

National Action Plan for Reducing Maternal Mortality in Lesotho

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Abstract: Lesotho has been suffering a negative trends of escalating maternal mortality ratio since 2004. Currently the country is at 1024/100 000 live births as per 2014 LDHS [1]. The objectives of this study was to identify the possible gaps that could have contributed to the increasing mortalities and develop strategies that will reduce this problem. The Verbal Autopsy Tool and Maternal Notification Form were used to collect data of all maternal deaths occurring at community and health facilities respectively, covering the years 2010 to 2016. All facility and community based maternal deaths reports were done by the trained MDR and data captured was analysed using MaMMAS software. The causes of maternal deaths were classified using the ICD-10 coding system. For practical implementation of data analysis the office of the secretariat personale was trained on the use of the software (MaMMAS). The first Maternal death report was released and shared with stakeholders in 2010. The verbal autopsy tool designed was communicated to all primary health facilities to report the maternal deaths occurring at community level. There is great improvement in the reporting of cases from the movement of Lesotho facilities, Christian Health Association of Lesotho and private facilities. However, following the recommendations made, there is decline in reported maternal deaths since 2010.

Keywords: Maternal Mortality, Lesotho Confidential committee of enquiry into maternal deaths (LCCEMD).

1. Introduction

Lesotho is a small mountainous country landlocked by the Republic of South Africa; Figure 1. It has been battling with high maternal mortality throughout the years. In response to this burden, the Ministry of Health through Family Health Division conducted maternal death audits countrywide in August 2017. It was aimed at assessing all facility and community-based maternal deaths that occurred from 2011-2016 with the objective of identifying institutional challenges, gaps and strengths towards prevention of maternal mortality; providing feedback and response on assessed cases; outlining recommendations with timelines and responsible persons.

2. Material and Methods

A group of maternal death assessors from all the districts of Lesotho took part in the assessment of maternal deaths covering the years 2010 to 2016. This exercise was done by visiting the health facilities, mainly the hospitals, both Christian Health Association of Lesotho(CHAL) and Public Hospitals.

A total of 296 maternal deaths were assessed. Some reported deaths were spoiled due to incomplete information or missing documents. The data was



Figure 1. Map of Lesotho.

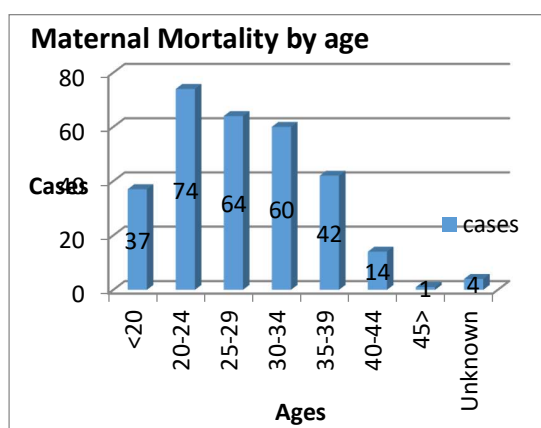


Figure 2. Distribution of maternal deaths by age(n) 2010-2016.

collected and analysed using MaMMAS software. The causes of deaths were done according to the International Classification of Disease Coding (ICD-10). Surrounding issues that lead to the deaths of women were discussed with the staff in each affected health facility respectively. The composition of staff that was addressed during the discussion included representation from Birth Attendants in the form of Doctors, Midwives, Administrative staff, Pharmacy staff, the Laboratory staff and representatives from the District Health Management Teams (DHMT) on behalf of the Community. The discussions were not aimed at punishing anybody but rather establish possible causes and making workable recommendations together. Challenges faced by the staff were raised and addressed by all parties.

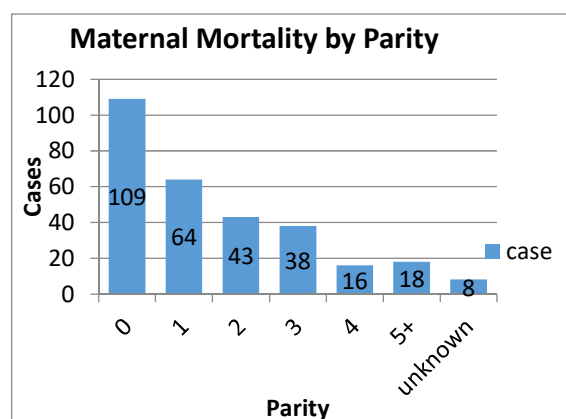


Figure 3. Distribution of maternal deaths by parity (n) 2010-2016.

3. Results and Discussion

The audits yielded the following results based on the 296 assessed cases covering the years 2010-2016 (Table 1). The table below shows that majority of maternal deaths occurring in Lesotho are attributed to obstetric haemorrhage and Hypertensive disorder with the highest percentages, 31.4%, 5 and 28%. respectively (Table 1). The results also revealed that most mothers who are dying during the process of pregnancy, child birth and peuperium are between the ages of 20 and 39 years (Figure 2). Most of these mothers losing their lives during the process of childbirth are having their babies for the first time or are having their second baby (Figure 3).

Table 1. Causes of maternal deaths-ICD-10 Coding

Causes	2010	2011	2012	2013	2014	2015	2016	Total	%
<i>Coincidental</i>	3	2	1	2	1	1	0	10	3.4
<i>Medical</i>	4	2	6	4	5	1	1	23	8.6
<i>Non pregnancy related</i>	4	5	6	5	2	0	0	22	7.4
<i>Pregnancy related</i>	4	3	4	4	3	3	5	22	7.4
<i>Miscarriages</i>	0	1	3	2	5	2	1	14	4.7
<i>Obstetric haemorrhage</i>	14	16	20	13	9	11	10	93	31.4
<i>Hypertension</i>	12	18	19	5	10	5	13	82	28
<i>Anaesthesia</i>	4	1	3	1	2	2	1	14	5
<i>Embolism</i>	0	0	1	2	0	1	0	4	1.4
<i>Respiratory factors</i>	0	1	1	0	1	0	0	3	1
<i>Unknown</i>	0	0	2	2	0	1	0	5	1.7
Total	45	49	66	40	38	27	31	296	100

4. Conclusions

Based on the above results, it is obvious that maternal deaths can be prevented since the conditions that seem to be the major killers of women are preventable if correct measures are taken throughout the process of pregnancy and child birth. Health care providers should show responsibility and ensure that unnecessary delays while executing maternity services are avoided. This will not only reduce maternal mortalities but will address the United Nations Sustainable Development Goal 3, target 1&2 [3].

5. References

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