Archive of Obstetrics, Gynecology and Reproductive Medicine
AOGRM, 8(2): 300-302
www.scitcentral.com
ISSN: 2640-2297
Short Communication: Open Access

The Necessity of Effective Consideration of Maternal near Miss in The Review of Maternal Mortality in Cameroonian Setting

Théophile Njamen Nana[1,2*], Fulbert Nkwele Mangala[1,4], Issac Mboh Eyong[2], Fidelia Kobenge Mbi[1], Robert Tchounzou[2], Cédric Nana Njamen[1], Sandrine Emilienne Mindjouli[3], Bruno Kenfack[5], Charlotte Tchente Nguefack[4], Henri Essome[4] and Emile Mboudou[6]

*[*1]Gynecological and Obstetrics Department, Douala General Hospital, Cameroon*

*[*2]Obstetrics and Gynecological Department, Health Sciences Faculty, University of Buea, Cameroon*

3Cameroon Baptist Convention Health Services (CBCHS), located in Mutengene, Cameroon

[4]The Department of Surgery and Specialties, University of Douala, Cameroon, Faculty of Medicine and Pharmaceutical Sciences

[5]Gynecology, Obstetrics, and Maternal Health Department, Faculty of Medicine and Pharmaceutical Sciences, University of Dschang, Cameroon

[6]Obstetrics and Gynecology Department, Douala, Cameroon's Gyneco-Obstetric and Pediatric Hospital, Cameroon.

Received March 31, 2025; Revised April 20, 2025; Accepted April 23, 2025

ABSTRACT

Maternal near miss, which refers to women who almost died as a result of obstetric problems, can be used as a stand-in for maternal death. A more accurate measure of the caliber of obstetric treatment is maternal near miss. Understanding its prevalence, contributing variables, causes, and effects would enhance obstetric care quality and lower maternal mortality. The authors are reminded of the significance of maternal near misses because they are still not given enough attention in Cameroon's maternal mortality review.

Keywords: Cameroon, Epidemiology, Maternal mortality, Maternal near miss

INTRODUCTION

Many years after the World Health Organization recommended that maternal near misses be considered when reviewing maternal mortality, we see that the concept is becoming more and more popular in developed nations, while its widespread implementation in low- and middle-income nations is still ineffective.

BACKGROUND

When a woman almost died but survived a complication during pregnancy, childbirth, or within 42 days of ending her pregnancy, it is referred to as a maternal near miss (MNM) [1]. Approximately 830 women worldwide lose their lives to avoidable pregnancy or childbirth-related problems every day [3], contributing to the unacceptable global maternal mortality rate [2]. With a maternal mortality rate of 546 deaths per 100,000 live births, 201,000 of the estimated 303,000 women who died during or shortly after pregnancy and childbirth in 2015 were from sub-Saharan Africa [3]. The WHO reports that in 2015, the maternal mortality rate in underdeveloped nations was 239 deaths per 100,000 live births, while in industrialized nations it was 12 deaths per 100,000 live births [3]. A continuum from maternal health to maternal mortality includes maternal morbidity. In every context, there are numerous pathological and contextual characteristics that are common to women who experience severe maternal difficulties [4]. A percentage of women barely survive severe problems, either by luck or as a result of the high caliber of care they receive. Given that more women survive pregnancy problems than die, maternal death might be thought of as the "tip of an iceberg," with maternal morbidity serving as the base [3,4]. The maternal mortality ratio (MMR) is the main measure of maternal health care

Corresponding author: Nana Njamen Théophile, Associate Professor, Obstetrics and Gynecological Department, Health Sciences Faculty, University of Buea, Cameroon, Tel: 237697023916; E-mail: njanatheo@yahoo.fr

Citation: Nana TN, Mangala FN, Eyong IM, Mbi FK, Tchounzou R, et al. (2025) The Necessity of Effective Consideration of Maternal near Miss in The Review of Maternal Mortality in Cameroonian Setting. Arch Obstet Gynecol Reprod Med, 8(2): 300-302.

