



Organización
Mundial de la Salud
OFICINA REGIONAL PARA LAS Américas



Quality, Equity, Dignity

A Network for Improving Quality of Care
for Maternal, Newborn and Child Health

A SPECIAL FOCUS ON PERINATAL DEATH REVIEWS IN MPDSR



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INTRODUCTION

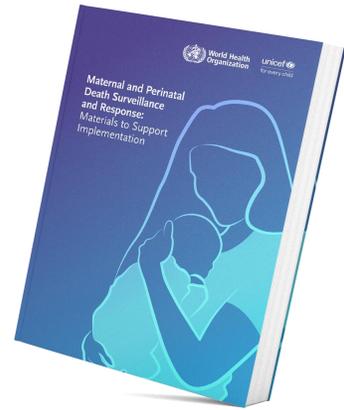
30 November 2021



Ms Francesca Palestra,
Technical Officer, Maternal Health Team
Department of Maternal, Newborn, Child and Adolescent Health and Ageing (MCA)
WHO Geneva



A SPECIAL FOCUS ON PERINATAL DEATH REVIEWS IN MPDSR



Introduction: Ms Francesca Palestra, Technical Officer, WHO Geneva

Part 1: MPDSR with specific focus on Perinatal death reviews: PAHO's perspective

Dr Andres de Francisco, Director of the Department of Family, Health Promotion & Life Course, PAHO

Part 2: Panel discussion

Facilitated by Dr Pablo Duran, Regional Advisor in Perinatal Health, PAHO

- Dr Gustavo Batres Cerezo, Mr Mario Tipol, Dr Jennifer Annaite Aguirre Morales and Dr Elizabeth Santiago, MPDSR national committee representatives, Guatemala
- Dr Mario Izquierdo, Deputy Director, General Directorate of Strategic Interventions in Public Health, Ministry of Health, Peru
- Dr Natasha Sobers, Researcher, George Alleyne Chronic Disease Research Centre, Jemmott's Lane, St. Michael, The University of West Indies, Barbados

Closing remarks: Ms Francesca Palestra, Technical Officer, WHO Geneva

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INTERPRETATION

There is interpretation for English & Spanish. Please click on the globe on your Zoom screen to access this.

Hay interpretación para inglés y español. Haga clic en el globo terráqueo en su pantalla de Zoom para acceder.

QUESTIONS

Part 2's Panel discussion will include questions from participants.

Please place your questions in the CHATBOX

Definition of neonatal mortality and stillbirth

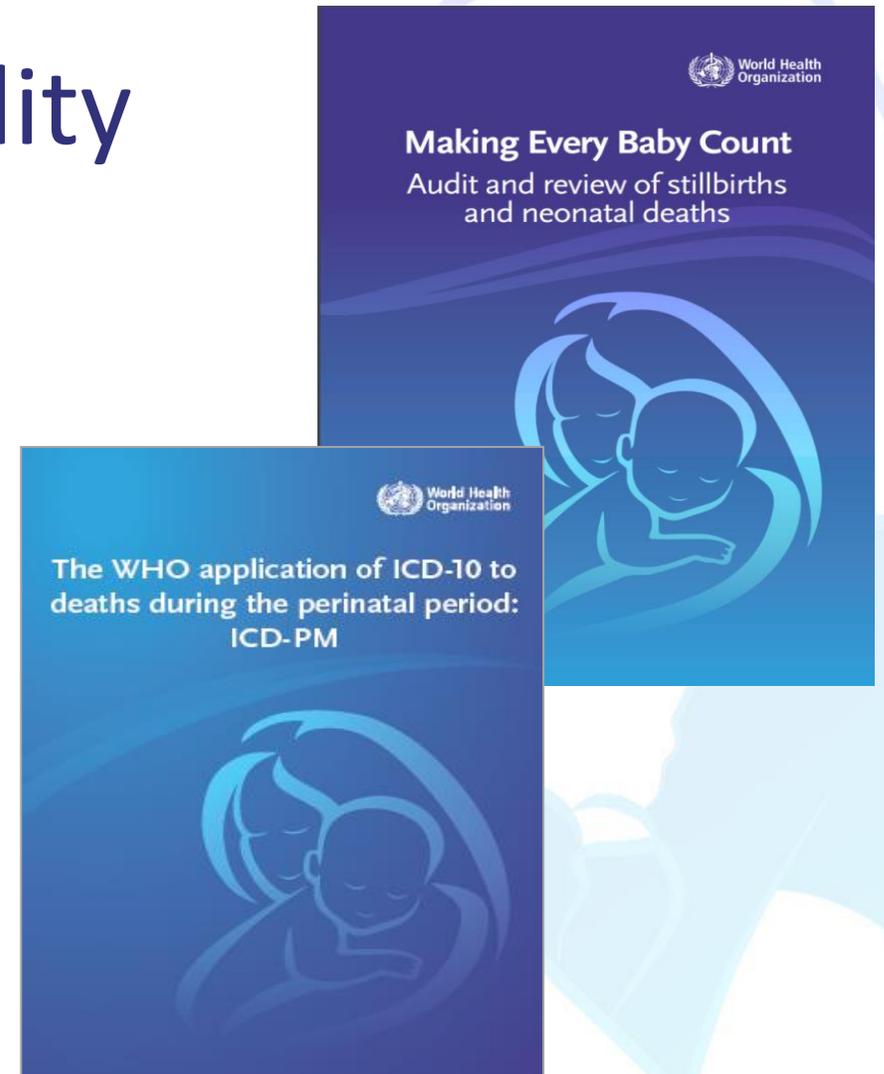
- The neonatal period: the first 28 days of life
- Neonatal death: day 1-28 (or 0-27 days)
 - Day 1: the first 24 hours of life
 - Early neonatal death: 1-7 days of life
 - Late neonatal deaths: 8-28 days of life
- Neonatal mortality rate (NMR) is measured as a rate: number of neonatal deaths per 1,000 live births



