



Introduction

Although Ethiopia was one of the pioneer countries to implement the World Health Organization’s Maternal and Perinatal Death Surveillance and Response (MPDSR) system introduced in 2013 to accelerate the reduction in maternal and perinatal mortality, there has been no systematic evaluation of its implementation in Ethiopia

Objective: to describe uptake, facilitators and barriers to the implementation of MPDSR in Ethiopia

Methods: We searched PubMed, Embase, Web of Science, PubMed Central, and Google Scholar for articles on MPDSR in Ethiopia using relevant key terms. In addition, Google, the Ministry of Health and Ethiopian Public Health Institute websites were searched for additional data. Articles published before 2013 were excluded from this review. Two authors independently screened and extracted the data. The methodological quality of the studies or reports was assessed using the Joanna Briggs Institute’s quality appraisal tool. For quantitative studies, descriptive analysis and narrative synthesis were conducted; thematic synthesis was used for qualitative studies.

Results: Nineteen studies were included, including six national reports. Of these, 12 reported only on maternal death reviews while seven also included reviews of perinatal deaths alongside maternal deaths.

Over the reporting period, the coverage of maternal and perinatal deaths remained less than 10% of the expected deaths.

The integration of MPDSR into routine monitoring systems, community involvement, sufficient capacity building, supportive supervision and leadership, and multi-sectoral collaboration were reported as facilitators.

Reported barriers were lack of a conducive learning environment, fear of blame and litigation, lack of financial resources, high workload of focal persons, high staff turnover, knowledge and skills gap of death review, politicization of death reviews, and defensive attitudes and practices among health professionals and managers.

