As followed newer outcome among Gujarat in the year 2011. It is estimated by State that 0 deaths in community, MMR (Maternal Mortality Rate) birth deaths and by 34% (204) and 15% (89) of total maternal deaths in Gujarat respectively.

Background:
- The latest estimate of MMR for Gujarat is 148 per 1 lakh live births (SRS 2007-09 report). The State has to achieve ≤100 MMR by 2015 to comply the MDGs.
- The importance of MDR lies in the fact that it provides detailed information on various factors at facility, district, community, regional and national level that are needed to be addressed to reduce maternal deaths.

Process of MDR in Gujarat:
- Missouri Health Department
- Local listing of maternal deaths submitted to Taluka Death Officer by AHM (Local Chief)
- District Collector's Health Society
- Taluka Health Officer
- Maternal Death Review by CDHO, which is a review team by the district

Observations: Maternal Deaths in Gujarat (April 2011-March 2012)

- Summary Status of Maternal Deaths Reporting
  - Out of estimated maternal deaths, the HMIS reported 806 deaths (55.6%), Verbal Autopsy of 686 maternal deaths (47%) was conducted, 601 (88%) maternal deaths reviewed by CDHO and 519 (76%) of Maternal Deaths reviewed by Collector.

- Taluka wise reporting of maternal deaths:
  - Taluka wise data of maternal deaths was reported form 25 districts for the year 2011-12.
  - Among 25 districts having 215 talukas, 31 talukas reported more than 7 maternal deaths, 39 talukas reported maternal deaths in the range 4-6 and 101 talukas reported maternal deaths in the range 1-3.
  - It was noted that 54 talukas did not report any deaths in the year 2011-12.

- District wise reporting and review of maternal deaths in Gujarat (April 2011 -March 2012):
  - 11 out of 26 districts reported maternal deaths more than the State average of 47% reported deaths as compared to estimated deaths. 15 out of 26 districts reported less than the State average.

Program Indicators:
- Place of death of mothers who died:
  - Out of 490 mothers who delivered before death 192 (39%) delivered in private hospital, 107 (22%) at home, 69 (14%) at district hospital.
  - Who conducted home delivery:
    - Among 107 females who delivered at home, 102(95%) were conducted by unskilled birth attendant.

Causes of Maternal deaths:
- PPH and Septis are the most common cause contributing to 34% (204) and 15% (89) of total maternal deaths in Gujarat respectively.

Pathway Analysis:
- In Gujarat in the year 2011-12 out the data available for 616 maternal deaths only 7% (43) died at home without seeking any care at facilities and 5% (31) died on the way during transportation to the first facility of contact.
- 88% (542) of the pregnant women who died had sought care in 1 or more than 1 health facilities.

MDR leading to State Level Actions:
- Followed by official order from Principal Secretary, all 26 District Collectors and CDHOs are reviewing all the maternal deaths in their respective districts regularly. This has resulted in series of corrective actions to avert maternal deaths.
- Special 4 wheel drive vehicles launched to reach out to geographically difficult terrains (12 vehicles in five districts).
- Inter-Facility Transfer (IFT) services launched to address referral services from one hospital to another further reducing transportation delays.
- Essential drugs required for delivery and management of its complications made available in facilities conducting delivery.
- Districts were sensitized and directed to implement use of partograph.
- Technical Series for capacity building initiated on Acute Management of Third Stage of Labor (AMTSL), Use of Partograph and Use of Magnesium Sulphate.
- Pool of 30 MDR resource persons created at State level who have trained over 300 mid level managers from 21 districts.
- Newer approaches to help to understand why women die: Confidential Enquiries into Maternal Deaths to be piloted in Saurashtra, Junagadh, Surendranagar and Jamnagar districts in Gujarat.

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