

Approved by the FIP Council in August 2013 in Dublin.

# FIP STATEMENT OF POLICY THE EFFECTIVE UTILIZATION OF PHARMACISTS IN IMPROVING MATERNAL, NEWBORN AND CHILD HEALTH (MNCH)

## Preamble

This policy document focuses on the effective contribution of Pharmacists in improving maternal, newborn and child health.

In September 2011 the FIP Council approved a reference paper on this subject and a working group was set up in December 2011 with the purpose to generate a policy document, which addresses how pharmacists contribute to the United Nations' Millennium Development Goals, particularly towards achieving Goal 4, reducing child mortality, and Goal 5, to improve maternal health. The reference paper is the primary foundation for this paper. This policy is complemented by the FIP policy "Quality of Medicines for Children", adopted in Basel in 2008, and the FIP policy "The Pharmacist's Responsibility and Role in Teaching Children and Adolescents About Medicines", adopted in Singapore in 2001.

## Background

It has been estimated that in 2008 there were 342,900 maternal deaths worldwide, within which exists a huge gap between the different regions of the world, with South Asia and Sub-Saharan Africa reporting a higher range of maternal deaths. In that same year, the number of child deaths before age five, was estimated by the World Health Organization (WHO) to be 8.8 million. Thirty-three percent of deaths of children younger than five occur in Asia and around 50% in Sub-Saharan Africa, with one third of child deaths due to under nutrition.

Definitions and care goals for the purpose of this Statement:

Maternal health refers to the health of women pre-pregnancy, during pregnancy, at childbirth and postpartum. It is an all-encompassing term that includes both the clinical and social aspects of health care. Pre-pregnancy care

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aims to reduce risk factors that might affect future pregnancies. This is accomplished through initiatives involving patient education and advice, health promotion, screening and interventions for women of reproductive age. Pregnancy care refers to a broad range of health services a woman receives between the time of conception and delivery.

Postnatal care involves recovery from childbirth, breastfeeding and the health status of the neonate. The ultimate goal of maternal health care is to have a safe and successful pregnancy. Unfortunately, there are many women that have pregnancy related complications, often resulting in death of mothers.

Maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy (still birth, abortion or term delivery), regardless of the site or duration of pregnancy, from any cause related to or aggravated by the pregnancy or its management.

Child health generally encompasses the physical, mental, emotional, and social well-being of children from infancy through adolescence. However, depending on the definition, child health can be limited up to age five.

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## Introduction

Maternal, newborn and child health is a pressing global health issue that has the potential to affect many generations into the future. Every year approximately 8.8 million children die of preventable causes and an estimated 342 900 women die from preventable complications related to pregnancy and childbirth. Reaching the targets set up by the Millennium Goals 4 (a two third reduction in under five mortality) and 5 (a three quarters reduction in maternal mortality and universal access to reproductive health) would mean saving the lives of four million children and about 190,000 women in 2015 alone. Pharmacists have the knowledge, skills and vast opportunities around the world to play a role in facilitating or providing products and services that address these priorities. Evidence of the contribution of pharmacists in improving Maternal, Newborn and Child Health has been gathered in many countries and is further developed in the reference document. Besides this documented evidence, FIP believes that pharmacists could contribute even further, if and when they are empowered to work within the full scope of pharmacy services appropriate in their country. In this context, pharmacy education and pharmacists' scope of practice should enable pharmacists to support maternal and child health.



### Pharmacists' roles in MNCH

In the reference paper, the specific roles, functions and activities have been structured in accordance with the FIP/WHO Guidelines on Good Pharmacy Practice: Standard for Quality of Pharmacy Services, and were gathered into four main roles where pharmacists' involvement or supervision is expected by society and the individuals they serve:

1. Prepare, obtain, store, secure, distribute, dispense, administer and dispose of medical products;
2. Provide effective medication therapy management;
3. Maintain and improve professional performance;
4. Contribute to improved effectiveness of the health-care system and public health.

The roles outlined above ensure responsible use of medicines and adherence, ultimately improving a patient's quality of life.

There are many examples of how pharmacists improve health outcomes in both maternal and child health. In fact, important health initiatives are being undertaken globally by pharmacists in community, hospital and industrial settings, resulting in beneficial economic and humanistic outcomes.

For example, pharmacists provide education to children on asthma medications, resulting in appropriate inhaler use and reduced asthmatic symptoms.

