

According to WHO, about 830 women die everyday in the world because of complications related to pregnancy or childbirth. Maternal death in developing countries is often the result of an unfortunate chain of multiple failures in the prevention or management of obstetric complications. The literature shows that a better understanding of the factors associated with severe acute maternal morbidity may help reduce maternal mortality.

In Mauritania, and like many other African francophone countries, severe acute maternal morbidity (near miss) is poorly documented and the extent of this problem is still poorly understood. The purpose of this study is to determine the frequency of near miss cases in hospitals, the characteristics and the circumstances of occurrence of these cases and moreover to fill in a certain way the lack of documentation in our context.

Method

This was a one-year retrospective study from October 1, 2017 to August 31, 2018. Data were collected from the medical records and files of patient women's with serious complications during pregnancy. Childbirth or in the postpartum and then identified as Near miss according to the criteria of inclusions retained in the study. A descriptive analysis was done for the different characteristics and the results are presented in proportion and percentage.

Results

The incidence of near in our study was 32.2 per 1,000 births. Hypertension-related disorders (66.4%) and hemorrhage (27.8%) were the main direct causes of near misses.

The main reasons given by the participants for the first delay (time spent at home before going to a health facility) and the second delay (travel time to the first health facility) were under estimation of signs of complications, lack of adequate financial resources. Regarding the third delay (travel time from the first facility where they were consulted and supported to the final health care structure) many of which were delayed for common reasons : geographical accessibility (distance, roads in poor condition), as well as lack of financial resources.

Conclusion

The near misses were very numerous in our study, with a similar causality structure and maternal mortality rate in Mauritania. Maternal morbidity reviews should be encouraged to improve the quality of obstetric care and to reduce the spread of maternal morbidity and mortality.

Keywords : acute severe morbidity, Maternal near miss, Mauritania