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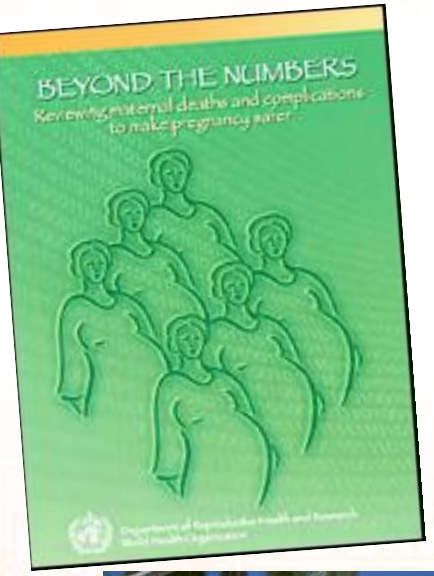
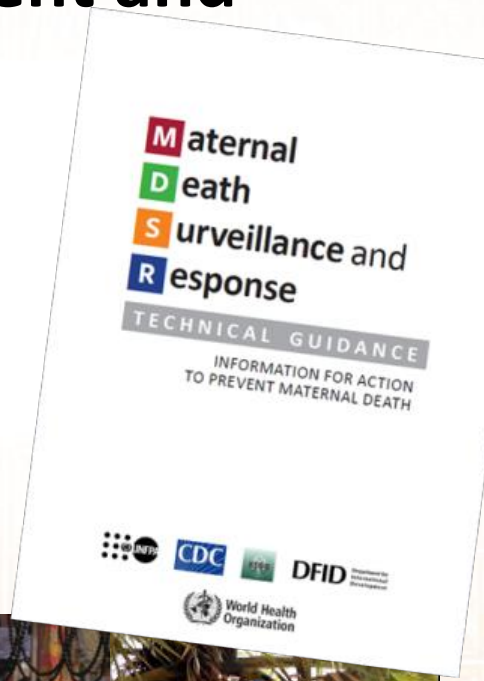
Maternal Death Surveillance and Response System: Improvement in Measurement and Quality of Care



Pulane Tlebere & Mosese Qasenivalu
UNFPA PSRO, Suva, Fiji



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Outline

- Background
- Definition of Maternal Death Surveillance and Response (MDSR)
- Why is it important?
- What is new about MDSR?
- MDSR situation in 6 Pacific countries
- Summary and conclusion

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MMR and SBA trends

PICT	MMR / 100 000 live births		Trend	SBA		Trend
	<2010	2010-2016		<2010	2010-2016	
Cooks	0	0	→	100	100	→
Fiji	27	19	↘	99.8	99.7	↘
Micronesia	162	162	→	90	90	→
Kiribati	215	81.4	↘	79.8	86.8	↗
Nauru	300	171	↘	97.4	N/A	-
Niue	0	0	→	100	100	→
Palau	0	0	→	100	100	→
Marshalls	143	105	↘	94.8	98.3	↗
PNG	733	711	↘	51.8	40.0	↘
Samoa	46	N/A	-	80.8	82.5	↗
Solomons	103	130	↗	85.5	86.2	↗
Tokelau	0	0	→	N/A	100	-
Tonga	114.4	37.1	↘	98.1	97.9	↘
Tuvalu	0	0	→	97.9	N/A	-
Vanuatu	86	68	↘	74	89.4	↗

Source: PICTs Population Census and DHS Reports and NMDI

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What is MDSR?

- MDSR is a form of continuous surveillance linking the health information system and quality improvement processes from local to national levels.
  - It includes the routine identification, notification, quantification, and determination of causes and avoidability of all maternal deaths, as well as the use of this information to respond with actions that will prevent future deaths.
  - The overall objectives of MDSR are to provide information that effectively guides actions to reduce maternal mortality and to count every maternal death, permitting an assessment of the true magnitude of maternal mortality and the impact of actions to reduce it.