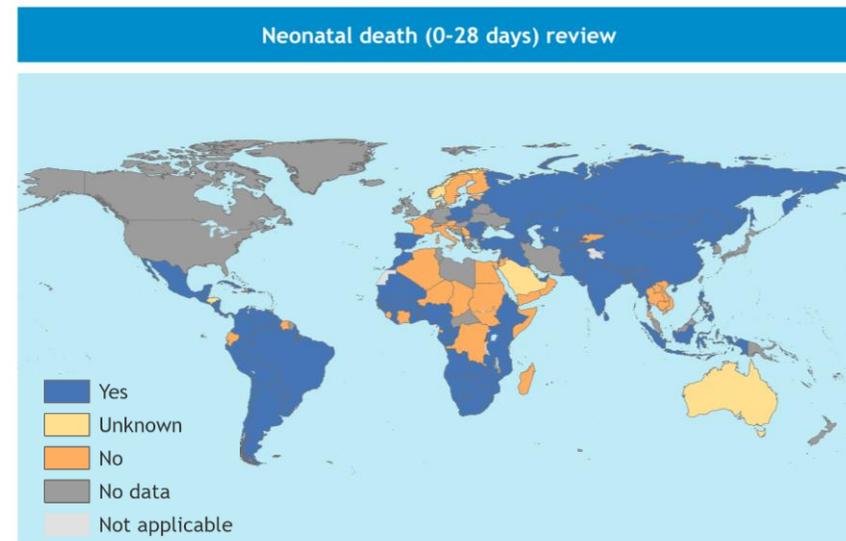
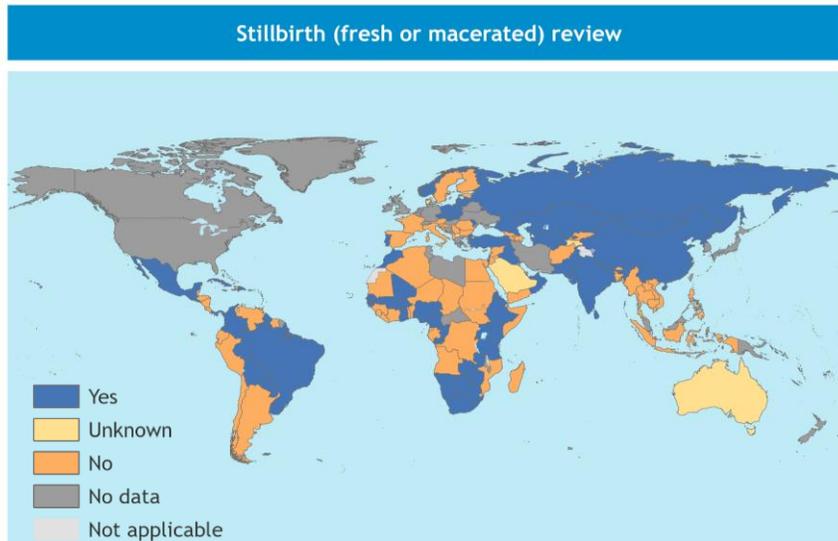
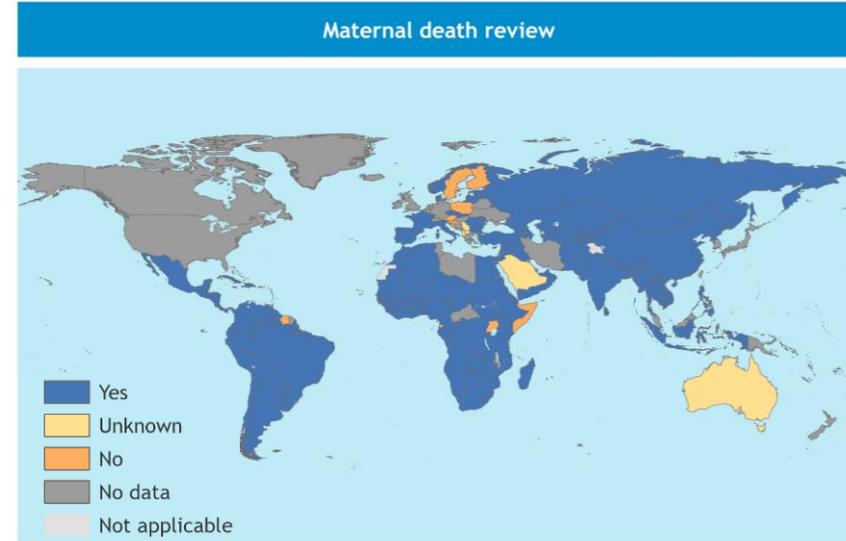
- Stillbirths for international comparison
 - Birth weight of 1,000 gram or more
 - Gestational age of 28 weeks or greater
 - Body length of 35 cm or more
- National data
 - Birth weight of 500 gram or more
 - Gestational age of 22 weeks or greater
 - Body length of 25 cm or more
- Stillbirth rate is measured as the number of stillbirths per 1,000 total births.

