



154th SESSION OF THE EXECUTIVE COMMITTEE

Washington, D.C., USA, 16-20 June 2014

Provisional Agenda Item 7.6

CE154/INF/6
9 April 2014
Original: Spanish

C. PLAN OF ACTION TO ACCELERATE THE REDUCTION IN MATERNAL MORTALITY AND SEVERE MATERNAL MORBIDITY

Background

1. In 2011, the 51st Directing Council of the Pan American Health Organization adopted resolution CD51.R12 “Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity” (referred to in this document as “the Plan”). The Plan was intended to help the Member States achieve three main objectives: *a*) helping to accelerate the reduction in maternal mortality; *b*) preventing severe maternal morbidity; and *c*) strengthening the surveillance of maternal morbidity and mortality (1).

2. Monitoring and evaluation will make it possible to identify the corrective measures needed to achieve the expected outcomes; furthermore, it will be a relevant input for other global and regional strategies, such as monitoring Millennium Development Goal 5 and the issues under consideration by the Commission on Information and Accountability for Women’s and Children’s Health 2011 (1, 2).

Progress Report

3. This progress report presents the regional trends of three impact indicators and 19 process or outcome indicators in Member States with at least 7,000 annual births (27 countries) (1–4).

4. The data used to develop the baseline were obtained between January and December 2012; and the data for measuring the trends of these indicators were obtained between December 2013 and March 2014.

5. Information was obtained from 26 of the 27 countries; however, to measure the trend of the maternal mortality ratio (MMR), information was available from only 22 countries (Annex A).

6. Between the date of approval of the Plan and this report, the impact indicators indicated the following:

- a) The regional MMR (data from 22 countries) has fallen from 69.1 per 100,000 live births to 54.3, a reduction of 21.4%. One country presented data from sentinel institutions instead of national data.
- b) With regard to identifying inequities within countries, half of the countries (11 out of 23) reported MMR figures equal to or above 125 per 100,000 live births in different subnational areas; seven countries reported that mortality in ethnic populations was higher than the national level; 12 countries reported lower mortality than the reference value; and seven did not have data.
- c) The other impact indicator is for severe maternal morbidity (SMM). On the baseline, 10 countries reported monitoring SMM; today, 14 countries have national data. However, for nine of these countries the data does not appear to be coherent, based on the expected frequency of this event in relation to maternal mortality (5) (Annex B).

7. None of the countries is in a position to give a full report on all 19 process and outcome indicators. Since the beginning of the plan, only four of 24 countries gave responses concerning 80% or more of the requested indicators (Annex C). The indicators for which the least data are available are: *i*) use of magnesium sulfate in cases of severe preeclampsia (12%); *ii*) screening for family violence in institutional childbirth (23%); *iii*) proportion of use of oxytocics during the third stage of labor (35%); and *iv*) postpartum care (44%). Of these indicators, *i* and *iii* are highly important, since they are related to the two leading causes of maternal mortality (hypertensive disorders in pregnancy and hemorrhages). The rate of use of modern contraceptive methods was monitored in only 52% of the countries; many countries take this information from demographic and health surveys which, due to their frequency, have not been updated since the Plan began. These indicators are based solely on national information, in some cases broken down by age groups and in others by ethnic factors or by area of residence (3, 4).

Recommended Measures to Improve the Situation

8. Take action to improve health care access and quality in health systems serving populations in conditions of vulnerability. Breaking down the information as outlined in the Plan will make it possible to evaluate trends and make adjustments to actions, if necessary.

9. It is essential to systematically improve the analysis of severe maternal morbidity in order to increase the quality of maternal health care. Monitoring this will make it possible to determine the number of women who have been on the verge of dying and to implement the necessary improvements.

10. By monitoring the process indicators at their health institutions, Member States will be able to evaluate universal access to life-saving interventions of proven effectiveness, and ensure that this access is provided.

11. Countries should consider routinely collecting data on the process indicators that measure inequities in the delivery of quality services, in order to uniformly measure the degree of progress made and to facilitate comparability among and within countries.