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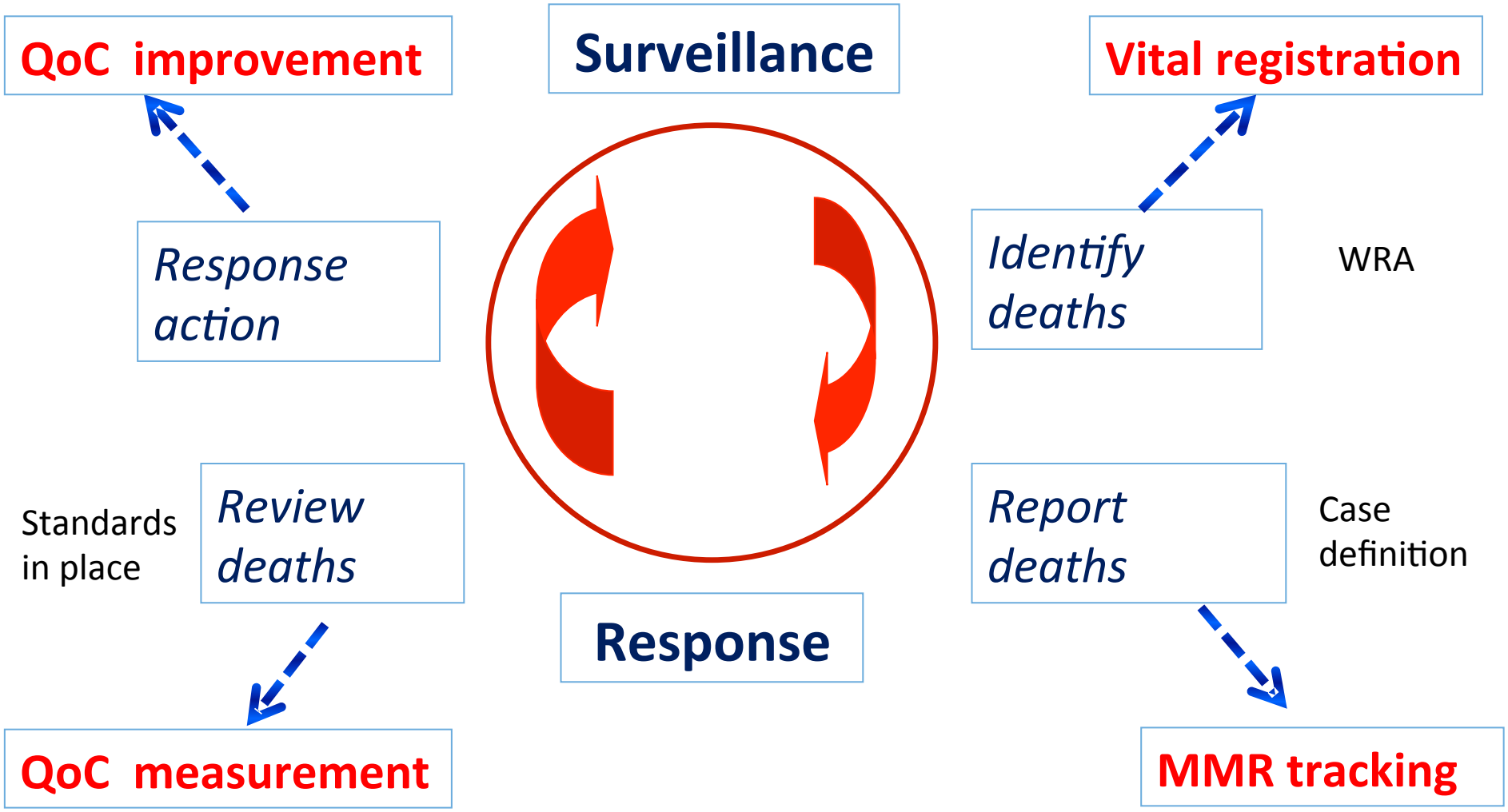
What is MDSR?

- A report on the global implementation of Maternal Death Surveillance and Response released in 2016 has a quote from the SIDA website
  - "MDSR holds the promise of serving as an efficient intervention to save women's lives. Data on the causes of women's deaths is the black box of maternal mortality. Only with that box in their hands can countries respond effectively to eliminate preventable maternal deaths".

Time to respond: A report on the Global Implementation of MDSR, 2016

MDSR cycle



MDSR Technical Guidance, 2013

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What is new about MDSR?

- Maternal death is a notifiable event gives it greater visibility and highlights importance
- Identify all maternal deaths – facility and community phased approach
- Greater emphasis on response – and accountability for response
- Monitoring and evaluation of MDSR itself
- MDSR builds on existing systems

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MDSR Building Blocks

MDSR Function	Building blocks
Identification and notification	Integrated Disease Surveillance and Response (IDSR) Other notifiable disease systems Health facility information systems Vital registration
Review	Maternal death review (MDR) – health facilities Verbal autopsy studies in the community
Analysis and recommendations	MDR Other surveillance systems
Response and Monitoring of response	Infectious disease surveillance systems e.g. typhoid, measles, zika etc.

