

MDSR Dashboard: Northern Zone Malawi

January – March 2017

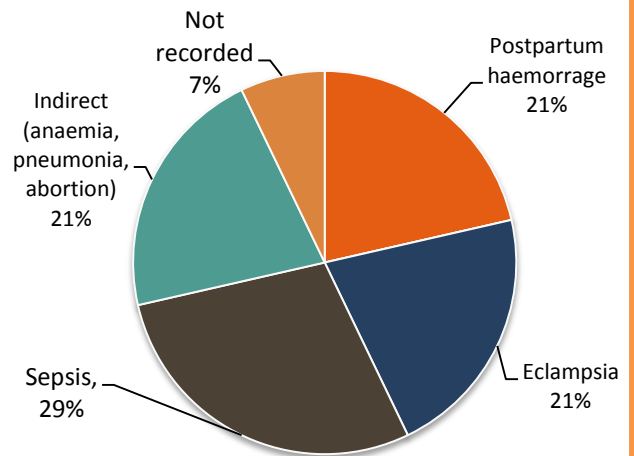
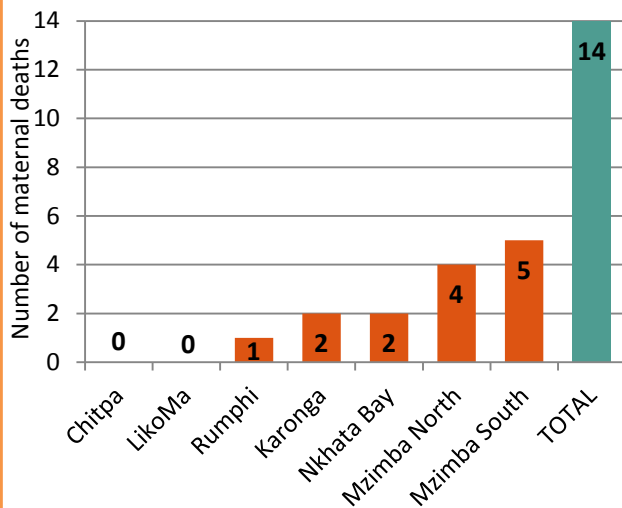


Data from MDSR Zonal Planning Health Office, 18 May 2017

This report includes maternal deaths (MDs) from facilities only, in the northern zone over the first quarter of the calendar year of 2017. A total of 11,461 deliveries were conducted and across the whole district, 96% of all recorded deliveries took place with a skilled birth attendant (range across districts: 92% in Nkhata Bay to 98% in Mzimba South).

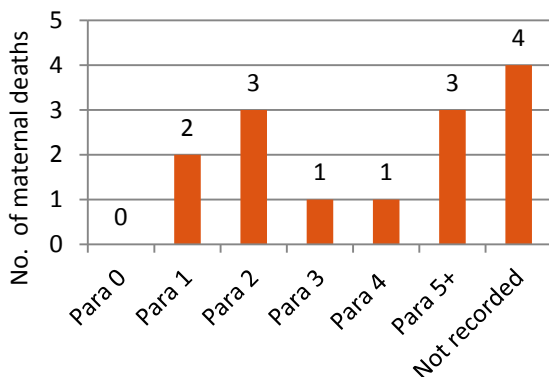
In total, 14 deaths were reported with a 100% audit rate. Four of these deaths (29%) were at Mzuzu Central hospital in Mzimba North district.

Maternal Deaths in the northern zone January – March 2017 (Q1) by district and cause (total no. maternal deaths reported = 14)

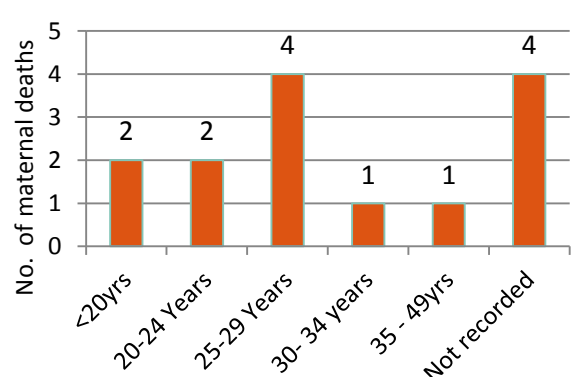


During this quarter, sepsis was the cause of most maternal deaths, accounting for nearly a third ($n = 4$). Postpartum haemorrhage and eclampsia each accounted for a fifth of all maternal deaths ($n = 3$ each). The cause of deaths for one death was not recorded.

