



Quality, Equity, Dignity

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

# Overcoming the blame culture in MPDSR

Tuesday, 8 February 2022  
12pm Accra, 1pm Geneva, 3pm Kampala



# Overcoming the blame culture in MPDSR

INTRODUCTION

8 February 2022




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



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www.bjog.org

Commentary

## Overcoming blame culture: key strategies to catalyse maternal and perinatal death surveillance and response

MV Kinney,<sup>a</sup>  LT Day,<sup>b,c</sup> F Palestra,<sup>d</sup> A Biswas,<sup>e</sup> D Jackson,<sup>a,f</sup> N Roos,<sup>g,h</sup> A de Jonge,<sup>i,j</sup> P Doherty,<sup>k</sup> AA Manu,<sup>l</sup> AC Moran,<sup>m</sup> AS George,<sup>a</sup> on behalf of the MPDSR Technical Working Group

# Overcoming the blame culture in MPDSR

**Introduction: Ms Francesca Palestra**, Technical Officer, Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO Geneva

## Part 1:

Launching the Manuscript 'Overcoming blame culture: key strategies to catalyze maternal and perinatal death surveillance and response':

**Ms Mary Kinney**, Researcher, School of Public Health, University of Western Cape, South Africa

## Part 2:

Panel Discussion:

Facilitated by **Dr Allisyn Moran**, Maternal Health Unit Head, Department of Maternal, Newborn, Child and Adolescent Health and Ageing, WHO Geneva

**Ms Gloria Mutimbwa Siseho**, Health Specialist, UNICEF Namibia

**Ms Vida Kukula**, Midwife/Public Health Practitioner, Ghana and PhD candidate at Amsterdam University Medical Centre

**Dr Robert Mrema**, Technical Officer, WHO Uganda

Questions & Answers

Closing remarks: Ms Francesca Palestra, WHO Geneva

# Overcoming the blame culture in MPDSR

## QUESTIONS

For the Questions & Answers we invite questions from all participants.

Please place your questions in the CHATBOX

# Overcoming the blame culture in MPDSR

Launching the  
Manuscript

8 February 2022



Dr Mary Kinney,  
Researcher, School of Public Health,  
University of Western Cape,  
South Africa


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**Countdown to 2030**  
Maternal, Newborn & Child Survival



# COLLABORATION FROM MEMBERS OF THE MPDSR TWG & BUILT FROM EXISTING WORK

DOI: 10.1111/1471-0528.12801  
www.bjog.org

Review article

## The cultural environment behind successful maternal death and morbidity reviews

G Lewis

*Health Policy and Planning*, 2021, 1–19  
doi: 10.1093/heapol/czab011  
Review

OXFORD

## Maternal and perinatal death surveillance and response in low- and middle-income countries: a scoping review of implementation factors

Mary V. Kinney <sup>1,\*</sup>, David Roger Walugembe<sup>2</sup>, Phillip Wanduru<sup>3</sup>, Peter Waiswa<sup>4</sup> and Asha George <sup>1</sup>


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### With thanks to co-authors

Mary V Kinney  
Louise Tina Day  
Francesca Palestra  
Animesh Biswas  
Debra Jackson  
Nathalie Roos  
Ank de Jonge  
Patricia Doherty  
Alexander A Manu  
Allisyn C Moran  
Asha S George

