

Using data to save the lives of mothers and newborns

Pregnancy, labor, and delivery present an increased risk of death for women and their newborns.



Mothers and newborns are dying.

Each year in Kenya

7,700

mothers die during pregnancy, delivery, or shortly after

40,000

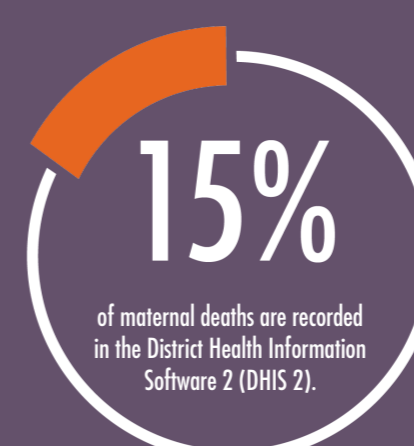
babies die during the first 28 days of their lives

33,000

stillbirths occur

Many maternal and infant deaths go unreported.

Unreliable data on maternal and newborn deaths contributes to a lack of accountability and limits the ability to make decisions for health. Better information could improve life-saving maternal health interventions and use of health resources.



The Government of Kenya has established a goal to reduce the countrywide maternal mortality rate to 200 per 100,000 live births by 2030. A national Maternal and Perinatal Death Surveillance Response (MPDSR) Committee will provide timely data that will be used to strengthen data collection for the provision of evidence-based decisions.

More than 75% of maternal and newborn deaths are preventable.

Maternal and perinatal death surveillance and response (MPDSR) is an opportunity

to ensure no mothers or babies die in the future from preventable causes.

Take Action.



Community

Notify and review deaths using a verbal autopsy approach.

Response: Provide feedback to the community, and alleviate multiple causes of first delay in accessing care.

Discuss maternal death in forums: community dialogue days, barazas.

Develop community-based transport networks.



Facility

Determine reasons leading to maternal and newborn deaths.

Review near-miss cases.

Response at the facility level focuses on addressing the causes of delay in receiving care at the facility.



Subcounty

Aggregates data and addresses community and facility factors.

Escalates action to the county level if common avoidable factors affect several subcounties.



County

Monitors MPDSR activities; ensures support for subcounties, facilities, and communities with a heavy burden of deaths.

Allocates appropriate resources for the response.

Should review and align county multi-sectoral plans to achieve MPDSR goals.



National level

The Ministry of Health is responsible for oversight of the national MPDSR program, and mobilizes resources to address avoidable factors where the need is greatest.

Count and classify every death.

For every mother and baby who dies, collect as much information as possible on:

Age Antenatal history Place of delivery Mode of delivery Referrals Partography Gestational age Birth outcome

No maternal or perinatal death is complete unless it is linked with an attempt to respond to the findings with appropriate action.

Establish and mentor MPDSR committees at all levels Timely reporting and review of deaths Allocate finances and create policies that enable reporting of maternal and newborn deaths

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Access the Guidelines: Ministry of Health of Kenya. (2016). National Guidelines for Maternal & Perinatal Death Surveillance and Response. Nairobi: Government of Kenya, Ministry of Health. Pg. 1-44.

For additional information on maternal death surveillance and response, download these useful documents:
http://www.who.int/woman_child_accountability/countries/WCA_country_review_ken.pdf
http://www.who.int/woman_child_accountability/countries/oms-wca-kenya-countryprofile-20140704.pdf
https://www.unfpa.org/sites/default/files/pub-pdf/Maternal_Death_Surveillance_and_Response_0.pdf

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