Maternal Morbidity: The next frontier

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Outline

- Development, assessment and setting standards of new concepts
  - Maternal near miss
  - Maternal morbidity
  - Abortion related morbidity
The spectrum of maternal morbidity:
From non-complicated pregnancies to maternal deaths

- Non-complicated pregnancies
- Complicated pregnancies
- Potentially life-threatening conditions
- Life-threatening conditions
- Maternal Near Miss
- Maternal Death

Say et al, 2009
Maternal near miss

- Systematic review of prevalence, data gaps (2004)
- WHO WG proposed standard definition and criteria for identifying maternal near-miss (2009)
- WHO criteria for near-miss validated (2011)
- WHO near-miss approach for monitoring the quality of care published (2011)
- Systematic review of prevalence (2012)
- Multi-country survey in 357 facilities in 29 countries, > 300,000 women (2013)
Evidence base growing...

- **2011 – 2015**
- N = 83 studies
- 21 studies using WHO near-miss criteria
  - Africa – 4 studies
  - Asia – 6 studies
  - LAC – 8 studies
  - Other – 2 studies
  - Multi-country – 1 study
Moving toward Near Miss Version 2.0

- Guidance to update the WHO near-miss approach
  - Systematic review
  - Experiences from the field and literature
  - Technical consultation

- Research
- Implementation
- Qualitative and quantitative methodologies
- Linkages and alignment
  - MDSR, QoC portfolio

January 2015, Istanbul, Turkey
The spectrum of maternal morbidity

- Non-complicated pregnancies
- Complicated pregnancies
- All pregnancies

- Potentially life-threatening conditions
- Life-threatening conditions

Maternal Death
Maternal Near Miss

Say et al, 2009

World Health Organization
Maternal morbidity

- Scoping maternal morbidity (2013)
- Underlining the importance of maternal morbidity (2013)
- Methodology for development of a definition and identification criteria (2015, in press)
- Protocol for development and piloting of the morbidity measurement tool in three countries (2015, under review)
- Systematic review of literature on key maternal morbidities and issues (ongoing)
The maternal morbidity working group

- Members from all WHO regions
  - with expertise in maternal and women's health, epidemiology and public health
Defining maternal morbidity

“Any health condition attributed to and/or complicating pregnancy and childbirth that has a negative impact on the woman’s wellbeing and/or functioning.”

Achieved consensus during stakeholder meeting, October 2014

- This new definition will be incorporated in the 11th revision of the International Statistical Classification of Diseases and related health problems (ICD)
Guiding principles for identification criteria

- Identification and measurement of maternal morbidity should be **pragmatic, action-oriented, evidence-based, feasible** and **applicable to different settings**, with regional and international acceptance;
- Maternal morbidity should **NOT be viewed as consisting only of the conditions** themselves, but also **their consequences**; and
- Morbid conditions should be prioritized on the basis of their **frequency** and **impact**. In addition, we may focus on **under-researched and neglected areas**.
In other words...

- Start with the **WOMAN**!
  - Incorporate the experience of the morbidity – well-being and functioning

- The aim is not to measure each condition, but to measure the morbidity in a **multi-dimensional** manner

- Aspirational, yet pragmatic!
Maternal morbidity matrix

- Foundations of a measurement tool
- Three dimensions:
  - 58 symptoms, 29 signs, 44 investigations and 35 management strategies, organized by ICD-MM groupings
  - Functional impact and disability assessing the loss of physical, psychological, cognitive, social and economic functions
  - Maternal history focusing on social and health related characteristics, which might help identify the maternal morbidity and influence the risk and severity of the morbidity
From matrix to the tool

- Validated or already in use scales/questions
  - WHO Disability Assessment Schedule 2.0 – 12 item version
  - Standardized scale for depression (GAD-7) and anxiety (PHQ-9)
  - Violence
  - Drug use/abuse

- Source of information: Woman, records, exam
  - Implications for length, process, data quality, wording

- Comprehensive information versus efficiency
  - Number of questions; open-ended versus multiple choice

- Iterate, iterate, iterate!
Specifications of the draft tool – 1

- **WHAT?**
  - Maternal morbidity, as defined by WHO

- **WHEN?**
  - Abortion
  - Antenatal
  - Immediate
  - Postnatal
Specifications of the draft tool – 2

- **WHERE?**
  - Primary care facilities and higher

- **HOW?**
  - Survey tool administered by nurse/midwife/RA
  - Data sources
    - Women-reported
    - Medical records
    - Physical exam
  - Different versions of the tool: Paper and electronic
Testing in the field ongoing

- Pilot testing in three country settings (500 women per site)
  - Jamaica, Kenya, Malawi
- 250 women during antenatal period (~28 weeks)
- 250 women during postnatal period (~6 weeks)
Abortion related morbidity

Rationale

- Limited data on morbidity associated with abortion
- Standard measurement of severity beyond near miss
- Guidance on safe abortion
- Women's voices

Multi-country survey on Abortion (WHO MCS-A)

- Cross-sectional study with prospective data collection
- Health facilities in 30 countries across WHO regions
- Medical records and exit surveys using ACASI
- First phase implementation – African region
Moving forward

- To address all causes of maternal mortality, reproductive and maternal morbidities, and related disabilities and to ensure universal health access

- SURVIVE, THRIVE, TRANSFORM

- Looking beyond 2015, moving beyond mortality is an investment we cannot afford to ignore!
  - Multi-disciplinary, multi-methodology
  - Mindset - explore, push comfort zones, try, revise and try again
Thank you! Merci beaucoup!

For more information,

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