# MPDSR can help reduce huge burden

## HUGE BURDEN OF DEATHS

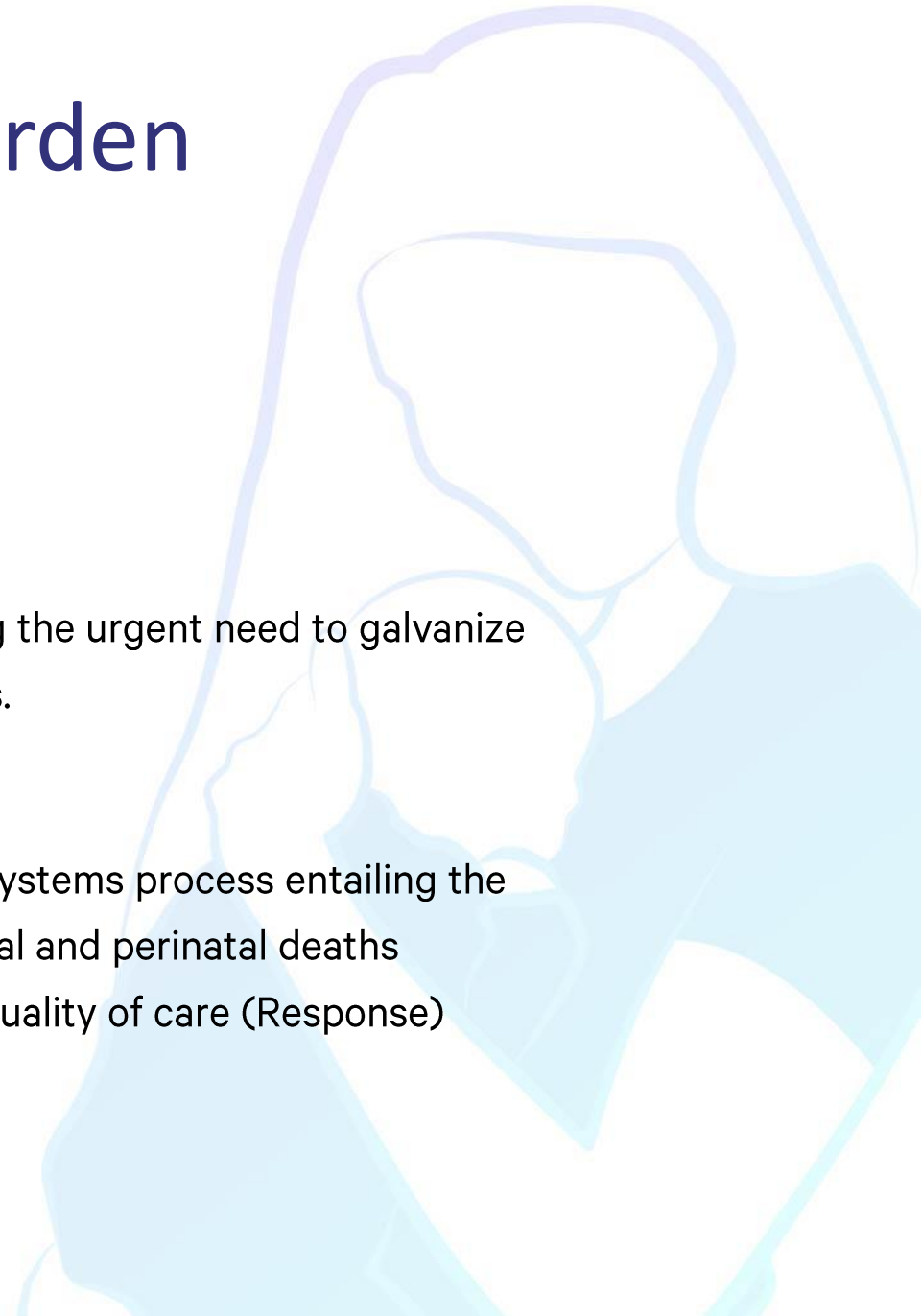
- 4.6 million maternal and newborn deaths and stillbirths each year.

## IMPACT OF COVID-19 PANDEMIC

- Maternal and perinatal health outcomes have worsened, highlighting the urgent need to galvanize MPDSR to end preventable mortality and strengthen health systems.

