Maternal Near Miss: A Proxy Indicator of Quality Obstetric Care

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Abstract

Pregnancy related complications are well known and many women develop such severe complications during pregnancy, childbirth and post-partum period. Even some of them die of these complications but a large proportion of them escape the death and they survive. An event where a pregnant woman comes close to death but survive is called as maternal near miss. The World Health Organization has defined 'Maternal near-miss' very comprehensively. With declining trends of maternal mortality, monitoring and evaluating ‘maternal near-miss’ instead of ‘Maternal Mortality Ratio’ may be used as a very effective proxy indicator to understand the presence or absence of quality of maternal health care services in a health care facility. There are added advantages of measuring and monitoring maternal near-miss too. Expected number of all eligible pregnant or post-delivery women with severe maternal complications or maternal near-miss may range from 3 to 15. Maternal near-miss and maternal death (MNM/MD) ratio may be considered as one of the indicators for objective evaluation of quality obstetric health care services in a health facility or a country. Usually these two parameters are supposed to be inversely proportional and higher the ratio better will be the health care services. Proper implementation of this approach will definitely help the program managers in determining the frequency of life-threatening maternal complications and deaths, evaluating quality of obstetric care of the health facilities to take corrective measures.

Keywords: Maternal Near Miss; Maternal Mortality Ratio

Many women develop severe complications during pregnancy, childbirth and post-partum period. Some of these women may die of these complications and a proportion of them escape the death very narrowly. An event where a pregnant woman comes close to death but fortunately survive is called as maternal near miss. The World Health Organization has defined 'Maternal near-miss' as “a woman who nearly died but survived a complication that occurred during pregnancy, childbirth or within 42 days of termination of pregnancy” [1]. Monitoring and evaluating ‘maternal near-miss’ may be used as a very effective proxy indicator to understand the presence or absence of quality of maternal health care services in a health care facility. Till date ‘Maternal Mortality Ratio (MMR)’ remains a standard indicator for evaluating the quality of obstetric care, which has been defined by the World Health Organization as “The death of a woman while pregnant or within 42 days of termination of pregnancy or its management, but not from accidental or incidental causes” [1].

The global estimates for the MMR in 2017 was estimated at 211 maternal deaths per 100,000 live births, representing a 38 per cent reduction since 2000, when it was estimated at 342. The average annual rate of reduction in global MMR during the 2000 - 2017 period was 2.9 per cent [2]. The Maternal Mortality Ratio of different region is ranging from as low as 13 in Europe to 525 in Africa. With such a variation in the Maternal Mortality Ratio the small number of cases makes the evaluation of maternal mortality practically difficult and even impossible. Thus, we definitely need an indicator which can measure the quality obstetric care in a better and effective manner and maternal near-miss should be the one.

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There are many advantages of measuring and monitoring maternal morbidity in the form of maternal near-miss over the maternal fatal outcome or maternal death. These are not only the number of events which are more common as compared to maternal deaths, but also we may get more reliable and authentic information as the women is survived. In many countries maternal death audits are being conducted, but usually the death audit is being conducted after about two weeks of the event, which itself gives enough scope for recall bias. Even if it is being done immediately, women’s relative or the interviewee may not be in a mental status to share and elaborate all details because of the grief. Moreover, many such events of maternal deaths occurred after home-delivery, particularly in African and South-East Asian countries, are not even reported, whereas source documents related to a maternal near-miss case may be obtained from the health facilities.

Expected number of all eligible pregnant or post-delivery women with complications is 37, ranging from 15 to 75. The expected number of severe maternal complications or maternal near-miss may range from 3 to 15 and the prevalence of maternal near-miss is generally expected to be around 7.5 cases/1000 deliveries [1]. In low-resource setting facilities 4 - 8 per cent women were found with severe pregnancy related complications [3]. The most important factor for severe life-threatening situations leading to a “near-miss” event may arise due to three delays i.e. delay in seeking help, delayed access to care and poor quality of emergency obstetric services [4].

Maternal near-miss and maternal death (MNM/MD) ratio may be considered as one of the indicators for objective evaluation of quality obstetric health care services in a health facility or a country. Usually these two parameters are supposed to be inversely proportional and higher the ratio better will be the health care services. One of the hospitals in a low-resource setting country (Rawalpindi, Pakistan) reported the MNM/MD ratio as 4.05, which was too low with 49 maternal deaths and 198 maternal near- miss [5]. In one of the Indian studies MNM/MD ratio was found to be 4 and another study from Nepal showed it as 7.2, whereas in high income countries the same ratio ranges from 117 to 223.

The World Health Organization has categorically explained 25 conditions, classified in seven categories of dysfunctions (Cardiovascular, Respiratory, Renal, Coagulation, Hepatic, Neurologic and Uterine) for the inclusion under the definition of maternal near-miss. What is required is a systematic review on the prevalence of near miss cases. Proper implementation of this approach will help in determining the frequency of life-threatening maternal complications and deaths, evaluating quality of obstetric care of the health facilities, and take corrective measures by the program managers.

Conclusion
Maternal mortality is declining globally, hence ‘maternal near-miss’ and ‘maternal near-miss and maternal death (MNM/MD) ratio’ may be considered as a very effective proxy indicator to understand the quality of obstetric care in a health care facility instead of ‘Maternal Mortality Ratio’ alone.

Bibliography

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