

Propositions

1. In Suriname, women of African descent are at higher risk of severe pregnancy outcomes (maternal death and near-miss, eclampsia, stillbirth, preterm birth, low Apgar score) than women of Asian descent - this thesis, #BLM
2. The WHO near miss tool should use well-defined disease-based criteria instead of the current organ-dysfunction criteria and contextualise the criteria per obstetric transition stage to reduce underreporting and improve applicability - this thesis
3. A large proportion of stillbirths in Suriname are due to unknown causes, which makes the application of the ICD-PM challenging - this thesis
4. The high recurrent eclampsia rate in Suriname cannot be attributed to poor coverage of magnesium sulfate, but seems to be the consequence of inadequate use - this thesis
5. The 'bottom-up' approach used in the implementation of research, guidelines and maternal death reviews in Suriname enhanced local ownership - this thesis
6. Summary of the Plan-Do-Study-Act cycle: we have not failed, we have just found ways which do not work - this thesis
7. Procaffeinating (n.) the tendency to not start anything until you've had coffee
8. Pasensi na wan bita bon, ma en froktu switi fu nyan [Geduld is een bittere boom, maar de vruchten zijn zoet om te eten] – Sranang Odo [Surinaams spreekwoord]
9. Women will have achieved true equality when men share with them the responsibility of bringing up the next generation - *Ruth Bader Ginsburg*
10. Waar de politiek feiten rondom het klimaat, migratie en de groeiende ongelijkheid, alsmede hun onderlinge verwevenheid, misbruikt in een gepolariseerd debat, moeten wij als dokters en wetenschappers onze stem laten horen.

Propositions belonging to the PhD thesis, entitled
Maternal mortality, near-miss & stillbirths in Suriname
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4x more

Haiti and Sub-Saharan Africa

Maternal mortality, near-miss and stillbirths

in Suriname

MATERNAL DEATHS



130 mothers die per 100,000 live births in Suriname

Suriname

2x less

LAC

6x less

USA

26x less

NL

9 out of 10 occur in hospitals



4 out of 10 can be prevented by improved care in health facilities



Mostly infections, haemorrhage and hypertension

Adverse pregnancy outcomes

Maroon women

2 – 4 x

higher risk than women of Asian descent

in 5 hospitals

85%

of

10,000 births

per year

14%

among teens



STILLBIRTHS

14 in Suriname

babies die before birth per 1000 births



!! TIME TO RESPOND !!

Locally

1. Implement and continuously improve **Maternal (and Perinatal) Death Surveillance & Response**
2. **Strive for equity**: ensure **accessible** and **affordable** pregnancy care, contraception and **abortive services** for all
3. Develop a **digital perinatal data registry** for sustainable data collection
4. Improve **stillbirth cause attribution** by conducting **audits** and **post-mortem investigations**
5. Implement national obstetric **guidelines and trainings**

Globally

1. **Revise** global **MNM criteria** to reduce underreporting and enhance uniformity & applicability and **address** ICD-MM & ICD-PM challenges
2. **Develop** core outcome sets for obstetric diseases with additional quality of care process and outcome indicators
3. Encourage **bottom-up interventions**
4. **Support local research** in LMIC

LESSONS LEARNED IN SURINAME

MATERNAL SEPSIS

Non-obstetric causes (pneumonia) are important
Global definition necessary to prevent diagnosis delay
Antibiotics golden hour prevents maternal deaths

Recommended

Sepsis criteria & bundle, local guideline, warning score

ECLAMPSIA

Adolescents have lower blood pressures than adults
'MgSO4 coverage' is a poor quality-of-care indicator
Recurrent fits due to **suboptimal MgSO4 dosage regimen**

Recommended

Global consensus stabilization & seizure-to-delivery interval

POSTPARTUM HAEMORRHAGE

Prevalence varied greatly across hospitals
Oxytocin prevention is not yet standardized and **tranexamic acid** is barely used

Recommended

Improve blood loss measurement and implement prevention and management guideline recommendations

MATERNAL NEAR MISS

Survivors of life-threatening complications

Prevalence in Suriname

8 / 1000 live births
= UNDERREPORTING

using WHO organ-dysfunction criteria

13 / 1000 live births
= Better?

Adapted Namibian criteria, including eclampsia

27 / 1000 live births
= OVERREPORTING

Adapted by SSA, including more complications