

## Introduction

Maternal death is defined by the World Health Organization (WHO) as “death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes. Maternal death is used for the evaluation of health services’ quality as well as the socioeconomic development of a population. WHO proposed the evaluation of maternal near-misses, meaning “a woman who nearly died but survived a complication that occurred during pregnancy, child-birth or within 42 days of termination of pregnancy”. Identification based on organ dysfunction criteria including clinical, laboratory and management-based.

## Results

**Table 1:** Distribution of studied sample according to complain.

Complain	Number	Percent
<b>Severe Hypertensive disorders</b>	73	59.8
<i>Eclampsia</i>	40	32.8
Postpartum fits	14	11.5
Antepartum fits	26	21.3
<i>Preeclampsia</i>	33	27.0
HELLP	26	21.3
Severe symptoms	7	5.7
<i>Blurred vision</i>	3	2.5
<i>Severe Vomiting</i>	1	0.8
<i>Headache</i>	3	2.5
<b>Obstetric Hemorrhage</b>	53	43.4
<i>Antepartum hemorrhage</i>	32	26.2
Accreta	24	19.7
<i>Postpartum hemorrhage</i>	13	10.7
<i>Intraoperative bleeding</i>	6	4.9
<i>Postoperative pelvic</i>	1	0.8
<b>DM</b>	2	1.6
<b>Systemic lupus</b>	1	0.8
<b>Cardiovascular disorders</b>	3	2.5
<b>DIC</b>	1	0.8
<b>Ovarian hyperstimulation</b>	1	0.8
<b>Thromboembolism</b>	1	0.8
<b>Incomplete Abortion</b>	1	0.8
<b>Sepsis</b>	2	1.6
<b>Inhalation of irritant chemicals</b>	1	0.8

**Table 1:** Distribution of studied sample according to outcome.

Outcome	Number	Percent
<b>Maternal near-mis (MNM)</b>	117	95.9
<b>Maternal Death (MD)</b>	5	4.1
<b>Live birth (LB)</b>	101	82.8
<b>Severe Maternal condition (SMC) (MNM+MD)</b>	122	100
<b>Severe Maternal Outcome (SMO) (MNM+MD)</b>	122	100
<b>Severe Maternal Outcome (SMOR) ((MNM+MD)/1000LB)</b>		0.12%
<b>MNM incidence ratio (MNM IR) (MNM/1000LB)</b>		0.11%
<b>MM ratio (MMR) (MD/100000LB)</b>		0.00005%
<b>Maternal near-mis mortality ratio (MNMR)</b>		117 : 5
<b>Mortality index (MI) (MD/(MNM+MD))</b>		0.04

## Aim of the Work

The aim of this study was to prospectively assess Maternal Near Missat El-Shatby University Hospital from the first of January to the first of May 2023; To calculate the ratio of maternal ‘near miss’ and associated factors, as Assessment of MNM is an important part of the evaluation of maternity care provision.

## Patients and Methods

A prospective study on woman who nearly died but survived a complication that occurred during pregnancy, childbirth or within 42 days of termination of pregnancy at El-Shatby Hospital from the first of January to the first of May 2023. The WHO developed a tool to identify MNM patients.

However, routine implementation and broader utilization of the MNM concept as a standard tool for developing maternal care has been limited due to the lack of a standard description and unique case-identification criteria. A prospective study on woman who nearly died but survived a complication that occurred during pregnancy, childbirth or within 42 days of termination of pregnancy at El-Shatby Hospital from the first of January to the first of May 2023.

## Conclusion

Regarding to our results we concluded that the main cause of MNM was hypertention. Also, We found that regarding Severe complications potentially life-threatening conditions of the studied group there was 8 (12.1%) had Severe postpartum hemorrhage, 24 (36.4%) had Severe preeclampsia, 24 (36.4%) had Eclampsia and 2 (3.0%) had Sepsis or severe systemic infection.