Number of maternal deaths by parity, Q1 2017



Number of maternal deaths age group, Q1 2017

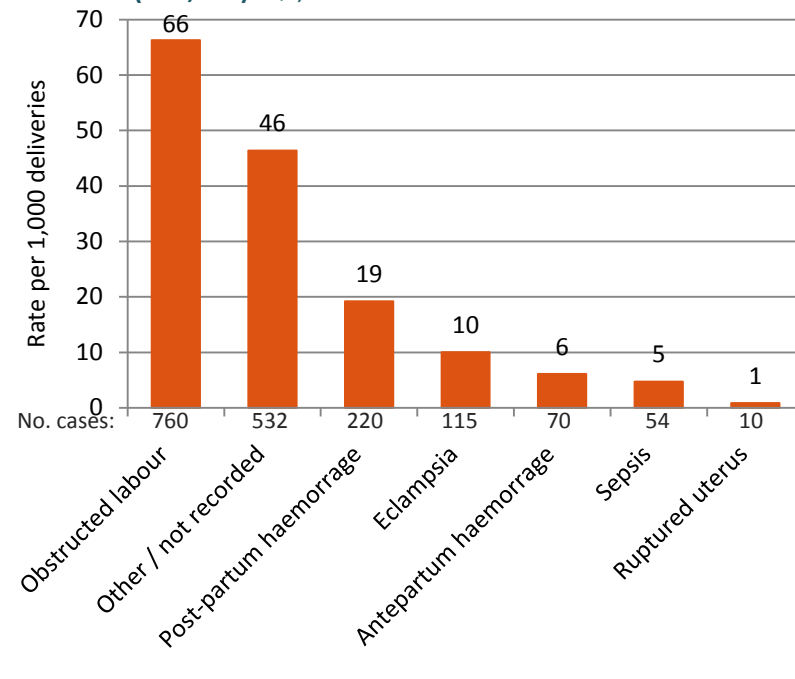


Most deaths were among women of parity 2 or of grandmultiparity status (P5+) accounting for 21% of deaths each ($n=3$ each). No deaths occurred among primiparous women, and parity was not recorded among four cases.

The greatest proportion of deaths (29%, $n=4$) occurred among women in the 25 – 29 year age group, although age was not recorded for four cases.

Across the whole district, there were 1,761 obstetric complications recorded in HMIS data, the equivalent of 154 complications per 1,000 deliveries.

Rate (and crude number) of obstetric complications per 1,000 deliveries (n=1,761) Q1, 2017

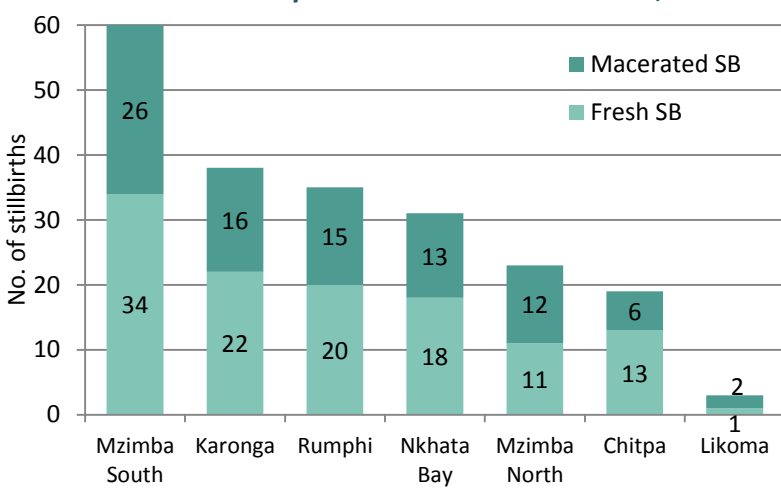


The most commonly occurring complication was obstructed labour which did not result in any deaths.

