Introduction
It is notoriously difficult to capture all maternal deaths. The net must be cast wide and include examination of the records of all women between 15-49 years of age. An increasing number of countries are making maternal death a notifiable event helping to ensure that maternal deaths are reported and thus responded to in a timely manner.

Identification, notification and reporting: key considerations
- There are two sources of information regarding maternal death: health facilities and at the community level.
- Need to avoid duplication: embedded within the reporting system there must be a focal point, usually at district level, to ensure each death is reported once only as facilities and community may report the same death.
- Link to vital registration system: all deaths, including maternal deaths, should be reported to the civil registration and vital statistics system. MDSR can contribute to the development and strengthening of these systems.

Recommendations and key points
- In health facilities:
  - Identify someone to be responsible for checking death logs daily
  - Line list deaths of all women aged 15-49 years
  - Include emergency rooms, medical and surgical wards, morgue, maternity wards
  - Review all medical records to assess evidence of current/recent pregnancy
- In the community, where deaths are less frequent and where there may be difficulty reporting deaths quickly, recommendations include:
  - Regular meetings between primary health workers or traditional birth attendants and managers or health staff
  - Continual non-judgemental practice
  - Involvement of the community especially community leaders

Zero Reporting: Maternal Death Reporting should be an active process whether or not a death has occurred. If no maternal death has occurred a ‘zero’ should be captured to demonstrate attention has been paid to the tracking of maternal deaths.

MDSR Guidelines. Ensure that the timing of the notification is appropriate for the context and complies with the timing of notification embedded in the Monitoring and Evaluation tool. If SMS is available more rapid notification is expected with the intention of more rapid reviews taking place.

Sample forms for notification and reporting are available in WHO Guidance and individual country guidelines.

District or Regional MDSR Committees should be responsible for notifying National MDSR Committees of Maternal Deaths, aggregating the data and producing statistical analysis. In addition they should monitor ‘zero reporting’ and identify ‘silent areas’, and provide appropriate training and supervision.

Ethiopia
- A study in three health posts and one health centre covering 22,000 people
- Priests, traditional birth attendants and community-based health agents located and reported all births and deaths in their areas
- Community-based health workers were trained to report all births and deaths to the local health post, where vital registries were kept
- The vital statistics collected were comparable to vital statistics from the 2007 Census.

Prata ,2012

Ghana
Traditional birth attendants and health workers have been trained to send SMS messages using numerical codes on post partum haemorrhage. This included details of management and maternal deaths. All traditional birth attendants and health workers correctly reported cases over a 90 day period.

Andreatta et al, 2011

Malawi
Training of primary health workers includes examples of case studies to help them identify cases of maternal death

Kongnyuy et al , 2011

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