Action by the Executive Committee

12. The Executive Committee is requested to take note of this progress report and to formulate the relevant recommendations.

Annexes

References


1. Pan American Health Organization. Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity [Internet]. 51st PAHO Directing Council, 63rd session of the WHO Regional Committee for the Americas; 2011 Sep 26-30; Washington (DC), USA. Washington (DC): PAHO; 2011 (Resolution CD51.R12) [cited 2014 Feb 13]. Available from: http://www.paho.org/hq/index.php?option=com_docman&task=doc_download&gid=15033&Itemid=
2. Centro Latinoamericano de Perinatología, Salud de la Mujer y Reproductiva. Plan de acción para acelerar la reducción de la mortalidad materna y la morbilidad materna grave: estrategia de monitoreo y evaluación [Internet]. Montevideo: CLAP/SMR; 2010 (CLAP/SMR. Publicación Científica 1593) [consulted 13 February 2014]. Available from: http://www.paho.org/clap/index.php?option=com_content&view=article&id=174&Itemid=1
3. Centro Latinoamericano de Perinatología, Salud de la Mujer y Reproductiva. Plan de acción para acelerar la reducción de la mortalidad materna y la morbilidad materna grave: línea de base del plan en países con más de 7000 nacimientos anuales. Montevideo: CLAP/SMR; 2012 (unpublished material, available on request).
4. Centro Latinoamericano de Perinatología, Salud de la Mujer y Reproductiva. Plan de acción para acelerar la reducción de la mortalidad materna y la morbilidad materna grave: datos en países con más de 7000 nacimientos anuales a dos años de

lanzado el plan. Montevideo: CLAP/SMR, 2014. (unpublished material, available on request).

5. Tunçalp O, Hindin MJ, Souza JP, Chou D, Say L., The prevalence of maternal near miss: asystematic review. *BJOG* 2012 May;119(6):653-661.

Annex A

Mortality ratios reported in baseline and monitoring reports, by country, year, and source

COUNTRY	Maternal mortality ratio (100,000)	Year	Maternal mortality ratio (100,000)	Year
Argentina	39,8	2011	34,9	2012
Belize	41,8	2012	0,0	2013
Bolivia	229,0	2003		
Brazil	64,7	2011		
Canada	7,6	2009		
Chile	17,9	2012	22,6	2013
Colombia	71,6	2010	53,6	2013
Costa Rica	30,0	2012	15,6	2013
Cuba	33,4	2012	38,9	2013
Dominican Republic	106,3	2011	113,0	2012
Ecuador	58,5	2012	40,0	2013
El Salvador	50,8	2011	38,0	2013
Guatemala	123,5	2012	118,5	2013
Guyana	143,9	2012	111,1	2013
Haiti §	1084,4	2012	211,8	2013
Honduras	82,3	2011	66,1	2013
Jamaica	95,7	2011	91,1	2013
Mexico	43,0	2011	39,9	2013
Nicaragua	61,9	2011	51,0	2013
Panama	80,5	2011	64,9	2012
Paraguay	88,7	2011	95,3	2013
Peru	93,4	2011	63,4	2013
Suriname	82,4	2011	39,2	2013
United States of America	16,9	2010		
Uruguay	6,4	2011	16,4	2013
Venezuela	65,9	2011	66,1	2013
§ Reports only selected institutions; does not correspond to population data				
				

Annex B

Availability of impact indicators and of a monitoring and follow-up report on the Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity

