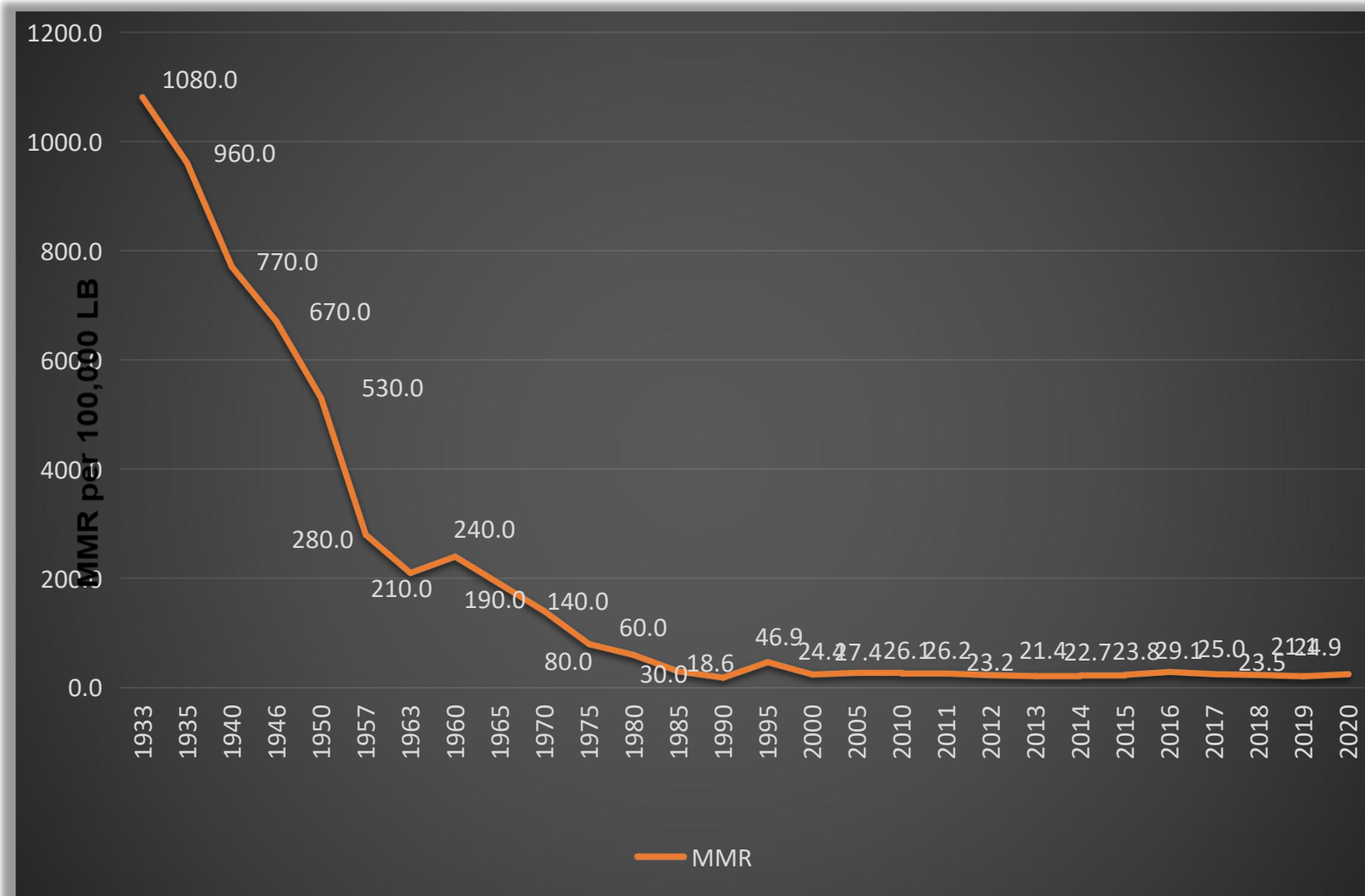




Leadership on the reduction of maternal mortality

Professor Dato Dr Ravindran Jegasothy
Immediate Past President
ASQua

Maternal Mortality Ratio (MMR) : Malaysia 1933 – 2019



Year	MMR Death/10,000 Live Birth
1933	1080
1935	960
1946	770
1950	670
1957	530
1960	280
1963	210
1965	190
1970	140
1975	80
1980	60
1985	30
1990	18.6
1991	44.0
2018	23.4
2019	21.1
2020	24.9
2021	68.2

Source of data : Department of Statistics, Malaysia 2021
 : Family Health Development Division, Ministry of Health

The Benefits of CEMD

1

Strengthening of pregnancy related deaths reporting process

- improved tremendously since 1991
- contributed to more efficient data collection and analysis - timely interventions and evidence based recommendations

4

Improve health services and accessibility for pregnant women

- good justifications for resources allocations to improve maternity health care – funding, infrastructures, human resource etc.