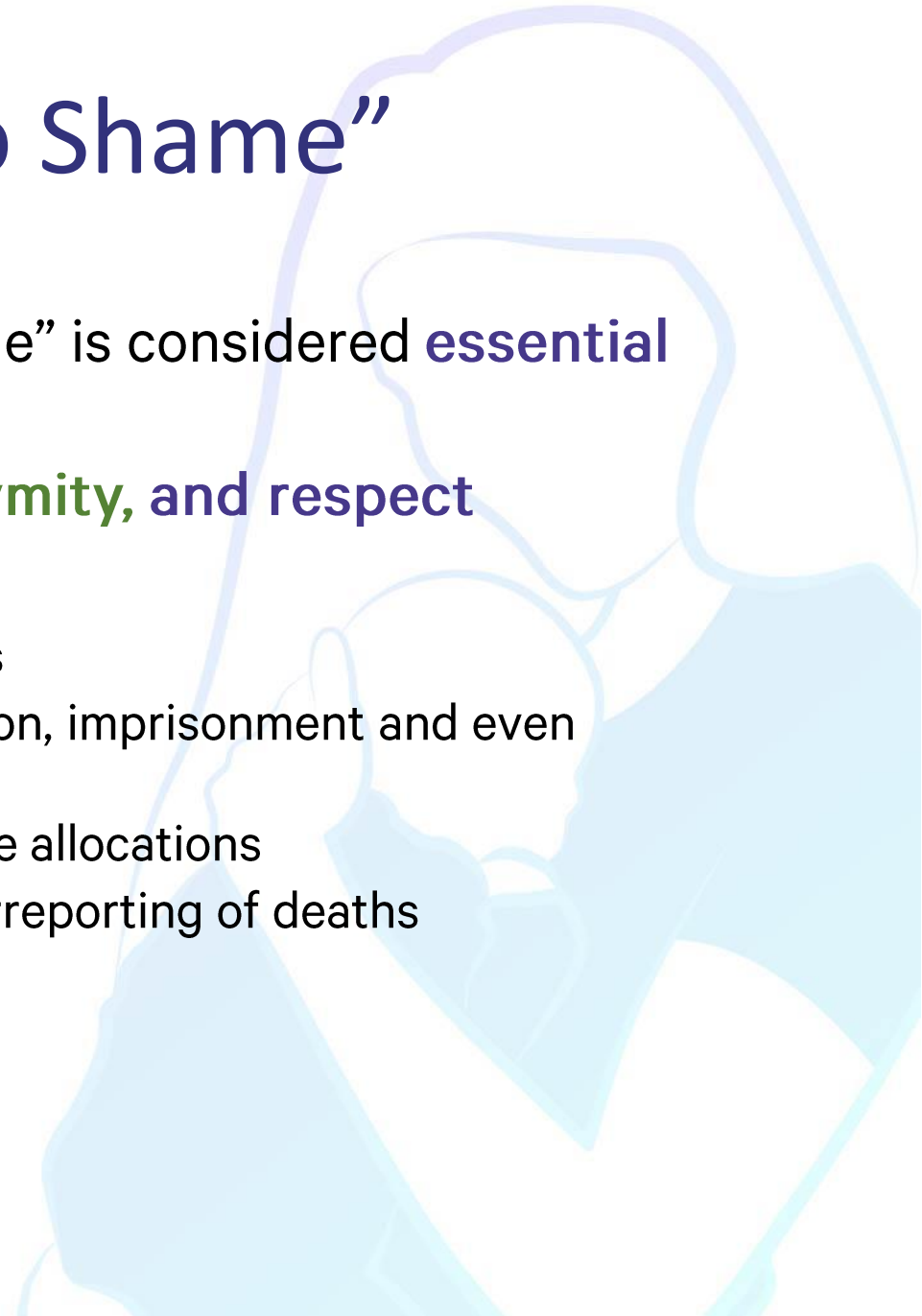
## ACTION THROUGH MPDSR

- Maternal and perinatal death surveillance and response is a health systems process entailing the continuous cycle of identification, notification, and review of maternal and perinatal deaths (Surveillance), followed by actions to improve service delivery and quality of care (Response)



# “No Name, No Blame, and No Shame”

- The concept of “No Name, No Blame, and No Shame” is considered **essential** for successful implementation of MPDSR.
- Central ethical principles -> **confidentiality, anonymity, and respect**
- Consequences when principles not followed:
  - Demoralization and demotivation of health care workers
  - Punishment of the health care workers including litigation, imprisonment and even violence from the community.
  - Fear punitive action resulting in less support or resource allocations
  - Lack of transparency, such as misclassification or underreporting of deaths
  - Unnecessary referrals
  - A weakened health systems
  - Lack of community trust in the health care system