Definition of Perinatal Mortality

- The number of fetal deaths of at least 28 weeks of gestation and/or 1000 g in weight *and* newborn deaths (up to and including the first seven days after birth).
- Perinatal mortality is presented as a rate per 1000 total births (i.e. including stillbirths and live births).



Maternal and Perinatal Death Surveillance and Response, National Policies (2018-2019)



Maternal and Perinatal Death Surveillance and Response (MPDSR)

is a continuous action-cycle of identification, notification review, and analysis of maternal and perinatal deaths followed by response to prevent future deaths.

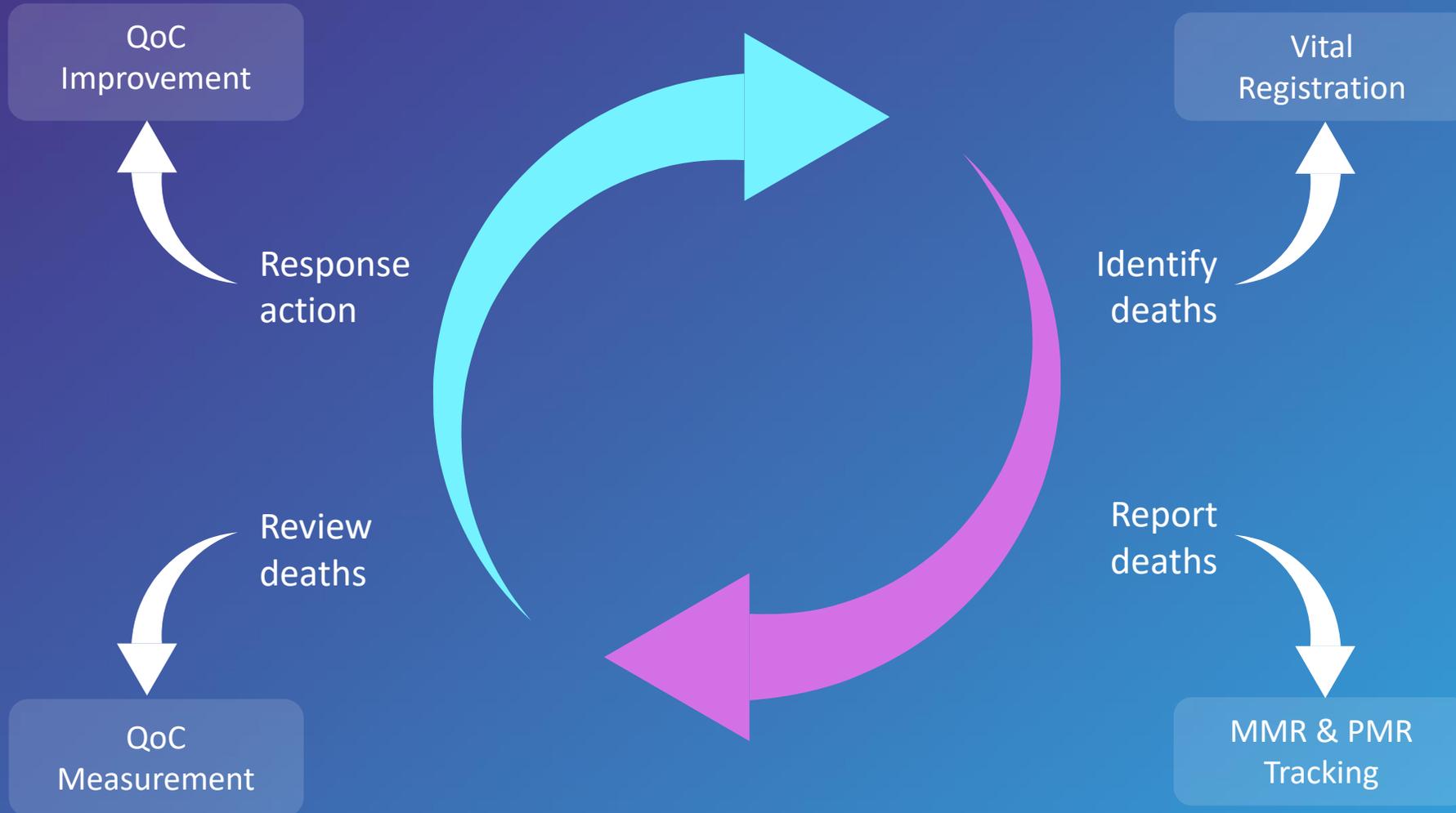
A complex intervention including maternal death audit and review, as well as development of local leadership and training, led to a **35% reduction** in inpatient maternal mortality in district hospitals of low-income countries ¹

