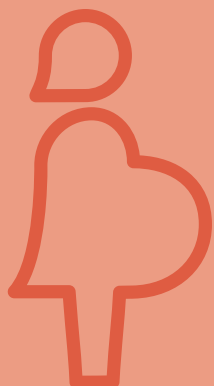
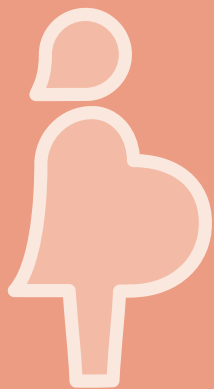


Evaluating the quality of care for  
severe pregnancy complications

## **The WHO near-miss approach for maternal health**



World Health  
Organization



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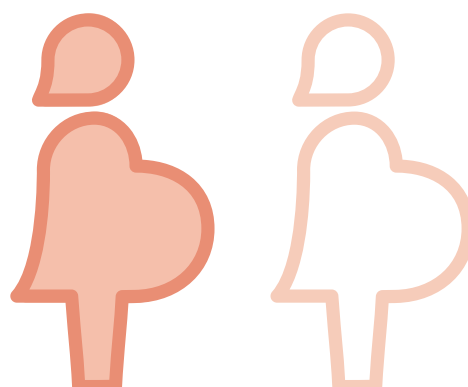
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## Abbreviations

ICD	International Classification of Diseases
ICU	intensive care unit
INR	international normalized ratio
LB	live birth
HELLP	haemolysis, elevated liver enzymes, low platelet count
HRP	UNDP/UNFPA/WHO/World Bank Special Programme of Research, Development and Research Training in Human Reproduction
MD	maternal death
MI	mortality index
MNM	maternal near-miss
MNMR	maternal near-miss ratio
PPH	postpartum haemorrhage
SMO	severe maternal outcome
SMOR	severe maternal outcome ratio
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
USAID	United States Agency for International Development
WHO	World Health Organization
WLTC	women with life-threatening conditions



## Executive summary

In any setting, women who develop severe acute complications during pregnancy share many pathological and circumstantial factors. While some of these women die, a proportion of them narrowly escape death. By evaluating these cases with severe maternal outcomes (both “near-miss” cases and maternal deaths), much can be learnt about the processes in place (or lack of them) for the care of pregnant women. This guide is intended to be used by health-care workers, programme managers and policy-makers who are responsible for quality of maternal health care within a health-care facility or the health system. It presents the WHO maternal near-miss approach for monitoring the implementation of critical interventions in maternal health care and proposes a systematic process for assessing the quality of care.

The WHO near-miss approach is a standardized method which is implemented in three steps in a cyclical manner: (1) baseline assessment (or reassessment); (2) situation analysis; and (3) interventions for improving health care. The baseline assessment can be performed in individual health-care centres or a health district and then scaled up to the entire health system.

Identifying all eligible women is key to successful implementation of this approach. To ensure that all eligible women are identified and included in the audit, the team implementing the near-miss approach must develop a sound plan based on the types and characteristics of the participating

The near-miss approach yields results that inform policy decisions for improving the quality of maternal health care in individual health-care facilities. The results include, among others, local rates and patterns of maternal mortality and morbidity, strengths and weaknesses in the referral system, and use of clinical and other health-care interventions.

To assess the quality of maternal health care in a district health system, all facilities that admit women for delivery or treat those with complications related to pregnancy should be included in the assessment. In the secondary and tertiary health-care facilities included in the health district assessment, the procedures described in the guide for individual health-care facilities should be followed.

It is recommended that the near-miss approach should be conducted in the three above-mentioned steps to continuously improve maternal health care. This standardized approach to assessment of quality of care is designed to enable comparability of data over time from different settings, and even across countries.

Findings of assessments undertaken with the WHO near-miss approach should be made public. Such information has considerable advocacy value for promoting policy actions and mobilizing professional and civil societies to improve the quality of care for pregnant women. Publication of good-quality data can also help to attract funding from international donors for improving services.

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