

Annexure 2: Maternal death review - Gap analysis as per Three-delays model

S N	Reasons	Percentage	Common /Repeated Delay type	Reasons for Delay	Underlying Reasons	Frequency	Common area/village/pada/hospital	Progrms which address these problems	Status of These programs in these areas, taluks and district	Suggeste d Action s	What actions actually impleme nted in the district
1	Home Death/Tr ansit		1. Type One 2. Type Two	1. Societal Cause 2. Health Care delivery 3. Monitoring 4. Health Services 5. Policies 6. Monitoring	1. Family unaware of dangers of home delivery or not seeking medical help 2. Family refused medical help 3. Underage marriage 4. No access to health facility 5. Due to emergency didn't get the time/Didn't call to ambulance services 6. Delay in reaching health facility due to poor road connectivity 7. No IEC of existing health services/ high risk factors/health seeking advice 8. High risk areas are not mapped and activities not monitored from districts 9. Monitoring of Gram samittee activities and their involvement is not taken in meetings of district administration 10. No awareness about 102/108 ambulance service 11 Non availability of ambulance/delay in reaching ambulance/Non response from ambulance services 12. Non availability of ASHA/ANM 13. No free alternate transportation policy 14. Monitoring of Ambulance service is lacking from District	1. Common occurrence or isolated incidence		1. JSSK 2. 102 3. IEC 4. IEC 5. VHNSC 6. EMS 7. HR			

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2	<b>APH/PPH/Severe anemia</b>		Type One      Type Two   Type Three	1. Societal/family cause   2. Health Care delivery   3. Policies 4. Monitoring  5. Health Care delivery  6. Policies  7. Monitoring 8. Health Care delivery  9. Policies 10. Monitoring	1. Gone to local faith healer 2. No faith in modern medicine/No faith in Govt institute 3. No road/communication network 4. Self Negligence to seek Medical care/Refusal from Family to seek Medical care 5. Danger signs about APH / PPH not known/Unaware about precautions to be taken during pregnancy 6. Do not know where to contact in case of emergency / danger signs of APH 7. Misconceptions about bleeding during pregnancy 8. Misconceptions about bleeding during pregnancy 9. No Counselling by Health care workers regarding danger signs in pregnancy 10. Not awareness about 102/108 11. No good experience with Govt hospitals/services 12. Not aware about appropriate health facility 13. Non identification of			1. ANC care services e.g ANC visits, specialist visit 2. VHSND 3. 28 days program /ASHA 4. LaQshya 5. PMMVY 6. Dakshata - Training 7. SUMAN 8. 102/108 9. E Aushadhi 10. JSG - JSSK			

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					refusal families and no followup 14. No proper IEC/SM strategies for refusal families/ engagement of faith healers 15. Non Identification of High Risk Pregnancy / refusals and their counselling 16. No visit by health worker as patient is recently shifted/came back from migration 17. No visit by ASHA or ANM in last trimester/last month 18. Non availability of ambulance/delay in reaching ambulance/Non response from ambulance services 19. Timely referral to higher facility not done 20. No nearby hospital with blood transfusion facility 21. No proper IEC for JSSK 22. No policy for alternate transport arrangement 23. No monitoring of ambulance functionality 24. Specialist not available at FRU 25. No availability of treatment protocols						

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					<ul style="list-style-type: none"> <li>at facility</li> <li>26. Lack of Skilled H.R</li> <li>27. No pre-referral management</li> <li>28. Policy of No Rotation of trained staff working in LR</li> <li>29. Lack of infrastructure/equipments/logistics</li> <li>30. No policy for revision in DP as per need and data</li> <li>31. No monitoring of logistics/drugs availability in facilities</li> <li>32. No monitoring of health facility preparedness</li> </ul>						
3	Hypertensive disorders of Pregnancy		Type One          Type Two	<ul style="list-style-type: none"> <li>1. Societal cause</li> <li>2.</li> <li>3. Health Care delivery</li> <li>4. Societal cause</li> <li>5. Health Care delivery</li> </ul>	<ul style="list-style-type: none"> <li>1. Gone to local faith healer/No faith in modern medicine/No faith in Govt institute</li> <li>2. No road/communication network</li> <li>3. Self Negligence to seek Medical care</li> <li>4. Refusal from Family to seek Medical care</li> <li>5. Danger signs about HDP not known</li> <li>6. Do not know where to contact in case of emergency / danger signs of HDP</li> <li>7. No</li> </ul>			<ul style="list-style-type: none"> <li>1. ANC care services e.g ANC visits, specialist visit</li> <li>2. ASHA Program</li> <li>3. PMSMA</li> <li>4. 102/108</li> <li><b>5. Matritva Anudan Yojana</b></li> <li>6. Dakshata - Training</li> <li>7. LaQshya</li> <li>8. PMMVY</li> <li>9. E Aushadhi</li> <li>10.</li> </ul>			

