MOVING TO ACTION: 

*Identifying* Responses in MPDS
Learning objectives

By the end of this session, participants will be able to:

• Understand the central role of action in the MPDSR process
• Identify actions appropriate to every level of the health system
• Use the action tool and support its implementation
• List ‘evidence based actions’
Taking action to reduce avoidable maternal and perinatal deaths is the reason for conducting MPDSR.
What are appropriate actions?
What are evidence based actions?

*Actions for which there is overwhelming evidence that maternal and/or perinatal mortality will be prevented if they are followed.*

- Often refer to clinical actions, based on trials
- Individual cases should be assessed to see if “best practices” were carried out or not
- If not, appropriate action should be taken to ensure these are implemented to prevent further deaths
- Ethiopian Guidelines (FMOH) for A/N and intrapartum care provide details
General

• Family planning
• ANC and birth preparedness plans
• Iron supplements
• Good Referrals
• Kangaroo care
• Health education & promotion
Eclampsia

- Diagnosis and treatment of high blood pressure
- Magnesium Sulphate
- Timely delivery
Haemorrhage

- Active management of third stage of labour
- Misoprostil
- Blood transfusion (dependent on environment)
Sepsis

- Clean delivery
- Antibiotics for prolonged ruptured membranes at term
- Antibiotics for C/S
- Avoid prolonged delivery
Abortion

• Availability of safe abortion
• Availability of post abortion care including safe MVA or D&C and i/v antibiotics
Obstructed labour

- Facility delivery after 12 hours of labour
- Use of partograph
- Availability of C/S
Prematurity

- Ultrasound use
- Antenatal steroid injections
- Kangaroo mother care
- Immediate and frequent breastfeeding
- Available antibiotics
Non clinical actions

• Not all problems identified during the review and analysis have clinical solutions

• Actions in the community e.g. Changing health-seeking behaviour, addressing transportation, reducing costs of accessing care, also play a role.

• Community participation can help identify barriers and feasible solutions.
Criteria for Actions

Responses to MPDSR data need to meet the following criteria at every level (Be SMART!)

• **Specific:** state exactly what needs to happen
• **Measurable:** it must be possible to check whether the action has been implemented
• **Achievable:** choose responses that you can complete given available resources
• **Realistic:** each action must be feasible in the local context
• **Timely:** set a deadline for completing actions
Prioritising!
How do you select responses?

During the review process:

• “Brainstorm” possible actions
• Identify those most likely to have a large impact
• Check that they meet the SMART criteria
• Try to address all 3 “delays”
• Think of prevention as well as solutions!
Timing of Responses
Immediate Actions

• Almost every maternal or perinatal death can lead to immediate actions to prevent similar deaths from occurring

• There is no need to wait for aggregated data to begin implementing action

• Common examples include
  – Increasing availability of skilled providers
  – Changing the system for access to the drug cupboard
  – Training in management of emergencies
  – Moving the area for critically ill patients
Immediate action example

- At a hospital 2 women died within a few weeks following surgery for a ruptured uterus.
- Both women died within a few hours of surgery.
- Review of the recovery area showed staff shortages and lack of guidelines.
- Actions
  - Recovery area placed close to nurses’ desk
  - New guidelines and care plans put in place
  - Staffing prioritised for the new recovery area
- All carried out within 5 days of the second death!
Periodic actions

- Periodic reviews may show patterns of problems or “hot spots” with excess maternal deaths
- Findings should lead to addressing problems comprehensively across multiple facilities or communities.
- In areas at higher risk, discussion with local communities are crucial to identify solutions.
Example of periodic actions

• A referral hospital was noted to have a high proportion of newborn deaths.
• An audit of all cases of newborn deaths was conducted.
• Two catchment area woredas were found to be ‘hot spots’.
• Actions
  o Discussions with woredas, which found slow referrals and poor transport
  o New ambulances deployed to these woredas and midwives provided with refresher training on partograph use and timely referral
Periodic responses at different levels

Community

• Improved community awareness of risk factors and danger signs
• Iron supplementation
• Increasing uptake of ANC and birth preparedness
• Family planning promotion
• Improvement in transport
Periodic Facility level response

• Strengthen referral mechanisms
• Improve 24/7 care by allocating staff across all shifts
• Make a generator available and maintain it
• Provide refresher training and support to staff
• Create a “no blame” culture
Long Term (Regional & National)

- Analysis of aggregated data and recommendations from maternal death reviews
- All regions incorporated in an annual report contributing to a national maternal health plan
- At national level, a longer-term strategic plan (3–5 years) is developed to focus on:
  - Key priorities identified across many districts
  - Key geographic areas where more women are dying or the risk of dying is greater
  - Required changes or updates to national policies, laws or guidelines.
Long term response: facility

• Every hospital and HC should summarize maternal & perinatal mortality findings annually.

• In larger facilities, findings should contribute to continuous quality improvement plans.
Example of annual response- facility

• Following the publication of a hospital’s annual report it was found that the majority of maternal deaths followed PPH

• Actions
  – Introduction of *mandatory* annual training on management of PPH for all doctors and midwives, including team training.
  – System for ordering oxytocic drugs changed to ensure availability at all times
Woreda Long Term Response

Actions at the district level may include health-system strengthening:

– Reduce barriers to good health-seeking
– Check ambulance distribution and maintenance policies
– Equip health facilities with essential supplies
Regional Long Term Response

Actions at the RHB level may include health-system strengthening:

- Fill training gaps
- Identify “hot spots” and assess their resource needs
- Work across the region to address non-health sector determinants e.g. electricity supply/road infrastructure
- Distribute manuals, guidelines, MPDSR forms
- Mobilise resources for MNCH quality improvement
National Response

EPHI and the FMOH should facilitate the following in response to MPDSR data:

– Monitor weekly surveillance and provide support to strengthen reporting system
– Produce necessary guidelines and protocols
– Avail essential reproductive health commodities
– Produce standards i.e. for referrals
– Facilitate intersectoral collaboration to address common maternal and newborn health problems
– Work for adequate budget allocation for MNCH
Response Accountability

• An individual within the review committee should take responsibility for monitoring agreed actions

• Progress should be reported on at every meeting.

• If actions are not being implemented, a discussion should determine why

• New actions can be taken or efforts intensified to complete previously selected responses

• All actions should link to existing quality improvement initiatives and institutional plans
Regular Feedback

- Feedback helps maintain staff motivation and sense of participation in the review process.
- Appropriate and timely feedback is part of the response process.
- Feedback should emphasise positive action and good practice in addition to pointing out gaps.
- Feedback across the system maintains continuity and the flow of information in both directions.
- Feedback can be written as well as verbal – e.g. annual facility reports circulated among staff.
Exercise on Responses