



Maternal and Perinatal Death Surveillance and Response [MPDSR] TWG Meeting

Date: Magh 10, 2073

स्वागतमः

*Family Health Division
DoHS*



नेपाल सरकार
स्वास्थ्य मन्त्रालय
स्वास्थ्य सेवा विभाग
परिवार स्वास्थ्य महाशाखा



Objectives



- **To share on:**
 - **Progress on MPDSR implementation**
 - **Draft training and instruction manuals**
 - **Upcoming activities for MPDSR implementation**
 - **AoB**



MPDSR Implementation Status

- **National MPDSR implementation guideline endorsed**
- **Tools finalized for facility and community level MPDSR**
- **Training packages developed for**
 - **District level stakeholders**
 - **Health care service providers at Facility level**
 - **Health care service providers at Community level**
 - **Female Community Health Volunteers**



MPDSR Implementation Status

- **Trainings completed at Solukhukhumbu, Dhading, Kaski, Banke, Kailali and Baitadi for community MPDSR.**
- **Community MPDSR implementation started in the six districts.**
- **Cause of Maternal Death assignment from Verbal Autopsy training conducted for medical doctors at the six districts and at central level to create pool.**
- **Inter-Regional Visits conducted to review MPDSR in MPDSR implementing hospitals.**



MPDSR Implementation Status



- **Training manuals drafted for**
 - **Strengthening and expansion of hospital-based MPDSR**
 - **Community MPDSR including FCHV orientation**
- **Instruction manuals drafted for**
 - **Completing Maternal and Perinatal Death Review forms in hospitals**
 - **Verbal Autopsy form in community**
- **Web-based recording and reporting system developed for MPDSR**



Community level MPDSR



MPDSR activities in the districts

- **Formation of District MPDSR Committee**
- **Formation of VA team**
- **Formation of MPDSR Committee at Health Facility Levels (Health Posts, PHCs, Hospitals)**
- **Notification by FCHVs**
- **Screening by HP health care service provider**
- **Verbal Autopsy by VA team**
- **Cause of Death assignment by Doctors**
- **Review and formulation of action plan by District MPDSR Committee**



MPDSR Activities update



SN	Districts	Notification	Screening	Pregnancy Related Death	Verbal Autopsy
1	Baitadi	3	3	1	0
2	Kailali	21	21	8	8 (4)
3	Banke	27	27	12	12 (9)
4	Kaski	15	15	2	1 (1)
5	Dhading	17	17	5	3 (1)
6	Solukhumbu	6	6	6	6 (4)
Total		89	89	34	30 (19)



Verbal Autopsy data (19)

Interviewee	Numbers
Husband	8
Mother	1
Mother-in-law	3
Father-in-law	1
Brother-in-law	2
Sister-in-law	3
Neighbor	1

Interval between death and VA	Numbers
<14 days	2
14-30 days	5
31-90 days	6
90- 119 days	
>119 days	3

Time for VA	Numbers
Less than 30 mins	1
30-60 mins	12
61 mins -2 hrs	4
More than 2 hrs	1

Was with deceased at the time of death	Numbers
Yes	16
No	3



Verbal Autopsy data

Age	Number
12-19 years	4
20-24 years	3
25-29 years	7
30-34 years	3
35-39 years	2

Parity	Number
0-1	8
2-4 births	6
5 or more	1

Period of death	Number
During pregnancy	7
During delivery	6
Within 42 days after abortion	1
Within 42 days after delivery	5

Site of death	Number
Home	4
On the way to HF from home	1
On the way from one health facility to another	1
GoN Hospital	8
Private hospital	3
Medical College	2



Verbal Autopsy data

ANC site	Numbers
HP	9
PHC/ORC	2
Hospital	6
Hospital, HP, other health facility	1

No. of ANC	Numbers
0	1
1 to 2	7
3 to 4	5
>4	1
Not mentioned	4
Don't know	1

Disease identified in ANC	Numbers
Anaemia	4
Malnutrition	1
Not identified	14

Iron tablets	Numbers
Regularly	16
Irregularly	1
Not taken	2



Verbal Autopsy data

Site of delivery	Numbers
Home	3
On the way to HF	1
HP	2
Hospital	5

Delivery by trained person	Numbers
Yes	7
No	4

Mode of delivery	Numbers
Normal vaginal	9
LSCS	2

Delays	Numbers
Delay 1	24
Delay 2	11
Delay 3	11



Causes of deaths assigned (N=19)

Primary cause of death	Number
Direct maternal death	10
Post-partum hemorrhage	4
Eclampsia	2
Obstetric embolism	2
Abruptio placentae	1
Abortion-related death	1
Indirect maternal death	9
Infectious Diseases	5
Unspecified non-communicable disease	2
Accidental fall	1
Severe Anemia	1
Total	19



Action plans developed by District MPDSR Committees



- **Awareness raising:**
- Awareness program on Sickle Cell Anemia among Tharu community.
- Mobilize local leaders to ensure institutional delivery.
- Mobilize mothers' group to create environment where pregnant women are comfortable for antenatal care and share their problems.
- **Coordination:**
- Advocate on need of road construction with local development offices for raising accessibility to health services.
- Advocate of Calcium tablets distribution for pregnant women



Action plans developed by District MPDSR Committees



- **Quality of service:**
- Blood test for anemia among adolescents and newly married women in Tharu community with necessary referral.
- Ensure antenatal services in all primary health care outreach clinics.
- Proper recording of all cases in health facilities.
- Ensure presence of health workers during service hours at health facilities for antenatal check-up.
- Health facilities to take each case sensitively and give equal importance for proper management and referral.
- Orient health workers and female community health volunteers on referral mechanism with communication between health facilities.



Hospital level MPDSR



Hospital MPDSR in the six districts

- Formation of Hospital MPDSR Committee
- Identify maternal and perinatal deaths
- Fill MDR and PDR forms
- Review maternal deaths within 72 hours
- Review perinatal deaths monthly
- Develop and implement action plans



Activities planned for FY 2073/74



Activities planned

- Finalize and endorse training and instruction manuals
- Training of trainers on hospital-based MPDSR
- Roll out trainings at regional level to expand and strengthen hospital-based MPDSR in 65 Hospitals
- On-site coaching at MPDSR implementing sites
- Annual review and evaluation of MPDSR program



Issues and Challenges

- Ensure all community-level deaths are notified and there is no duplication.
- All hospital-level maternal and perinatal deaths are reviewed.
- Proper action plans are developed and implemented at National, district and local levels.
- Ensure all MPDSR forms are entered on time in web-based MPDSR system
- Ensure timely feedback provided to district and hospital
- Ensure MPDSR information are timely analyzed and disseminated at center, region and district



Further support

Need dedicated technical team (Doctor, Public Health Expert, Demographer/Statistician, IT person) at central level equipped with technical, financial and logistic resource to provide supportive supervision to MPDSR implementing hospitals and districts health offices



Any comments / feedback
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मातृ मृत्यु निगरानी तथा प्रतिकार्य



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