Introduction
The implementation and sustainability of a Maternal Death Surveillance and Response (MDSR) system is influenced by several legal challenges since laws and customs can either help or hinder access to information, the conduct of the investigation and the way the findings are used. It can also influence the involvement of health care professionals in MDSR processes.

The majority of research and literature highlight the importance of creating an enabling environment, but minimal practical information exists on how this can be achieved.

Legal challenges: key considerations
- Lack of legal framework, as a framework would mitigate legal challenges experienced by patients, families, health professionals and facilities
- Confidentiality and ethical issues including autonomy, privacy, anonymity, immunity and access to information of families, health professionals, review committees and facilities
- Fear of liability and punitive measures amongst health professionals, review committee members and facilities
- Poor transparency and quality of data as a result of misreporting, underreporting, shifting of blame, covering up deaths or errors and justification of actions or inactions by health professionals

Recommendations
- Perform a legal situational analysis
- Review and understand the legal context for implementing and expanding an MDSR system
- Encourage and support legal reforms
- Recognise reproductive health rights, make maternal deaths a notifiable event and introduce the MDSR system as part of reproductive and maternal health policies
- Establish MDSR guidelines and a legal framework
- Legal protection (immunity and anonymity) of health professionals and review committees ensured
- Guidelines to ensure the findings of MDSR systems, are used for learning and quality of care improvements rather than litigation
- MDSR system guidelines reflect shared responsibility of maternal deaths and are incorporated into routine supervision and monitoring of maternal health outcomes, reflected in national policy
- Establish rules on confidentiality
- Standardised and confidential reporting mechanisms and forms are established
- Confidentiality, privacy, anonymity and autonomy are maintained and assured through removing or destroying identifiable information, obtaining informed consent and signing of confidentiality agreement
- Sustain a culture of no blame
- Establish, support and reiterate ‘no name, no blame’ principle
- Awareness among health professionals that results are used for learning and improving quality of care, rather than punitive action
- Immunity and legal protection established
- Stakeholders and hospital management are engaged in process and educate
- MDSR process is monitored to ensure misuse of findings does not occur

Conclusion
Additional research needed on how to create an enabling environment, particularly documenting and communicating country case studies where MDSR systems have been implemented successfully.

India
Introduction of the ‘Maternal and Perinatal Death Inquiry and Response’ (MAPEDIR) a verbal autopsy tool aims to understand and tackle maternal mortality at family, community, health services and policy-making levels. Ways to overcome legal issues:
- Motherhood is a top priority of the country’s National Rural Health Mission
- Confidential, non-threatening environment provided to describe and analyse factors leading to adverse maternal outcomes
- Informed consent and confidentiality highlighted and ensured
- Confidentiality ensured when sharing findings, leads to openness in reporting, trust and a more complete picture.

For more information or to join the MDSR Action Network, please:
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