Source

2. Merlin L Willcox et al. Death audits and reviews for reducing maternal, perinatal and child mortality. Cochrane Library, March 2020.

THE MPDSR CYCLE

Surveillance & Response



THE REASONS WHY a robust MPDSR system is important:

- **Strengthen routine data systems on maternal and perinatal deaths**
 - Identifying, notifying deaths – health facility and community levels
 - Linking with existing surveillance systems, HMIS, CRVS
 - Providing in-depth information on cause of death
- **Strengthen interprofessional teams**
 - MPDSR is the responsibility of all health care staff
 - Work in a blame-free environment
- **WHO identified MPDSR as an essential RMNCAH intervention to mitigate the indirect effects of COVID-19 on maternal and perinatal outcomes ³**

Source:

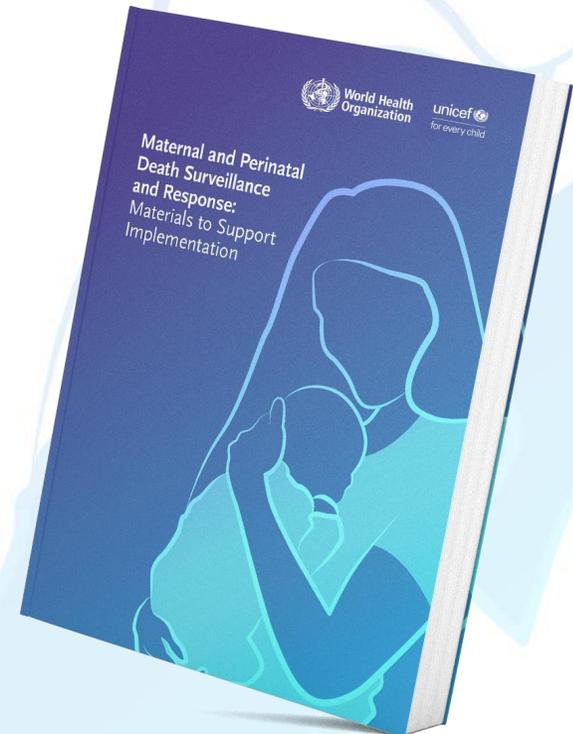
3. COVID-19: Operational guidance for maintaining essential health services during an outbreak. Geneva: World Health Organization; 2020 (<https://apps.who.int/iris/handle/10665/331561>, accessed 28 May 2021).

THE NEW MPDSR MATERIALS TO SUPPORT IMPLEMENTATION

This document is a practical step by step guidance, relevant to establish a framework to assess the burden of maternal deaths, stillbirths and neonatal deaths, including trends in numbers and causes of death and on how to link maternal and perinatal death reviews.

MPDSR

Can improve the quality of maternal and perinatal care, which is an essential to achieve Universal Health Coverage.