2

Strengthening or introduction of specific initiatives to improve maternal health

- Eg: Introduction of Pre-pregnancy care, based on common causes of maternal death

5

Improvement of work process based on the shortfalls

- Eg: upon discharge, notification of high risk cases by the hospitals to providers at health clinics

3

Improve integration and cooperation among the different stakeholders

- Eg: public-private partnership

6

Development of Training Manuals, Guidelines and Protocols

- Development of training manuals eg: Manual on Hypertensive Disorders, Management of Heart Diseases in Pregnancy, Management of Postpartum Haemorrhage, Venous Thromboembolism and Perinatal Care Manual.

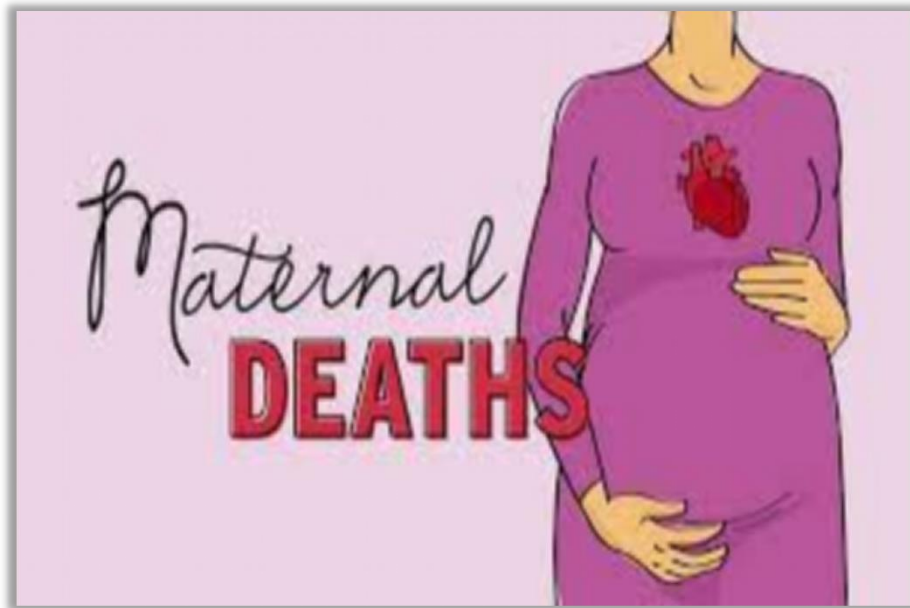
7

Publication of CEMD reports and dissemination of case illustrations

- Triennially CEMD report

LESSON

1



Maternal deaths
will increase!



LESSON

2



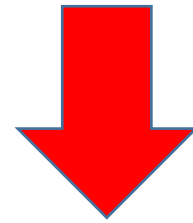
Maternal deaths can be reduced !



LESSON

3

The CEMD showed that cases of PPH were managed by:



- Relatively inexperienced doctors who
- Did not institute treatment early enough
- Or failed to consult senior colleagues until it was too late.

