

Pacific Heads of Nursing & Midwifery Meeting

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Understanding the Maternal and Perinatal Death Surveillance and Response (MPDSR) System – its Principles and Processes

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INTRODUCTION

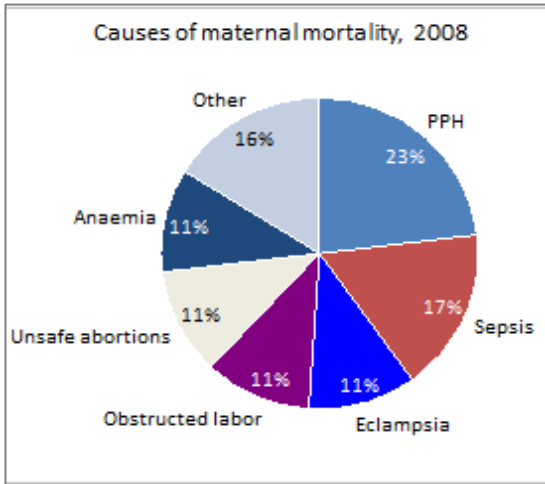
□ Hundreds of pregnant women, alive at sunset last night, never saw the sunrise this morning. Some died in labour, their pelvic bones too small and distorted by malnutrition to allow the free passage of the infant. **Some died on the table of an unskilled abortionist, trying to terminate an unwanted pregnancy.** Others died in hospitals lacking blood to control their haemorrhage, and **others died in the painful convulsions of eclampsia,** too young to bear children in the first place and never seen for antenatal care. These are the women of Asia, of Latin America, of Africa and of the Pacific - today

H. Nakajima DG-WHO-1990s

Maternal and Perinatal Mortality

- **Maternal Mortality:** The death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration & site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes (coincidental causes).
- **Perinatal Mortality:** Perinatal death/mortality is the death of a fetus of 1000g and/or at least 28 weeks of gestation; and newborn deaths (up to and including the 1st 7days after birth)
- Maternal mortality is a key indicator of health and socioeconomic development of any society, and mortality of children under 5 specifically in the perinatal period is an important indicator of health status and national prosperity . Hence preventing these deaths is of national priority.

The Pacific Reality: Maternal Mortality



Country	Population (2022 Proj)	Maternal Mortality Ratio/100,000 LB (2010-2021)
PNG	8,901,200	215
Cooks Island	15,300	0
FSM	106,000	43
Fiji	901,600	86
Kiribati	122,700	97
Marshall Islands	54,400	304
Nauru	11,400	N/A
Nuie	1,500	N/A
Palau	18,000	N/A
Samoa	201,000	38
Solomon Islands	744,400	130
Tokelau	1,500	N/A
Tonga	99,300	0
Tuvalu	10,300	N/A
Vanuatu	234,000	123

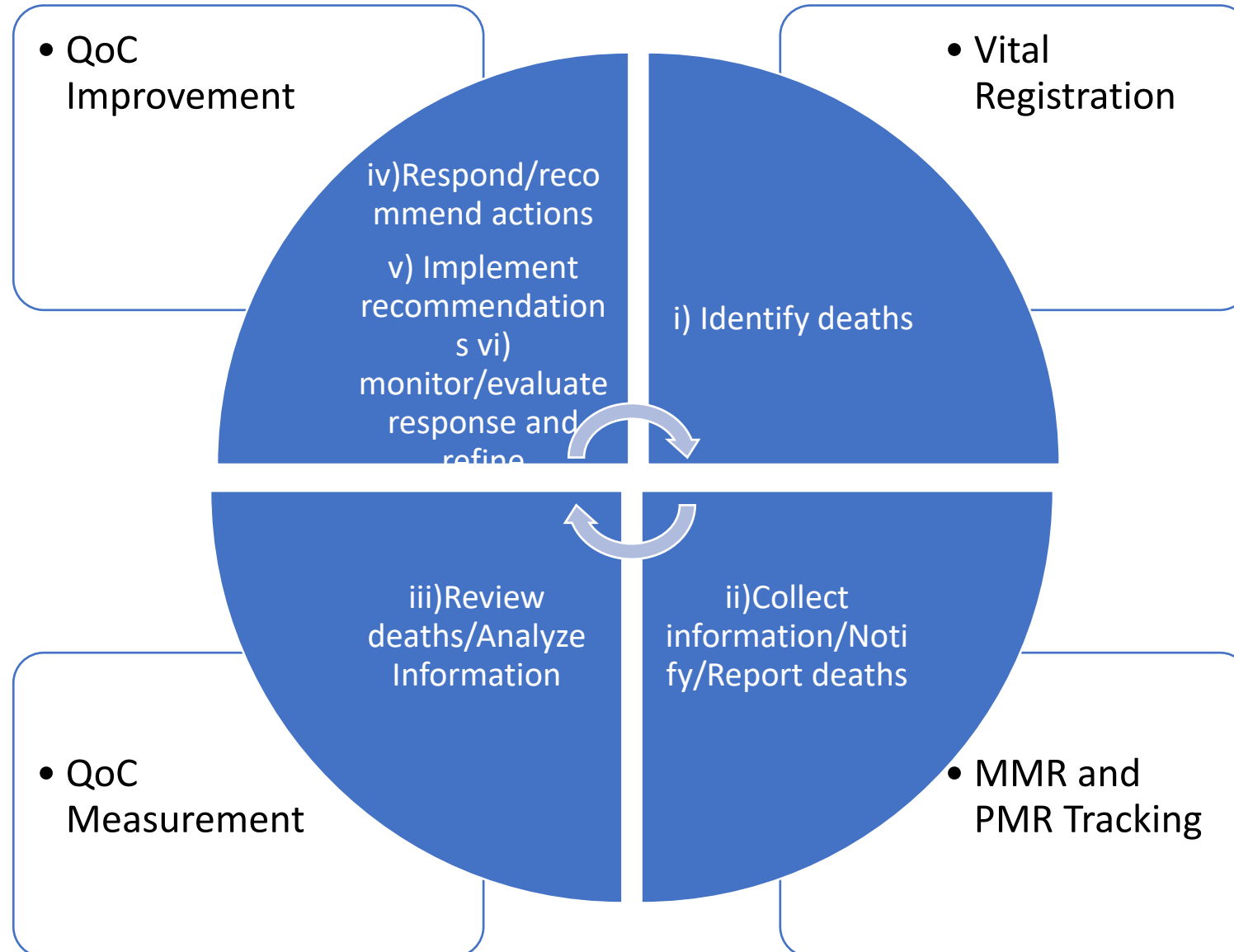
Strategies for reduction of maternal and Perinatal mortality