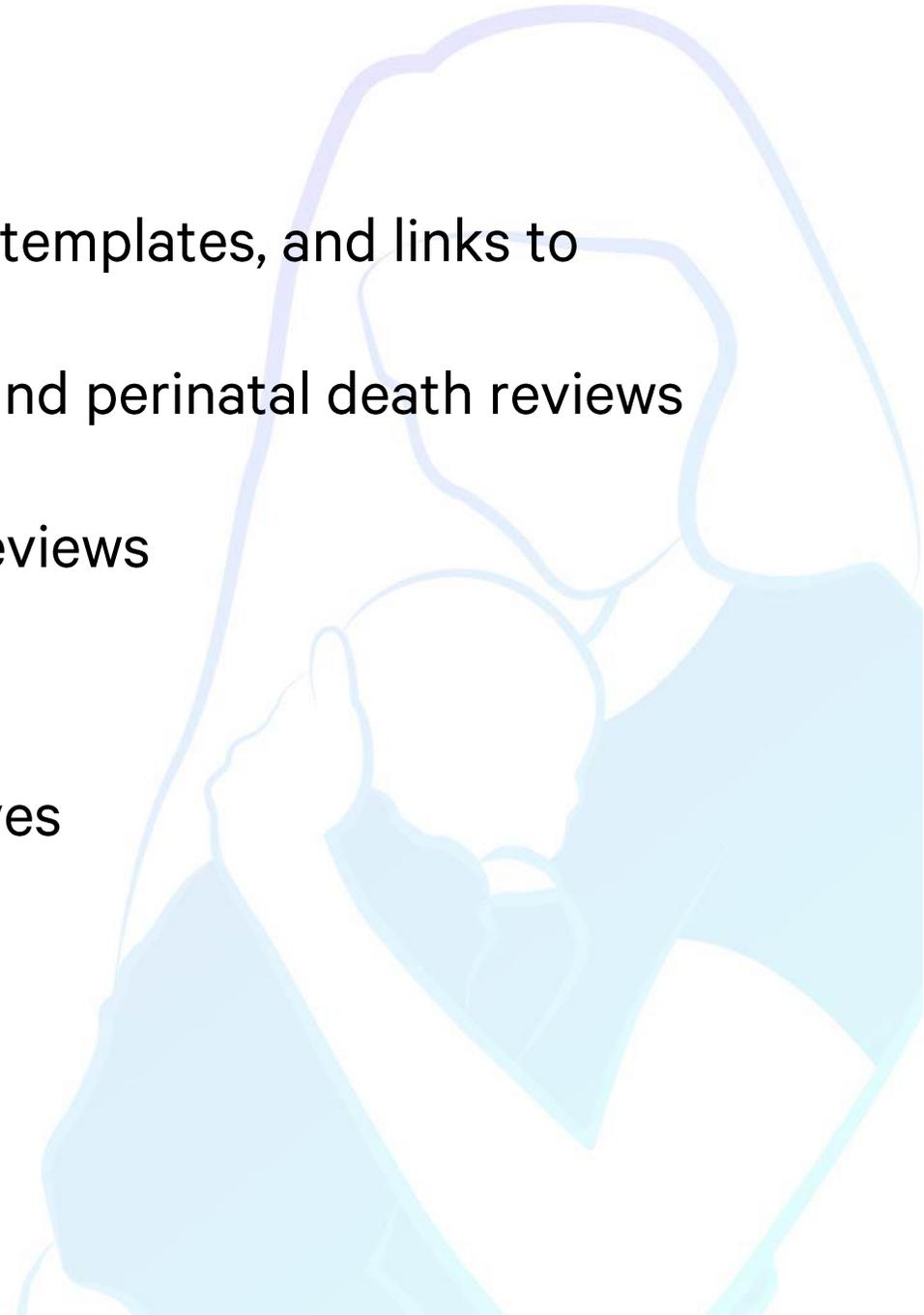


LINK TO THE RESOURCE: <https://www.who.int/publications/i/item/9789240036666>

What's New?

Easy to follow modular approach including instructions, templates, and links to resources

- Recommendations for how to conduct joint maternal and perinatal death reviews and develop response
- Guidance on how to select cases for perinatal death reviews
- Developing SMART recommendations
- Monitoring MPDSR implementation
- Linkages between MPDSR and Quality of Care initiatives
- MPDSR in humanitarian settings
- Overcoming the blame culture of MPDSR
- Capacity building/training materials



How to select perinatal cases for review?

- In high mortality settings, challenging to review ALL maternal and perinatal deaths
- Limited staff capacity and competing priorities.
- According to the new document MPDSR materials to support implementation and the guide Making Every Baby Count few approaches are proposed:
 - Depending on the facility's staffing levels and workload, an in-depth review of 2–3 cases per meeting may be considered, although new committees might want to start with just 1–2 cases per meeting, and focus on the quality of the review.
 - The easiest method is to select deaths randomly, e.g. every fifth death
 - Most preventable cases, such as term neonatal deaths and intrapartum stillbirths (antepartum stillbirths more difficult to examine and intrapartum stillbirths are more preventable) since these may be more likely to lead to actionable changes to the care provided, referral procedures, or community practices.
 - Top causes of deaths approach
 - Thematic approach

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MPDSR with specific focus on Perinatal death reviews: PAHO's perspective

