Confidential enquiries into maternal deaths and long awaiting milestone in the maternity care of Sri Lanka

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I am honoured and privileged to stand before you as the 36th President of the Sri Lanka College of Obstetricians and Gynaecologists in this historic evening.

I wish to thank the members of the SLCOG, for electing me as the 36th President, for the year 2022.

I would like to thank the immediate past President Dr. Pradeep De Silva and his council and all the past presidents for their excellent contribution to improve the maternal and women's care during the past five decades.

I hope I would be able to continue the good work of Dr. Pradeep De Silva and to fulfill the aspirations of the membership.

I am also fully aware of the commitment and dedication of past presidents in achieving targets and what we are today.

I will also maintain high standards of the office for the betterment of maternity care and actively promote the postgraduate education in Sri Lanka during my tenure in office.

SLCOG was first established as the Ceylon Obstetrics and Gynaecological Association (COGA) in 1953 with the presidency of Dr. (Mrs.) May Ratnayake, twenty four years after the establishment of Royal College of Obstetricians and Gynaecologists. Later in 1967, Prof. D. A. Ranasinghe pioneered in forming the Association of Obstetrics and Gynaecology of Ceylon with his presidency. The organization opened membership and became a well-recognized institution in 1967.

In 1970, the association was elevated to the status of a college and became known as Ceylon College of Obstetricians and Gynaecologists. Finally, with the adoption and enactment of the Constitution of the Republic of Sri Lanka (Ceylon) in 1972, by the Constituent Assembly, the organization came to be called Sri Lanka College of Obstetricians and Gynaecologists.

Improvement in health care should happen at the institutional level, not at field level.

Therefore we as clinicians who are members of the colleges, have a bigger role to play if we are to achieve these targets.

Sri Lanka Journal of Obstetrics and Gynaecology 2022; **44:** 2-6

DOI: http://doi.org/10.4038/sljog.v44i1.8044

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* At the Induction on 16th January 2022

Scientific analysis of morbidity and mortality by the professional colleges by the way of confidential inquiries will help to identify the root cause analysis and to decide on the improvement strategies.

Very often these problems are based on geography, are hospital based, or unit based.

Ministry should empower colleges in order to achieve these targets.

Sri Lanka being a middle-income country with per-capita GDP of 3682 US$ in 2020, has indicators that reflect satisfactory overall health status of the population. The infant mortality rate and the maternal mortality rate in Sri Lanka are among the lowest in the South East Asian region.

Maternal Mortality Ratio (30.2 deaths per 100,000 live births in 2020) (Provisional).

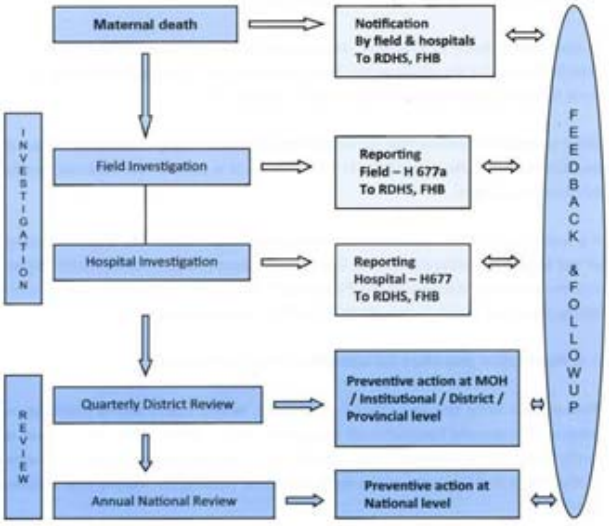

Figure 1. **National structure of maternal death investigation**

Source: Maternal and Child Morbidity and Mortality Surveillance Unit – Family Health Bureau

The objective of Maternal Death Surveillance and Response (MDSR) is to improve maternal health and to end preventable maternal deaths. Sri Lanka MDSR mechanism was introduced by 1981 by the issue of gazette regulation on mandatory notification of probable maternal deaths. The process of structured review of maternal deaths in collaboration with SLCOG was started in 1995. Numerous quality dimensions were added from time to time up to now.

Maternal mortality ratio is the widely used measure of maternal deaths. Sri Lanka reported maternal mortality rate of 1694 per 100,000 live births in the year 1947 and gradually reduced it to achieve the best maternal mortality ratio in the south Asian region. The reduction of Sri Lanka's MM ratio is impressive yet are we satisfied? During the last decade the MM ratio is staggering around 32 per 100,000 live births. Therefore, we have to revisit the system of MDSR and SLCOG would like to propose the internationally accepted system of confidential enquiry into maternal deaths.