The complication with the highest case fatality rate (CFR) was **sepsis** which occurred among only 5 per 1,000 deliveries but led to 2 maternal deaths resulting in a CFR of 4%. There were 54 cases of sepsis across the whole zone; 36 of those cases were in Mzimba North and both MDs due to sepsis were in this district.

Two women died from eclampsia (CFR: 2%) and two from PPH (CFR: 1%). There were no fatalities from APH but there is a high demand for blood transfusions, especially in Mzimba North, Karonga and Nkhata Bay (which together account for three quarters of all PPH cases).

Number of still births by status as fresh or macerated, Q1 2017



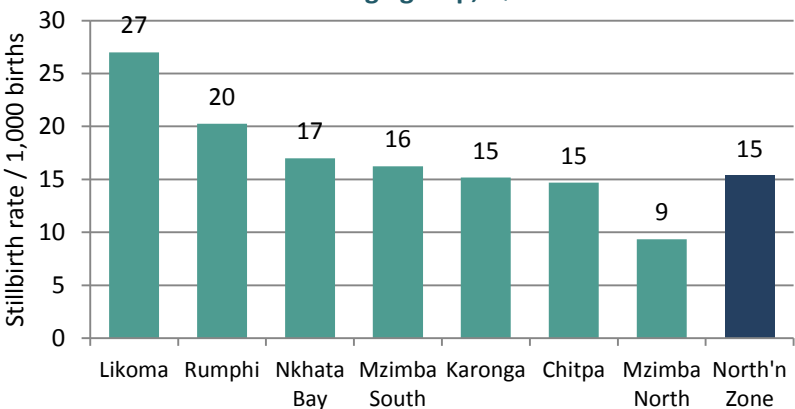
The MDSR system also reports on the number of stillbirths by district.

In total, there were 209 stillbirths reported across the northern health zone. More than half, 57%, of these were fresh stillbirths.

The highest number of stillbirths was reported in Mzimba South, the most populated district, where a total of 60 stillbirths occurred.

Stillbirth rates were calculated, i.e. the number of stillbirths for every 1,000 births. The stillbirth rate of the whole zone is 15 per 1,000 births.

Number of maternal deaths age group, Q1 2017



Whilst Likoma, the district with the smallest population, had only three stillbirths but two of the three stillbirths were fresh, indicating the need to investigate causes and preventive measures further. In Likoma, this equates to a stillbirth rate of 27 per 1,000 births. This is the highest in the northern zone.

Rumphi, Nkhata Bay and Mzimba South all had stillbirth rates higher than the overall the district rate.

Health systems factors that MDAs found were associated with maternal deaths (total deaths affected =7 / 14) Q1, 2017

Contributing Factors / enablers



Lack of essential equipment



Transport problem between facilities



Lack of essential obstetric drugs



Lack of available blood for transfusion

Number of mothers who could have been saved if enablers Had been available



Other factors associated with maternal deaths from MDA , Q1 2017

Community / TBA Factors	Patient / Family Factors	Health Worker Factors
Failure to recognize danger signs 2	Delay in reporting to health facility 4	Inadequate resuscitation 4
	Delay in decision making 2	Inadequate monitoring 4
	Refusal of treatment 1	Initial assessment incomplete 3
		Delay in starting treatment 3
		Lack of obstetric life-saving skills 3
		Prolonged abnormal observation without action 2

Key challenges identified and actions required (Q1, 2017)

1. Capacity to do NND audits
ACTION: Build capacity of Coordinators NNDs
2. Staff shortages
ACTION: Gather evidence on staffing deficits to lobby for staff deployment
3. Inadequate blood supply
ACTION: Support Malawi Blood Transfusion Services to generate donations for voluntary blood donation
4. Skills lacking
ACTION: Ensure training and mentorship for health providers
5. Referral system problems (fuel & ambulances)
ACTION: Gather evidence to support decision making for allocation of resources for fuel, promote appropriate prioritization / triage
6. External assessors
Solicit support from RHD and partners for training and mentorship support.