maternal, fetal, and neonatal outcomes

First study to establish **community-based population-level** incidence of pregnancy hypertension



2. KEY FIELD ACHIEVEMENTS

Data collection



90% received one or more POM³ visits

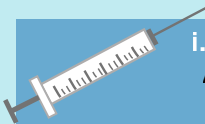


99.4% had blood pressure measured



92.4% had proteinuria measured

Community-based treatment



i.m. magnesium sulphate
Administered in 50 visits without adverse events



Oral methyldopa
Administered in 56 visits without adverse events

Women with **four or more visits** had lower rates of adverse outcomes compared to women with less than four visits



Task-sharing and training community health workers for clinical monitoring roles improves continuity of care for pregnant women in resource-constrained settings



1. Auxiliary Nurse Midwives
2. Accredited Social Health Activists

3. PIERS (Pre-eclampsia Integrated Estimate of Risk) on the Move
*statistically significant (p<0.05)