Figure 2. **Maternal mortality reduction in Sri Lanka; 1930-1996**

Source: Maternal and Child Morbidity and Mortality Surveillance Unit – Family Health Bureau

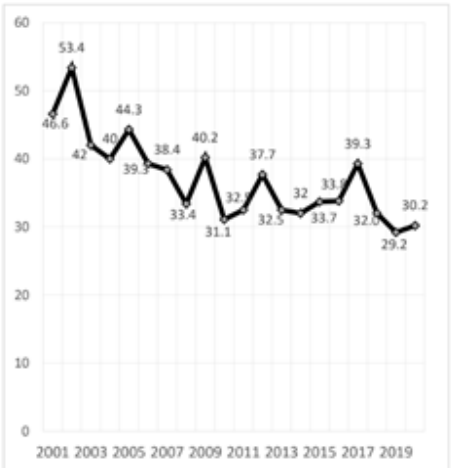

Figure 3. **Maternal mortality ratio from 1995-2020**

Source: Maternal and Child Morbidity and Mortality Surveillance Unit – Family Health Bureau

Honorable Minister of Health, we need to change the system of assessing maternal deaths to achieve a single digit maternal mortality ratio. SLCOG has taken the initial step in carrying out a pilot project in collaboration with FHB during the presidency of Dr. Pradeep De Silva. Therefore I propose to you to introduce this new system nationally with the help of FHB. This will be the way forward to reduce the MM ratio further.

In the year 2020 there were 91 reported maternal deaths and the MM ratio was 30 per 100,000 live births. It is notable although the no. of maternal deaths were reduced compared to 2019, there was a substantial reduction of live births in the year 2020. This is a very important area for the policy planners to think of since population of SL is reducing and it will cause a significant impact on the economy of Sri Lanka in the years to come.

There is a remarkable change in the pattern of Maternal Mortality Ratio in 2020. The highest no. of maternal deaths was reported in Gampaha district and zero maternal deaths were reported from three districts, Hambanthota, Mullativu and Vavuniya.

Hon. Prime Minister you can be happy there were no maternal deaths reported in the district of Hambantota.

Subfertility has become a major issue in Sri Lanka. Around 7% to 10% of couples are waiting to get the IVF treatment. At present there is no consensus about IVF pregnancies. We as obstetricians and neonatologist facing the bad outcomes of indisciplined IVF programs. Bad outcomes have an impact of increasing maternal mortality and increasing neonatal mortality rates. We have experienced maternal deaths due to IVF pregnancies of mothers with multiple co-morbid factors and advanced maternal age. The cost of extreme prematurity is an enormous burden to the health care system. SLCOG is in the view of establishing a regulatory authority for ART. So SLCOG in collaboration with FHB and the Attorney General Department has drafted Human Reproduction and Genetics Act (HURGA). The fields of genetics and reproduction had once again been brought together. The principal aim of the act was now to establish a Human Reproduction and Genetics Authority for Sri Lanka. I will give my fullest support to for the successful implementation of this project during my tenure.

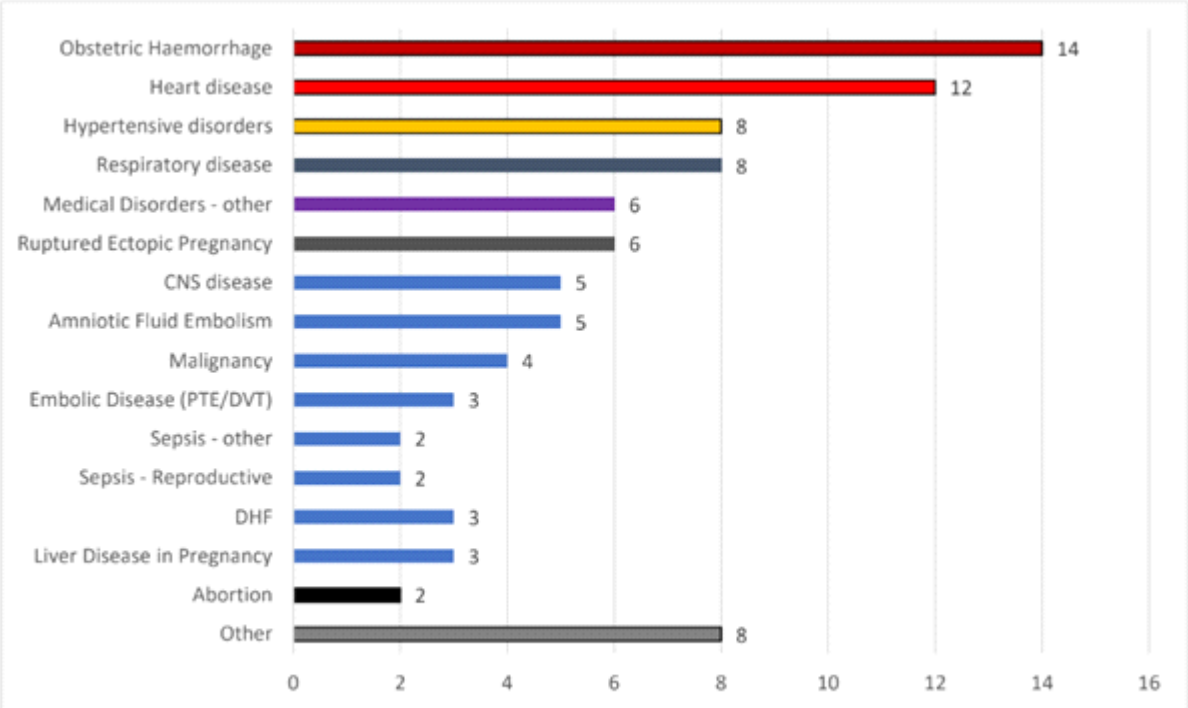

Figure 4. **Causes of maternal deaths – 2019**

Source: Maternal and Child Morbidity and Mortality Surveillance Unit – Family Health Bureau

Members of SLCOG helped to establish MS in Gynaecology and Obstetrics through the PGIM in 1984 which was changed to MD in 2001.