Country	MMR	MM by cause	MM by age	Severe Maternal Morbidity (SMM)	SMM by cause	SMM by age	MMR by subnational level	MMR by urban/rural area	MMR by ethnic group	Reporting rate (%)
Argentina	YES	YES	YES	NO	NO	NO	YES	YES	YES	67%
Belize	YES	YES	YES	NO	NO	NO	YES	YES	YES	67%
Bolivia	NO	YES †	YES ‡	YES *	YES **	NO	NO	NO	NO	44%
Brazil	YES	YES	YES	NO	NO	NO	YES	NO	YES	56%
Canada	YES	YES	YES	YES *	YES	YES	YES	YES	NO	89%
Chile	YES	YES	YES	YES *	YES **	YES	YES	YES	YES	100%
Colombia	YES	YES	YES	YES	YES	YES	YES	YES	YES	100%
Costa Rica	YES	YES	YES	YES	YES	YES	YES	YES	YES	100%
Cuba	YES	YES	YES	YES	NO	NO	YES	YES	YES	78%
Dominican Republic	YES	YES	YES	NO	NO	NO	YES	NO	NO	44%
Ecuador	YES	YES	YES	NO	NO	NO	YES	NO	NO	44%
El Salvador	YES	YES	YES	NO	NO	NO	YES	YES	YES	67%
Guatemala	YES	YES	YES	YES *	YES	YES	YES	NO	YES	89%
Guyana	NO	YES	YES	YES *	NO	NO	YES	YES	YES	67%
Haiti	YES §	NO	NO	YES	YES **	NO	YES	YES	YES	67%
Honduras	YES	YES	YES	YES *	YES **	YES	YES	NO	NO	78%
Jamaica	YES	YES †	YES	YES	YES **	NO	YES	YES	YES	89%
Mexico	YES	YES	YES	NO	NO	NO	YES	YES	YES	67%
Nicaragua	YES	YES	YES	NO	NO	NO	YES	YES	YES	67%
Panama	YES	YES	YES	NO	NO	NO	YES	NO	YES	56%
Paraguay	YES	YES	YES	NO	NO	NO	YES	YES	YES	67%
Peru	YES	YES †	YES ‡	NO	YES **	NO	NO	NO	NO	44%
Suriname	YES	YES	YES	YES	YES	YES	NO	NO	NO	67%
United States of America	NO	NO	NO	NO	NO	NO	YES	YES	YES	33%
Uruguay	YES	YES	YES	YES	YES **	YES	YES	YES	YES	100%
Venezuela	YES	YES	YES	YES *	YES **	NO	YES	NO	YES	78%
Reporting rate (%)	88%	92%	92%	54%	50%	31%	88%	62%	73%	
Number of countries	23	24	24	14	13	8	23	16	19	

MM = Maternal Mortality, MMR = Maternal Mortality Ratio, SMM = Severe Maternal Morbidity

§ reports only selected institutions; does not correspond to population data

† causes of MM are reported, but with differences from the requested classification

‡ MM by age is reported, but with differences from the requested classification

* SMM data is reported, but more or less frequently than the expected interval (1)

** causes of SMM are reported, but with differences from the requested classification

(1) Tunçalp O, Hindin MJ, Souza JP, Chou D, Say L., The prevalence of maternal near miss: a systematic review. BJOG. 2012 May;119(6):653-61.

Annex C

Availability of process indicators and of a monitoring and follow-up report on the Plan of Action to Accelerate the Reduction in Maternal Mortality and Severe Maternal Morbidity

