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Title: A retrospective analysis of maternal deaths over a period of five years (2014 to2018) in Rivercess County

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**Introduction:** Maternal death is a death of a woman while pregnant or within 42 days of the delivery or termination of the pregnancy, regardless of the duration and site of the pregnancy, from any cause related to the pregnancy or its management but not from accidental or incidental causes. Maternal mortality remains an event of major public health interest globally. Approximately, 830 women die globally from pregnancy or pregnancy related and childbirth causes on daily basis according to 2015 projection.Liberia’s MMR (Maternal Motility Rate) remained 1072 per 100,000 live births as of 2013. Ministry of Health Liberia declared maternal death as public health emergency in 2016 with the leading causes being sepsis, haemorrhage, malaria in pregnancy, hypertensive disorders, in 2014, Rivercess County maternal mortality ratio (MMR) was 1366. We conducted this study to describe maternal death in Rivercess County, maternal health seeking behaviors, service delivery and make recommendation.

**Method**

We conducted a retrospective analysis and reviewed case records and death review forms of all maternal deaths in Rivercess County from January 2014 to Dec 2018. Information from reproductive health records and surveillance data was used. Results were analyzed into frequencies and proportions

**Result**

A total of 39 maternal deaths reported from January 2014 to December 2018.Women 30 and above accounted for 69.2%. The average maternal mortality ratio over a period of five years was 971.4 per 100000 live births. Hemorrhage accounted for 43.4% of the maternal death. The higher cases of maternal death was reported in 2015 (13 maternal death). The total of 18 (46.1%) of the deceased did not attend antenatal care during pregnancy.

**Conclusion**

MMR of the county was very high in 2014 and 2015 but have greatly declined from 2016 to 2018. Most of the deceased were adult above the age of 30. And the leading cause of death was PPH. We were unable to gather information relating to service delivery due to limited resources. We recommend that maternal health stakeholders provide policy that will protect all pregnant women and promote save facility delivery.