# Literature on MDPSR “blame culture”

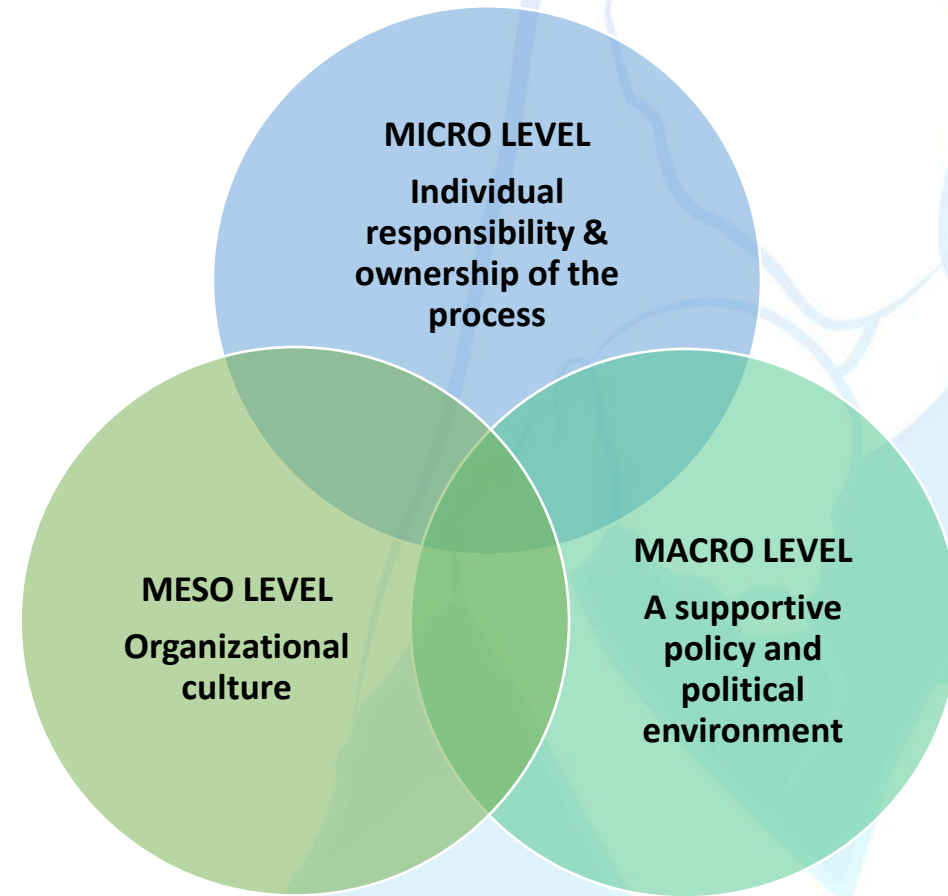
- A scoping review identified 42 studies with information about the blame culture found:
  - Fear of blame is a widely recognized barrier to implementation;
  - There is a lot of learning on blame culture but little application of learning documented;
  - The complexity of blame, including different explanatory reasons for it and different types;
  - People, relationships and communications core factors – but individual experiences and relationships not explored



Source: Kinney MV, Walugembe DR, Wanduru P, Waiswa P, George A. Maternal and perinatal death surveillance and response in low- and middle-income countries: a scoping review of implementation factors. Health policy and planning 2021 doi: 10.1093/heapol/czab011.

