Measuring Maternal Deaths in Humanitarian Settings and Responding to Findings

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• Measurement Methods
• Systematic Maternal Death Review
• Results
• Conclusions
Maternal Mortality Ratio
  • Comparable
  • Not adapted to small and mobile populations

Systematic Maternal Death Review Report
  • Enables analysis of death contributing factors
  • Requires cooperation of health staff and family
  • Raises fears and can put people at risk
A Study of Refugee Maternal Mortality in 10 Countries, 2008–2010

**CONTEXT:** Little is known about the prevalence of maternal mortality in refugee camps for populations displaced by conflict, or about the factors contributing to such deaths.

**METHODS:** Maternal Death Review Reports were used to analyze maternal deaths that occurred in 2008–2010 in 25 refugee camps in 10 countries. Assessed outcomes included causes of death; delays in women seeking, reaching or receiving care; and additional aspects of case management. We conducted detailed analyses of avoidable factors that contributed to deaths in Kenya, where the majority of reported cases occurred.

**RESULTS:** Reports were available on 108 deaths, including 68 in Kenya. In every country but Bangladesh, maternal mortality ratios were lower among refugees than among the host population. The proportion of women who had had four or more antenatal care visits was lower among refugee women who had died (33%) than among the general refugee population (79%). Seventy-eight percent of the maternal deaths followed delivery or abortion, and 56% of those deaths occurred within 24 hours. Delays in seeking and receiving care were more prevalent than delays in reaching care. In Kenya, delays in seeking or accepting care and provider failure to recognize the severity of the woman’s condition were the most common avoidable contributing factors.

**CONCLUSIONS:** Additional interventions in community outreach, service delivery and supervision are needed to improve maternal outcomes in refugee populations.

By Michelle Hynes, Ouahiba Sakani, Paul Spiegel and Nadine Cornier

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Every death of a woman while pregnant or within 42 days of the end of pregnancy, irrespective of the duration and the site of the pregnancy needs to be examined

• To understand the circumstances around the death
• To identify precisely the cause of death
• To take some corrective measures so that another woman in the same situation would be saved
• Confidentiality, anonymity and protection
• Inclusive of all actors and witnesses
• Lead by an external experienced person
• Standardised and comprehensive
• Action oriented
**Systematic Maternal Death Review: Analysis**

- Humanitarian settings have significant differences compared to stable settings:
  - Destruction of health facilities
  - Reduction of qualified staff
  - Reduction of community, family and individual resilience
  - Competing priorities

- Looking at:
  - Direct causes
  - Indirect causes
  - Delays in seeking, reaching and receiving appropriate care
RESULTS ON THE 10 COUNTRIES ANALYSIS

Main direct causes (n=108):
1. Hemorrhage: 31%
2. Hypertensive disorders: 25%
3. Pregnancy-related sepsis: 12%

Indirect causes (31%):
1. Multigravida more than 4: 41%
2. Anemia: 40%
3. Gestational hypertension: 29%

Delays identified in 102 (94%) of maternal death reports
RESULTS ON THE 10 COUNTRIES ANALYSIS

Delay in seeking care: 27
Delay in receiving appropriate care: 23
Delay in reaching care: 1
Delay in decision to seek health care

- Decision making process involve contacting relatives abroad
- Poor understanding of risk factors in pregnancy and when to seek medical help

Delay in receiving adequate care

- Failure of the health staff to assess the severity of condition
- Inadequate or delayed treatment

Contributing factors

- Anaemia
- Multigravida more than 4 pregnancies
- Less than 4 ANC
RESPONSE: REFUGEE CAMPS IN KENYA (SOMALI REFUGEES)

Complete review of the RH programme:

• Consultation with stake-holders to analyse barriers to service utilization, review health education messages and packaging of information

• Introduction of active follow-up of pregnancies including home visits and mother to mother support

• Advanced birth plan discussion with family decision makers

• Complete review of the family planning programme

• Teaming with the nutrition sector to address anaemia

• Capacity building and training of health staff in Emergency Obstetric Care, counselling, respectful mother care

• Increased maternity privacy
ANALYSIS: NORTHERN SYRIA

Delay in decision to seek health care
- Women freedom of movement limited
- Health facilities perceived as dangerous because they are targeted by bombardments

Delay in reaching care
- Availability of cars reduced, roads damaged, security threats

Delay in receiving adequate care
- Many qualified health staff have been killed or left
- Medical supplies periodically lacking
- Inadequate referral systems

Contributing factors
- Negative copying mechanisms: excess c-section, rapid exit
Response: Northern Syria

MISP

Quality Midwifery Care in the Midst of Crisis
2017-2021
• Triggers and chain of events leading to maternal death vary greatly according to contexts in humanitarian settings

• A Systematic review of individual events is essential to take appropriate, life-saving, corrective measures