Country	Rate of use of contraceptive methods	Postpartum and/or post-abortion contraceptive counseling and provision of contraceptives by health services	Percentage of maternal deaths due to abortion	Prenatal coverage with 4 or more check-ups	Institutional coverage of deliveries	Post-partum check-up 7 days after delivery	Use of oxytocics during the third stage of labor in institutional births	Use of magnesium sulfate in cases of severe preeclampsia/eclampsia in health facilities	Safe blood in facilities that provide emergency obstetric care	Screening for family violence during pregnancy (in institutional childbirth)
Argentina	X	X	X	X	X	-	X	X	X	X
Bolivia	-	X	X	X	X	X	-	-	-	-
Brasil	X	-	-	X	-	X	X	-	X	X
Chile	X	X	X	-	X	X	-	-	-	-
Colombia	-	-	X	X	X	-	-	-	-	-
Costa Rica	X	-	X	X	X	X	X	-	X	-
United States of America	-	-	-	X	-	-	-	-	X	-
Suriname	-	X	X	X	X	-	-	-	X	-
Cuba	-	X	X	X	X	X	-	-	X	-
Guatemala	X	-	X	X	X	-	-	-	-	-
Dominican Republic	-	X	X	-	X	X	-	-	-	-
Ecuador	-	-	X	-	X	-	-	-	-	-
El Salvador	-	X	X	-	X	X	X	-	X	-
Guyana	X	-	-	X	-	-	-	-	X	-
Haiti	X	-	-	X	X	X	-	-	X	-
Jamaica	X	X	X	X	X	-	X	-	X	-
Honduras	X	X	X	X	X	X	-	-	X	-
Mexico	-	-	X	X	X	-	-	-	X	-
Paraguay	-	X	X	-	X	-	-	-	-	X
Canada	-	-	X	-	X	-	X	X	-	X
Nicaragua	X	X	X	X	X	X	X	X	X	-
Belize	X	X	X	-	X	-	X	-	X	-
Uruguay	-	X	X	X	X	-	X	-	X	X
Venezuela	X	-	X	-	X	X	-	-	X	-
Peru	X	-	X	X	X	X	-	-	X	X
Number of countries that submit reports	13	13	21	17	22	12	9	3	17	6
%	52%	52%	84%	68%	88%	48%	36%	12%	68%	24%

Annex C (cont.)

Country	Caesarean section rate	Maternal deaths due to obstructed labor	Coverage of childbirth care provided by skilled personnel, as defined by WHO	Coverage of postpartum care provided by skilled personnel, as defined by WHO	Emergency obstetric care facilities that perform an audit of all maternal deaths	Public reports on maternal health that include national statistics on maternal mortality and the MMR	Health system has a functioning perinatal information system	Health system keeps records of severe maternal morbidity	Coverage of maternal deaths in vital record systems is 90% or more	Number of indicators per country	Total % per country
Argentina	X	X	X	X	X	X	X	X	X	18	95%
Bolivia	X	X	X	-	-	X	X	X	-	11	58%
Brasil	X	X	X	-	X	X	X	X	X	14	74%
Chile	X	X	-	-	-	X	X	X	X	11	58%
Colombia	X	X	X	-	-	X	X	X	X	10	53%
Costa Rica	X	X	X	X	X	X	X	X	X	16	84%
United States of America	X	-	X	-	-	X	X	X	X	8	42%
Suriname	X	X	X	-	X	X	X	X	X	13	68%
Cuba	X	X	X	X	X	X	X	X	X	15	79%
Guatemala	X	X	X	-	-	-	-	X	-	8	42%
Dominican Republic	X	X	X	-	X	X	X	X	X	12	63%
Ecuador	X	X	X	-	-	X	X	X	X	9	47%
El Salvador	X	X	X	X	X	X	X	X	X	15	79%
Guyana	X	X	X	X	X	X	X	X	X	12	63%
Haiti	X	-	-	-	-	X	X	X	-	9	47%
Jamaica	X	X	-	-	X	X	X	X	X	14	74%
Honduras	X	-	X	X	X	X	X	X	X	15	79%
Mexico	X	X	-	-	X	X	X	X	X	11	58%
Paraguay	X	X	X	-	-	X	X	X	X	11	58%
Canada	X	X	X	-	-	X	X	X	X	12	63%
Nicaragua	X	X	X	X	X	X	X	X	X	18	95%
Belize	X	X	X	X	X	X	X	X	X	15	79%
Uruguay	X	X	X	X	X	X	X	X	X	16	84%
Venezuela	-	X	X	X	X	X	X	X	X	13	68%
Peru	X	-	X	-	-	X	X	X	-	12	63%
Number of countries that submit reports											
%	24	21	21	10	15	24	24	25	21		
	96%	84%	84%	40%	60%	96%	96%	100%	84%		

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