CONFIDENTIAL ENQUIRY INTO MATERNAL DEATHS

Confidential enquiries into maternal deaths (CEMD) are intended primarily to assess the levels, causes of and contributors to maternal mortality and to learn lessons to address these. A key feature of the method is confidentiality, which is maintained at all levels keeping the women, health care providers and institutions anonymous at all times. Very often, confidential enquiries involve active surveillance of pregnancy-related or maternal deaths. Confidential enquiries make extensive efforts to identify all maternal deaths. If confidential enquiries are ongoing, they provide useful information on maternal mortality trends.

The United Kingdom has the longest history of CEMD, dating back to the 1950s. National enquiries, either continuous or undertaken at regular intervals, and sub-national enquiries have also been carried out in Australia, some states in the USA, and in some European countries. Confidential enquiries have been started in parts of Suriname, Malaysia, Israel, Indonesia and South Africa by adapting the United Kingdom methodology. Time-limited enquiries have also been carried out in Jamaica, the Netherlands and Egypt.

Another tool which modifies the traditional CEMD approach is called TRACE (Tracing Adverse and Favourable Events in Pregnancy Care). Developed by Immpact, TRACE differs from CEMD by including cases of severe obstetric morbidity (“near misses”) as well as maternal deaths, by examining favourable as well as adverse factors associated with obstetric care (useful for preserving morale in low-resource health facilities), and by assessing community factors which may have contributed to a maternal death. For more information on TRACE please see the Additional Resources section of this page.

Identification of death

Generally not applicable (only potential pregnancy-related or maternal deaths are reviewed) but may also use a RAMOS approach.

Ascertainment of maternal/pregnancy related status

- varied, and sometimes multiple, sources used to identify and record all potential pregnancy-related deaths
- existing records for confidential enquiry can include:
  - civil registration
  - facility records
  - morgue records
  - burial/cemetery records
  - newspapers
  - survey/census of households
  - survey of Key Informants
  - active reporting by Key Informants
- maternal deaths are usually ascertained by medical professionals (with or without diagnostic aids and/or autopsy) or by verbal autopsy
Advantages:

- provides additional data on quality of care associated with maternal death
- often has medical diagnoses of cause of death

Limitations:

- requires complete death reporting and good cause of death data
- if multiple sources are used, duplicate deaths need to be avoided
- can be complex and time consuming to undertake, especially on a large scale
- data on community level risk factors often missed when medical records relied on
- method is essentially an observational case series and risk factors can only be quantified when contrasted with an appropriate comparison group

Measurement requirements:

- duplicate deaths need to be excluded
- sub-causes of maternal deaths must be coded and classified as maternal deaths
- data on births are needed to calculate the maternal mortality ratio (MMR)
- data on population of women aged 15-49 are needed to calculate maternal mortality rate (MMRate)

Guidelines


Scientific articles


Additional resources


www.maternal-mortality-measurement.org