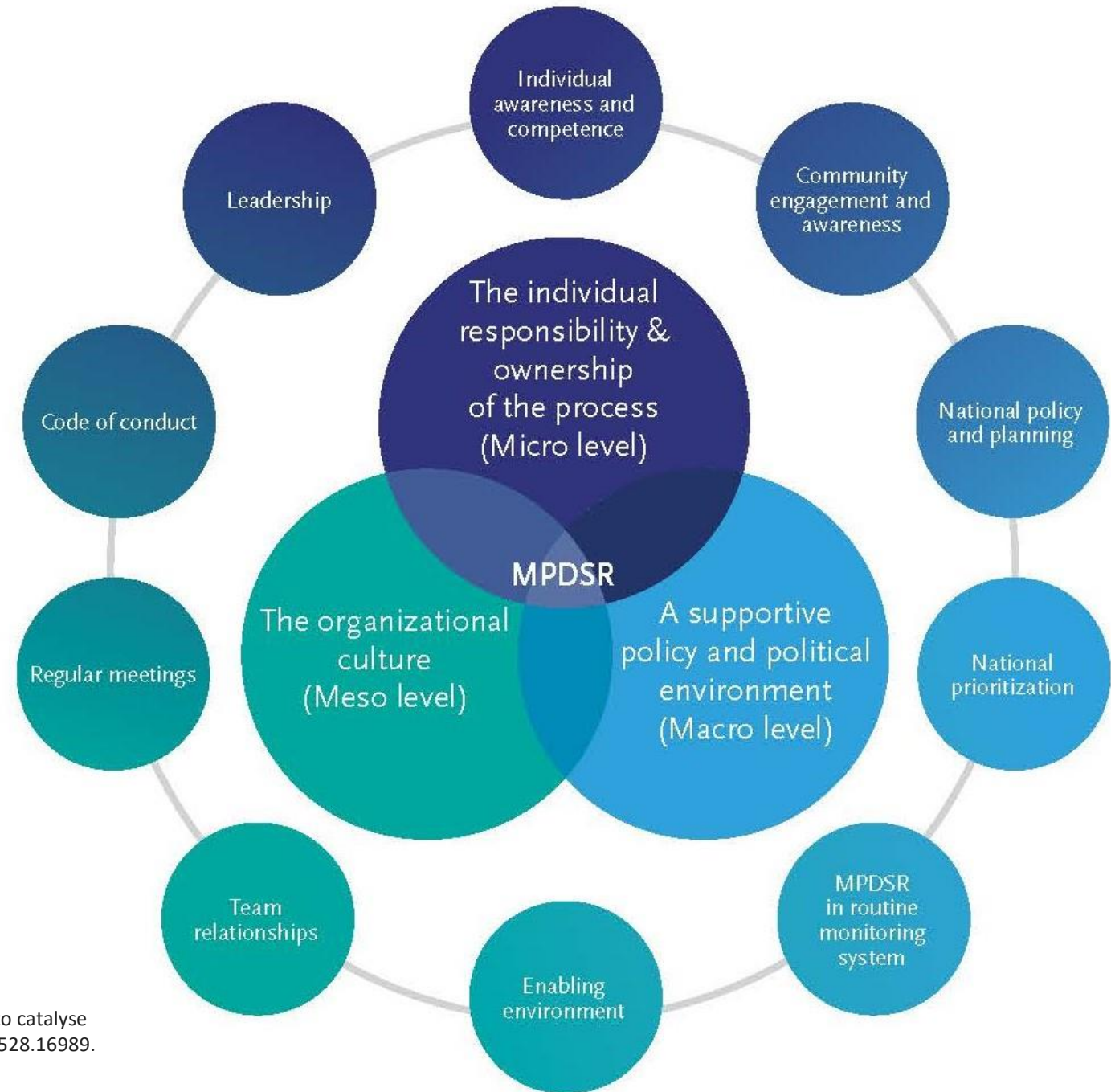
# A framework on the implementation climate of MPDSR – 3 levels of the system

- **Individual responsibility and ownership of the process (micro level):** health workers embrace a life-long learning approach; staff are committed to conducting audit themselves, to accept open discussion with peers to improve of maternal and perinatal health and to take forward the actions recommended and willing to “self-correct”.
- **Organizational culture (meso level):** a supportive institutional work environment/ climate.
- **A supportive policy and political environment (macro level):** political priority for maternal and newborn survival and health; national policies, including guidelines as well as legal and other protective frameworks.