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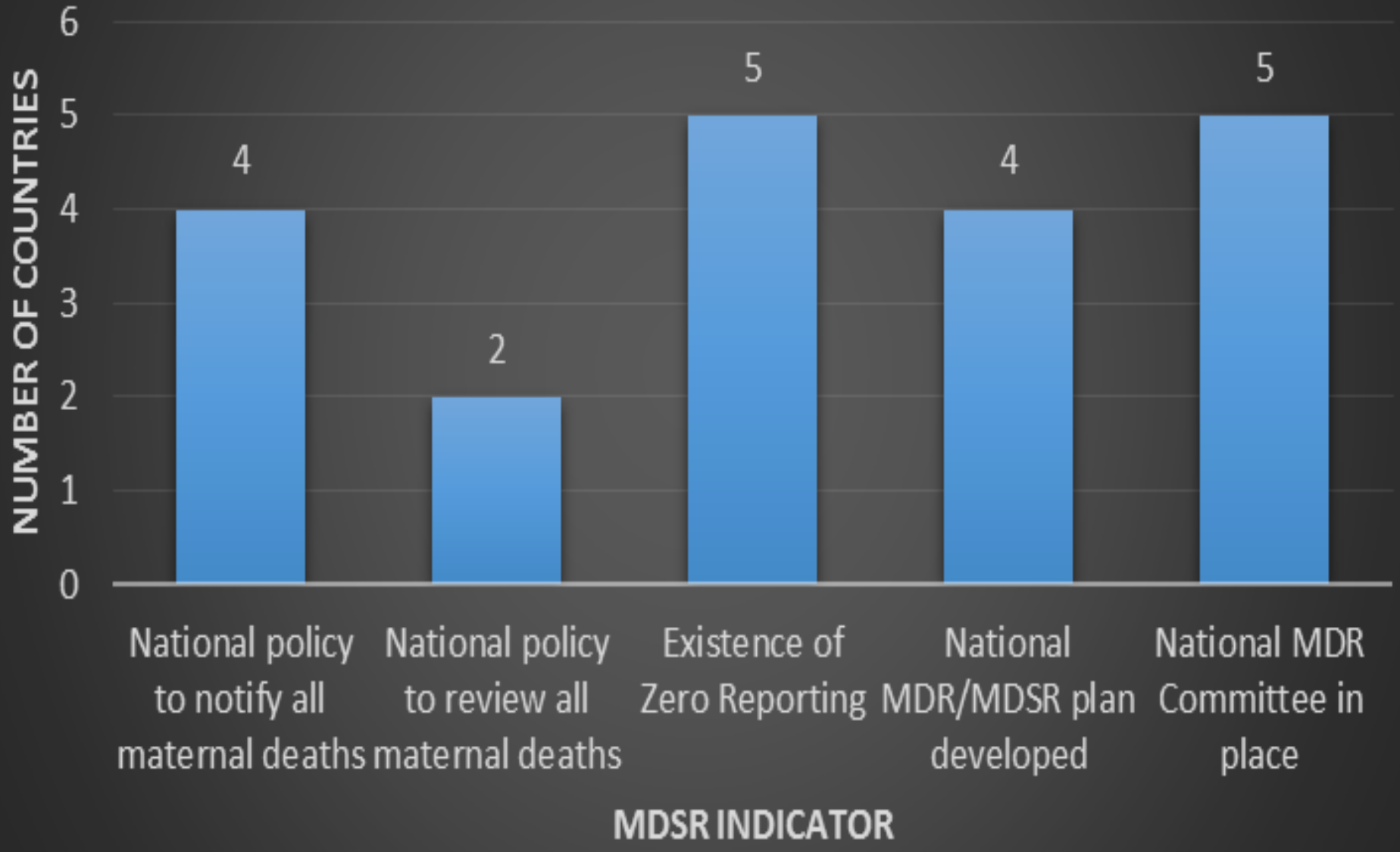
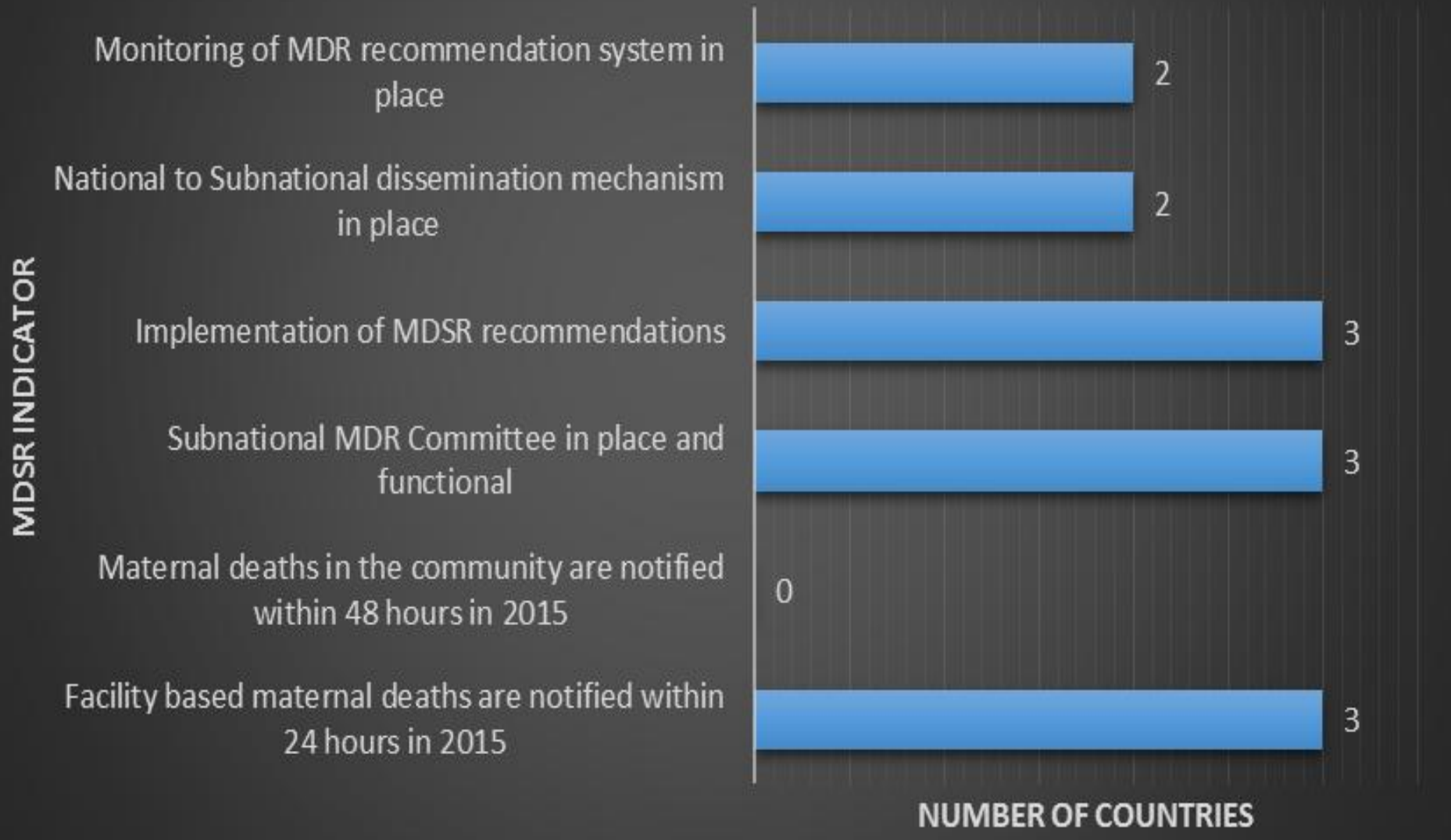
Situation assessment of MDSR

