

**Maternal and Perinatal Death Review
(MPDR)**

Inter-Regional Observational Visit

Asar 2073



**Ministry of Health
Department of Health Services
Family Health Division
Teku, Kathmandu**

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Abbreviations

CARN	Country Accountability Roadmap Nepal
CoIA	Commission of Information and Accountability
DoHS	Department of Health Services
FCHVs	Female Community Health Volunteers
FHD	Family Health Division
GON	Government of Nepal
HP	Health Post
MDR	Maternal Death Review
MDSR	Maternal Death Surveillance and Response
MoH	Ministry of Health
MPDR	Maternal and Perinatal Death Review
MPDSR	Maternal and Perinatal Death Surveillance and Response
PDR	Perinatal Death Review
VA	Verbal Autopsy

1. INTRODUCTION:

According to World Health Organization (WHO), **Maternal death** is as "the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes. And **Perinatal death** refers to the stillbirths and deaths in the first week of life (early neonatal mortality). The perinatal period commences at 22 completed weeks (154 days) of gestation and ends seven completed days after birth. Perinatal and maternal health is closely linked.

According to data of WHO, about 303 000 women died in 2015 of complications during pregnancy or childbirth. Most of these deaths can be avoided as the necessary medical interventions exist and are well known. The key obstacle is pregnant women's lack of access to quality skilled care before, during and after childbirth.

The condition of Nepal is not different. According to Nepal Demographic and Health Survey (2006), neonatal death is 33 per 1000 live birth which stands 54% of total under five and 69% of infant mortality rate which means, every hour, 3-4 neonates die.

Since the 1990s Nepal has initiated various mechanisms to improve maternal and newborn mortality registration with the support of the World Health Organization (WHO). In 1990 Maternal Death Review (MDR) was first implemented in Paropakar Maternity and Women's Hospital and in 2003 the Perinatal Death Review was introduced as a supplement to MDR. By 2006 Maternal Perinatal Death Review (MPDR) had been implemented in 6 hospitals and by 2013 a total of 42 hospitals had adopted the MPDR process (MoHP 2014). MPDR is one of the tools used to monitor and improve quality of care at the hospital level, this process is very important to improve the service site. However, the reviews have not achieved satisfactory results as expected and the commitment from the facilities and monitoring from higher authority is still weak.

Nepal has adapted the Commission on Information and Accountability (COIA) which tracks progress on resources and results towards the UN Secretary General's Global Strategy on Women's and Children's Health 2012. The concept of CoIA in Nepal is named Country Accountability Roadmap Nepal (CARN) and focuses on three processes - monitoring, reviewing and acting - aimed at learning and continuous improvement of life saving interventions. Maternal and Perinatal Death Surveillance and Response (MPDSR) was designed to measure and track all maternal deaths in real time, to understand the underlying factors contributing to mortality and to provide guidance for how to respond to and prevent future deaths. The system builds on experiences from MDR, but also helps us understand the events surrounding maternal deaths. The surveillance cycle includes identification of cases, collection of information, analyzing findings, recommendations for action and evaluation and refining of the system. Particular focus is on the response and action part of the surveillance, so that the information obtained can be acted upon to prevent future deaths.

Government of Nepal (GoN) developed MPDSR guidelines and now implementing community level MPDSR in five districts (Banke, Kailali, Kaski, Dhading and Solukhumbu) with plan to expand to Baitadi in FY 2073/74. In these five districts both community maternal deaths, hospital maternal deaths and hospital perinatal deaths are reviewed and responses planned.

Implementation of MPDR has been a challenge to the Government of Nepal (GoN) with constrained resources, turn-over of trained human resources and weak monitoring system. There is need to strengthen the system in the MPDR implementing hospitals. Family Health Division (FHD), Department of Health Services (DoHS) planned the Inter-Regional Observational Visits of the PDR implementing hospitals in the five regions in the month of Asar 2073.

2. OBJECTIVES

- To update the programs run by Government of Nepal to reduce the maternal and perinatal death.
- To observe the existing MPDR process in the central hospitals.
- To share experiences with each other, get feedback and find the areas of improvements at own hospital MPDR process.

3. OBSERVATION VISIT SCHEDULES:

Inter-Regional Visit on Maternal and Perinatal Death Surveillance and Response (MPDSR)

1. Venue: Patan Academy of Health Sciences, Patan, Lalitpur

Date: 2073/03/17

Participants: BPKIHS, Lumbini Zonal Hospital, Gorkha Hospital, Bharatpur Hospital including Patan Hospital and FHD.

No. of Participants = 39

2. Venue: BPKHIS, Dharan

Date: 2073/03/19

Participants: Mechi Zonal Hospital, Koshi Zonal Hospital, Ilam Hospital and Panchathar Hospital including BPKHIS and FHD.

No. of Participants = 27

3. Venue: BPKHIS, Dharan

Date: 2073/03/20

Participants: Sagarmatha Zonal Hospital including BPKHIS and FHD.

No. of Participants = 20

4. Venue: Lumbini Zonal Hospital

Date: 2073/03/20

Participants: Western Regional Hospital (Pokhara), Patan Academy of Health Sciences, (Patan), Dhaulagiri Zonal Hospital, Argakhachi Hospital, Paropakar Maternity and Women;s Hospital (PMWH) including Lumbini Zonal Hospital and FHD.

No. of Participants = 52

5. Venue: Nepalgunj Medical College, Kohalpur

Date: 2073/03/22

Participants: Rapti Sub-Regional Hospital (Dang), Mid-Western-Regional Hospital (Surkhet), Seti Zonal Hospital,including Nepalgunj Medical College and FHD.