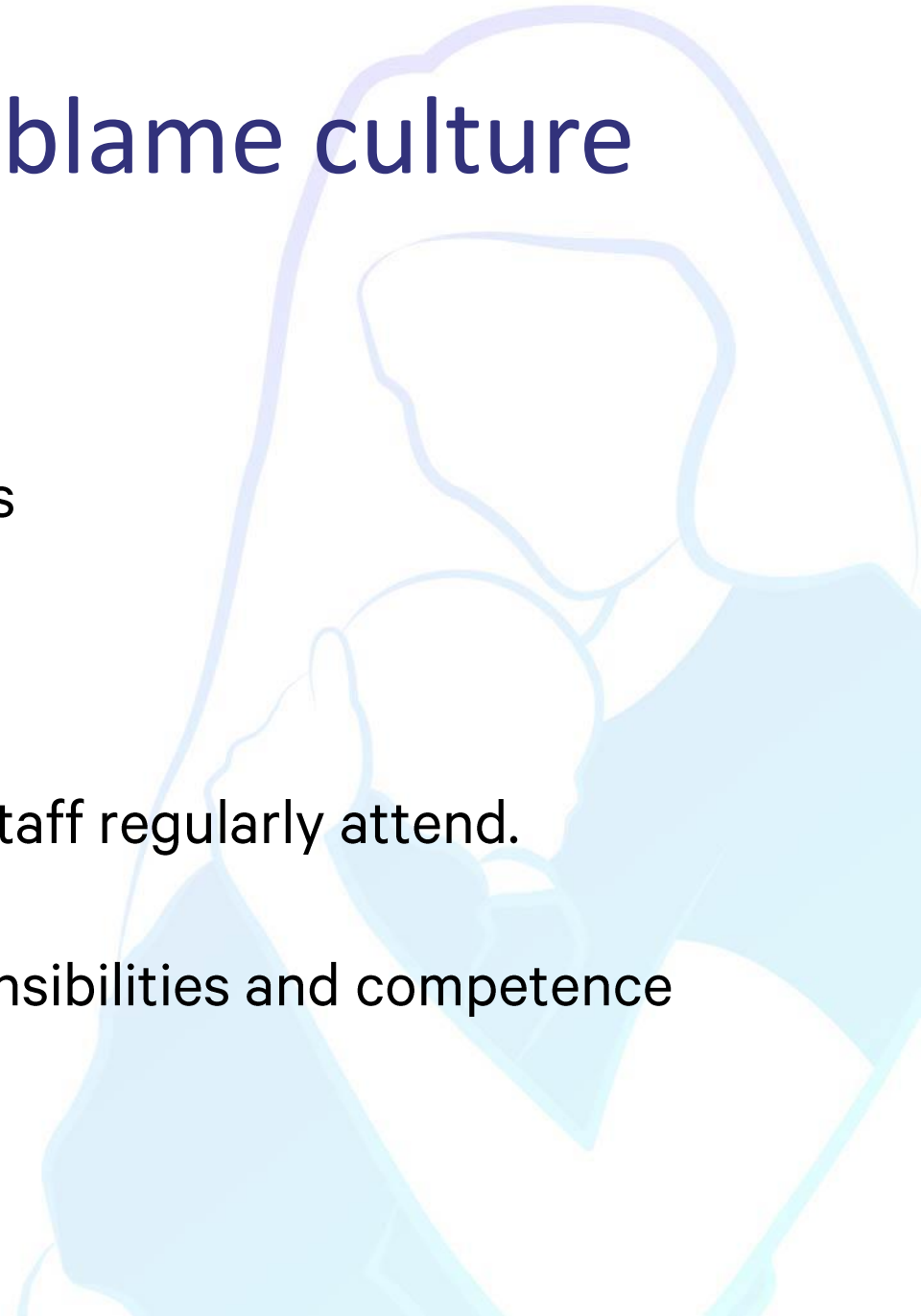
Adapted from Lewis 2014

# Framework for overcoming blame culture to promote a positive implementation culture for MPDSR



# 10 key strategies to minimize blame culture

1. Ensure MPDSR policy and planning
2. Ensure national prioritization
3. Harmonize MPDSR in routine monitoring systems
4. Enabling environment for implementation
5. Strengthen leadership
6. Nurture team relationships
7. Ensure audit meetings take place regularly and staff regularly attend.
8. Establish and apply a code of conduct
9. Promote individual awareness of roles and responsibilities and competence
10. Engage communities in awareness