and, consequently, the standard of obstetric treatment [5]. Few lessons can be learned to stop more deaths if only maternal deaths at institutions are monitored. This is made worse by the fact that the majority of patient records are either missing or not fully completed at maternal death review meetings. Investigating maternal near misses [MNM] has emerged as the strongest indicator of the caliber of obstetric treatment, despite the fact that maternal mortality [MM] in poor nations is still relatively high [7,8]. There are further advantages to studying MNM as opposed to maternal mortality because MNM occurs more frequently and has reasons that are comparable to those of maternal fatalities [8,9]. MNM was first proposed by the WHO in 2009 as a way to assess the standard of care for serious pregnancy problems [5]. Particularly in low- and middle-income nations, research on MNM is becoming more widely acknowledged as a practical way to enhance the standard of obstetric care and hence lower maternal mortality [2]. According to estimates, 20 or more women survive serious maternal problems related to pregnancy or delivery for every woman who dies [5]. A significant percentage of women with one or more of these life-threatening conditions are those who experience severe pregnancy-related complications or receive critical interventions like blood transfusions or intensive care unit admission [5,6]. This is the underlying assumption of the WHO MNM concept, which states that all maternal deaths involve at least one life-threatening condition or organ dysfunction. Clinical, laboratory, and management-based proxies for organ or system failure serve as the foundation for the WHO's MNM criteria [5,8]. The WHO advises that national initiatives for enhancing maternal health care should take the MNM approach into account [5]. Using near miss indicators has a number of benefits, including the ability to interview the women themselves, a large number of cases that enable a more accurate and timely evaluation of the quality of care, and increased acceptability due to the involvement of institutions and health workers because no death has occurred [5]. MNM prevalence varied from 3.10/1000 live births in Europe to 31.88/1000 live births (95% CI: 25.14-38.61) in Africa, with the weight pooled global prevalence of MNM by continents being 18.6/1000 live births (95% CI: 16.28-21.06) [1].

STATE OF THE PROBLEM

In Cameroon, the MMR is still high: 782 deaths per 100,000 live births in 2011 and 467 deaths per 100,000 live births in 2018 [10], according to the 2018 Demographic and Maternal Health Survey (DMHS), despite the lack of data on the prevalence of MNM. The MMR varies depending on the health structure; in 2015, the Bamenda Regional Hospital had 247 fatalities per 100,000 live births, while the Yaoundé Central Hospital had 964 deaths per 100,000 live births [11]. In 2011, the MMR was 586 deaths per 100,000 live births in the South and 1025 deaths per 100,000 live births in the North [11]. Maternal outcomes are negatively correlated with the quality of obstetric care [9]. It is challenging to track trends or advancements with respect to the goals of bettering maternal care because the MMR patterns developed utilizing the aforementioned studies are frequently imprecise. With a high MMR (467 fatalities per 100,000 live births) [10], Cameroon is still a long way from achieving Millennium Development Goal 5, and it is unclear how much severe maternal morbidity would affect the country.

CONCLUSION

In conclusion therefore, in order to develop precise policies that will reverse the current worrying slope of maternal mortality, we are urging that maternal near misses be effectively considered when reviewing maternal deaths in our context (Cameroon) in the near future.

REFERENCES

1. Abdollahpour S, Miri HH, Khadivzadeh TA (2019) Comprehensive study and meta-analysis of the prevalence of maternal near misses worldwide. Perspect Health Promot 9(4): 255.
2. WHO (2014) Maternal mortality. Available online at: https://iris.who.int/bitstream/handle/10665/112318/WHO_RHR_14.06_eng.pdf
3. Think with Google (2020) The MMM Handbook. Available online at: https://www.thinkwithgoogle.com/_qs/documents/17950/The_MMM_Handbook.pdf
4. Mall A, Mansuri F (2019) An important indicator for maternal health care is the analysis of maternal near-misses in Ahmedabad's tertiary level hospitals. Indian J Community Med 44(3): 217-221.
5. Chikadaya H, Madziyire MG, Munjanja SP (2018) Maternal Near Miss Incidence in the Public Health Sector of Harare, Zimbabwe: A Prospective Descriptive Study. BMC Pregnancy Childbirth 18(1): 458.
6. Nana-Njamen T, Ekane HG, Ekono MR, Essome H, Tchounzou R. et al. (2020) A Case of Maternal Near Miss of Postpartum Hemorrhage on a Dilapidating Wound of the Perineum and Vagina. Arch Obstet Gynecol Reprod Med 3: 91-94.
7. Pattinson RC, Hall M (2003) Near Misses: A Useful Supplement to Maternal Death Inquiries. Br Med Bull 67: 231-243.
8. WHO (2011) The WHO Near Miss Approach for Maternal Health. Available online at: https://iris.who.int/bitstream/handle/10665/44692/9789241502221_eng.pdf

9. Kalhan M, Singh S, Punia A, Prakash J (2017) Maternal Near-Miss Audit: Lessons to Be Learnt. Int J Appl Basic Med Res 7(2): 85-87.

10. The DHS Program (2018) Cameroon Demographic and Maternal Health Survey. Available online at: https://dhsprogram.com/pubs/pdf/SR266/SR266.pdf

11. Meh C, Thind A, Terry A (2020) Maternal death rates and determinants: A geography-based study of northern and southern Cameroon. BMC Pregnancy Childbirth 20: 31-20.