In relation to humanistic outcomes, mothers have reported increases in overall health care satisfaction when pharmacists provide education and advice on healthy lifestyles and prevention of infectious diseases. In some countries, pharmacists further satisfy patients by providing essential health services, such as vaccinations for children, in the convenience of a community pharmacy. This is particularly relevant due to the accessibility of pharmacies to the general population.

It is evident that through effective public health education, medication distribution, medication management, professional performance, and improving healthcare effectiveness, pharmacists can play a vital role in ensuring optimal health outcomes, economic outcomes and humanistic outcomes.

Furthermore, many of the current pharmacist roles are in accordance with the WHO maternal, newborn and child health interventions. These roles are summarized in the table below.



Stage	WHO maternal, newborn and child health interventions	Current Pharmacist contribution in line with the WHO suggested interventions to high-priority countries
Pre-Pregnancy	Contraception	<ul style="list-style-type: none"> <li>- Educate women on and supply various contraceptives options</li> <li>- Prescribe and/or initiate emergency contraception</li> </ul>
Pregnancy	At least 4 antenatal visits	<ul style="list-style-type: none"> <li>- Educate mothers on and supply vitamins and nutritional supplements, including folic acid and iron supplements</li> <li>- Promote cessation of alcohol and nicotine use</li> <li>- Evaluation of potential teratogenic medicines, and advice on alternative drug regimens if teratogenicity of current treatment is known or a reduction in risk is required.(e.g. in epilepsy)</li> </ul>
	Prevention of mother-to-child disease transmission	<ul style="list-style-type: none"> <li>- Obtain, store and dispense appropriate antiretrovirals</li> <li>- Promote and facilitate medication adherence</li> <li>- Educate communities and/or patients at high risk of disease transmission</li> </ul>
	Intermittent preventive treatment of malaria for pregnant women	<ul style="list-style-type: none"> <li>- Recommend drug therapy, dosages, and duration of therapy</li> <li>- Promote prevention and early treatment</li> <li>- Promote medication adherence</li> <li>- Supplying non-pharmacological products (e.g. insecticide-treated bed nets)</li> <li>- Educate communities at high risk</li> </ul>
	Neonatal tetanus protection	<p><b>Not addressed.</b></p> <p>Although pharmacists are usually not involved in neonatal tetanus protection, it is our belief that there is a high potential for pharmacists' involvement</p>
Birth	Skilled attendant at birth	<ul style="list-style-type: none"> <li>- Make decisions regarding accessibility of critical medications in labor and delivery</li> <li>- Provide required sterile medical products during delivery</li> <li>- Support caregivers (e.g. midwives) through education on medicines and safe medication practices</li> <li>- Ensure safe and legal medicine use policies are in place in labour wards/ birth centres/ community services/ home birth</li> </ul>
Postnatal	Postnatal visits for mother	<ul style="list-style-type: none"> <li>- Identify women at risk of postpartum depression</li> <li>- Ensure guidelines and appropriate medication in place to manage sepsis (maternal and neonatal) and prevent maternal venous thromboembolism</li> </ul>
	Early initiation of breastfeeding	<ul style="list-style-type: none"> <li>- Support breastfeeding (when replacement feeding is acceptable, feasible, affordable, sustainable and safe, avoidance of all breastfeeding by HIV-infected mothers is recommended)</li> </ul>
Infancy	Exclusive breastfeeding (less than age 6 months)	<ul style="list-style-type: none"> <li>- Assess pharmacokinetics and potential for medicine distribution into breast milk</li> <li>- Patient education on healthy diet and physical activity</li> <li>- Recommend non-pharmacological products to facilitate breast feeding</li> <li>- Ensure guidelines and appropriate medication in place to manage mastitis and other breastfeeding complications</li> </ul>
	Complementary breastfeeding (age 6-9 months)	<ul style="list-style-type: none"> <li>- Breast-feeding support</li> </ul>
	Immunization: Measles and DPT3	<ul style="list-style-type: none"> <li>- Educate caregivers and parents on the importance of comprehensive vaccination (as per local protocols)</li> <li>- Documentation of vaccination history</li> </ul>
		<ul style="list-style-type: none"> <li>- Independently administer vaccines</li> <li>- Provide immunisation clinics in pharmacies</li> </ul>
	Vitamin A supplementation (two doses)	<ul style="list-style-type: none"> <li>- Vitamin A supplementation is accessible through pharmacies</li> </ul>

