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A Scoping Review of Maternal and Perinatal Death Surveillance and Response (MPDSR) Training Programs V.2

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Isabirye Paul[1], Merlin Willcox[2], Sarah Mehkri[3]

[1]Mbarara University of Science and Technology; [2]University of Southampton; [3]University College London

Isabirye Paul
Mbarara University of Science and Technology

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We use this protocol and it's working

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Abstract

Objective:
To map the literature on healthcare provider training in MPDSR, describe existing training programs, assess their content and effectiveness, and identify challenges and opportunities for improvement.
Methods: A systematic search of Medline, CINAHL, EMBASE, and grey literature was conducted to identify MPDSR training programs. Records were screened for eligibility based on relevance, focusing on healthcare providers involved in MPDSR. The review analyzed content, delivery methods, and effectiveness of training programs through descriptive and thematic analysis to highlight trends and challenges.
Results:
The search yielded 2,716 screened records and 12 reports were assessed in full text for eligibility. Five studies were included in the final review. The training evaluations highlighted several studies, including the QUARITE project in Senegal and Mali, which demonstrated improved maternal care through risk management training. The IMPROVE initiative, a global program, enhanced perinatal death review knowledge. In India, MPDSR workshops increased knowledge of maternal death causes, while Australia's eLearning platform bolstered perinatal mortality management. Country-specific MPDSR materials cover diverse content and delivery methods but lack long-term evaluations. Training gaps include the underrepresentation of perinatal death data, inconsistent ICD coding, and virtual training challenges in low-resource areas.
Conclusion: MPDSR training enhances maternal and perinatal death surveillance by improving healthcare providers' knowledge and confidence. Its effectiveness relies on context-specific adaptations, balancing in-person and virtual delivery, and comprehensive evaluations. Addressing perinatal data gaps, ICD coding, and digital access will strengthen the impact, while sustainable, standardized curricula and evaluations are crucial.

Title

1 Scoping Review Protocol: Maternal and Perinatal Death Surveillance and Response (MPDSR) Training Programs

Background

2 Maternal and perinatal mortality remain critical public health challenges, particularly in low-resource settings. Effective surveillance and response systems are essential to identify, report, and address the causes of these deaths. Training programs focused on MPDSR are crucial for improving the capacity of healthcare providers to implement these systems effectively. This scoping review aims to map existing MPDSR training programs, identify gaps, and provide recommendations for future training initiatives.

Objectives

3 To identify and describe the existing training programs on MPDSR.
To analyze these training programs' content, delivery methods, and effectiveness.
To identify gaps and challenges in the current MPDSR training landscape.
To provide recommendations for improving MPDSR training programs.

Research Questions

4 What are the existing MPDSR training programs available globally?
What are the key components and content of these training programs?
How are these training programs delivered (e.g., in-person, online, hybrid)?
What evidence exists on the effectiveness of these training programs in improving MPDSR
implementation?
What are the identified gaps, challenges, and opportunities in MPDSR training programs?

Inclusion Criteria

5 **Population:**
Healthcare providers, including doctors, nurses, midwives, and health administrators, are involved in MPDSR activities.
Concept:
Training programs focused on MPDSR.
Context:
Global scope, with a focus on low-resource settings.

Types of Sources: Peer-reviewed articles, reports, conference proceedings, and training manuals published in the last 20 years (2004-2024).

Exclusion Criteria

6 Training programs that do not specifically address maternal and perinatal death surveillance and
response.
Studies focused solely on clinical management without a component of MPDSR training.
Non-English language publications where translation is not feasible.

Search Strategy

7 **Databases:**
PubMed, EMBASE, CINAHL, and WHO Global Health Library.
Search Terms: Keywords and MeSH terms such as "Maternal Mortality," "Perinatal Mortality," "Death
Surveillance," "Response Systems," "Training Programs," "Capacity Building," "Healthcare Provider Training," "Low-Resource Settings."
Search Filters: Date range (2004-2024), English language.

Study Selection

8 **Screening Process:** Titles and abstracts were screened for relevance by two independent reviewers.
Full-Text Review: Full-text articles of selected studies were assessed for eligibility based on the inclusion and exclusion criteria.
Discrepancies:
Any disagreements were resolved by involving a third reviewer.

Data Extraction

9 **Tool:** A data extraction form was developed and piloted to ensure consistency
Extracted Data:
Study characteristics (author, year, country, study design).
Details of the MPDSR training program (content, duration, delivery mode).
Target population.
Reported outcomes and effectiveness measures.
Identified gaps and challenges.

Data Analysis

10 **Descriptive Analysis:** Summarize the characteristics of the included studies and training programs.
Thematic Analysis: Identify common themes related to the effectiveness, challenges, and gaps in MPDSR training.
Narrative Synthesis: Provide a comprehensive overview of the findings, focusing on recommendations for future MPDSR training programs.

Quality Appraisal

11 The quality of the included studies will be assessed using an appropriate appraisal tool to provide context for the findings

Dissemination

12 The scoping review results will be disseminated through peer-reviewed publications, conference presentations, and stakeholder meetings with healthcare providers and policymakers involved in maternal and perinatal health.

Timeline

13 **Protocol Development:** August 2024
Search and Selection of Studies: September 2024
Data Extraction and Analysis: October-November 2024
Writing and Dissemination: December 2024-February 2025

Team Members and Roles

14 **Principal Investigator:** Oversee the review process and ensure protocol adherence.
Co-Investigators:
Conduct literature search, study selection, data extraction, development of the search strategy, and data analysis.

Ethical Considerations

15 As a review of existing literature, this study did not involve primary data collection, and therefore, no ethical approval was required. However, ethical guidelines were followed in the accurate reporting and interpretation of data.