LESSON

4

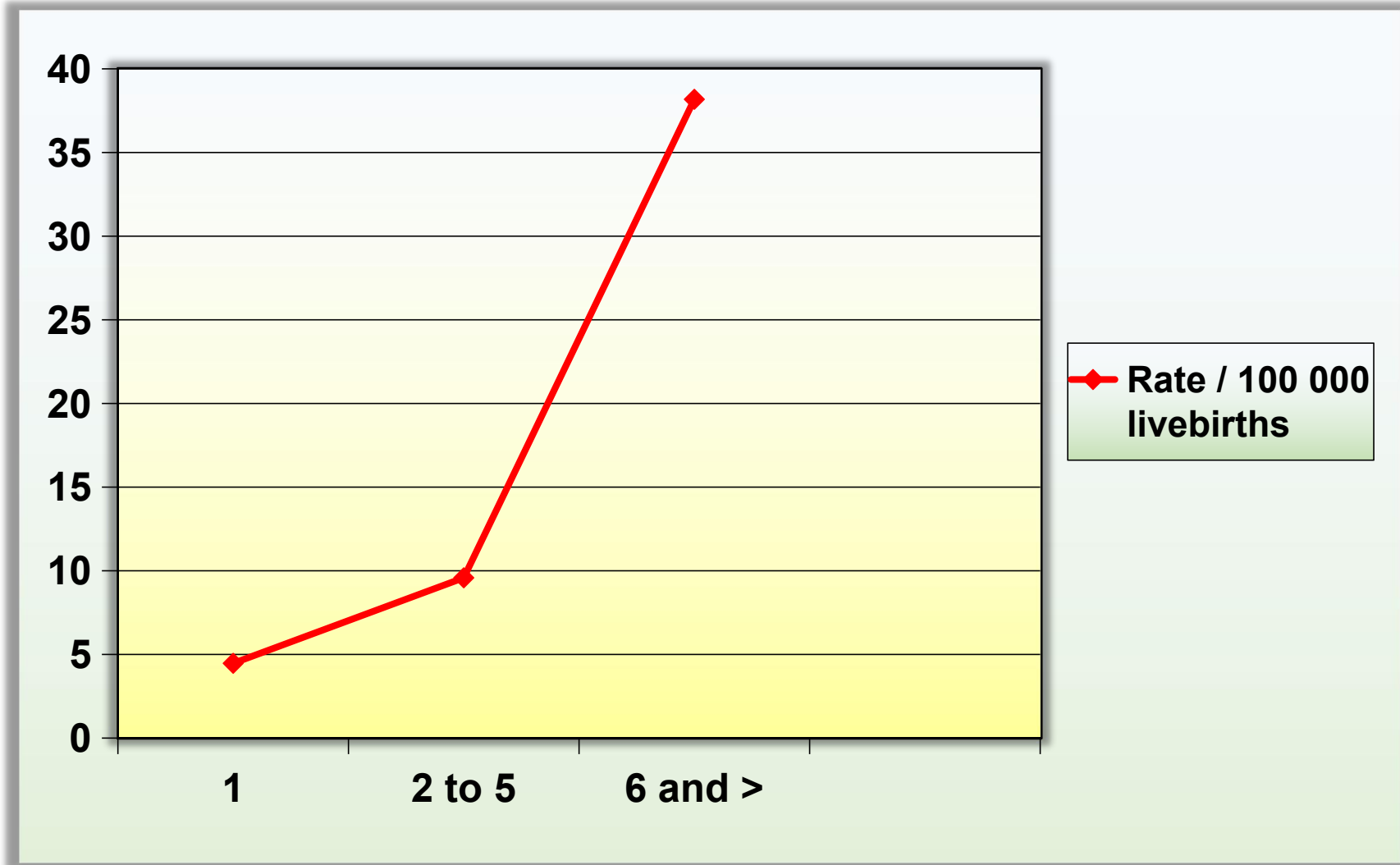
Higher risk of deaths in mothers of high parity



