

Down to the root: Unearthing the root causes of maternal deaths – A case study in the District of Lilongwe, Malawi

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In a world where low-cost, evidence-based interventions for reducing maternal mortality exist, it is quite disturbing and perplexing that women in low-income countries continue to die from preventable or treatable pregnancy-related complications. Underneath the clinical diagnoses of maternal deaths lies a thicket of complex interlocking forces that undermine utilization and provision of emergency obstetric care services. The aim of the study was to expose and understand not only the medical causes of mortality, but also the root causes, i.e. these interlocking forces, in order to inform policies and practices for improving access to and the quality of emergency obstetric care services.

Through a descriptive retrospective case study design, Viva Combs Thorsen investigated 32 maternal death cases that occurred between January 1, 2011 and June 30, 2011 at a secondary and tertiary maternity unit in the District of Lilongwe, Malawi. The in-depth investigation entailed reviewing case notes and interviewing healthcare workers, family members, and traditional birth attendants. The case notes and the interview transcripts were triangulated to determine the causes and contributing factors of the maternal deaths. The Three-Delay Model was employed to identify and organize the information according to delays in seeking care, reaching the facility, and receiving care. In addition, 101 healthcare workers were surveyed to assess their level of burnout.

The findings revealed that an institutional maternal mortality ratio was estimated to be 715 per 100 000 live births. The most common direct cause of death was hemorrhage and sepsis (6 cases each out of 16) and the most common indirect cause was anemia (5 out of 16). The findings also revealed that the majority of the women (27 out of 32) experienced some form of delay in receiving care due to missed diagnoses, lack of blood, lack of drugs, inadequate care, or severe mismanagement. With regards to healthcare workers' wellbeing, approximately 70% of the participants were emotionally exhausted, depersonalized their interactions with patients and colleagues, or felt they were unable to fulfill their job duties (i.e. reduced personal accomplishment).

The process of unearthing the underlying causes of maternal deaths was challenging. The study illustrates the complexities of maternal deaths in Malawi. Tackling maternal mortality requires making sure that high quality EmOC services are available and accessible to all women who need them. Secondly, it requires going beyond the numbers, and cutting the roots which will take audacity, dedication and commitment. And thirdly, it requires active participation from multiple sectors and individual to have an effectual impact.