# Country examples featured in BJGO commentary

Multidisciplinary participation in Zimbabwe

*'Everyone attends our maternal and perinatal meetings, all the way to the driver, because when we have a case to transfer, he knows why we need to move now.'* – Facility interview, Zimbabwe.

Code of conduct and staff protection in Tanzania

I am very grateful to inform you that you have been appointed to be a member of Maternal and Perinatal committee.

The main objectives of that committee is discusses all maternal and perinatal Death which will happen to occur in our hospital and to make action plan for better improvement of maternal and perinatal care at our hospital as well as at the district at level. This Team will seat for discussion within seven days after occurrence of Maternal or Perinatal death

The rule of that Team is:-

- ❖ To arrive on time for review sessions.
- ❖ To respect the statements and ideas of everyone.
- ❖ To respect the confidentiality of the team discussions and information and problems raises during the review must not be communicated outside the team.
- ❖ To participate actively in the discussions.
- ❖ To accept discussion and debate among participants without verbal violence.
- ❖ To refrain from hiding or falsifying information that could be usefully in understanding the case being reviewed.
- ❖ To accept that our own action/decision may be questioned.

Community engagement to reduce blame in Bangladesh



# Concluding remarks

- **Action at all levels of the health system**
- **Apply the 10 strategies to create a healthy culture and environment**
- Future research needs to understanding **HOW effectively** these strategies can change the blame culture across diverse contexts
- **Act now** – access and use the materials to support blame-free implementation including:
  - **WHO MPDSR webpage** → [www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/maternal-and-perinatal-death-surveillance-and-response](http://www.who.int/teams/maternal-newborn-child-adolescent-health-and-ageing/maternal-health/maternal-and-perinatal-death-surveillance-and-response)
  - **Overcoming Blame Culture BJOG 2021 Commentary** → [obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.16989](https://obgyn.onlinelibrary.wiley.com/doi/full/10.1111/1471-0528.16989)
  - **MPDSR scoping review and implementation framework** → Kinney MV, Walugembe DR, Wanduru P, Waiswa P, George A. Maternal and perinatal death surveillance and response in low- and middle-income countries: a scoping review of implementation factors. Health Policy Plan. 2021 Jun 25;36(6):955-973. doi: 10.1093/heapol/czab011. PMID: 33712840; PMCID: PMC8227470.



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Facilitator of  
Panel Discussion

8 February 2022



**Dr Allisyn Moran,**  
Unit Head of Maternal Health  
Department of Maternal, Newborn, Child and Adolescent  
health and Aging (MCA), WHO Geneva


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# Panel Discussion & Q&A



**Ms Gloria Mutimbwa Siseho**, Health Specialist, UNICEF Namibia and PhD candidate with the University of the Western Cape, South Africa.



**Dr Robert Mrema**, Technical Officer, WHO Uganda



**Ms. Vida Ami Kukula**, Midwife/Public Health Practitioner and PhD Candidate with the Amsterdam University Medical Centre

# What's next?

- We are working with our regions, countries, the MPDSR TWG and partners for an implementation support plan at country level
- You can access the research paper [here](#)
- [WHO website](#) for other materials
- Recording & slides are available at:  
<https://www.qualityofcarenetwork.org/webinars/series-7-webinar-7-maternal-and-perinatal-death-surveillance-and-response-materials>
- Please visit [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  
Email: [palestraf@who.int](mailto:palestraf@who.int)



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THANK YOU!

