MDSR NEWSLETTER MAY 2015

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Medical schools support integration of MDSR into curriculum

In this Issue

MDSR integration into undergraduate curriculum
A story of change: Dil Chora Hospital
A story of change : West Gojjam zone
A case of PPH in Addis Ababa

23 of 25 medical schools give their support to the integration of MDSR into undergraduate curriculum

St Pauls Millennium Medical College collaborated with the Ministry of Health to hold a one day workshop on the integration of maternal death surveillance and response into the undergraduate curriculum.

The workshop was held in March 2015.

Integration of MDSR into the medical curriculum will contribute to the sustainability of the MDSR system.

In the future, all health workers would graduate with an understanding of the system and culture of MDSR.

Dr Luwam, from the World Health Organisation, gave an interesting presentation on the ability of MDSR to improve the quality of care at health facilities at all levels.

To complete the day, Dr Wondemagegn, Director of Human Resources at Federal Ministry of Health, led an interesting discussion about current developments in human resources.

A story of change: West Gojjam

The head of Awunt Health Centre proudly demonstrates how his health centre actively practices MDSR

At Awunt Health Centre, the seven MDSR committee members meet every two weeks to discuss all MNCH issues. They have reviewed two maternal deaths following verbal autopsy. Both deaths were from post-partum haemorrhage. Documentation of all meetings is comprehensive.

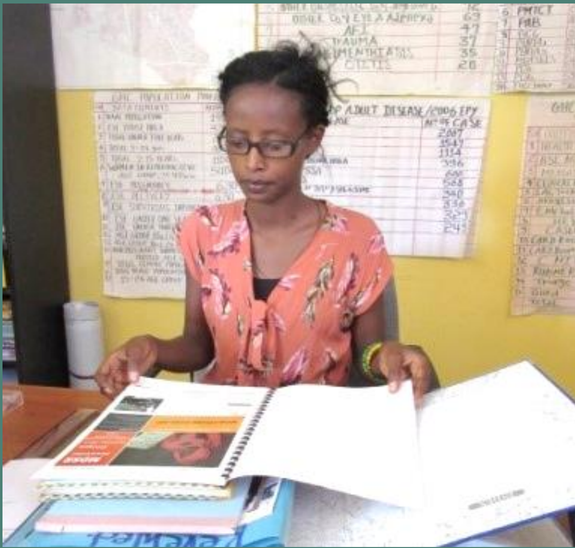
Responses to the two deaths include:

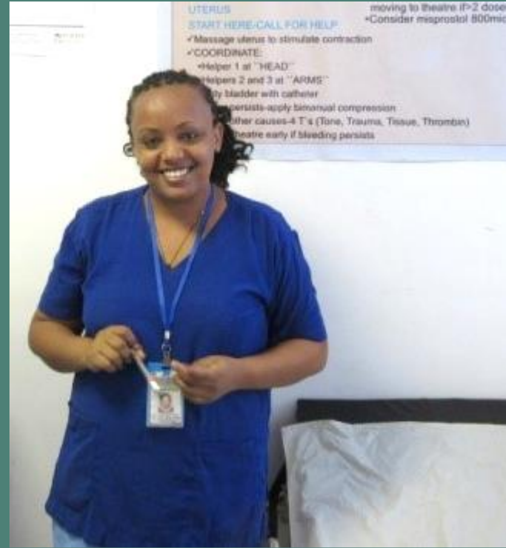
- Completion of a waiting home and full discussion with mothers' conferences to ensure they are used
- Efforts to identify *all* women after 36 weeks of pregnancy so that they can stay with their families at the waiting home.

In addition to many health centes in West Gojjam actively practicing MDSR, the two local hospitals serving West Gojjam (Finote Selam and Felege Hiwot Referral Hospital) are also actively reviewing and responding to maternal deaths. Leadership at both hospitals is strong. Both hospitals are reaching out to the nearby health centres to strengthen the referral pathways in addition to making internal changes.

At zonal level the MNCH team have embraced the MDSR system. In the year since the training, 47 deaths have been reported, approximately 50% from post-partum haemorrhage. Feedback is given every six months at zonal meetings.

Stories of change in Dire Dawa





Health centres in Dire Dawa have made great strides in integrating MDSR into their work. The head of Goro HC (left), shows evidence of regular two weekly meetings and appropriate verbal autopsy documentation. Each health centre has good communication with the referral hospital and the Regional Health Bureau. A policy of 'active surveillance' is adopted to avoid under-reporting.

At Dil Chora Referral Hospital, the management personnel have been changing and the new Medical Director is committed to the MDSR process, but needs to have time to implement his plans.

Nonetheless, strong leadership from the Lead Midwife (right) has resulted in the majority of cases being reviewed. Most of the deaths occur within the first 24 hours from the woman's arrival, reflecting the poor condition of mothers on arrival, but also suggesting that focusing on improving immediate care may reduce the fatality rate.

Many of the women who are very sick or dying on admission at Dil Chora hospital have travelled long distances from Oromia or Somali Region. The MDSR process is more difficult to effectively implement when administrative boundaries have been crossed. This is a challenge to health systems across the world.

The MDSR focal lead is aware of this challenge and communication of all cases from outside Dire Dawa administrative region is made to the relevant zonal office to ensure that all cases of maternal death may be reviewed.

GOLD STANDARD MDSR PRACTICE IN ADDIS HOSPITAL AFTER DEATH FROM POST-PARTUM HAEMORRHAGE

The following case is an example of exemplary review demonstrating a commitment to learning as many lessons as possible and sharing those lessons. It is tragic that a life was lost but there is a greater tragedy if the lessons are not learnt.

Case History

A 25 year old gravida 1 was admitted to the referral hospital for induction of labour because of post maturity. The pregnancy had been uneventful, apart from the detection of mild anaemia. The biophysical profile of the foetus was reassuring but the Bishops score of the cervix was unfavourable. It was decided to induce labour with Misoprostil 25 microgrammes. After 13 hours there was some hypercontractility of the uterus and she was given 10mg of Nifedipine. Shortly afterwards a healthy baby weighing 3.6kg was delivered.

Third stage of labour was actively managed, but haemorrhage started immediately after delivery. She was shocked within 10 minutes of delivery and, despite two intra venous lines and repair of vaginal tears and episiotomy, she remained in a critical condition. Senior help was sought and she underwent examination under anaesthesia 2-3 hours after delivery. Despite suturing of cervical tears, further resuscitation, and a 3 unit blood transfusion, she suffered a cardiac arrest in the CS room and died on ICU one hour later.

Substandard care

The review team identified many examples of substandard care, including lack of adequate training of junior staff, poor documentation of times, lack of essential equipment (including oxygen and ventilators), and lack of coordinated teamwork and timely senior support.

In addition to reviewing the major event, the review team also looked at the antenatal care and identified improvements needed in the induction process, management of tocolysis, availability of lab results prior to induction, and documentation issues.

Actions taken

- Strengthening supervision of interns and junior midwives
- Improving availability of essential equipment on labour ward but also ICU
- Improving training, particularly practical in service training, demo–exercises and emergency preparedness
- Availing guidelines and protocols, including the FMOH clinical protocols for induction of labour, diagnosis and management of anaemia and management of tocolysis.

E4A Evidence for Action

Evidence for Action to Reduce Maternal & Neonatal Mortality in Africa