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			Type Three	6.Policies 7.Monitoring  8.Health Care delivery  9.Policies 10. Monitoring	Counselling by Health care workers regarding danger signs in pregnancy 8. Not aware about 102/108 9. No good experience with Govt hospitals/services 10. Non identification of refusal families and no followup 11. No visit by health worker as patient is recently shifted/came back from migration 12. No follow up of PIH cases by FLWs 13. No money for transportation 14. No road/communication network/cut off villages/pada 15. Non availability of ambulance/delay in reaching ambulance 16. No response from ambulance services 17. No policy for alternative transport 18. No monitoring of ambulance functionality 19. No monitoring of availability of drivers 20. No monitoring of admitted cases at						

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					facility 21. Treatment protocol not followed 22. No proper documentation of health status when admitted in facility 23. Non availability of logistics (BP appa.), drugs with FLW and at facility 24. Staff not trained for management of PIH 25. Prereferral management of PIH cases not done as per guidelines 26. Patient not seen by Specialists at FRU 27. Timely referral to higher facility not done 28. Policy of NO Rotation of trained staff working in LR not followed 29. No monitoring of logistics/drugs availability in facilities 30. No monitoring of health facility preparedness 31. No death audit in facility						

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4	Sepsis		Type One  Type Two  Type Three	1. Societal cause  2. Health Care delivery  3. Policies 4. Monitoring 5. Societal cause 6. Health Care delivery 7. Policies 8. Monitoring 9. Societal cause 10. Health Care delivery	1. Gone to local faith healer 2. No faith in modern medicine 3. No faith in Govt institute 4. No road/communication network 5. Self Negligence to seek Medical care 6. Refusal from Family to seek Medical care 7. Danger signs about sepsis not known 8. Unaware about precautions to be taken during pregnancy 9. No Counselling by Health care workers regarding danger signs in pregnancy 10. Not aware about 102/108 11. No good experience with Govt hospitals/services 12. Not willing for taking government hospital help 13. Not aware about health facility 14. Non identification of refusal families and no followup		1. LaQshya 2. Dakshata 3. PNC Visits - HBNC 4. VHSND 5. TRAINING 6. E AUSHADHI 7. 28 DAYS PROGRAM				

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				11 Policies	15. No proper IEC/SM strategies for refusal families						
				12. Monitoring	16. No policy for engagement of faith healers in such areas						
					17. Non Identification of High Risk Pregnancy / refusals						
					18. No visit by health worker as patient is recently shifted/came back from migration						
					19. No money for transportation						
					20. Didn't call to ambulance services						
					21. Don't know ambulance services						
					22. Non availability of ambulance/delay in reaching ambulance						
					23. Timely referral to higher facility not done						
					24. Non response from ambulance services						
					25. No proper IEC for JSSK						
					26. No policy for alternate transport arrangement						
					27. No monitoring of ambulance functionality						
					28. No monitoring of						



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					availability of drivers 29. No nearby FRU/ Specialist not available at FRU 30. No availability of treatment protocols at facility 31. Lack of Skilled H.R 32. No referral management 33. Policy of NO Rotation of trained staff working in LR 34. Lack of infrastructure/ equipments/ logistics 35. No policy for revision in DP as per need and data 36. No monitoring of logistics/drugs availability in facilities 37. No monitoring of health facility preparedness 38. No daily monitoring of facility and critical areas						