

# **Status of Maternal and Child Health in KZN**

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## **Sources of information**

- **Maternal deaths: Saving Mothers reports**
- **Perinatal deaths: Saving Babies reports**
- **Child deaths: Saving Children reports**

# SAVING MOTHERS 1999-2001



AIDS HELPLINE  
☎ 0800-012-322



DEPARTMENT OF HEALTH  
*Republic of South Africa*

# **Maternal Death**

**Death of a woman while pregnant or within 42 days of delivery, miscarriage or TOP, from any cause related to or aggravated by the pregnancy or its management.**

# Maternal death notification

- Since 1997 in RSA
- Still under-reporting, gradual improvement
- Home death numbers unknown
- Institutional deaths outside maternity units often unrecognised or unreported
- Accurate estimate of MMR not possible

# What does Saving Mothers tell us?

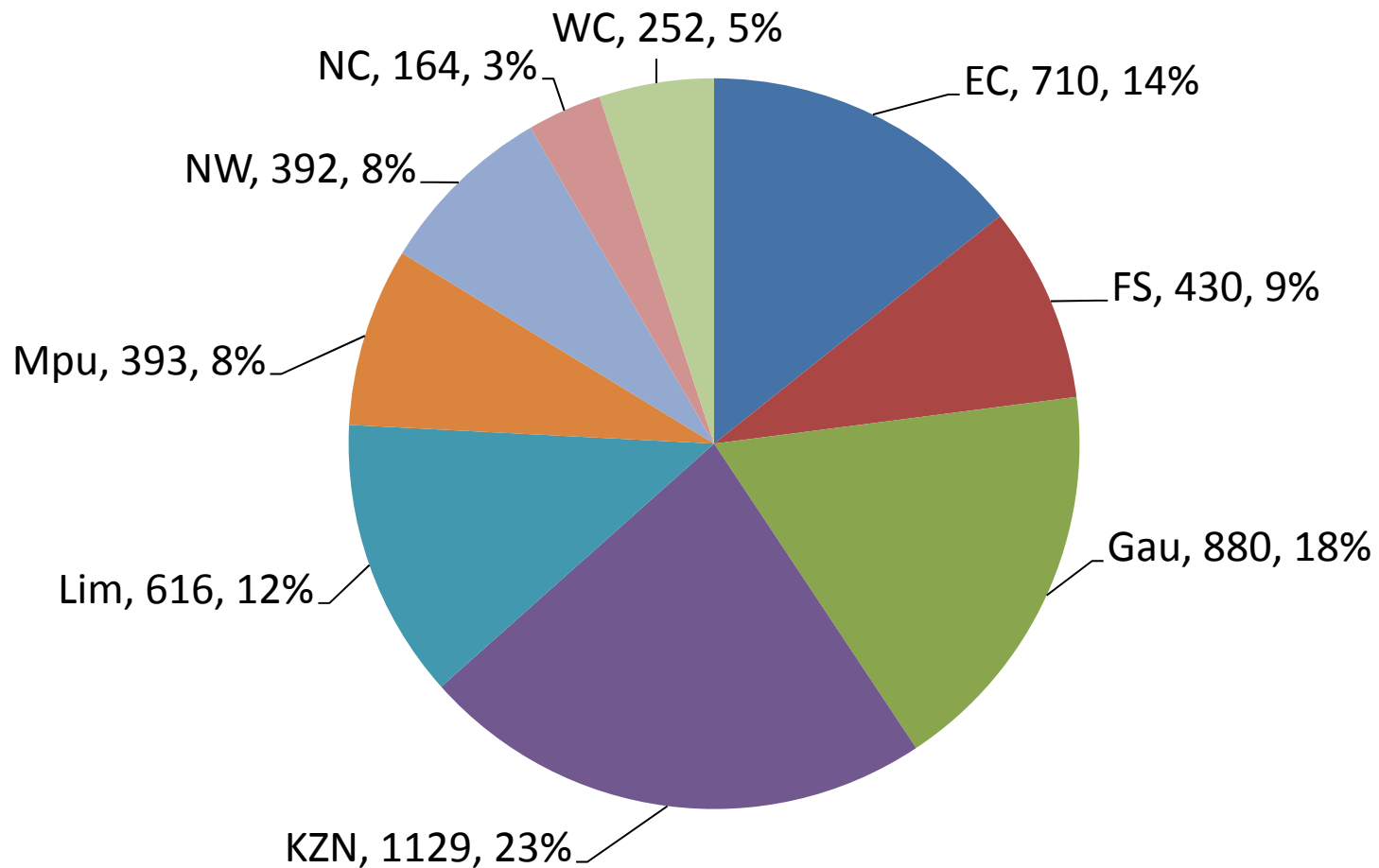
- Causes of maternal death
- Underlying maternal factors
- Avoidable factors
- Solutions



