



MDSR
Newsletter

E4A/WHO, ECA
Compound, Addis
Ababa.

Tel 0115531550

May 2014

THE NEW GENERATOR AT MELKA ODA A HOSPITAL, WEST ARSI ZONE , BOUGHT IN RESPONSE TO A MATERNAL DEATH WHICH OCCURRED DURING A POWER SHORTAGE

MDSR ACTION MAKES A DIFFERENCE

IN THIS ISSUE

- Advice for HEW and MDSR
- Examples of Actions in response to death
- What CEOs and Medical Directors think
- Case 1: eclampsia, 2 cases , lessons learnt
- Case2 : Type 1 Diabetes and ITP
- Case 3 : acute abdomen and maternal death

Question: What should a HEW do when she hears of a death in a woman aged 15-49 years old?

Answer

A

- The HEW records the death of the woman on her weekly PHEM reporting form
- The HEW fills out the Identification & Notification form, including the *screening questions*, by speaking to the woman's family members or others in the community
- The HEW submits the filled identification and notification form to the Health Center head within one week of the death of the woman

B

- The Health Center head will confirm whether or not the death is suspected to be a maternal death and completes Section 2 of Identification & Notification form.
- If it is a suspected maternal death, the Health Center will arrange a Verbal Autopsy within 3-4 weeks. This will be conducted by a midwife or nurse but the HEW should assist with arrangements and communicating with the family.

CEO and Medical Director Corner

Comments on MDSR



The new OR dividing wall at Felege Hiwot, Bahir Dar

'MDSR is very nice. We are sharing lots of things to solve problems every month. Even if we don't have a death we discuss the near miss. We also meet with 7 health centres and discuss referred cases. We do this with the quarterly HMIS catchment area meeting with no extra funding'. CEO Butajira Hospital, Gurage Zone

'MDSR is a nice way to get the problems on the table and find solutions to the problems. We have established a better way to do Caesarean Section without delay by having two tables in OR and a dividing wall with a functional anaesthetic machine. The MDSR Newsletter also pushed the hospital to develop its own internal newsletter'. CEO , Felege Hiwot, Bahir Dar

' The MDSR system is very good, it makes us more alert to cases and to all cases which involve women of child bearing age'

Medical Director, Atat Hospital , Gurage Zone

Maternal Death and Near Miss: 2 cases that demonstrate lessons learnt

Case 1 Maternal Death Eclampsia

A 22yr old woman in her first pregnancy was referred from a health centre to the district hospital. On arrival she was at full dilatation with obstructed labour and having abnormal body movements. She was delivered with forceps shortly after admission. She collapsed very soon after delivery with much bleeding despite a reasonably well contracted uterus. The conditions were difficult as there was a power failure and no functional generator.

The case was discussed at the hospital MDSR committee meeting and it was agreed that senior help should have been called.

Both an Electricity generator and a biochemistry machine were purchased by the hospital in response to this case.

Case 2 Near Miss Eclampsia

This case was at the same hospital 14 days later.

A 27yr old woman delivered at home and was admitted to the district hospital on day 1 post partum. There was some delay in admission due to the lack of an ambulance. On arrival she had abnormal body movements and was unconscious.

All resuscitative measures were done and senior staff including the Emergency Surgical Officer, the Gynaecologist and Internist were called and attended. So the response from case 1 had been learnt and remembered by the hospital staff and contributed to preventing another death.

Maternal Death: PPH and Bleeding Disorder

A 27yr old insulin dependent diabetic was in her second pregnancy. She also had Immune Thrombocytopenia (ITP) and had been on prednisolone therapy. After admission a stillbirth was diagnosed and she underwent destructive delivery. Initially she was stable but hours later she had vaginal bleeding and collapsed. Transfusion was done with 1 unit of blood but the patient died before the second unit was ready.

Comments from the Hospital MDSR Committee

- The diagnosis of ITP was missed because she had another record card and so transfusion was not anticipated.
- Staff shortage contributed to delay in management on the day of her collapse
- ANC was inadequate for someone with such a preexisting medical problem and she herself was ill informed of her condition

Actions

- Feedback to all staff was given both on the documentation and the complexity of the case
- A system to avoid duplication of cards in different settings is designed and implementation started
- The hospital management board has authorized 2 more midwives to be recruited

Acute Abdomen and Maternal Death

A 35yr woman was admitted to the surgical ward at a District Hospital . She had delivered 3 days earlier at home. She was vomiting and had abdominal pain. A diagnosis of pelvic sepsis was made as the White cell count was raised.

When she did not improve after several days with fluids and antibiotics, laparotomy was carried out and a small bowel intussusception was diagnosed. However despite the treatment she died.

The case was reviewed by the MDSR committee including the Gynaecologist and the Surgeon. The main conclusion was that an earlier exploratory laparotomy should have been performed.

Actions taken included a reminder to all staff to consider non obstetric /gynaecological causes of abdominal pain and vomiting. This includes the need for increased communication between the different professional groups.

Bowel Obstruction is rare during or immediately after pregnancy but has a **much higher mortality rate due to delayed diagnosis**. The same is true of other bowel conditions e.g. appendicitis.

The case should be discussed to raise awareness of this pitfall for all doctors and emergency surgical officers.

SPECIAL THANKS

to

To all zones and Regions that begun to practice MDSR and are providing data to the FMOH Focal person for MDSR, Dr. Ekram Mohammed

We hope this 3rd edition of the MDSR Newsletter will give some practical ideas about how to improve and develop your MDSR system