With increased intake of the trainees for the MS in Obstetrics by PGIM has resulted in expansion of services upto to Base Hospital and upwards. This has resulted in 24 hrs consultant coverage for pregnant mothers in SL. I will continue to support PGIM to promote post graduate education in SL.

Safe motherhood initiative which was launched in Nairobi in 1987, is being rolled out in outstation hospitals to improve the quality of obstetric emergencies.

SLCOG conducted its first safe motherhood programme in Anuradhapura in 1991. Second in Matale sponsored by UNICEF in 1992.

SLCOG has continued to conduct safe motherhood programmes every year regularly across the country and facilitate the policy dialog with the health administrators at a local level.

SLCOG is proud to have sustained a good practice initiated by a global program.

The Health Department should take the lead of updating the staff and try to improve the maternal and child health services.

Professional colleges should formulate the modules depending on the need. They should play the advocacy role.

Clinical leaders with the support of the Director of the hospital and quality assurance department should facilitate these modules.

All the benefits should go to Junior Staff in the hospital who need clinical training and these interventions will support them to improve the quality of care.

Team dynamic training is the focus now, not individual training.

I have planned to commence SHO training program which was initially started by Dr Ananda Ranathunga during his presidency in 2011 basically on caesarian sections and obstetric emergencies to help the Ministry of Health to improve quality of care. This program will be supported by the Ministry of Health under the guidance of Dr. Hemantha Herath, the Director of In-service and Individual Training Program (ET and R).

Sri Lanka's initial maternal mortality ratio of 85 per 100,000 live births in 1990 decreased to 35 per 100,000 by 2010. This is on track to meeting the Millennium Development Goal target of 21/100,000 maternal deaths by 2015.

Unfortunately, these MDGs were not achieved by Sri Lanka.

Few countries in the region have achieved health indicators of MDG goals.

It is interesting to find out why this was not achieved in our country, despite having a well-structured health system.

The role of non-governmental international organizations is to support the improvement in maternal and newborn care programmes.

Maybe to decide on strategies, policies, identify bottle necks and minimize inequities in the deprived segment of the service.

The 2030 agenda for Sustainable Development, which has 17 Sustainable Development Goals, was adopted by countries in 2016.

Out of the 17 goals, mainly SDG 3 is concerned with maternal and child health.

Under SDG 3, there are 13 core indicators and 38 health indicators related to maternal and child health.

According to the updated sustainable development goals, MMR, NMR and under 5 mortality rates are on track or maintaining SDG achievement.

Obstetricians will have to really work hard to achieve the sustainable development goals.

Over the years we see an improvement of national statistics.

Whether it is driven by the Ministry of Health or by the Consultants in the respective field or as a college is question that needs to be explored.

This remark applies in our context, as I strongly feel, members of professional colleges contribute to improve the national statistics.

And it is not data driven improvement.

During the COVID-19 pandemic, there have been substantial shifts in the way that maternity care is delivered. Care provision has had to be modified and maternity units have faced many new issues. The effects of these changes on maternity outcomes have not yet been measured, and it is unclear whether these changes have widened or narrowed existing inequalities.

SLCOG considered audit and research as important aspects of clinical excellence. The Ministry of Health is supporting clinicians to engage in clinical research. The Ministry of Health issued the Management Services Circular No. 45 and 45(i) on Payment of Research Allowance as per the Budget Proposals 2014 in order to provide financial support for the researchers.

SLCOG has planned to establish a Centre for Research Facilitation (CRF) under the guidance of Emeritus Professor Malik Goonewardena.

The objectives of the CRF will be;

To improve the research culture amoung clinicians by,

- Establishing an administrative department/ unit for research.
- Providing training in research.
- Providing support and training for grant applicants for research and infrastructure development.
- Providing mentoring for researchers.
- Establishing a formal progress monitoring system aligned with counseling and a support system for researchers.
- Training and supporting researcher to publish their research.
- Training and supporting research entrepreneurship.

I was fascinated by the pioneering work of Dr. Lakshmen Senanayake who was a visionary and was far ahead of time on domestic violence in the way back in the 1990's. The Ministry of Health has started a structured program on domestic violence as "Mithuru Piyasa". So I have been continuously engaging in work on violence against women and hope to continue during my tenure in the office.

At last I would like to extract a quote by Anthony Leo, "Healthcare delivery has worked as well as it has developed to date because clinicians are bright, hardworking, and well-intentioned – not because of good system design or systematic data use". As the 36th President of SLCOG I pledge my fullest support for these advanced programs during my tenure and I will help them to launch these at the national level.