

Prof Zahida Qureshi, Chairperson Department of Obstetrics and Gynaecology attended a WHO meeting in Istanbul, Turkey, 22-23 January 2015 on Maternal Near-Miss Approach and Quality of Care: Research and Implementation



The concept of “maternal near-miss,” indicating very severe maternal morbidity, has evolved during the past two decades. In 2009, a WHO Working Group defined maternal near-miss morbidity as “a woman who nearly died but survived a complication that occurred during pregnancy, childbirth, or within 42 days of termination of pregnancy”. This definition has been used to develop an instrument for assisting facilities specifically and health systems broadly to evaluate and improve the quality of care. The identification criteria focus on the severest cases—that is, women presenting with organ dysfunction—thereby striking a practical balance between the burden of data collection and the provision of valuable information. As a tool to improve quality of care in facilities, tracking and evaluating the care provided to maternal near-miss cases has the potential to function as a catalyst for both strengthening the health system and women’s delivery experiences and outcomes and strengthening the health systems.

The objectives of the meeting were:

- 1) To examine the evidence regarding the effectiveness, applicability and acceptability of WHO maternal near-miss approach for all the major causes of severe maternal morbidity and mortality and
- 2) To identify strategies to implement the maternal near-miss approach at scale.

The key areas of discussion included WHO's work on maternal mortality and morbidity; WHO quality of care framework for mother and newborns; Evidence and experiences from the field; Issues around criteria, indicators and implementation; Maternal Death and Surveillance Response. In addition case studies were presented on community-based assessment in Bangladesh, Implementation at the facility and beyond in Brazil and Sri Lanka. Group work included near-miss criteria at different levels of health care and implementation, audits, quality of care improvement and at-scale.