MDSR Action Network
Every maternal death counts

Connect | Inspire | Challenge | Learn | Act

Welcome

Dear Action Network members,

Welcome to the March 2015 edition of the MDSR Action Network's newsletter!

Do you have stories or experiences about MDSR from your countries to share? If so, now is the opportunity to make your stories heard worldwide. As you know, it has now been more than two years since the MDSR approach was launched by the World Health Organization (WHO) and partners. Since then countries have been implementing MDSR at different scales, for example, only in selected facilities or only in selected districts or nationwide. But, what is actually happening on the ground with MDSR implementation?

To help answer this, the WHO is shortly launching a global survey to monitor MDSR implementation. WHO and partners will also publish a global report on MDSR implementation that will feature MDSR implementation experiences in countries for learning from shared experiences. We expect the FIGO World Congress 2015 in Vancouver 4-9 October will be the venue for the launch of this report. So if you have any experiences to share, please email Dr Matthews Mathai or Dr Nathalie Roos so that these can be considered for the global report.

The MDSR Action Network has been gradually building up its work, over the last two years. We would like to hear more about what the network is doing for you and what more it could do. Please fill in this short questionnaire either online or through this word document, sending it back to the Action Network? Please send us your responses by **24 April 2015**. Thank you in advance for your responses!

The United Nations is working to update the Global Strategy for Women's, Children's and Adolescent's Health. During the first half of 2015, a consultation process is being undertaken to solicit inputs from a wide range of stakeholders. The first round of consultations, which is focused on collecting views on priorities for the updated Global Strategy, is open until 27 March. The second round will be taking place in April and May, which will gather views on the first draft of the updated Global Strategy. Get your voice heard!

In this edition

Read about how simple maps, done as a part of maternal and perinatal death reviews in Bangladesh, have been helping to bring about action. Learn about the methodological challenges in implementing MDR research in Malawi, and consider key cultural components of MDRs in your own practice. We also bring you updates from around the world. Please read on, and we hope that you will find some useful insights to share with colleagues and consider in your own work.

Inspire | Case study | Bangladesh

Mapping for action

Bangladesh has made encouraging progress in reducing maternal and neonatal mortality over the past two decades. Since 1990, maternal mortality has fallen by two-thirds[1] and neonatal mortality has declined by more than 50 per cent[2].

As part of the Government of Bangladesh's efforts to maintain this progress, maternal and perinatal death reviews (MPDR) have been introduced through the existing health system. MPDR triggers actions at both the health system and community level, which has significantly contributed improving maternal and neonatal survival, as well as reducing stillbirths. The strength of MPDR is its ability to encompass both community and facility-based death reviews, as well as an innovative social autopsy system – more information to come in future editions.

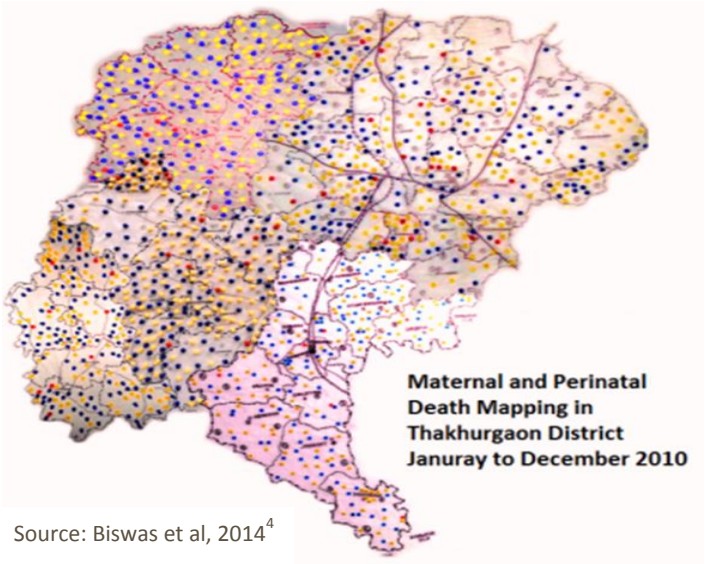
The Directorate General of Health Services and Directorate General of Family Planning, under the Ministry of Health and Family Welfare, have been working together to implement the MPDR system. MPDR was first piloted in Thakurgaon district in 2010 under the joint Government of Bangladesh and United Nations (UN) Maternal and Neonatal Health initiatives. During the pilot, UNICEF, Bangladesh partnered with the Centre for Injury Prevention and Research, Bangladesh (CIPRB) to provide technical and implementation support.

