

Audit of severe maternal morbidity in Uganda – implications for quality of obstetric care

[Pius Okong](#), [Josaphat Byamugisha](#), [Florence Mirembe](#), [Romano Byaruhanga](#) & [Staffan Bergstrom](#)

Pages 797-804 | Received 26 Jul 2004, Published online: 03 Aug 2009

Abstract

Background. For every maternal death, there are probably 100 or more morbidities, but the quality of health care for these women who survive has rarely been an issue. The purpose of this study is to explore audit of severe obstetric morbidity and the concept of near miss in four referral hospitals in Uganda. *Methods.* This was an exploratory systematic enquiry into the care of a subset of women with severe morbidity designated as near miss cases by organ failure or dysfunction. Patient factors and environmental factors were also explored. Data were abstracted from clinical records and from interviews with patients, relatives, and health workers. *Results.* Records of 685 women with severe maternal morbidity were examined and 229 cases fulfilled the criteria for near miss cases. Obstetric hemorrhage, rupture of the uterus, puerperal sepsis, and abortion complications were the major conditions leading to the near miss state in more than three quarters of the patients. Nearly half the cases were at home when the events occurred. More than half the cases delayed to seek care, because the patients were unwilling, or relatives were not helpful. Similar proportion also experienced substandard care in the hospitals. *Conclusions.* A systemic analysis found substandard care and records, and patient-related factors in more than half the cases of severe maternal morbidity. Audit of near miss cases might offer a non-threatening stimulus for improving the quality of obstetric care.