- Six Pacific countries, Fiji, Kiribati, FSM, Solomon Island, Tonga and Vanuatu
- Objectives:
  - Map current MDSR initiatives
  - Review current status of country MDSR processes and methodologies
  - Identify major bottlenecks for implementing MDSR
  - Identify specific country needs for establishment / scaling up of MDSR
- Methodology
  - A standard UNFPA/WHO MDSR questionnaire tool adapted
  - Orientation of Field staff on MDSR including training on data collection

MDSR Policy Implementation (n=6)



Notification, Review and Response Implementation



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Challenges in MDSR Implementation

- Lack of awareness and basic knowledge of MDSR
- Unclear mechanisms and non-user friendly tools, lack of supporting equipment to facilitate MDSR
- Staff capacity issues – workload burden
- Dealing with confidentiality when involving CSOs and communities
- Lack of financial resources to set up and maintain the system
- Inadequate management support
- Attitude of health workers towards MDR/MDSR compliance/ lack of ownership
- Communications and coordination problems

Conclusion and recommendations

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- Existing policy environment is supportive of moving from MDR to MDSR
  - Most of the MDSR steps are in place but need to be strengthened
- Response to gaps identified through the MDR process is suboptimal
  - Leadership and commitment of government and healthcare staff to the system
- Effort to be made for collation, analysis of reported cases and use recommendations to inform policy and strategies
- Countries are encouraged to adopt the action oriented MDSR system for improved QOM, QOC and quantification of MDs

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Thank you

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Key principles to guide operation of the MDSR system

- Immediate recommendations, where possible, to help health facilities and communities to prevent similar deaths, ensuring that key messages and information reach people who can make a difference
- Timely review and analysis at district and national levels to identify trends and patterns
- Timely publication of findings and recommendations at national level
- Continuous monitoring of the MDSR system and of how recommendations are implemented.

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Key administrative elements of a national MDSR system

- A national policy to notify all maternal deaths
- A national policy to review all maternal deaths
- A national maternal death review committee that meets at least biannually
- Subnational maternal death review committees at the district and facility levels.

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Key principles to guide operation of the MDSR system

- Notification and investigation of all suspected maternal deaths in women of reproductive age (15–49 years)
- Notification within 24 hours of maternal deaths in health facilities (or within 48 hours when a woman dies in the community)
- Zero reporting when no suspected maternal deaths have occurred
- Timely review of all probable maternal deaths