Based on the pilot's success, the Government gradually scaled up MPDR to 12 districts in 2015, covering around 24 million people of the country. MPDR goes beyond MDSR, as it encompasses notification, review, planning and actions for maternal, and neonatal death, and stillbirths.

Mapping

As part of the 2010 pilot, multi-coloured maps were used to plot the number of deaths in the district. Simply, a map was hung up at the Upazila Health Complex and dots manually plotted where a death occurred in the Upazila[3]. The red dots showed the location of a maternal death, the yellow dots a neonatal death and the blue dots a stillbirth. During national level and district level meetings, a photograph was taken of the Upazila level map and Adobe photoshop used to make a single larger map of the whole district (see map).

These simple maps were able to identify areas with high incidence of deaths, which became the focus of review meetings, enabling in-depth analysis and planning of remedial actions[4].



Source: Biswas et al, 2014[4]

Example of action

The mapping during the 2010 pilot identified Kashipur Union in Ranishankoil Upazila as having a high incidence of deaths: a total of 40 deaths were notified in 2010, of which 4 were maternal deaths, 21 neonatal deaths, and 15 stillbirths. These findings were presented at Ranishankoil Upazila's MPDR review meeting where health system bottlenecks for these deaths were identified.

One of the issues identified was the lack of maternal and newborn health services at the community clinic in Kashipur not providing MNH services. The MPDR review committee meeting it was

recommended that this clinic was upgraded, and this has now been endorsed by the district MPDR committee, and finally agreed at national-level MPDR meeting.

Subsequently, a trained community skilled birth attendant was deployed at this clinic, a government doctor was assigned to run an outdoor clinic, and the referral system was strengthened. These actions resulted in substantial improvement, which is reflected by a reduction in total deaths notified in Kashipur Union from 40 deaths in 2010, to 22 deaths in 2012[5].

Lessons learned

- Mapping is a simple tool to help visualise, know and think about what is going on in the community. Stakeholders can stand in front of it and discuss remedial actions without having to wait for the data to be analysed.
- Upholding confidentiality and ensuring no blame is important to encourage health managers to share information about deaths.
- Mobilise community networks to help notify when a death occurs. Health workers should be encouraged to build these networks, e.g. by establishing a community group at the community clinic. This too means that the community are engaged in the MPDR system.
- Sharing success stories of the MPDR system, such as that from Kashipur Union, has been influential in encouraging death notification in new areas where MPDR is now implemented.

The future of MPDR in Bangladesh

Since the pilot, the maps are used routinely by health and family planning managers across the Upazilas in the 12 districts where MPDR is implemented. Moreover, data has been integrated in HMIS and enabled District Health Managers to formulate evidence-based local plans and actions as well as tracking district-based MMR and NMR. With support from UNICEF, the government has initiated the development of a national MPDR guideline to guide nationwide scale up of this approach.

For further information on MPDR, please see www.ciprb.org

The case study was written by Dr Animesh Biswas, Senior Scientist at the Reproductive and Child Health (RCH) unit of CIPRB with in-depth review by Dr Riad Mahmud, Health Specialist, UNICEF Bangladesh and Prof Abdul Halim, Director, RCH unit of CIPRB. He is also doing a doctoral study at Örebro University, Sweden. Email: animesh.biswas@oru.se, animesh@ciprb.org

Learn | Resources and Journal articles

Easier said than done!: methodological challenges with conducting maternal death review research in Malawi

A recent article 'Easier said than done!: methodological challenges with conducting maternal death review research in Malawi', by V.C., Thorsen, J., Sundby, T., Meguid, & A., Malata in the *BMC Medical Research Methodology,* highlights challenges faced during a facility-based MDR study in Malawi. Key points include:

- The researchers discovered challenges in the **identification of maternal deaths**, finding conflicting records and missing medical charts. The researchers recommend using Rapid Ascertainment Process of Institutional Deaths to help identify unreported deaths. It involves the identification of all possible wards where women of reproductive age might receive care, reviewing the death records of these women, and finally assessing their pregnancy status.
- A number of challenges around **data collection** were identified and the researchers recommend using local authorities to help locate community and family members and triangulate data using several perspectives and sources.
- Challenges surrounding **data analysis** included difficulties in determining the causes of death due to varied accuracy and detail of health professional observations. The researchers recommend using at least two physicians to independently review and classify cause of death or establish a team of experts to review the death together and arrive at a consensus.