No. of Participants = 41

6. Venue: Seti Zonal Hospital, Dhangadi

Date: 2073/03/24

Participants: Mahakali Zonal Hospital, Bheri Zonal Hospital, Nepalgunj Medical College, Baitadi Hospital including Seti Zonal Hospital College and FHD.

No. of Participants = 33

Visit Schedule and activities of Observation are as follows:

TIME	ACTIVITIES	FACILITATOR AND METHODOLOGY
08:00 - 08:30	Registration with tea and snacks	
08:30 - 09:00	Opening Session Introduction Welcome Objectives	FHD Presentation
09:00 - 10:30	Introduction, Rationale and Implementation status of MPDSR	FHD Presentation
10:30 – 12:00	Introduction to hospital safe motherhood program and MPDR process of hospital including data of maternal and perinatal deaths.	Host Hospital Presentation
12:00 – 1.30	Observation of safe motherhood programs and MPDR (including recording and reporting process of MPDR)	Host Hospital : Direct Observation

TIME	ACTIVITIES	FACILITATOR AND METHODOLOGY
1:30 -02:00	Refreshment Break	
02.00 – 02:30	Experience sharing on MPDR process, strength and limitations.	Host Hospital: Presentation and Discussion
02:30 – 04:30	Experience on MPDR including data and review of maternal and perinatal deaths in the period from Baisakh to Chaitra 2072	Visiting Hospitals Presentation and Discussion
04:30 – 05:00	Closing	

Participants: Obstetrician/Gynecologist, Pediatrician, Nursing Staff, Medical Recorder from the MPDR implementing hospitals.

Notes: Financial Support is provided by UNICEF and Technical Support is provided by WHO and NHSSP.

4. PROCEEDINGS:

FHD lead in conducting the Inter-Regional observational visits at the aforementioned hospitals. These observational sites were chosen by FHD based on their performance and implementation of MPDR.

Following the introduction, the participants were introduced to MPDSR which the GoN has implemented from 2072/73 in five districts. The inclusion of review and response of community maternal deaths in these five districts in addition to hospital maternal and perinatal deaths, components, process, principles, different levels of committees were shared with the participants. The video, “Why did Mrs. X Die” was also shown to the participants and different determinants of maternal deaths as well as importance of coordination from multiple sectors for strengthening the systems were also highlighted.

The next session was facilitated by the host hospitals sharing about the maternal and perinatal care at the hospital, the services provided at the hospitals including total deliveries, complicated deliveries, normal deliveries, cesarean sections, still births, alive babies, neonatal deaths etc. The hospitals also presented on individual cases of maternal mortality and how the deaths were reviewed and actions implemented. The process and details of monthly review meetings for perinatal deaths were also shared by the hospitals.

This was followed by presentation from each participating hospital on the respective maternal and perinatal data. Discussions on the review of the mortality cases, process of MPDR followed these presentations.

Then there was presentation from FHD, WHO on the new Maternal and Perinatal Death Review forms which have modifications from the previous forms. The changes as well as the addition of new sections for MPDSR Committee review and action plans were explained to the participants. After this session the program was closed by FHD thanking the host and participating hospitals.

5. BEST PRACTICES:

1. The MPDR hospitals were reviewing all maternal deaths as per the process defined by FHD.
2. The Perinatal death review was conducted monthly in most of the hospitals.
3. Improvement in the completion of the MDR and PDR forms.
4. Hospitals developing actions plans to improve the quality of care based on the findings from the Maternal and perinatal death review.
5. Some of the MPDR implementing hospitals have improved the quality of care and are ready for emergency situation with necessary resources..
6. Hospitals are regularly following the trend of data related to maternal and perinatal deaths.
7. Aware on importance of timely referral with communication to the referral hospital.
8. Areas of improvement for services provision identified in some hospitals such as strengthening post-operative ward, close monitoring of post-operative cases, ICU established, number of service providers increased, planned for NICU, established blood bank, changed protocols, hotline mobile number established for communication during referring cases.

6. CHALLENGES:

1. Even though participants were informed afore hand on the program, there was no participation from some hospitals. Participants from Jumla could not come due to flight cancellation.
2. Some participants did not bring the data related to maternal and perinatal deaths in the respective hospitals.
3. Budgetary limitation for conducting the review meetings at the hospitals.
4. Proper recording of MDR and PDR forms was lacking in few hospitals.
5. PDR was found to be neglected in some hospitals, cause assignments for perinatal deaths was incomplete.
6. As the previous web-based system is non-functional, flow of reports have not been possible. However, hard copies of the forms from the participating hospitals were collected for entry.
7. Delay in referring cases, stabilizing the case before referral and communication gaps while referral was one of the major area for improvement identified.

7. CONCLUSION:

Sustainable Development Goals have ambitious targets for Maternal Mortality Ratio. To achieve the target and reduce MMR to 125 by 2020 and 70 by 2030, GoN has prioritized MPDSR and focused on this program. Even though Nepal has been implementing MPDR since 1990s, the implementation and monitoring of this program has been a challenge. With this type of Inter-Regional observational visits, hospitals implementing MPDR share best practices and challenges which has helped them to learn from each other and improve the program. It is recommended that this type of visit be conducted every year for strengthening the program.

8. PROGRAM PICTURES:





Annexes

Annex 1: Presentation slides

Annex 2: List of Facilitators:

1. Dr. Sharad Sharma, Senior Demographer, FHD
2. Dr. Meera Upadhyay, National Professional Officer, RMNCAH, WHO
3. Dr. Pooja Pradhan, MPDSR Coordinator, WHO
4. Mr. Pradeep Puodel, NHSSP
5. Mr. Hem Raj Pandey, PHA, FHD
6. Ms. Dhana Basnet, PHN, FHD

Annex 3: List of Participants: