

Analysis of Maternal Death Surveillance and Response: Causes and Contributing Factors in Addis Ababa, Ethiopia, 2022

Authors : Sisay Tiroro Salato

Abstract : Background: Ethiopia has been implementing the maternal death surveillance and response system to provide real-time actionable information, including causes of death and contributing factors. Analysis of maternal mortality surveillance data was conducted to identify the causes and underlying factors in Addis Ababa, Ethiopia. Methods: We carried out a retrospective surveillance data analysis of 324 maternal deaths reported in Addis Ababa, Ethiopia, from 2017 to 2021. The data were extracted from the national maternal death surveillance and response database, including information from case investigation, verbal autopsy, and facility extraction forms. The data were analyzed by computing frequency and presented in numbers, proportions, and ratios. Results: Of 324 maternal deaths, 92% died in the health facilities, 6.2% in transit, and 1.5% at home. The mean age at death was 28 years, ranging from 17 to 45. The maternal mortality ratio per 100,000 live births was 77 for the five years, ranging from 126 in 2017 to 21 in 2021. The direct and indirect causes of death were responsible for 87% and 13%, respectively. The direct causes included obstetric haemorrhage, hypertensive disorders in pregnancy, puerperal sepsis, embolism, obstructed labour, and abortion. The third delay (delay in receiving care after reaching health facilities) accounted for 57% of deaths, while the first delay (delay in deciding to seek health care) and the second delay (delay in reaching health facilities) and accounted for 34% and 24%, respectively. Late arrival to the referral facility, delayed management after admission, and non-recognition of danger signs were underlying factors. Conclusion: Over 86% of maternal deaths were attributed by avoidable direct causes. The majority of women do try to reach health services when an emergency occurs, but the third delays present a major problem. Improving the quality of care at the healthcare facility level will help to reduce maternal death.

Keywords : maternal death, surveillance, delays, factors

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