Risk of deaths associated with parity

LESSON

4



LESSON

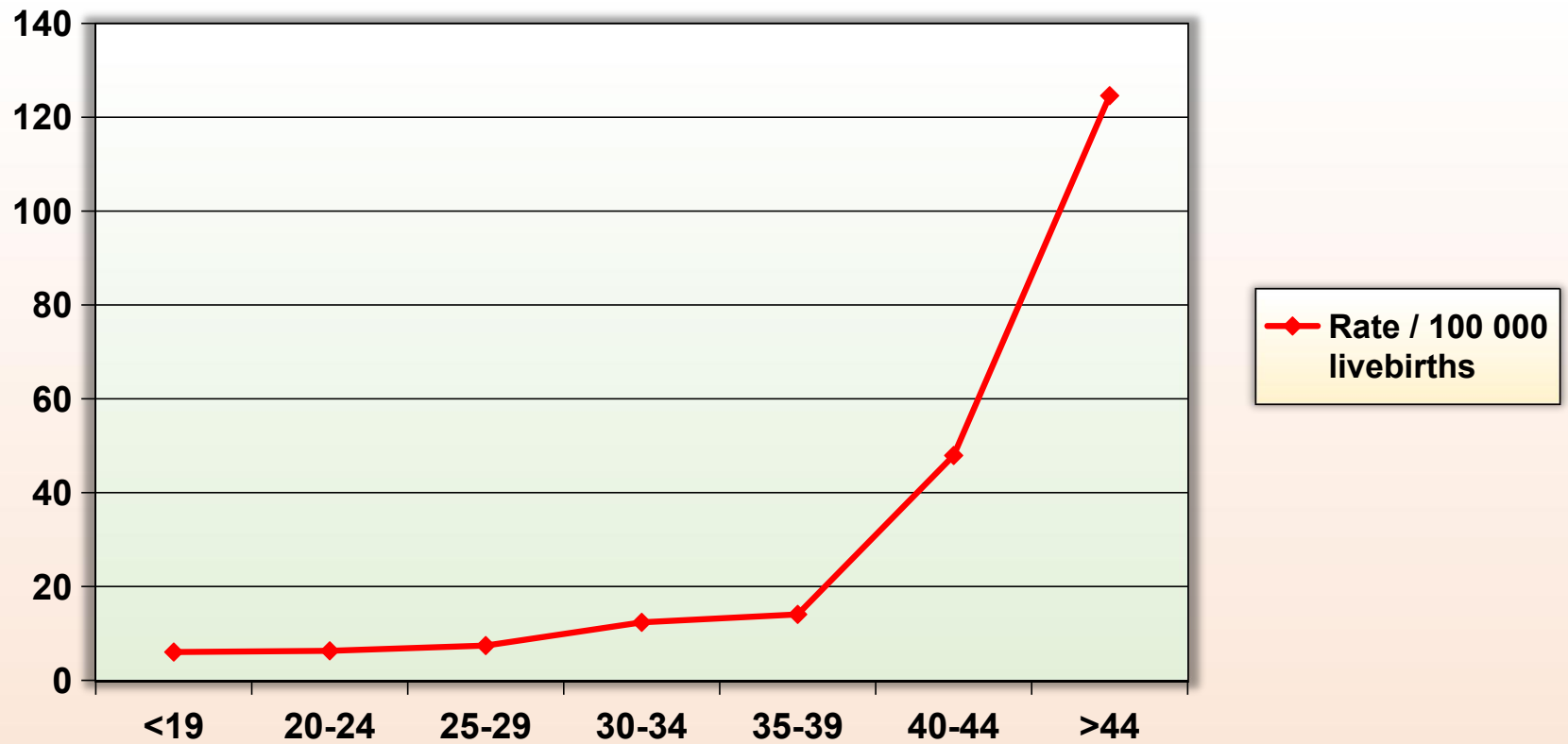
5

Higher risk of deaths in older mothers



Risk of Deaths From PPH associated with Maternal Age

LESSON 5



LESSON

6

Audit the implementation of the recommendations



LESSON

7

The vital signs may remain normal even with 10-15% loss of blood volume





LESSON
7

BLOOD LOSS (% OF BLD VOL)	MEAN ARTERIAL BLOOD PRESSURE	SYMPTOMS/SIGNS
10-15% (500mls)	Normal	Postural hypotension Mild tachycardia (90-100bpm)
15-30% (1000- 1500mls)	Slight fall	Tachycardia (110-120bpm) Thirst Weakness
30-40% (1500- 2000mls)	50-70mmHg	Tachycardia (120-140bpm) Pallor Oliguria (<30mls) Confusion Restlessness
>40%	<50mmHg	Tachycardia (>140bpm) Anuria Air hunger Coma Death

LESSON

8

It has been recommended that all hospitals should have a system for rapidly calling on the services of personnel, including blood bank and anesthetic staff.



