

## ABSTRACT

The study consisted of two components. The objective of the first component, was to assess the degree of completeness of reporting of maternal deaths through the vital registration system within the Western Province of Sri Lanka. This assessment was done by conducting a Reproductive Age Mortality Survey over a period of six months.

The first component identified that there was 24% of under reporting of maternal deaths in the Western Province. Considering the inequalities of distribution of resources throughout the island, the degree of under reporting is likely to be higher in the rest of country.

The second component of the study identified all cases of maternal death occurring over a period of one year in seven provinces in Sri Lanka except the Northern and the Eastern provinces. These deaths were described and compared with a sample of pregnant women who had survived the experience of childbirth. The study found that 67% of the deaths were due of direct obstetric causes and 33% were due to indirect causes. The commonest cause of maternal death was found to be haemorrhage. The second most important cause of death was abortion (11%). All these deaths were due to sepsis. In addition a relatively high percentage (9%) of deaths due to sepsis per se were

reported. Taking both causes into consideration the burden of sepsis appears to be high.

Ten percent of deliveries were noted to take place "in the field" and 8% did not receive any trained assistance. Sixty seven percent of them died during or after partus without any further medical assistance. These formed 60% of all field deaths. Forty percent of field deaths were women who had delivered in an institution and were discharged home.

Single women of low socio-economic status, belonging to minority ethnic groups, less educated and living in the places where services were not easily accessible were found to have an increased risk of maternal death. Health service factors such as quality of antenatal clinic care, natal care and postnatal care were found to be important risk factors and were associated with attributable risk percentage varying from 28% - 69%.

In the national effort to reduce maternal mortality further, attention may have to be paid to improving the quality of certification of death. Including an additional section where pregnancy status irrespective of its relation to death is recorded may be a strategy to employ. Timely reporting of deaths, by place of usual residence rather than place of occurrence needs consideration.

The study highlights the importance of re-appraisal of quality of services available to the mother in general and also the need to examine new approaches to reach specific groups of women at high risk. A special effort, possibly with a new approach, needs to be launched if deaths due to haemorrhage are to be reduced.