

Right of reply by the Ministry for Health to the article headed 'Maternal mortality: nothing but the truth'

In response to the blog published online by Maltatoday on 21.12.2022 entitled 'Maternal mortality: nothing but the truth' by Gilbert Gravino and Isabel Stabile, the Ministry for Health would like to reiterate that the maternal mortality figures published by the National Mortality Register within the Directorate for Health Information and Research are according to international standards and produced following a rigorous quality control process.

The Register, established and operational since 1995, receives each and every death certificate issued in Malta and Gozo. These are assessed and processed as per Standard Operating Procedure, based on guidelines issued by WHO for death certification. International guidelines for death certification are quite well developed, given that this branch of health statistics was the first to be established internationally. The National Obstetric Information System, also established within same Directorate since the year 1999, captures all births in Malta and Gozo, in both the public and private sector. Both registers are capable of capturing any perinatal maternal deaths. Data is captured in an identified manner as per the provisions of Subsidiary Legislation 528.10: Processing of Personal Data (Secondary Processing) (Health Sector) Regulations, allowing for the linkage between the two registries to ensure better and more comprehensive capture of any maternal deaths. This results in higher accuracy here in Malta than for other countries where the two registers cannot be linked for a variety of reasons.

Indicators are available in public statistical databases available online, maintained by WHO and EUROSTAT, including the standardised death rate in females, due to complications of pregnancy, childbirth and puerperium, per 100 000 (including all deaths in which the underlying cause of deaths is identified to be ICD-10 codes: O00-O99) and maternal deaths within 42 days of the end of pregnancy. Whilst the concern regarding the high variability of death rates due to rare causes of deaths from year to year is a real one, this is mitigated by established statistical practices within international organisation wherein three year moving average are used to reduce variation. Some microstates with a population under 100 000 advocate for five year moving averages, but never more than that, as using longer periods will ignore any changes in medical practice, both for the better or the worse, and medical practice evolves quite fast. This applies to maternal mortality as well. This practice is well documented in the regular EU/OECD publication 'Health at a Glance: Europe'.

It should be noted that WHO also makes available another maternal mortality indicator, which is the result of modelling using pooled estimates from several countries and regions. This indicator is intended to provide an estimate of maternal mortality (given its importance for monitoring health system performance) even for countries with poor or absent death and birth registration systems. Unfortunately the estimation error for small countries is considerably large in these estimated indicators, due to the small population size and such modelled estimates are thus to be considered imprecise. Therefore, for countries with such registration systems in place, the data reported by the national statistical authorities is relied and acted upon. One may note, in fact, that this indicator is not reported at regional level (eg EUROSTAT) but typically made available by global organisations like the World Bank or WHO headquarters in Geneva, due to their global remit.

Therefore, the Ministry for Health stands by the reported statistics of 0 maternal deaths for more than ten years for the reasons described above.

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