

A ray of hope and promise; Experiences in developing maternal near miss policy framework, definition and tool - India -

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The Need

- In India Maternal Mortality Rate (MMR) reduced from 254 (SRS 2004-06) to 212 (SRS 2007-09) per hundred thousand live births.
- NM cases are more common than MD, so they provide robust information (Adisasmita et al 2008).
- NM review is likely to yield useful information on the same pathways that lead to deaths.
- Investigating the care received may be less threatening to providers because the woman survives.
- Providers receive appreciation for their services for survival of the woman, so feel encouraged and provide factual information.
- One can learn from the women themselves since they can be interviewed about the care they received.
- While MNM review strengthens service delivery, development and implementation of a uniform policy framework, definition and criteria for identifying a near miss case is a challenge.

Objective

To firm up the Definition, Criteria and Tools for recording MNM Cases and piloting the same for the Maternal Health Division, Government of India, Ministry of Health Welfare.

Program Partners

Maternal Health Division - Government of India, Ministry of Health and Family Welfare, Federation of Obstetric and Gynecological Societies of India, Mahatma Gandhi Institute of Medical Sciences, AVNI Health Foundation, Jawaharlal Nehru Medical College, Aligarh Muslim University - Aligarh, Government Medical College & Sultania Janana Hospital - Bhopal, Institute of Social Obstetrics & Government Kasturba Gandhi Hospital for Women & Children - Chennai, Post-Graduate Institute of Medical Sciences - Rohtak, Mahatma Gandhi Institute of Medical Sciences - Sevagram, Kamala Nehru State Hospital for Mother and Child - Shimla. Funding - International Federation of Gynecology and Obstetrics - Leadership in Obstetrics and Gynecology for Impact and Change program.

Implementation Process

Ten phases spread over 16 months. Phase I - identification of key technical partners for the design, development and program management. Phase II - desk research. Phase III - National Technical Group (NTG) was constituted. Phase IV - NTG met and agreed on a draft policy framework, definitions, criteria for case selection, tools to be used for India. Phase V - Pilot testing and Mid-term review. Phase VI - Review of the findings. Changes in tools/criteria. Phase VII - Revised documents piloted. Phase VIII - Data entry, cleaning, quality checks and data analysis. Phase IX - Agreement on final document. Phase X - Report preparation and submission for release of the MNM policy framework, definitions, criteria, and tools.

Definition/Criteria

“A woman who survives life threatening conditions during pregnancy, abortion, childbirth or within 42 days of pregnancy termination, irrespective of receiving emergency medical/surgical interventions or otherwise, is called Maternal Near Miss.”

Criteria divided into four sections and a case should meet a minimum of three criteria's within each sub-section.

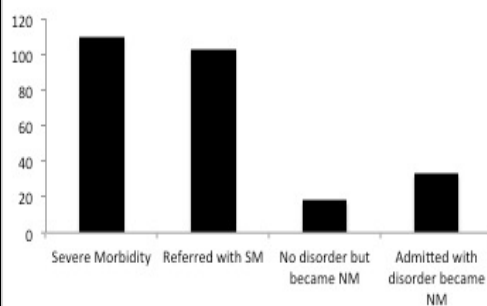
Sections: 1 - Pregnancy specific disorders, 2 - Pre-existing disorders aggravated during pregnancy, 3 - Pregnancy specific medical disorders, 4 - Incidental and accidental causes in pregnancy.

Sub-sections: Comprise of Adverse Events, Disorders/Conditions or Complications, Clinical findings (symptoms and signs), Result of investigations and Interventions.

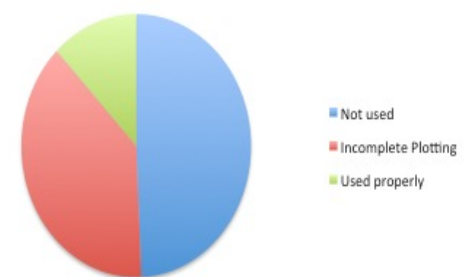


Findings

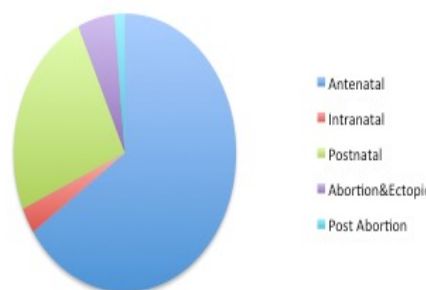
Type of Admission



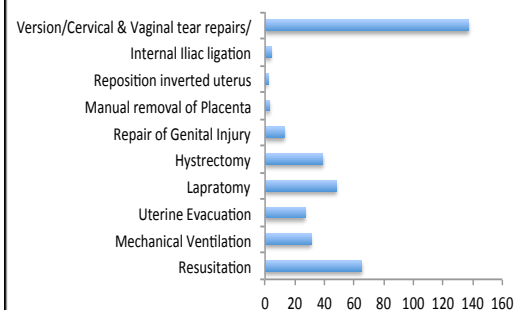
Use of Partograph



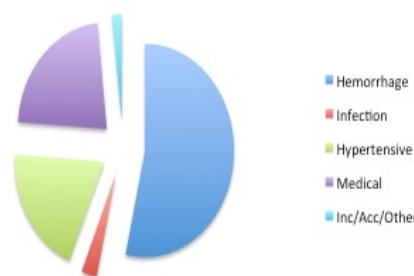
Status at Admission



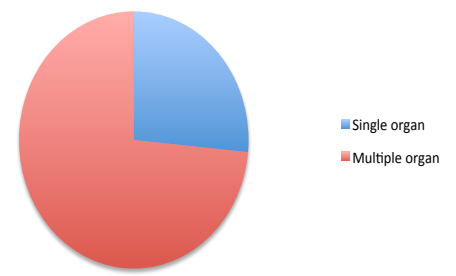
Interventions



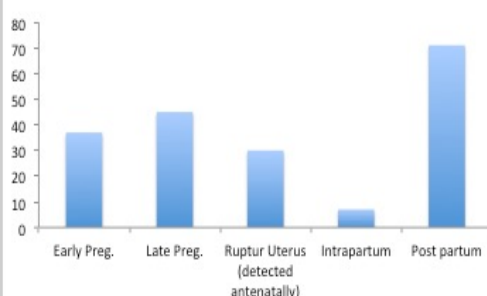
Disorders Causing MNM



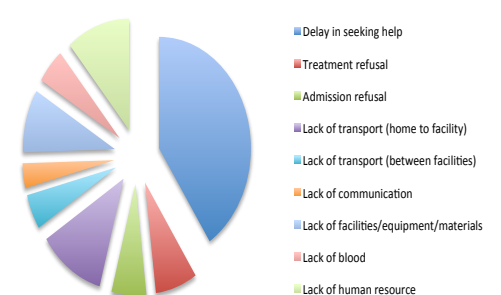
Organ Dysfunction



Hemorrhage Breakup



Factors Leading to MNM



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1, 5 - Federation of Gynaecology and Obstetric Societies of India, Mumbai, India. 2,9 - AVNI HEALTH FOUNDATION, Mumbai, India. 3, 4 - Ministry of Health and Family Welfare, Government of India, New Delhi, India. 6,7,8 - Mahatma Gandhi Institute of Medical Sciences, Sevagram, India. 10 - International Federation of Gynecology and Obstetrics - LOGIC, UK.

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