Delays associated with maternal near-miss cases admitted in Women’s Health Hospital, Assiut University


Abstract:

Maternal near-miss (MNM) is recognized as a new concept and has emerged as an adjunct to investigation of maternal deaths as the two represent similar pathways. A conceptual model that had helped us to explain the underlying preventable causes of MNM by examining three phases of delay on maternal healthcare utilization was developed by Thaddeus and Maine. By identifying and reducing the three delays, we will have the greatest impact in reducing MNM and hence maternal deaths. Aim The aim of this study was to describe the extent, main types, and contributed factors for three delays in care associated with MNM among women admitted in Women’s Health Hospital, Assiut University, Egypt. Methods A prospective case–control study was conducted over a period of 1 year from 1 May 2014 to 30 April 2015 at Women’s Health Hospital, Assiut University; 342 MNM women and 684 age-matched control women were included in the study. The criteria we used for the identification of MNM were generally based on the presence of different levels of organ dysfunction, which have been identified as recommended by WHO. Data were collected through two approaches: record review and direct interview before discharge. Delays experienced by the study population were collected according to the three-delay model of Thaddeus and Maine. Results A high proportion of the MNM group had experienced delay irrespective of the type, with statically significant differences from their controls. Nearly 50% of near-miss cases were more likely to have experienced two or more types of delays compared with 7.7% of controls. Financial problems, fear of being maltreated in hospitals, lack of awareness about signs of obstetric complications, lack of participation in decision making, lack of antenatal care, negative attitude of healthcare worker, and lack of blood availability were associated with delays among MNM cases compared with controls. Having experienced third delay within the intermediate facilities (referral status) was the highest significant predictor that contributed to MNM by delay types. Conclusion and recommendations Third delay experienced by the women within the intermediate facilities (referral status) was the most prevalent delay among studied women. Reformation of healthcare system on multiple levels and improvement of the socioeconomic status of women are necessary in Upper Egypt to overcome causes of delay among MNM cases.

Keywords:

maternal delays, three delays, maternal near-miss, severe maternal morbidity, pregnancy complications, WHO

Published In:

Journal of Current Medical Research and Practice January–April 2017, , NULL , 1–9