

Maternal Death Surveillance and Response in East and Southern Africa

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Abstract

Maternal death surveillance and response (MDSR) is one of several low cost, high impact strategies to reduce maternal mortality. This initiative is supported in eastern and southern Africa by the United Nations Population Fund (UNFPA) and other partners. Currently, South Africa is the leading country in the institutionalization of MDSR through the Confidential Enquiry into Maternal Deaths (CEMD). With the support of UNFPA and other partners, at least 15 countries in the region have introduced MDSR into maternal and newborn health care programs. The report from the knowledge-sharing meeting and the findings of the evaluation of the South African MDSR show that MDSR is still not at an optimal level in most countries in sub-Saharan Africa, despite the efforts of national authorities and support from a number of development partners. Additional work is required on the part of national authorities, communities, and development organizations, and the challenges being faced were highlighted at the knowledge-sharing meeting.

Résumé

Le système de surveillance et de réponse en matière de mortalité maternelle (MDSR, pour *Maternal Death Surveillance and Response*) constitue l'une de plusieurs stratégies à « faible coût-effets marqués » de réduction de la mortalité maternelle. En Afrique orientale et australe, cette initiative est soutenue par le Fonds des Nations Unies pour la population (FNUAP) et d'autres partenaires. À l'heure actuelle, l'Afrique du Sud est le pays qui mène le bal au chapitre de l'institutionnalisation du système MDSR, par l'intermédiaire de l'enquête confidentielle sur la mortalité maternelle (CEMD, pour *Confidential Enquiry into Maternal Deaths*). Avec le soutien du FNUAP et d'autres partenaires, au moins 15 pays de la région ont intégré le système MDSR dans leurs programmes de soins maternels et néonataux. Le rapport issu de la réunion de partage des connaissances et les constatations de l'évaluation du système MDSR sud-africain indiquent que ce système n'opère toujours pas à un niveau optimal dans la plupart des pays de l'Afrique subsaharienne, et ce, malgré les efforts des autorités nationales et le soutien

d'un certain nombre de partenaires de développement. Des efforts additionnels s'avèrent requis de la part des autorités nationales, des communautés et des organisations de développement; les défis à relever ont été soulignés dans le cadre de la réunion de partage des connaissances.

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INTRODUCTION

The need to reduce rates of maternal mortality worldwide has been recognized for many years. The establishment of the Millennium Development Goals by the United Nations in 2000 has helped to formalize efforts to reduce maternal mortality. Although the goal of reducing maternal deaths by 75% by 2015 was ambitious, it has compelled health care providers, funding organizations, governments, training programs, policy makers, and communities to confront directly the need for strategies to reduce maternal mortality.

Over the years, a number of interventions have been identified as life-saving, with the potential to significantly reduce preventable maternal deaths. The African Union has identified “high impact” interventions that would accelerate the reduction in preventable maternal deaths if they were implemented. These interventions include increasing the number of deliveries attended by a skilled birth attendant, reducing the impact of unsafe abortion, preventing and treating postpartum hemorrhage, close monitoring of labour progress with a partogram to avoid obstructed labour, strengthening postpartum care and the ability to refer, and implementing comprehensive maternal death surveillance and response.¹

In 1990, the maternal mortality ratio (the estimation of maternal deaths per 100 000 live births) in Africa South of the Sahara, where almost 60% of all maternal deaths

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occur, was 990. By 2013, this had been reduced to 510, representing an average reduction over 13 years of 48.4%^{1,2}; this improvement still falls short of the goal set by the United Nations in 2000.

We highlight here the last of these low cost and high impact interventions in maternal, newborn, and child health by focusing on MDSR, including the components of MDSR, challenges and barriers to implementation and the way forward globally, but particularly in sub-Saharan Africa. We have drawn on insights from a regional meeting of eastern and southern African countries as a way of bringing the importance of MDSR, and the challenges it brings, into focus. Because MDSR is well established in South Africa, it will be presented as a case study. A recent evaluation of the CEMD undertaken by the UNFPA and the South African National Department of Health, and the outcome of a regional meeting organized by UNFPA on strengthening capacity for the utilization of MDSR to improve the quality of maternal and newborn health care in Eastern and Southern Africa serve to highlight some of these challenges. However, they also serve as a reminder that comprehensive MDSR is an attainable goal.

Definitions

To understand the extent of the problem and monitor whether progress has been made, countries must be aware of all maternal deaths. Underreporting of maternal deaths remains a major concern, and thus accurately defining maternal death is critical. The WHO defines maternal death as “the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration or site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.”¹ In contrast, a pregnancy-related death occurs during pregnancy or within 42 days of termination of pregnancy irrespective of cause. Finally, a late maternal death is defined as a maternal death beyond 42 days but within a year of the termination of the pregnancy.

ABBREVIATIONS

CARMMA	Campaign on Accelerated Reduction of Maternal Mortality in Africa
CEMD	confidential enquiry into maternal deaths
MDSR	maternal death surveillance and response
MMR	maternal mortality ratio
NCCEMD	National Committee for Confidential Enquiry into Maternal Deaths
UNFPA	United Nations Population Fund

Counting Maternal Deaths

The accurate measurement of maternal mortality continues to be a challenge and the optimal means of collecting accurate data remains uncertain. Deaths can be counted in a number of ways, and usually a combination of approaches is necessary in order to obtain the most accurate number with triangulation of data to enhance its completeness. Using civil registration and vital statistics is an important but flawed method of obtaining accurate numbers. While most deaths are recorded in national vital statistics, it remains a challenge to ensure that pregnancy, or a recent pregnancy, is noted on the death certificate and that the information is accurate. Many countries have now made it mandatory to register a death, and in some countries a pregnancy-related death is, by law, a notifiable event (Maternal Death Notification). The Commission on Information and Accountability for Women's and Children's Health³ made the recommendation that “by 2015 all countries should have taken significant steps to establish a system of registration of births, deaths and cause of death.” Worldwide, fewer than 40% of countries have a complete civil registration system with accurate collection of data regarding cause of death.¹

Other methods used to collect information about maternal deaths are household surveys, censuses, verbal autopsies, and reproductive age mortality studies. All of these methods for collecting data have strengths and limitations with respect to the accuracy and completeness of the information, its timeliness, and the cost and ease of collection. Yet it remains important that countries develop strategies, policies, and practices that ensure that all maternal deaths are counted and classified correctly.

METHODS TO ASSESS MATERNAL DEATHS

In 2004, in *Beyond the Numbers* the WHO described approaches to collecting information about maternal deaths.⁴ This publication acknowledged that behind every maternal death or number in a table, there is a woman who has died, often a child who has also died or is now motherless, and a family that is left bereft. It emphasized the importance of “telling the story” so that lessons can be learned from her death. Most maternal deaths are preventable, even when there are limited resources. *Beyond the Numbers* offered several approaches to generating information about maternal deaths that can then be used to bring about change by assessing, in a more comprehensive way, why the mother died. The approaches described in the document are not mutually exclusive and can be combined to provide a more complete picture of where and why deaths occur. They include community-based maternal

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