

MATERNAL NEAR MISS REVIEW – AN INTERVENTION TO REDUCE MATERNAL DEATH

ROUF S

Maternal mortality is a critical indicator to assess the quality of services provided by a health care system. The standard indicator is maternal mortality ratio, defined as the ratio of number of maternal deaths per 100000 live birth. Improvement of maternal health was one of the millennium development goals, MDG 5 with target 5A that calls for the reduction of maternal mortality ratio by three quarters between 1990 and 2015¹. Since 1990, though maternal deaths have dropped by 47% world wide, the number of maternal deaths in developing countries still remains high². The global maternal mortality ratio is 210/ 100000 in developing countries as compared to 14/ 100000 in developed countries³. So major discrepancy still exists between developed and developing countries. Despite that due to improved health care the ratio has been declining steadily both in developed and in developing countries. As a result maternal deaths in absolute number are rare within a community and this makes the assessment of care difficult, specially in areas with low mortality and in small geographical areas. To overcome these challenges- Severe Acute Maternal Morbidity (SAMM) and Maternal Near Miss (MNM) review is introduced in maternal health care to compliment information obtained from Maternal Death Review (MDR). The world health organization (WHO) defines a “maternal near miss” case as “a woman who nearly died but survived with a complication that occurred during pregnancy, child birth or within 42 days of termination of pregnancy”⁴. Different terminology are used such as Severe Acute Maternal Morbidity (SAMM) refers to a life threatening condition and disorders that ends up in near miss with or without residual

morbidity. Near Miss is termed as a very ill pregnant or recently delivered woman who would have died had it not been that luck and good care was on her side. Near miss cases together with maternal deaths are referred to Severe Maternal Outcome (SMO). In April 2009 WHO working group published a paper to define Maternal Near miss cases and uniform case identification criteria to achieve uniformity in data collection⁵, known as - The modified WHO criteria of Organ System Dysfunction based on SOFA score. Three different approaches are practiced worldwide to identify Maternal Near Miss cases. These are- Disease Specific Criteria (ie severe preeclampsia, severe postpartum hemorrhage), Organ Dysfunction Based Criteria (cardiovascular system, coagulation system), Management Based Criteria (need of ICU admission, massive blood transfusion) etc⁶. The prevalence of MNM varies between developed and developing countries, approaches to case identification and resources available⁷. Several indicators are used to evaluate the quality of care – like Maternal Near Miss Incidence Ratio (MNMIR), Maternal Near Miss Mortality Ratio (MNMMR), Mortality Index etc. Maternal death to Near Miss ratio indicates that a significant proportion of critically ill patients died due to sub optimal level of care for life threatening situations. The ratio expressed as the case fatality ratio, reflects the gap in health care that needs to be addressed to save women from dying in child birth. Several advantages are there for investigating near miss events such as – near miss cases are more common than maternal deaths although the causes are same for both, investigating the instances may be less threatening to providers even rewarding as women survived, and can take lesson from

Correspondence : Prof. Salma Rouf, Professor of Obstetrics and Gynaecology, Dhaka Medical College

Received: 10 June 2018

Accepted: 20 September 2018

women themselves to share their experiences. For every maternal death, there are about 30 near miss events and every near miss is a free lesson and opportunity for us to improve care.

J Dhaka Med Coll. 2018; 27(2) : 102-103

Prof Salma Rouf

Professor of Obstetrics and Gynaecology
Dhaka medical college

References

1. Fifty fifth session of the United Nations Annual Assembly: Newyork. United Nations 2000 Sept 18, United Nations Millennium Declaration. General Assembly Document. No A/RES/55/2
2. Maternal Near Miss: An Indicator for Maternal Health and Maternal Care. Indian Journal of Community Medicine 2014 June-Sept,39(3)132-137
3. World Health Organization, WHO, UNICEF, UNFPA and the World Bank estimates, Geneva, Switzerland. World Health Organization 2012, Trends in Maternal Mortality: 1990-2010.
4. Maternal Near Miss. https://en.wikipedia.org/wiki/maternal_near_miss.and_oldd=740917369.
5. WHO working group of Maternal Mortality and Morbidity classifications. Maternal near miss towards a standard tool for monitoring of quality of maternal health care.2009.
6. The prevalence of Maternal Near Miss: A Systemic review. Tuncalpo, Hindiw MJ,Souza JP, Chou D, Say L. BJOG 2012;119:653-661
7. WHO Systemic Review of Maternal Morbidity and Mortality: The Prevalence of Severe Acute Morbidity(Near Miss), Reproductive Health, Aug 2004