- Improvement of health care
- Provision of EmONC
- Family Planning
- Prevention of abortion complications
- Formal education of women and girls
- Community mobilization & Women empowerment
- Increased political commitment and investment in MNH
- **Institutionalization of Maternal and Perinatal Deaths Surveillance and Response across all health facilities**

Definition: Maternal and Perinatal Death Surveillance and Response (MPDSR)

- Qualitative, in-depth investigation into the **causes of**, and **circumstances** surrounding maternal and perinatal deaths.
- It includes the routine identification, notification, quantification and determination of causes and avoidability of all maternal and perinatal deaths, as well as the use of this information to respond with actions that will prevent future deaths
- Hence, it effectively guides actions to eliminate preventable maternal and perinatal mortality at health facilities and in the community; and monitors the impact of those actions.
- Its conduct is multi-disciplinary; confidential and the process involves “no-name, no blame.”

MPDSR Cycle of Activities



Regional Progress and Achievements

Year	
2011-12	In compliance to WHO's 2004 publication titled "Beyond the Numbers", that all countries establish audit systems, the Fiji Ministry of Health and Medical Services (MHMS) partnered with Human Resources for Health Knowledge Hub, University of New South Wales, Sydney to conduct a Perinatal Medical Audit study in three Divisional Hospitals.
2019	With the support of UNFPA Fiji MHMS established a National Confidential Enquiry into Maternal Deaths (CEMD) Committee to guide and introduce an MDSR system in the country; development, validation and finalization of Fiji's 1 st MDSR report in 2019/20; and an attempt at establishing Kiribati, Vanuatu, and Solomon Islands MDSR committees
2022	With UNFPA's support and using a system's focused approach Fiji MHMS introduced MPDSR in the country, with 2 workshop trainings for health workers from National, Divisional and Sub-Divisional levels, during which global MPDSR tools were adapted to Fiji context. As a result, the Central Division MPDSR Committee was established with defined Terms of Reference (TOR) and code of conduct.
2023	Fiji's 1 st MPDSR National Guidelines developed and a national MPDSR 'Training of Trainers' (TOT) conducted.

Challenges

- Non-prioritization of maternal health by governments and donors in the region. It is assumed due to current low global (Maternal Mortality Ratio) MMR estimates that most PICTs have achieved MMR SDG targets and so little or no attention, capacity development or funding is paid to programmes on maternal health or strengthening health system processes to improve it.
- As a result, recent spikes have been reported in maternal mortality e.g Fiji's 2019/20 MDSR report showed an institutional MMR for Fiji of 86/100,000 live births; In 2023, Tonga reported 5 maternal deaths within the 1st half of the year.

Future Directions: Recommendations for Governments

- Urgently establish MPDSR systems from lower-level health facilities, referral hospitals, divisional/district/provincial health levels to national levels.
- Ensure MPDSR committee at the national level is domiciled in the office of the Minister for Health or Secretary for Health to ensure the issues and recommendations surrounding each death are prioritized and addressed promptly at the highest level.
- In alignment with global best practice, inclusion of maternal and perinatal deaths as significant and notifiable conditions under the Integrated Disease Surveillance and Response (IDSR) reporting.

Recommendations for Development Partners

- Support national governments in the institutionalization of MPDSR in the countries through the establishment and functionality of MPDSR Committees, and capacity building of its members; development of national MPDSR guidelines;
- Support documentation and monitoring of MPDSR processes and systems through validation and dissemination of annual MPDSR reports and monitoring of recommendations to ensure their implementation.
- Support integration of MPDSR in pre-service curricula of health workers including for doctors, midwives and nurses.

Conclusion

*“ It is **inexcusable** that in the 21st century motherhood remains so dangerous for so many. It is not only morally wrong but also hampers economic development and the survival and well being of families, communities and nations.*

*We know what to do and we know how to do it; these investments save lives, empowers women and girls, strengthens health systems and have a profound and lasting impact on development” – **Babatunde Osotimehin (Executive Director, UNFPA)***

Thank You