## **Maternal deaths in KZN**

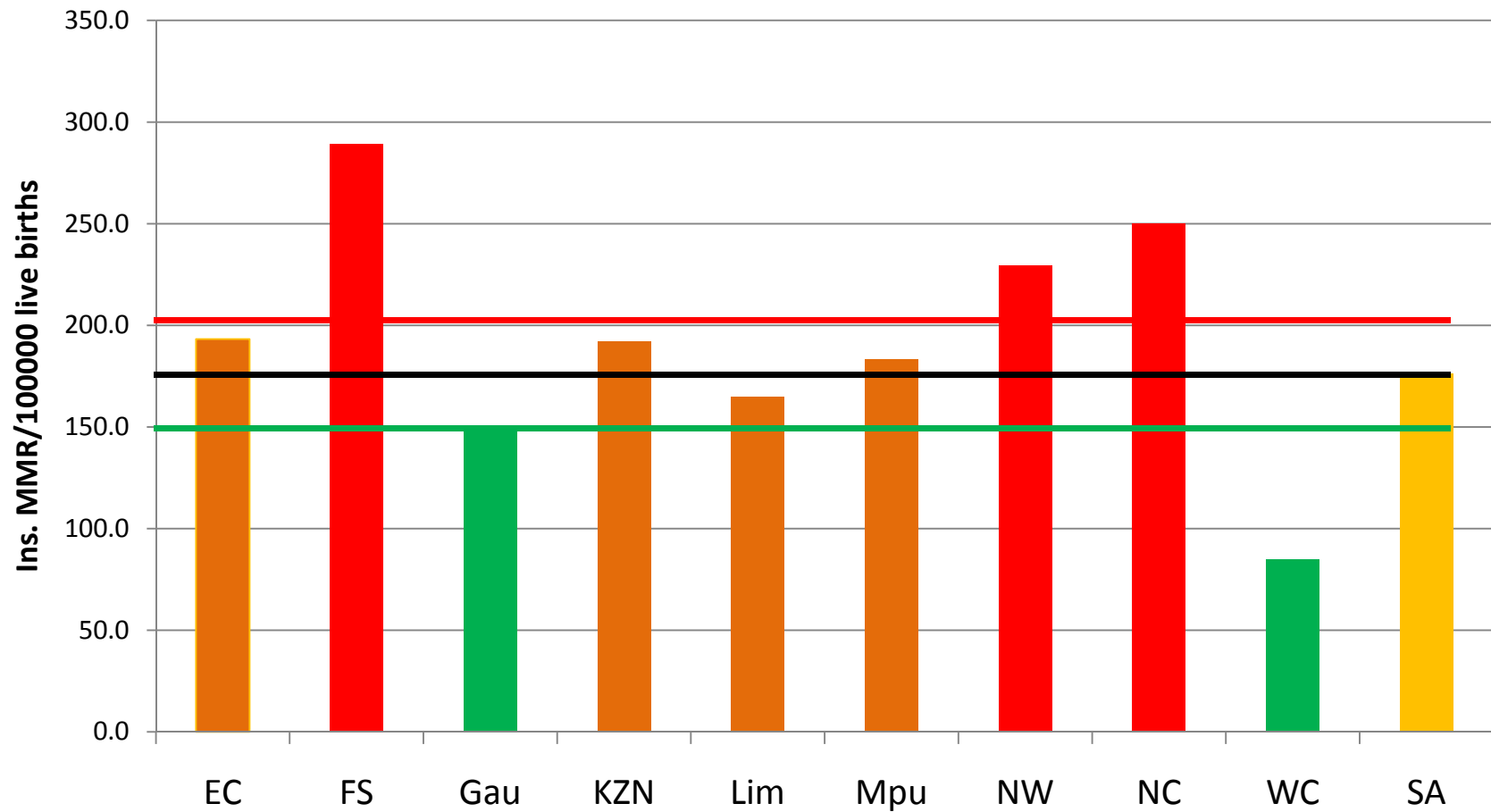
- **Number of maternal deaths notified consistent over past 5 years (2006-2010)**
- **350-400 per year**
- **2008-10: 66% of deaths post-partum**

