

SEA-HS-216

# Informal Working Group on Qualitative Approaches for Investigating Maternal Mortality

*Report of the Meeting  
Copenhagen, Denmark, 13-15 December 1999*



World Health Organization  
Regional Office for South-East Asia  
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## Report of the Meeting

An informal working group meeting was held from 13 to 15 December 1999 at the WHO Regional Office for Europe in Copenhagen, Denmark on the preparation of guidelines for investigating maternal mortality. Ms Carla AbouZahr from WHO headquarters opened the meeting and provided a brief background. The development of these guidelines was initiated in response to the felt needs of country representatives expressed at various fora<sup>1</sup> to review the WHO/UNICEF 1990 maternal mortality ratio estimates. Understanding the difficulties in calculating the maternal mortality ratio as well as its limited use in programme monitoring, national participants had indicated that they would appreciate guidance from WHO on how to investigate maternal deaths, and how to use the information gained to better assess their countries' progress in maternal health.

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<sup>1</sup> WHO South-East Asia Regional Consultation on Health Indicators, New Delhi, 18-22 November 1996  
WHO/UNICEF/UNFPA Americas Region Consultation on Maternal Mortality Estimates, Washington, D.C., 20-22 April 1998  
WHO/UNICEF/UNFPA Asia Region Consultation on Maternal Mortality Estimates, Bangkok, Thailand., 8-11 June 1998  
WHO Interregional Consultation on Maternal Mortality Measurement, Monitoring and Surveillance, Geneva, 12-15 July 1999

Participants were then requested to introduce themselves. The informal working group members consisted of three staff members from WHO headquarters, two from the WHO Regional Office for Europe and two from the WHO Regional Office for South-East Asia, as well as six experts representing three WHO regions (America, Europe and South-East Asia). The list of participants is provided at Annex 1. The tentative programme of work (Annex 2) was followed during the consultation in terms of contents. However, the topics were covered in a different sequence.

Brainstorming sessions were held to gather as much input as possible on the content of the guidelines. A number of diagrams were used to clarify the levels of data collection as well as data uses and users. The individual topics to be included in the guidelines were annotated by the working group members in order to provide the authors of each section with a common understanding of the purpose of the guidelines and the approaches to be included, operational definitions, etc.

It was decided to include four main in-depth methods for investigating maternal deaths, i.e. maternal death audit, maternal death case review, confidential enquiry and verbal autopsy. The individual specific content areas for each of the four investigative methods were also outlined and annotated. Other sections of the publication will include an introduction, definitions and case ascertainment, near misses, perinatal outcomes, dissemination and use of findings, and research needs. The annexes to be included will provide various forms for each of the four investigative methods described. These will include data collection forms, case summary forms, case reports, dummy tabulations, analysis plans, classifications, standard reporting formats and evaluation forms.

There was considerable discussion throughout the three-day working group meeting about various issues involved in maternal mortality investigation. One aspect that was debated was whether or not to include perinatal outcomes as a major theme throughout the guidelines. It was felt that both perinatal outcomes and other adverse maternal outcomes (near misses) were important and that they should be included in the guidelines. However, it was decided that each of these topics would be included as a

separate section. Maternal deaths would still be the main focus of the guidelines and of each of the four investigative methods. The participants also discussed who the most suitable persons would be for preparing specific content areas of the guidelines. Some of the responsible parties were able to be assigned during the meeting. Other potential responsible parties will be contacted to ascertain their willingness to participate in this activity.

The time-frame for completion of the first draft of each section was considered. It was decided that principal writers should have their first drafts prepared and sent to the GPE Unit in WHO/SEARO (focal point TO-HS, Ms C.M. Longmire) as well as to other working group members by 18 February 2000. The second meeting of the working group was tentatively scheduled to be held from 9 to 15 March 2000, either in the WHO Regional Office for South-East Asia in New Delhi or in another country of the Region. Having the drafts available for review by 18 February 2000 will allow the coordinating group members sufficient time to critically review the sections of the publication, and to determine if there are any major areas needing revision. More complete drafts will thereby be available for the 9 March working group meeting.

The second working group meeting will be attended by a number of additional contributors as well as a number of country representatives. The latter will be invited as contributors of case studies and/or reviewers of the guidelines.

## Annex 1

### LIST OF PARTICIPANTS

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## **Annex 2**

### **TENTATIVE PROGRAMME OF WORK**

#### **SESSION 1**

##### **Opening remarks**

##### **Self-introduction of participants**

##### **Background review**

*Review information about the history of this development activity, including the regional and global work relative to measuring maternal mortality and the expressions of need for guidelines of this nature.*

##### **Summary of work to be done**

*Overview of the expected outputs of this workshop.*

##### **Review of tentative programme of work**

#### **SESSION 2**

##### **Defining the structure and contents of the guidelines**

*Identify the topics to be covered (i.e. table of contents) in the guidelines, both the general sections/chapters (e.g. introduction, historical perspectives, enabling environment, best practices, etc.) and the specific content areas (e.g. maternal death audit, maternal mortality surveillance, confidential enquiry, etc.).*

*Identify the subtopics for each of the general sections/chapters (e.g. introduction, enabling environment, best practices, etc.).*

*Identify the subtopics for each of the specific content areas (e.g. maternal death audit, etc.).*

**SESSION 3**

**Naming the publication**

**Defining the terms and concepts**

*Review all relevant terms and concepts (e.g. maternal death audit, confidential enquiry, etc.) and their definitions.*

*Reach consensus on definitions and explanations to be used in the guidelines.*

**SESSION 4**

**Outlining and annotating the general sections/chapters**

*Develop an outline for the subtopics to be covered for each general section/chapter (e.g. introduction, etc.).*

*Annotate each subtopic in terms of general inclusions, possible references, etc.*

**SESSION 5**

**Outlining and annotating the specific contents**

*Develop an outline for the subtopics to be covered for each specific content area (e.g. maternal death audit, etc.).*

*Annotate each subtopic in terms of general inclusions, comments for application in countries, etc.*

*For each specific content area, identify appropriate countries to be used for case studies of country experiences.*

**SESSION 6**

**Formatting the publication**

*Define the format that writers will need to follow for:*

*Preparing each general section/chapter.*

*Preparing each specific section.*

*Preparing case studies of country experiences.*

**Note:** *Since these guidelines will be published as one document, it is important that the individual sections/chapters look like the same document, follow the same structural format, have similar language structure, etc.*

*In addition, since the persons writing the case studies for the most part will not be present at this meeting, it is important that the documentation for preparing the case studies be very well developed and fully annotated.*

**SESSION 7**

**Setting the time-frame and assigning responsibilities**

*Determine the time-frame for:*

- Completing the draft sections/chapters and case studies.
- Critiquing the draft sections/chapters and case studies.
- Meeting in SEARO to finalize the draft guidelines.

*Assign individual responsibilities for:*

- Writing sections/chapters.
- Writing case studies.
- Coordinating and/or reviewing the work as it progresses.