Quality and Safety in Obstetric Care in Latin America: A new way to reduce Maternal Mortality

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Global Maternal, Newborn, and Child Health — So Near and Yet So Far

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A Maternal Deaths per 100,000 Live Births in 2010

In Latin America, the primary reason for maternal mortality is related to hypertensive disorders of pregnancy: 25.7%
Projected reduction in Maternal Mortality in Latin America 1990-2010: Millennium Goal #5

Source: Basic Indicators PAHO/WHO–CLAP/SMR 2011
Obstetric Care in Philadelphia

Challenges

- Access to care: Maternity closures (19 in 15 years)
- Only 6 Hospitals providing obstetric care in the City (Penn responsible for 42% of the total births ~ 9200/yr)
- Increasing number of unauthorized migrants (uninsurables)
- Philadelphia Maternal Mortality (almost double the national level) MMR 2015
- Malpractice claims
- Low reimbursement

Solutions

- Emphasis in quality and safety
- Access to prenatal care for all: Puentes, LCHS
- Communication: Team approach to labor and delivery. Culture change
- Specific protocols: Hemorrhage, Hypertension, Thromboembolism
- Simulation
- Early warning system
- New models of obstetric care: Laborists
- Constant monitoring of outcomes: metrics

Perinatal quality metrics improved
Ob claims reduced by > 80%
Strategies to Reduce Risk in Latin America

- Access to care: adequate personnel
- Regionalization
- Change in culture in Labor and Delivery
- Team approach: nurses, doctors, midwives, anesthesiologists
- Protocols based in their reality: MEXPRE Latin study
- Simulations
- Monitor and improve the care of “near misses” or severe maternal morbidity
Spectrum of Maternal Morbidity

- Non life-threatening conditions
- Potentially life-threatening conditions
  - Life-threatening conditions
    - Maternal Near Miss
      - Maternal Death
- Non complicated pregnancies
- Complicated pregnancies
- All pregnancies
Near Misses (almost dead): for every one maternal mortality 19 have severe maternal morbidity

Criteria:
Severe Maternal Disease: eclampsia, shock
Acute organ failure
ICU management, transfusion
Gráfica 3. Morbilidad materna extrema por causa principal agrupada, Colombia, a semana epidemiológica 19 de 2015.

Fuente: Sivigila, Instituto Nacional de Salud
Quality and Safety in Obstetric Care: Colombia

Modelo de seguridad para la atención de la emergencia obstétrica en instituciones de salud
Interventions that save lives

- **Post partum hemorrhage**
  - Management of hypovolemic shock

- **Hypertension crisis**
  - Use of adequate antihypertensives

- **Sepsis**
  - Early recognition and treatment
Simulation courses to improve communication and safety in Obstetric care in Latin America
Protocols based on research in Latin America

OBSTETRICS

Expectant management of severe preeclampsia remote from term: the MEXPRE Latin Study, a randomized, multicenter clinical trial

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Results: Maternal Mortality Colombia (per 100,000 live births)

62% of the goal achieved
250 women saved every year
Conclusions

- The lessons learned in Philadelphia to improve obstetric care can be successfully applied to Latin America to reduce maternal mortality.

- Monitoring of severe maternal morbidity with appropriate treatment of “near misses” can reduce maternal mortality in Latin America.

- Protocols that reflect Latin America reality are fundamental. Collaborative research between Penn and other countries is possible: MEXPRE Latin.

- The early experience in Colombia should be replicated in the rest of Latin America.
Thanks

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