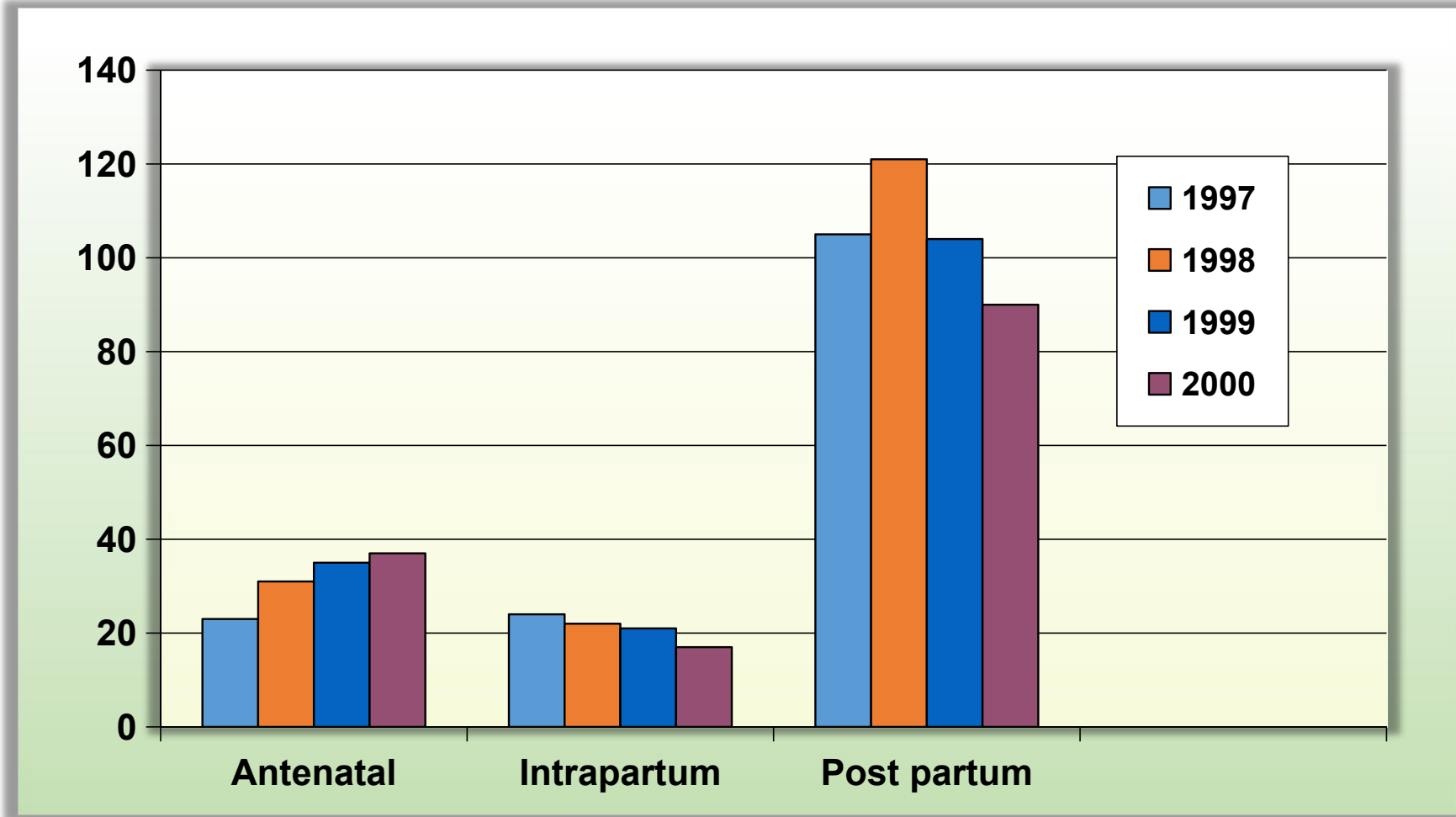
LESSON

9

**Most maternal deaths occur in the
postpartum period**

Maternal Deaths by Pregnancy Stage

LESSON 9



LESSON

10

- **Anonymised audit is the key**
- **No punitive actions**



LESSON

11

**Leaders must be familiar with the system
and preferably grow within it.**

Avoid short cuts





Leadership is one of the most important elements in health care organizations. It is recognized that strong governance and leadership are essential for a high performing sustainable organization and that the absence of such can lead to serious breaches in patient safety



The Perfect Leader



Dynamic

Builder

Leader

Change Agent

Honest

Communicator



Is it possible?

Clarity of Purpose

Decision Maker

Negotiator

Diplomat

Ethical

Multi-talented

The role of the Leader





Thank You