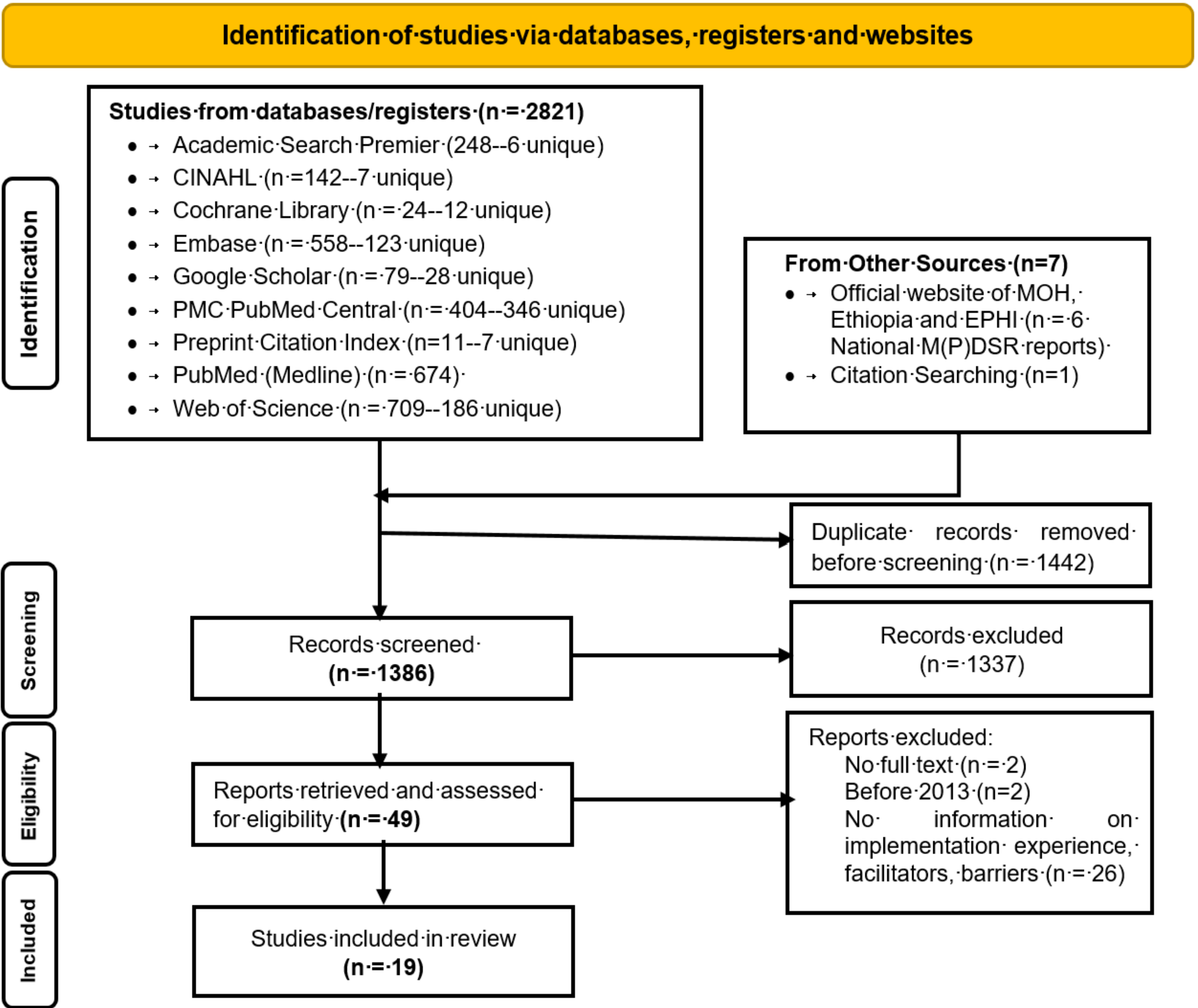


Figure 1: PRISMA flow chart of included studies

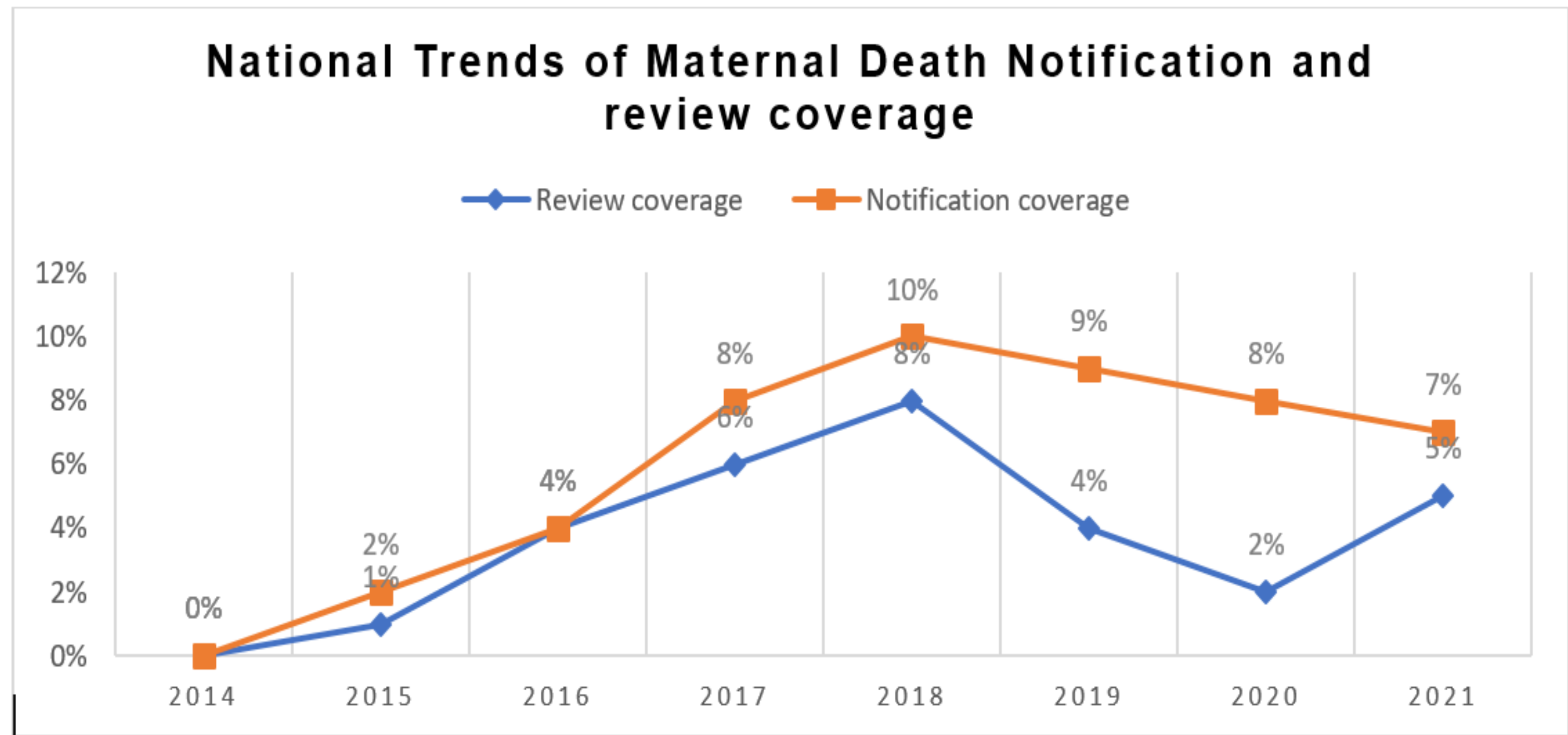


Figure 2: Trends of maternal deaths notification and review coverage in Ethiopia from 2014-2021

Conclusions: Despite all good intentions, the uptake of MPDSR in Ethiopia has been low since its inception. Addressing the identified barriers and utilizing the identified facilitators is essential for optimising MPDSR implementation in Ethiopia, and beyond.

Keywords: Maternal mortality, perinatal deaths, death reviews, death audits, surveillance, pregnancy, Africa, Ethiopia