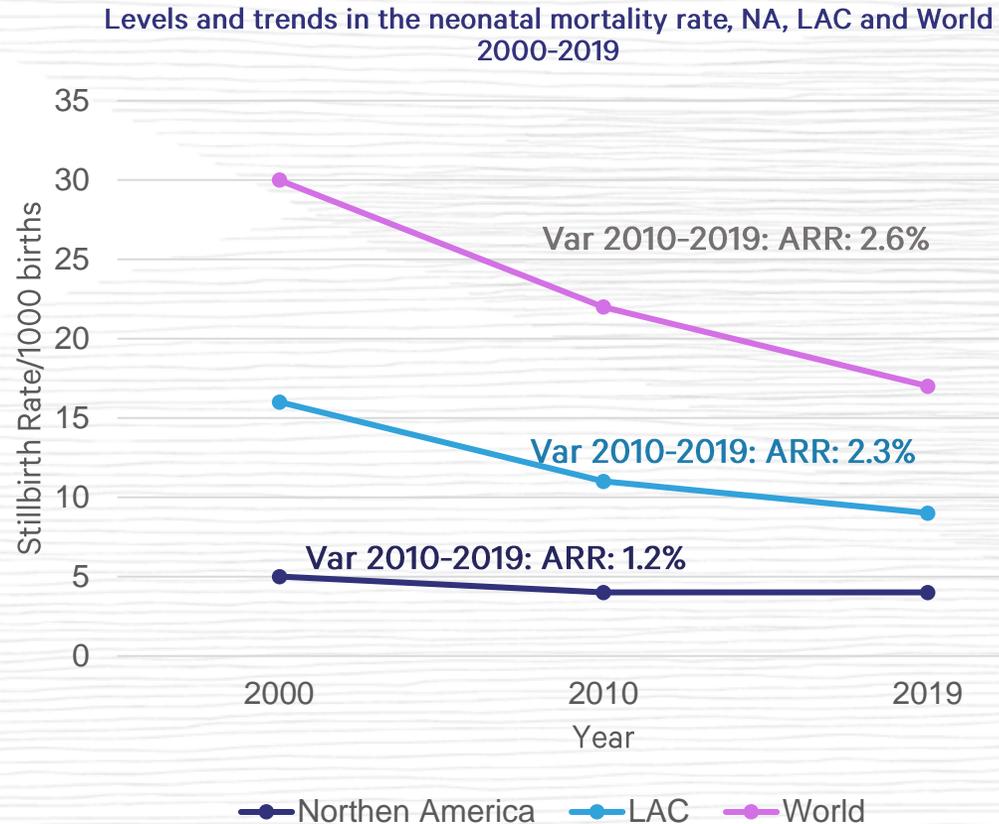
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Dr Andres de Francisco, Director of the Department of Family, Health Promotion & Life Course, Pan American Health Organization (PAHO)



Level and trends in neonatal mortality



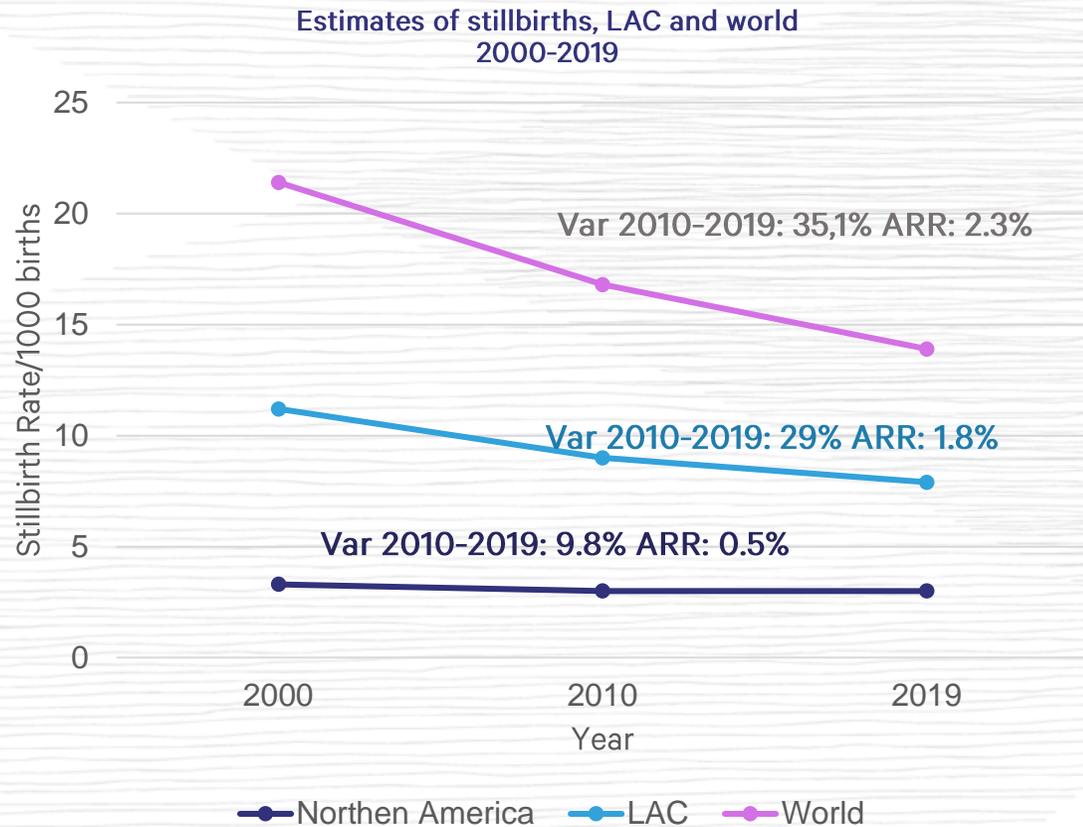
- Americas: 15 million live births
 - >110.000 neonatal deaths
 - 7/000 NMR
- LAC: 10 million live births
 - >94.000 neonatal deaths
 - 9/000 NMR

