

# Research Priorities in Maternal Health

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## Priority Research Options in Maternal Health

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National Weighted Priority Ranks	Research Options
1	Development and validation of algorithms for prevention, early detection and management of Severe Acute Maternal Morbidities and near-miss events in resource constrained settings
2	Strategies to improve quality of care during childbirth in the public health system e.g., Medical Practices, LSCS, Active Management of Third Stage of Labour, EmOC, Biophysical profiling for fetal assessment, application of epidural anesthesia during delivery; Beneficiary counselling and communication inside the labour room
3	Early identification, referral and management of high risk pregnancies (having materno-fetal morbidities including IUGR, stillbirths and preterms) at all levels of health care
4	Introduction of a validated and cost-effective cancer screening programme of reproductive system for women in the community and health facilities
5	Improving Emergency Obstetric Care (EmOC) services [E.g., risk prediction, identification and communication; prompt referral; service availability (safe transportation, skilled personnel, capacity, logistic, blood storage); accountability; innovations]
6	Assess blood transfusion needs, current availability and delivery mechanisms of blood for pregnant women based on PHC and CHC catchment areas in the context of prevailing burden of severe anemia and post partum haemorrhage
7	Implementation research for effective delivery of evidence-based care protocols/ algorithms for prevention and management of post partum haemorrhage at different levels of care
8	Improving maternal death audits, protocols and practices in the public health care system (body handling, support to family, communication, autopsy, death audit and causality ascertainment)
9	Process and impact evaluation of public health programs targeted for adolescents (ARSH, AFHS, RMNCH+A, RTI/STI screening services) in urban and rural areas

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10	Develop and validate a self-assessment check-list for pregnant women to identify warning signs and need for care seeking
11	Epidemiology, risk and prognostic factors <sup>^</sup> of stillbirth <sup>^</sup> biological, genetic, maternal, familial, social-cultural, economic, gender, demography, health system related, environmental
12	Implement protocols for early detection and management of fetal distress and hypoxia in the public health system
13	Fetal distress and hypoxia: development of appropriate technologies (viz., low cost pulse oxymetry, Doppler, fetal monitors) for early detection and management in the public and clinical health services
15	Time motion studies of primary care personnel (ASHA, AWW, ANMs and MO working in PHCs and CHCs) to rationalize task assignment and personnel requirements, improve performance and enhance accountability
16	Developing strategies for engaging the male partners, families and communities in the care of women of reproductive age group
19	Development and evaluation of novel technological solutions (point-of-care diagnostics, mobile based detection systems) that can be used by frontline workers and primary care physicians for identifying Severe Acute Maternal Morbidity (SAMMs) in the community and PHCs
24	Process and impact evaluation of Maternal and Reproductive Health Services: Outreach, access and utilization gaps and patterns; determinants and challenges; resource issues (program management, personnel, logistic, supply chain, social mobilization and community participation)
28	Identification/Development of an evidence based pharmaceutical protocol for prevention & clinical management of Pregnancy Induced Hypertension and hypertensive crisis at various levels of the healthcare system

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33	Use of modern teaching learning methods including Information Communication Technology and distance learning for skill building and retention in health personnel involved in maternal and reproductive health at various levels of care
34	Strategies for expanding coverage of RTI/STI programs including community-based treatment of RTI/STI among women of reproductive age group (e.g., use of point-of-care diagnostics, mHealth & strategies for management, compliance, monitoring and follow-up)
42	Design a feasible and validated package (content and strategy) for community-based pre-marital counselling for improving reproductive and sexual health of women; impact evaluation
57	Validate the effectiveness of 5X5 matrix of RMNCH+A program in real life situations and evolve into a 5X5X5 grid that engages five stakeholders (mother-child, family, community, frontline workers, health system personnel) for enhanced impact
69	Relationship of symptomatic and asymptomatic RTI with stillbirth, preterm birth and low birth weight rates and neonatal morbidities