FACTORS INFLUENCING THE CONDUCT OF HEALTH FACILITY MATERNAL AND PERINATAL DEATH AUDITS IN OYAM DISTRICT, UGANDA, 2012.

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ABSTRACT

Introduction: Maternal and perinatal deaths audit (MPDA) is one of the low-cost strategies identified by the World Health Organization to reduce maternal and perinatal mortality. MPDA is an in-depth systematic investigation into the causes and circumstances of maternal and perinatal deaths where recommendations are made and implemented to prevent similar future deaths. Oyam district has a high maternal mortality ratio of 309/100,000 live births and perinatal mortality rate of 43.8/1,000 live births. Oyam has been implementing MPDA since 2008 with varying successes among the health facilities. This study therefore set out to establish the proportion of maternal and perinatal deaths audited, and assess factors influencing conduct of maternal and perinatal death audits in Oyam District.

Methods and Materials: A cross-sectional study with retrospective review of records was done in seven health facilities. Semi-structured questionnaires were administered to 66 health workers. Ten key informant interviews were conducted with 4 district health team members, 4 in-charges of health facilities and 2 chairpersons of MPDA committees to collect data on service delivery, health workforce and health information factors that influence conduct of MPDA. Records were also reviewed to determine the proportion of maternal and perinatal deaths audited. Univariate analysis of quantitative data was done using SPSS statistics 17.0. Bivariate analysis using Pearson Chi-Square test was done to determine factors associated with conduct of MPDA. Factors with a p-value < 0.05 were considered statistically significant. Qualitative data was analyzed manually and summarized according to the themes related to the objectives of the study and presented in text, tables and quotes.

Results: Seventy one percent (71%) of maternal and only 33.3% perinatal deaths were audited. Only 34.8% of the health workers had ever participated in MPDA. The factors that influenced

conduct of MPDA were level (p<0.001) and section of health facility (p0.021), existence of MPDA committee (p<0.001), attendance of audit meetings by core and senior staff members (p<0.001), knowledge about the main objective of MPDA *($p<0.001$)*, implementation of MPDA recommendations (*$p<0.001$)*, observed improvement in maternal and newborn care (*$p<0.001$)* and feedback given to staff members *($p<0.001$)*. We also found out from key informants that; Formation and training of MPDA committee members was not effectively done, Health workers were not sensitized about MPDA system, There was inadequate support supervision, Inadequate financial motivation of MPDA committee members, Heavy workload on health workers and Difficulty in collecting information from the community.

Conclusion and Recommendation:

The conduct of maternal and perinatal death audit in Oyam is low. The health facilities should ensure that MPDAs are conducted every month. The Ministry of Health and District Health Officer should put emphasis on and monitor the conduct of maternal and perinatal death audits; provide overall coordination, ensure effective support supervision, form and train MPDA committees and ensure they are and financially supported to execute their roles.