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Tarikh : 19 Disember 2019

SEPERTI SENARAI EDARAN

YBhg. Datuk / Dato' / Datin / Tuan / Puan,

GUIDELINE ON CLASSIFICATION OF PREGNANCY RELATED DEATHS INTO PREVENTABLE AND NON-PREVENTABLE DEATHS

Dengan segala hormatnya merujuk kepada perkara di atas.

2. Sebagaimana yang sedia maklum, *Sustainable Development Goals* (SDG) 2016 - 2030 mensasarkan *Ending Preventable Maternal Mortality* (EPMM) sebagai satu strategi untuk menurunkan kadar kematian ibu.

3. Sehubungan itu, setiap kes kematian ibu hamil perlu ditetapkan klasifikasi kematian mengikut kategori *Preventable Deaths* atau *Non-Preventable Deaths* semasa Mesyuarat Jawatankuasa Teknikal Kematian Ibu samada di peringkat Daerah atau Negeri atau Kebangsaan.

4. Sukacita bersama-sama ini disertakan *Guideline on Classification of Pregnancy Related Deaths into Preventable and Non-Preventable Deaths* sebagai rujukan kriteria klasifikasi yang telah diperakukan oleh Jawatankuasa Kematian Ibu Peringkat Kebangsaan pada 9 Oktober 2019.

Sekian.

"BERKHIDMAT UNTUK NEGARA"

Saya yang menjalankan amanah,

(DR. FARIDAH BINTI ABU BAKAR) MMC 27575
Pengarah
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SENARAI EDARAN

Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri Perlis

Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri Kedah

Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri Pulau Pinang

Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri Perak

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Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri WP Kuala Lumpur & Putrajaya

Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri Sembilan

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Jabatan Kesihatan Negeri Melaka

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Jabatan Kesihatan Negeri Sarawak

Pengarah Kesihatan Negeri
Jabatan Kesihatan Negeri WP Labuan

GUIDELINES ON CLASSIFICATION OF PREGNANCY RELATED DEATHS INTO PREVENTABLE AND NON-PREVENTABLE DEATHS

NATIONAL TECHNICAL COMMITTEE CONFIDENTIAL ENQUIRY INTO MATERNAL DEATH

Coordinated by
Family Health Development Division
Ministry Of Health Malaysia
2019

GUIDELINES ON CLASSIFICATION OF PREGNANCY RELATED DEATHS INTO PREVENTABLE AND NON-PREVENTABLE DEATHS

1. INTRODUCTION

This guidelines aims to standardize the classification of preventable and non-preventable deaths among pregnancy related deaths. Standardised classification is necessary to obtain better analysis of preventable deaths, as this indicator is essential to assess the effectiveness of public health and health care systems in reducing maternal deaths.

The preventability of pregnancy related deaths are classified into four (4) groups:-

- Preventable deaths with medical factors
- Preventable deaths with non-medical factors
- Non-preventable deaths
- Undetermined deaths

2. DEFINITIONS

2.1 Definition of Preventable Death

Preventable deaths are divided into 2 components:

- preventable deaths with medical factors
- preventable deaths with non-medical factors

2.1.1 Preventable Deaths with Medical Factors

This refers to deaths with presence of modifiable medical factors (clinical or non-clinical factors) such as failure to diagnose, failure to appreciate severity, delayed referral, treatment, inadequate treatment etc. These are preventable through medical intervention.

2.1.2 Preventable Deaths with Non-Medical Factors

This refers to deaths with presence of non-medical factors (patient / family or socio-political). These are potentially preventable through non-medical intervention such as public health policies and intervention encompassing social, patient and family factors such. Eg: road traffic accidents, teenage pregnancies, non-accidental injury etc.

2.2 Definition of Non-Preventable Deaths

This refers to conditions which has no intervention to prevent the death either through medical or non-medical intervention. Eg: amniotic fluid embolism etc.

2.3 Definition of Undetermined Deaths

These deaths are situations where the committee cannot accurately determine the appropriate classification of death into preventable or non-preventable.

3. CRITERIA FOR PREVENTABLE DEATHS

3.1 Medical Factors

3.1.1 Clinical Factors (adequacy and quality of care)

- Inappropriate delegation of duties
- Failure to inform seniors
- Failure to inform other specialists
- Failure of combined care
- Failure of communication
- Failure to diagnose
- Failure to appreciate severity
- Inadequate, inappropriate or delayed therapy
- Delayed / failure of referral
- Failure of home visits / defaulter tracing
- Failure of adherence to protocols

3.1.2 Non-Clinical Factors (health facilities, equipment and transport)

- Level of medical expertise - Specialist/ Surgeon / Physician / Medical Officer / nurses
- Lack of infrastructure – eg: Operation theatre
- Lack of laboratory services
- Lack of blood support
- Lack of general or specific critical care equipment
- Transport - unavailability of ambulance or well-equipped ambulance
- Unavailability of local or regional retrieval system

3.2 Non-Medical Factors

3.2.1 Patient / Family Factors

- Delay in booking or no / inadequate antenatal care
- Delay or failure in seeking treatment
- Non-compliance to advice
- Non-compliance to admission
- Non-compliance to therapy
- Marital status
- Lack of family support
- Cultural / religious beliefs

3.2.2 Socio-Political Factors

- Financial problem
- Inaccessibility due to distance or remoteness of the area
- Non-citizen / immigrants