Audit for reducing perinatal deaths in Nepal

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Perinatal deaths include still births after 28 weeks of completed gestation and neonatal deaths occurring in the first seven days of life. Babies born with birth weights of 1000 grams and above are included in the calculation of *perinatal mortality rate (PMR*). With increasing survival of babies born before 28 weeks of gestation due to improved neonatal care, perinatal deaths weighing 500 grams and above or those who have completed 22 weeks of gestation are included in the calculation of *extended perinatal mortality rate (EPMR)*. The latest published PMR [1] of Nepal of 47.4/1000 births is very high. It indicates the poor quality of care provided to women in pregnancy, at and after child birth and to the newborns in the first week of life. Published results show wide variations in PMR in the country – higher rates are in the community and hospitals outside Kathmandu[2]. It has been stated in the World Health Organisation report that up to half of the perinatal deaths per year occur as a direct consequence of poorly managed deliveries. In developing countries, sub-optimal care has been identified in up to 77% of perinatal deaths in hospital based studies [3].

Reduction of PMR is an important strategy in improving maternal and neonatal health and requires identification of factors related to perinatal deaths. This review process or *perinatal death audit* would help in identifying preventable factors related to perinatal deaths. It is important to classify a perinatal death and find factors related to the death. Many classifications have been used [4, 5.] However, classifying perinatal deaths into 5 groups of Wigglesworth[5] helps in identifying major obstetric or neonatal factors related perinatal deaths. Major factors related to perinatal deaths in Nepal are poor antenatal care, poor monitoring and assistance at birth and lack of adequate neonatal care services. As only half of the pregnant women receive any antenatal care of dubious quality and only 14% receive four antenatal check ups recommended by the National Maternity Care Guideline, still births constitute majority of perinatal deaths particularly in hospitals and communities outside Kathmandu[6]. Birth asphyxia is a major cause in hospital where partogram is not routinely used and infection is the major cause of perinatal deaths in other hospitals. Low birth weight is a very important underlying cause for perinatal deaths.

Perinatal death audit is regularly conducted only in few hospitals inside Kathmandu. Regular perinatal death audit would identify factors and lapses related to perinatal deaths and thus help in taking appropriate interventions to reduce avoidable perinatal deaths. The Family Health Division (FHD) of the Department of Health Services (DoHS) has taken an initiative in developing tools for conducting maternal and perinatal death reviews. The death reviews will initially be conducted in 3 hospitals inside Kathmandu and in the 3 hospitals outside Kathmandu. Later on this process will be implemented in other hospitals as well.

With the introduction of regular perinatal death audits, it is expected that avoidable factors would be identified and interventions implemented which would then reduce perinatal deaths quite significantly as was experienced by others.

References

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