Inequities in NMR

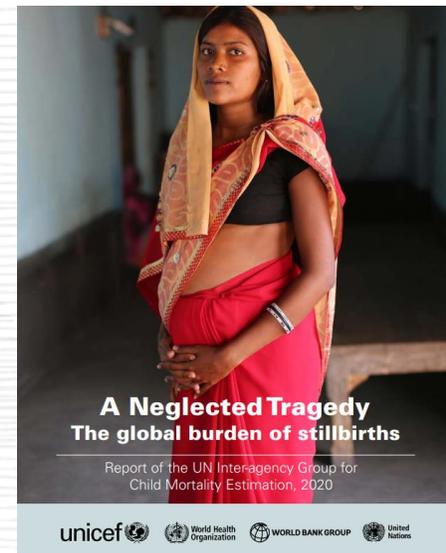


- Progress in women's, children's and adolescents' health in the Region has been uneven
- Significant differences in health status persist between and within countries, and certain population groups—indigenous, Afro-descendant, less-educated, poor, and rural groups

Stillbirth: Level and trends



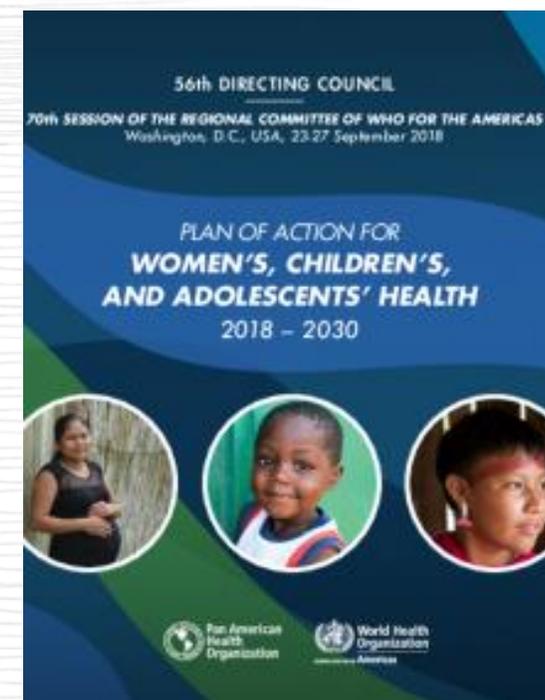
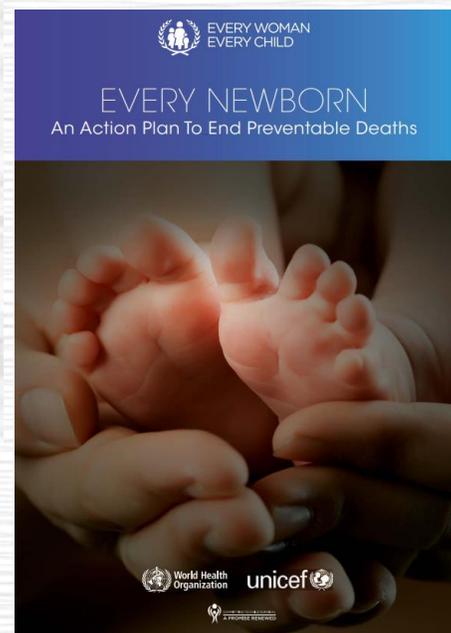
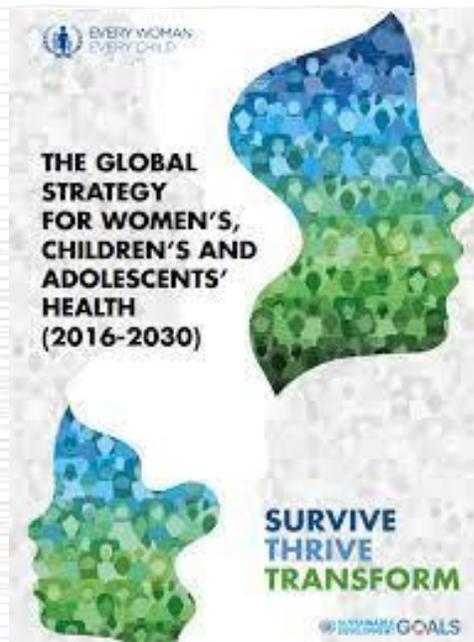
- ~ 100.000 stillbirths
- ~ 85% antepartum



unicef World Health Organization WORLD BANK GROUP United Nations

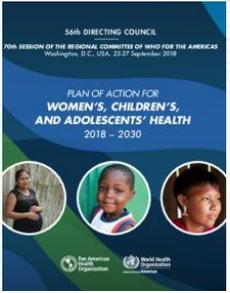
Common barriers and challenges

- Lack of equitable access to high-quality and continuous health care and services for all.
- Limited systematic promotive and preventive health action in families, educational settings, and communities.
- Limited opportunities for systematic and consistent participation of women, children, and adolescents in their own health.
- Lack of strategic information to monitor health status and inequities and to inform the development of transformative approaches to health interventions.
- Lack of a multisectoral approach to address the determinants of health.
- Lack of a life course perspective and approach.