The cultural environment behind successful maternal death and morbidity reviews

The article 'The cultural environment behind successful maternal death and morbidity reviews' by G. Lewis in *BJOG: An International Journal of Obstetrics and Gynaecology* identifies common cultural factors for successful maternal mortality and near-miss reviews on the basis of experiences from health facilities around the world. The article identified three interrelated factors:

1) Individual responsibility and ownership: health professionals who are supportive of the review process are essential
2) A healthy institutional culture
3) A supportive policy environment

Developing these cultural factors will require a change in mind-set by policymakers, administrators and health professionals. Experience from within and outside maternity care has demonstrated that, once developed, the cultural environment developed will result in improved access to and quality of healthcare.

MPDRs in Bangladesh

Read more about the MPDR system in Bangladesh highlighted in this issue's case study by referring to two open access articles:

1) Biswas, A., Rahman, F., Halim, A., Eriksson, C. and Dalal, K. (2014) Maternal and Neonatal Death Review (MNDR): A Useful Approach to Identifying Appropriate and Effective Maternal and Neonatal Health Initiatives in Bangladesh. *Health, 6*, 1669-1679.
2) Biswas, A., Rahman, F., Eriksson, C., & Dalal, K. (2014). Community Notification of Maternal, Neonatal Deaths and Still Births in Maternal and Neonatal Death Review (MNDR) System: Experiences in Bangladesh. *Health*, *6*(16), 2218.

MPDRs in Tanzania

Read about 'strengthening research capacity for effective implementation of maternal and perinatal death reviews in Tanzania' in this poster presented at the GLOW 2015 conference by Corinne Armstrong, Carine Ronsmans, and Moke Magoma.

Act | Updates from around the world

GLOW conference:

On 4 March the GLOW 2015 conference took place in London. This year, the conference focused on "Reaching Every Woman and Every Newborn: The Post-2015 Research Agenda". Visit the website to access presentations and posters on a variety of topics, including MDSR.

Ghana

Maternal Death Audit Outcome Forms have been introduced in Evidence for Action's (E4A) focal districts. These are a simple tool that supports health facilities in linking practical actions to service delivery gaps highlighted by the Maternal Death Audits. On this form, a solution is attributed to each identified gap with a timeline and a responsible person to resolve the issue at the health facility. E4A Ghana is now focusing on collecting evidence on the use of these forms and how this tool has influenced change at the facility level. For more information, please contact Carolyn Blake from the Swiss Tropical and Public Health Institute: Carolyn.Blake@unibas.ch

Ethiopia

MDSR has been implemented across the country for over 18 months. The MDSR system in Ethiopia is now being integrated into the already established Integrated Disease Surveillance and Response system. This means in practice that maternal death has become a condition which is reported on a weekly basis throughout Ethiopia and that all maternal death data will be focused at Ethiopian Public Health Institute.

The integration process included training of surveillance officers at all levels and the production of an integration manual which defines the process. By combining the two systems the responsibility for MDSR is shared between surveillance teams and the maternal health teams at all levels. To read more, take a look at Ethiopia's February MDSR newsletter here.

Nigeria

The Federal Ministry of Health is working to further develop the latest guidelines on Maternal Death Review to become Maternal and Perinatal Death Surveillance and Response. The National Steering Committee leading this process was inaugurated on 10 March 2015.

And finally…

And as ever... please share this newsletter with your colleagues and others who may wish to join this Network and keep an eye on our website for more publications, case studies, resources and more: mdsr-action.net

Don't forget to fill in our short questionnaire (either online or through this word document) – we'd really like to hear more about what the network is doing for you and what more it could do.

Please keep sharing your stories and publications. We look forward to them!

Louise
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Notes and references:

[1] World Health Organization, UNICEF, UNFPA, The World Bank & the United Nations Population Division. (2014). *Trends in Maternal Mortality: 1990 – 2013. Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division.* Geneva: WHO

[2] UNICEF, World Health Organization, The World Bank, & United Nations Population Division. (2014). *Levels and Trends in Child Mortality Report 2014: Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation.* New York: UNICEF.

[3] Upazilas are sub-districts in Bangladesh.

[4] Biswas, A., Rahman, F., Eriksson, C., & Dalal, K. (2014). Community Notification of Maternal, Neonatal Deaths and Still Births in Maternal and Neonatal Death Review (MNDR) System: Experiences in Bangladesh. *Health*,16, 2218.

[5] Biswas, A., Rahman, F., Halim, A., Eriksson, C. and Dalal, K. (2014) Maternal and Neonatal Death Review (MNDR): A Useful Approach to Identifying Appropriate and Effective Maternal and Neonatal Health Initiatives in Bangladesh. *Health, 6*, 1669-1679.