Recent Happenings

We were pleased to have Dr. Wendy Robinson as our first RHP Cluster Rounds speaker. She gave a presentation on “Epigenetics and Health: It's all in the placenta“ summarizing her research on DNA methylation in the placenta, its association with preeclampsia and the utility of such an approach to understanding developmental origins of disease. We look forward to our next presenter, Beth Payne, PhD Candidate (PI: Dr. Peter von Dadelszen) on December 5th.

Several RHP members have moved to the new Clinical Support Building (CSB) next to the CFRI. Dr. Peter von Dadelszen and Dr. Patricia Janssen are now located on the third floor of the CSB. Dr. Laura Magee is also expected to move to the CSB in December.

Congratulations to the following Award recipients from the RHP Research Program:

Researcher Grants
- Dr. Carolyn Brown – CIHR Operating Grant, $763,376 for 5 years, Project: The Role of XIST in Human X-Chromosome Inactivation
- Dr. Peter von Dadelszen – CIHR Knowledge Translation Prize, $100,000 for 1 year, Project: Nomination to the 2012 Knowledge Translation Prize

Research Highlight

Written by Beth Payne, PhD Candidate
PI: Dr. Peter von Dadelszen

The hypertensive disorders of pregnancy (HDP), and in particular pre-eclampsia and eclampsia, remain one of the top three causes of maternal mortality and morbidity, globally. The majority of deaths associated with HDP occur in the low and middle income countries (LMICs) in the absence of a trained health professional. One method suggested for enhancing outcomes in LMICs is task-shifting aspects of antenatal care to existing cadres of community-based health workers. To do this effectively, community-based health workers require simple, evidence-based tools for monitoring pregnant women.

As part of her thesis, Beth Payne has developed and validated the miniPIERS risk prediction model to provide a simple, evidence-based tool to identify pregnant women in LMICs at increased risk of hypertensive-related complications. The final miniPIERS model included: gestational age on admission; headache/visual disturbances; chest pain/dyspnoea; vaginal bleeding with abdominal pain; right upper quadrant pain; systolic blood pressure; and dipstick proteinuria. The miniPIERS model can be used in LMICs to identify women who would benefit most from interventions such as magnesium sulphate, antihypertensives, or transportation to a higher level of care and also as a basis for a community education program to increase women’s, families’, and community-based health workers’ knowledge of warning symptoms and signs associated with the HDP.

Figure 1: Study sites for the miniPIERS cohort. Participating institutions included: the Colonial War Memorial Hospital, Suva, Fiji; Mulago Hospital, Kampala, Uganda; Tygerberg Hospital, Cape Town, South Africa; Maternidade Escola de Vila Nova Cachoeirinha, São Paulo, Brazil; Aga Khan University Hospital and its secondary level hospitals at Garden, Karimabad and Kharadar and Jinnah Post Graduate Medical Hospital, Karachi, Pakistan; and Aga Khan Maternity & Child Care Center, and Liaqat University of Medical Sciences, Hyderabad, Pakistan.

RHP Trainee Committee Update

We are excited to announce that the first RHP Trainee Committee event has now been scheduled! The RHP-RDS Trainee Workshop will be held on November 22, 2012 from 2:00-5:00pm at the CFRI. Speakers will be discussing current research on stress during pregnancy and its health outcomes. All Trainees are encouraged to attend. A trainee contest will be held for a research resource award. More information about this event will soon be released.

RHP Trainees are encouraged to participate in the biweekly RHP-RDS Journal Club (see Upcoming Events for schedule). Trainees will have the opportunity to practice giving presentations and facilitate discussion in an informal (no PIs) environment.
Recent Publications of RHP Members
(JULY-SEPTEMBER 2012)