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Stage	WHO maternal, newborn and child health interventions	Current Pharmacist contribution in line with the WHO suggested interventions to high-priority countries
Childhood	Children sleeping under insecticide-treated nets	- Supply insecticide-treated bed nets
	Care seeking for Pneumonia	<b>Not addressed</b> Although pharmacists are usually not involved in care seeking for pneumonia, it is our belief that there is a high potential for pharmacists' involvement
	Antibiotics for Pneumonia	- Ensure no deficiencies in quality, purity or potency of medicinal products - Alter dosage forms to improve adherence and ease of administration
	Diarrhoea Treatment	- Supply effective drug therapy (including access to oral rehydration salts and zinc therapy) - Ensure no deficiencies quality, purity or potency of medicinal products - Access to oral re-hydration salts
	Improved sanitation facilities	- Guide the public on the proper disposal of medications
	Improved drinking water	- <b>Not addressed</b> Although pharmacists are usually not involved in improving drinking water, it is our belief that there is a high potential for pharmacists' involvement

Table 1. Summary of pharmacists' contributions in line with WHO top interventions in MNCH

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#### Against this background, FIP undertakes to:

- Support WHO and UN in their efforts and initiatives to improve Maternal, Newborn and Child Health, particularly addressing Goals 4 (Reduce Child Mortality) and 5 (Improve Maternal Health);
- Support countries in translating the Global Strategy for Women's and Children's Health into policy and practice, in all aspects related to pharmacists' scope of practice, across the continuum of care;
- Disseminate information about the current evidence on pharmacists' interventions to improve Maternal, Newborn and Child Health;
- Be an advocate for the ethical, societal and scientific imperatives that will bring good healthcare to women, children and their families, including Good Pharmacy Practices and Pharmaceutical Care;
- Encourage the development of training programs, continuing education and other resources and approaches that further enable pharmacists to be effective in their interventions;
- Encourage governments and healthcare organizations to work collaboratively in order to develop and support policies that allow pharmacists to work within their full scope of practice, utilizing their unique competencies and skills to advance healthcare.

#### Against this background, FIP recommends that:

- The Pharmacist's role in improving Maternal, Newborn and Child Health is promoted throughout the world;



- Individual pharmacists take a greater responsibility in MNCH, taking into account their practice responsibilities and their respective nationally-defined scopes of practice;
- Pharmacists engage in research activities that advance maternal, newborn and child health science and practice;
- Pharmacists work in line with the WHO-identified interventions in MNCH within the boundaries of their nationally defined scopes of practice;
- Pharmacy curricula and continuing education activities include aspects on MNCH that improve current and future performance;
- FIP Member Organisations develop specific standards of practice (Good Pharmacy Practice) within a national pharmacy professional organisation framework. Critical elements of this framework could include but are not limited to:
  - Preparation of extemporaneous medicine preparations and medical products that are not commercially available;
  - Procurement of products which are not commercially available in the respective country;
  - Ensuring adequate inventory and stock management to provide the necessary products to mothers and children;
  - Distribution, dispensing and, when necessary, disposal of medicine preparations and medical products;
  - Administration of medicines, vaccines and other injectable medications;
  - Screening of requests for information concerning women's and children's health, and subsequent referral to the physician when deemed necessary;
  - Provision of effective medication therapy management through the assessment of health status and needs, management of medication therapy, monitoring patient progress and outcomes, and provision of information in the various stages of pregnancy, post-partum, and to newborns and older children;
  - Dissemination of health information about medicines and various aspects of self-care, such as malaria or folic acid education campaigns;
  - Engaging in preventive care activities and services, such as smoking cessation, alcohol and drug avoidance and breastfeeding promotion.
- FIP Member Organisations advocate and support national policies through the development of programmes and services responding to the strategies set up by governments on this topic;

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- FIP Member Organisations assess country-specific needs and prioritize the action points necessary to attain the vision of pharmacist's contribution to MNCH in both community and hospital practice;
- Governments recognise and support the role of pharmacists and pharmaceutical organisations in improving maternal, newborn and child health, through the implementation of an appropriate legislative framework.

*This statement is based on FIP Reference Paper on Maternal, Newborn and Child Health 2011.*

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This Statement references the following FIP Statements and documents:	:	FIP Reference Paper on the effective utilization of pharmacists in improving maternal, newborn and child health. FIP, 2011. Available at: <a href="http://www.fip.org/statements">www.fip.org/statements</a> FIP/WHO Joint Guidelines on Good Pharmacy Practice - Standards for Quality Services. FIP and WHO, 2011. Available at: <a href="http://www.fip.org/statements">www.fip.org/statements</a>

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