

KEY INFORMANTS

Key informants are people within communities who may have access to detailed information about deaths or maternal deaths. Non-medical key informants may be particularly useful in settings where many maternal deaths occur outside health facilities. Key informants may be used in a range of studies, and are particularly common in non-probability samples in which they are targeted for their expertise or community access, and may lead to the identification of other key respondents. They may also be used in Reproductive Age Mortality Studies (RAMOS), Active surveillance of pregnancy-related and maternal deaths and Confidential Enquiries into Maternal Deaths.

Key informants may include:

- community health workers
- traditional birth attendants (TBAs)
- health care providers
- village leaders
- teachers
- political cadres
- cemetery workers
- coffin makers

Key informants can be interviewed on a one-off or periodic basis - and asked to recall deaths or maternal deaths, or they can be used as part of active surveillance systems.

Accuracy may be improved if two networks of informants or two data sources are used with capture-recapture adjustment.

ACTIVE DEATH REPORTING BY KEY INFORMANTS

Active and regular reporting of deaths by key informants is a useful way of capturing pregnancy-related deaths in the community. Impact developed a tool for capturing maternal deaths in the community using such reporting, called “MAternal DEaths from Informants” or MADE-IN. Piloted in Indonesia, MADE-IN uses a network of village health workers as informants who report on deaths of women of reproductive age that have occurred in a community in the two years prior to survey. Pregnancy-related deaths are then further explored with the use of the MADE-FOR (Follow-On Review) tool. MADE-FOR involves interviewing a relative of the deceased woman and collecting information on the symptoms and circumstances that preceded the death as well as socioeconomic information.

Identification of death:

- key informants report deaths
- may be passive or active

Ascertainment of maternal/pregnancy related status:

- key informants report pregnancy-related deaths
- may be passive or active
- when using a network of community health workers, this approach has been termed MADE-IN

Advantages:

- potentially more efficient
- if key informants have a special reason to know about deaths or pregnancy related deaths, then fewer individuals are needed to identify deaths

Limitations:

- deaths may be missed, especially for marginalized women who the key informant may not know
- in active systems, maintaining quality of reporting may be difficult long-term
- may require follow-up interview with family and verbal autopsy to confirm maternal death

Measurement requirements:

- if verbal autopsy questions are used they must be coded and classified as maternal deaths
- duplicate deaths need to be excluded
- data on births are needed

Scientific articles

Lisa M. Koonin, M.N., M.P.H. Hani K. Atrash, M.D., M.P.H. Roger W. Rochat, M.D. Jack C. Smith, M.S. Maternal Mortality Surveillance, United States, 1980-1985 MMWR December 01, 1988 / 37(SS-5);19-29
<http://www.cdc.gov/mmwr/preview/mmwrhtml/00001754.htm>

Walker, GJA; McCaw-Binns, A; Ashley, DEC; Bernard, GW (1990) Identifying maternal deaths in developing countries: experience in Jamaica. International Journal of Epidemiology.

Singh, P; Pandey, A; Aggarwal, A. (2007) House-to-house survey vs. snowball technique for capturing maternal deaths in India: A search for a cost-effective method. Indian Journal of Medical Research, 125: 550-6.

Additional resources

Impact website:

www.impact-international.org

Impact/Population Reference Bureau. Measuring maternal mortality: challenges, solutions and next steps. Washington DC: Population Reference Bureau. February 2007.

<http://www.prb.org/pdf07/MeasuringMaternalMortality.pdf>

Impact/Population Reference Bureau. Delivering safer motherhood: sharing the evidence. Policy brief.

Washington DC: Population Reference Bureau. February 2007.

<http://www.prb.org/pdf07/IMPACTpolicybrief.pdf>