Strategic lines of action

- Strengthen a transformative policy environment to reduce health inequities among women, children, and adolescents.
- Promote universal, effective, and equitable health and well-being for all women, children, and adolescents in their families, schools, and communities throughout the life course.
- Expand equitable access to comprehensive, integrated, quality health services for women, children, adolescents, and families, that are people-, family-, and community-centered.
- Strengthen information systems for the collection, availability, accessibility, quality, and dissemination of strategic information, including health data and statistics on the health of women, children and adolescents, within the framework of the principles proposed in this Plan.



SLA 3: Expand equitable access to comprehensive, integrated, quality health services for women, children, adolescents, and families, that are people-, family-, and community-centered

Goal & Objective	Indicators
Goal 2. Reduction of neonatal mortality rate	Regional neonatal mortality rate
	Number of countries and territories with Neonatal mortality rate < 9 per 1,000 live births (disaggregated by place of residence, and ethnicity, as applicable in each country)
	Number of countries and territories that have reduced neonatal mortality rate by at least 10% in all population groups (disaggregated by age, place of residence, ethnicity, and cause)
	Number of countries and territories in which low birth weight babies (proportion of newborns weighing less than 2,500 grams) has decreased at least 10%
Objective 3.2: Improve the quality of health care and services for women, children and adolescents	Indicator 3.2.1: Number of countries and territories implementing regular maternal and perinatal death reviews and audits

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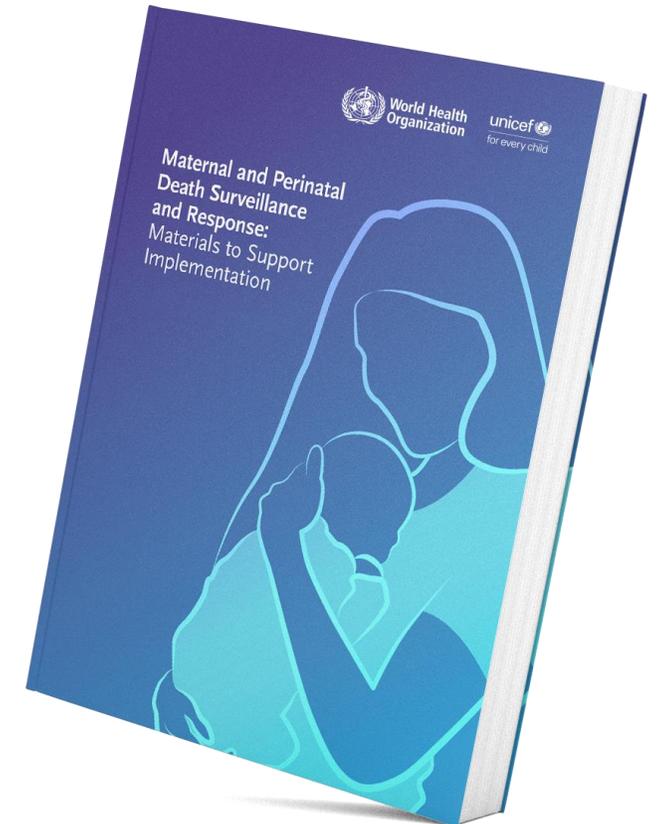
Panel discussion

30 November 2021



Moderator

Dr Pablo Duran, Regional Advisor in Perinatal Health, Pan American Health Organization (PAHO)



Q&A & PANEL DISCUSSION

Facilitated by Dr Pablo Duran, PAHO



Dr Gustavo
Batres Cerezo

Coordinator of
the MPDSR
National
Committee,
Guatemala



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Epidemiologist &
MPDSR National
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Representative,
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Dr Jennifer
Annaite Aguirre
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Ministry of
Health, Peru



Dr Natasha
Sobers

Researcher, St
.Michael, The
University of
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Barbados

What's next?

- We are working with our regions, countries, the MPDSR TWG, partners and donors to a dissemination plan and implementation support plan at country level
- You can access the materials on the [WHO website](#) and the presentations shared with you today on the [Quality of Care Network website](#).
- If you are interested to implement this in your country and context, please reach out to:

Ms Francesca Palestra,
Technical Officer, MCA WHO Geneva
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A Network for Improving Quality of Care
for Maternal, Newborn and Child Health

The role of MPDSR in delivering quality care for MNH

Country experience and
launch of WHO' Knowledge
Brief on QoC and MPDSR

Tuesday, 7 December 2021 at 1pm Geneva



Recording & slides are available at:

<https://www.qualityofcarenetwork.org/webinars/series-7-webinar-7-maternal-and-perinatal-death-surveillance-and-response-materials>

Visit website:

<https://www.qualityofcarenetwork.org/about>



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Thank you!

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