MDSR *Newsletter*

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TRAINING OF HEALTHCENTRE AND HOSPITAL STAFF IN DIREDAWA

MDSR ACTION STARTS!

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VERBAL AUTOPSY leads to action

Midwives from a rural health centre were alerted by a HEW to a maternal death in a village 7km from their health centre.

They followed the National Guidelines in MDSR and carried out the verbal autopsy.

The woman was a 35yr old para 6 who had delivered at home unattended. Following delivery she haemorrhaged but the family had been unable to obtain help with transporting her and she died at home 6 hours after giving birth.

The village leader was present during the verbal autopsy and became aware of the need for women to use the local health centre to prevent avoidable deaths.

He declared all pregnant women would use the health centre for delivery in the future.

The woman had attended once for antenatal care but her high parity had not been recognized as a risk factor. Awareness has been raised in this community about high risk factors for complications during delivery.

Everyone has a role to play in preventing maternal deaths

Integrating Key MDSR indicators into existing regional and sub city (zonal) health facility supervision checklist

Initiative has been taken by Addis Ababa City Health Bureau to integrate key MDSR indicators into existing the regional and sub city health facility supervision checklists to ensure ownership and to lay foundation for the system's future sustainability. The added indicators include:

1. Occurrence of maternal deaths and deaths of Women of Reproductive Age during the supervision period.
2. For any maternal death, was a verbal autopsy carried out, and action plans implemented?
3. Presence of functional MDSR committee (the supervision team looks at monthly meeting minutes, reporting, distributed materials ….)
4. Communication between all health extension professionals and health centers to capture all WRA and maternal deaths.

Community orientation and Advocacy

Obbo Feysa , Head of West Arsi Zonal Health Bureau addresses over 120 participants including zonal and woreda government officials, Woreda Health Office heads and Women Affairs and women leagues, representatives of NGOs and youth groups.

The need to support laboring women to seek healthcare was the powerful message, driven home by the evidence that 8 of the 10 women who had died in the zone in the previous 2 months were at home when they died.

West Arsi is the first zone in the country to have carried out verbal autopsies in order to understand exactly what happened to these women and identify actions to prevent similar deaths occurring.

Participants committed to taking urgent action in response to the deaths of these 10 women

MDSR tools distributed to Phase I health facilities

Different types of MDSR tools are distributed to Phase I health facilities. The tools include:

- Identification & Notification
- Verbal Autopsy
- Verbal Autopsy consent form
- Health facility committee disclaimer note
- Facility based maternal death summary form
- Verbal Autopsy summary form
- Facility based near miss abstract form

HC head signing and receiving MDSR tools (Addis Ababa)

Near Miss ; Retained Placenta

A 35 year old woman in her seventh pregnancy was admitted to hospital with a retained placenta 12 hours after a home delivery of a still born baby.

She had arrived at her local health centre 8 hours after delivery and it had taken a further 4 hours to reach the referral hospital. She was given intravenous fluids at the health centre (2 litres) but no oxytocics.

On admission she was in hypovolaemic shock with an unrecordable blood pressure. She was admitted by a midwife and seen quickly by an intern who gave more fluids, started a Pitocin drip and called the resident. Manual Removal of the Placenta was attempted but unsuccessful. The resident was busy with 2 cases of obstructed labour both needing Caesarean Section. Blood was ordered and 5 hours after admission she was taken to the OR for manual removal of placenta. Following this she made a good recovery.

Comments from the hospital Near Miss / MDSR Committee meeting

Ergometrine and Misoprostil were both available but not given. 0.2mg Ergometrine im and or 800 microgrammes of misoprostil pr are the drugs of choice.

A blood bank is situated at this hospital but there was delay in accessing blood for transfusion as supplies of the patient's blood group were absent and relatives' donation was sought.

Actions

- The case was discussed with the hospital staff concerned and the importance of giving ergometrine and misoprostil was highlighted
- A protocol for management of post partum haemorrhage and manual removal of the placenta need to be agreed and displayed in the Labour ward
- Improved access to OR for emergency cases and improved availability of theatre staff and anaesthetists are a priority for maternity cases. This action will be implemented by the CEO and Medical Director
- The blood pool is too small. An advocacy campaign is needed to increase blood donation in the area. CEO to discuss with the RHB.

There are MDSR systems becoming functional in 7 Regions: Addis Ababa, Amhara, Dire Dawa, Harar, Oromia, SNNPR and Tigray

Hospitals in Amhara, Harar, Oromia, SNNPR and Tigray are carrying out maternal death and near miss reviews and initiating actions in response.

Ruptured Uterus

A 35 year old woman in her fourth pregnancy was induced for a post term pregnancy . The baby was well grown and biophysical profile was normal. Induction was planned and carried out with a ballooned catheter followed by oxytocin drip. Two hours after the oxytocin was started she delivered a healthy baby. The placenta delivered with controlled cord traction but 30 minutes following delivery she became shocked and did not respond to intravenous fluids. A blood transfusion was arranged and she was taken to OR where a diagnosis of ruptured uterus was made and the defect repaired. She was returned to the recovery room but her blood pressure remained low and after further resuscitation she was taken to the OR for a hysterectomy. Following the surgery she continued to bleed and died shortly after returning from the OR.

Comments

- There was a delay in recognizing her condition following delivery.
- A hysterectomy should have been the treatment of choice.
- The woman's care was disrupted by a shift change and there was a lack of staff to deal with the unit's busy workload.
- She should not have been moved from the OR the first time until she was stable.
- There was a delay in returning to the OR after the first procedure.

Actions

- The guidelines for induction at the facility were reviewed and all senior gynaecologists agreed to use the same guidelines, and for all staff to be orientated to use them properly. Guidelines for routine procedures like induction should also be used so that all staff are familiar with correct procedure.
- A discussion was held with the CEO to address staffing levels in view of increasing workloads at the facility. The case load has nearly doubled in 2 years but staffing has not increased.
- Staff education will be provided about when a patient is fit to move out of the OR and into the recovery room.

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World Health Organization
Ethiopia Country Office

E4A Evidence for Action
Evidence for Action to Reduce Maternal & Neonatal Mortality in Africa