# Maternal Deaths per Province 2008-2010



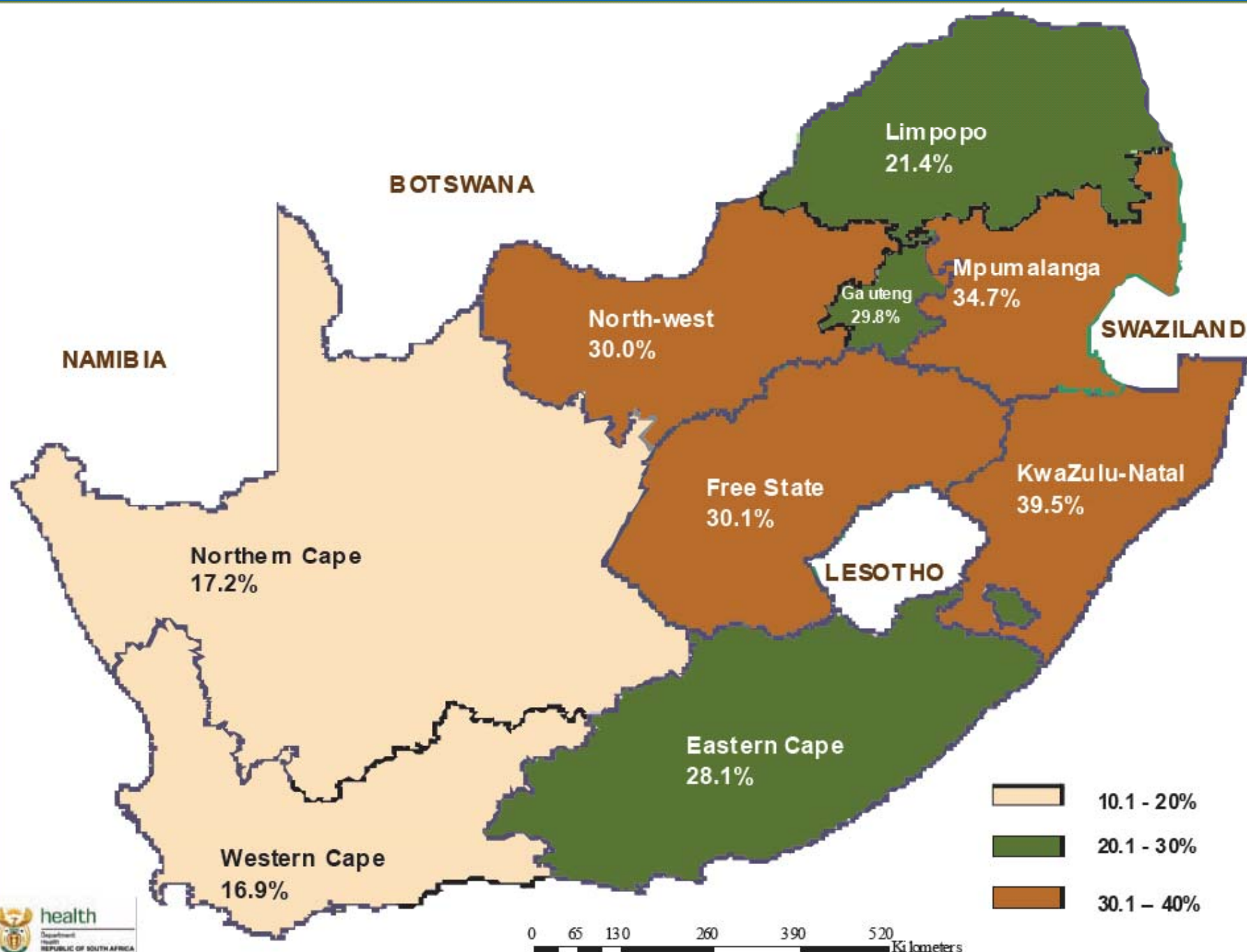


# Institutional MMR per province 2008-2010

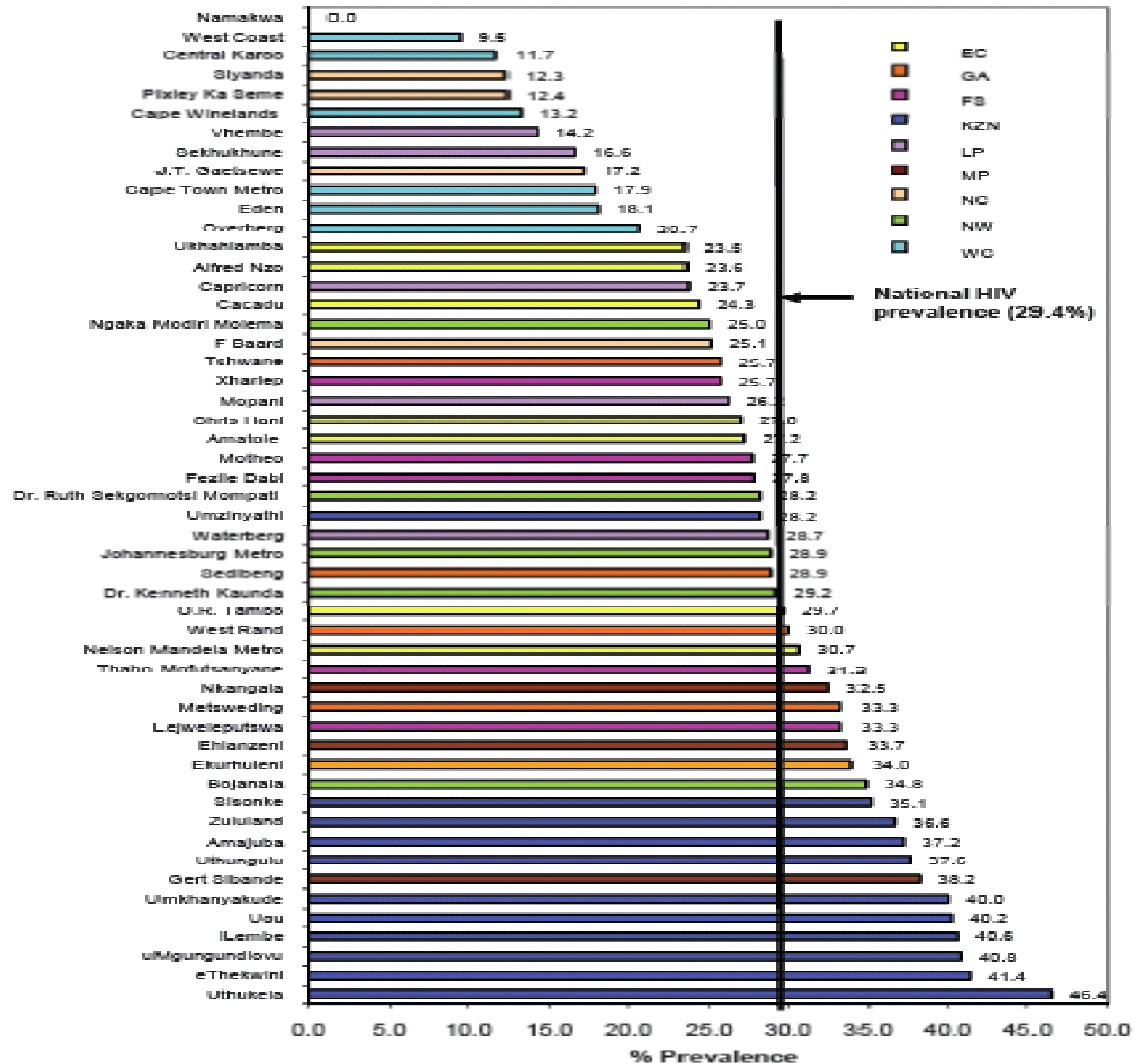


# **HIV/AIDS as an underlying factor for maternal deaths in KZN 2008-10**

- **HIV & AIDS**
  - 85% maternal deaths tested (69% in 2005-2007)
  - 79% of those tested were HIV positive



District



# **Top 3 Causes of Maternal Death in KZN 2008-2010**

<b>Non-preg-related infections</b>	<b>48%</b>
<b>Hypertensive disorders</b>	<b>10%</b>
<b>Obstetric haemorrhage</b>	<b>9%</b>

