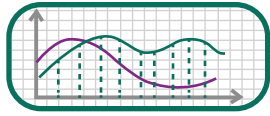


6. Why it matters

Pre-eclampsia

is a leading cause of maternal death and illness in low-resourced countries due to delays in case identification and response



Identifies likelihood of developing hypertensive disorder complications



Identifies women at high risk in next 48 hours using easily available variables



miniPIERS:

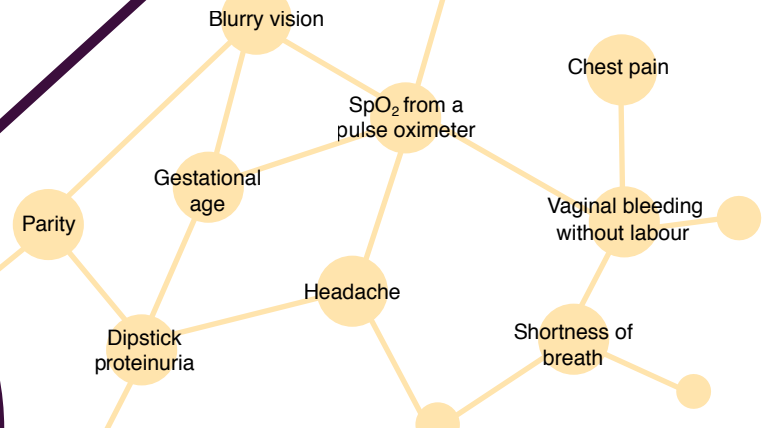
A mobile health app for health workers on the go



A model to improve pre-eclampsia management

Helps health workers with **decision-making** in settings without laboratory facilities

2. What are the variables?



5. Key outcomes

First clinical risk prediction model to be developed, validated, and implemented for pre-eclampsia care



Improved maternal health **outcomes**

Almost as good as **fullPIERS model**, that includes laboratory tests



Model performance improved by **pulse oximetry**

4. CLIP Trial implementation

Assessed risk in over **32,024** pregnancies in:

Nigeria

Mozambique

Pakistan

India

670 women identified as very high risk

3. Has the model worked before?

Developed in tertiary health centres

in Brazil, Fiji, Pakistan, South Africa, Uganda

85% accuracy for identifying adverse maternal health outcomes

Risk model used as basis for community health worker app: **PIERS* on the MOVE**

*PIERS (Pre-eclampsia Integrated Estimate of Risk)