Maternal Morbidity and Mortality in the Mulanje District of Southern Malawi

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Project Background
- Malawi has high maternal mortality ratio (MMR) 675/100,000 live births (MDHS, 2010)
- Unsafe abortion complications cause 20% maternal death in Malawi (Bowie & Geubbels, 2013)
- Malawi failed to achieve MDG5 target of 275/100,00, currently MMR estimates 574/100,000 live births (MICS5, 2014)
- Over 50% of pregnancies reported as unintended (Palamuleni & Adebowale, 2014)
- Abortion is illegal in Malawi except to save the mother (Mtika, 2014)
- Sensitive environment to discuss abortion issues due to religion, culture, and legislation
- Maternal death audits are interventions to combat high maternal deaths

Methodology
- Qualitative Data
  - In-depth interviews with:
    - 15 Maternal death audit committee members (2 referral hospitals)
    - Women seeking post abortion care
    - 9 Key Informants ( Chiefs, Religious Leaders, Traditional Initiators)
    - 9 Focus Group Discussion with youths (4), adults (5)
  - Desk review of maternal death records
- Quantitative Data
  - 25 Survey questionnaires to health care workers who provide post abortion care
- Ethics
  - Emory IRB, Malawian IRB, Consent from participants

Objectives
- To describe the current state of maternal morbidity and mortality in the Mulanje District of Malawi by:
  1. Determining the quality and coverage of maternal death audits in order to reduce high maternal deaths
  2. Describing experiences of women accessing treatment for post-abortion complications
  3. Determining health care workers attitudes towards abortion care and how those attitudes are affected by experiences with unsafe abortion complications
  4. Describing community perceptions towards unintended pregnancies

Next Steps
- Completing data analysis for theses
- Submitting written report to Malawi Ministry of Health
- Dissemination in Mulanje District

Preliminary Findings
Objective 1
- Strengths
  - Multidisciplinary team membership in the maternal death audit activities
  - Improvement in policy and maternal health care interventions
- Challenges
  - Induction of new members to maternal death audit activities NOT done
  - No permanent maternal death audit committees

Objective 2
- Healthcare workers do not differentiate between induced abortions and spontaneous miscarriages in their official reporting
- Women are hesitant to discuss unintended pregnancies and abortions
- Access to illegal abortion drugs (such as misoprostol) is prevalent at local drug stores

Objective 3
- Many healthcare workers did not indicate a change in opinion regarding abortion legality after working with post-abortion care patients
- Most health care workers reported that women seek abortions mainly because they are single/unmarried or in school.
- Many HCWs were not sure/did not think that illegal abortions were a main cause of maternal death.

Objective 4
- Any unexpected pregnancy defined as unintended : others “no unintended pregnancy in marriage”
- Unintended pregnancies reported to be common amongst the youth/unmarried
- Harmful cultural practices “sexual cleansing” places women at high risk of unintended pregnancies
- Negative myths about contraceptives: reduce libido, cause infertility
- High stigma towards youth with unintended pregnancies
- Unsafe abortions a common solution to unintended pregnancies

Progress to Date
- Data collection took place in June and July 2015
- Transcription and partial translation of qualitative data
- Preliminary analysis of quantitative data
- Presentation of preliminary results

Project Partners
- Emory Global Health Institute
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