## **Top 3 sub-categories of Maternal Death due to NPRI in KZN 2008-10**

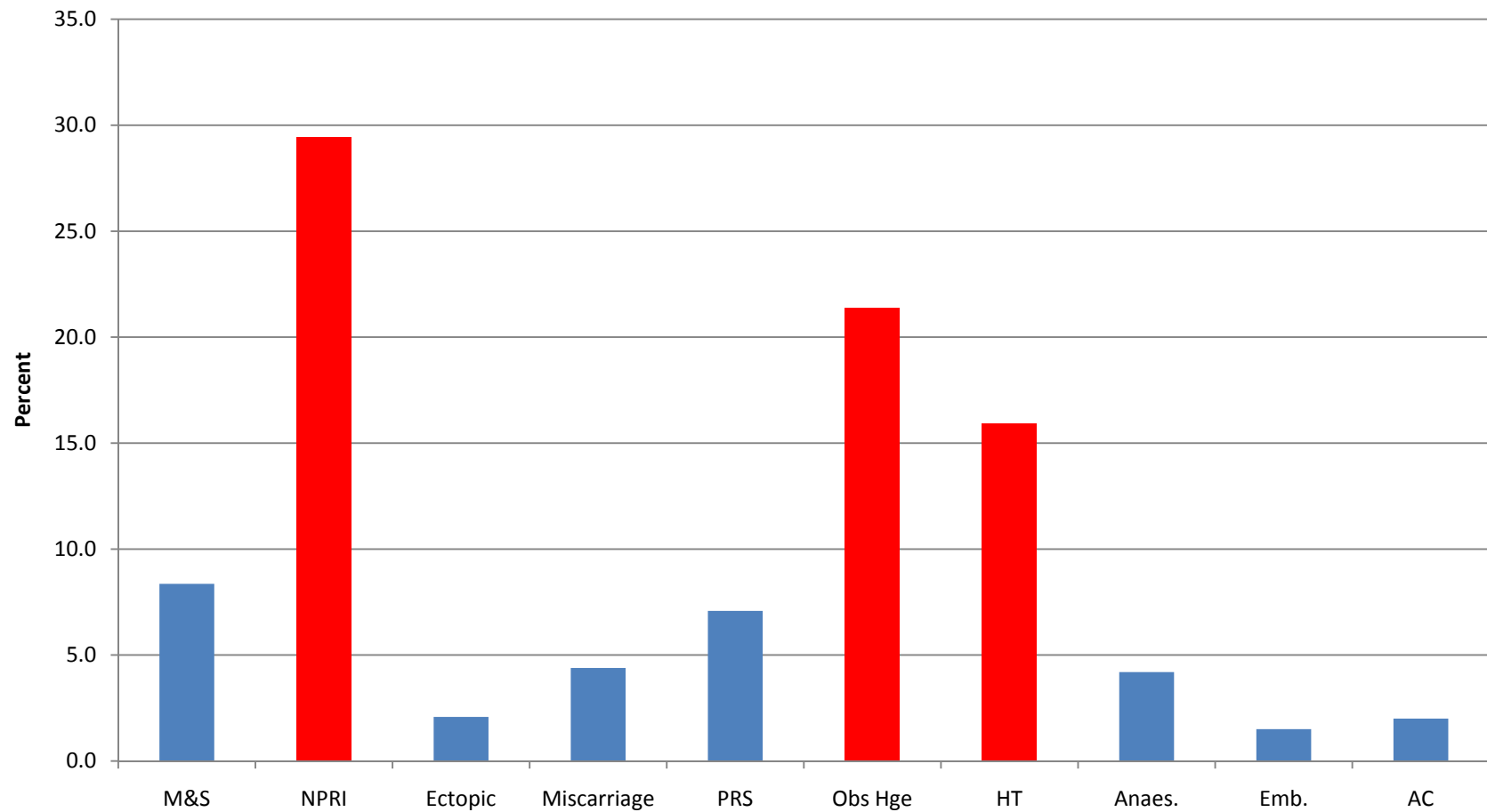
<b>Pneumonia (incl. PCP)</b>	<b>17%</b>
<b>TB</b>	<b>14%</b>
<b>Meningitis (incl. cryptococcal)</b>	<b>8%</b>

## **Avoidable factors, missed opportunities and substandard care**

- **Patient related**
  - Accessing health care services
  - Unsafe miscarriages (31% of miscarriage deaths)
- **Administrative**
  - Access to ICU
  - Lack of appropriately trained doctors
  - Management of blood and blood products (24% of obstetric haemorrhage deaths)
- **Health care providers**
  - Do not follow standard protocols
  - Do not recognise the problem or make diagnosis
  - Delay in and obstacles to referral



# Underlying causes as a proportion of avoidable deaths



# Summary

- Since the first Saving Mothers report, no decrease in numbers of maternal deaths in KZN
- Important areas to focus on to prevent maternal deaths
  - HIV & AIDS
  - Intrapartum care (including C/S, and immediate post-partum care)
  - Hypertension



# **Saving Babies 2001 2nd Perinatal Care Survey of South Africa**



Compiled by:  
The MRC Unit for Maternal and  
Infant Health Care Strategies,  
PPIP Users, and the  
National Department of Health



# **Saving Babies surveys**

- **National perinatal care surveys**
- **Use PPIP data from sites which have chosen to use PPIP**
- **Data amalgamated since 2000**
- **Reviews causes, avoidable factors for perinatal deaths: stillbirths and neonatal deaths**

# South Africa: PPIP Data

- Not a comprehensive epidemiological survey
- Large sample, includes KZN facilities
- Representative
- Consistent findings over time
- We know why babies die in South Africa, and what needs to be done to prevent deaths

# **Main Causes of Perinatal Death in South Africa**

- **Unexplained Stillbirth**
- **Spontaneous Preterm labour**
- **Intrapartum Hypoxia**
- **Hypertension**
- **Antepartum haemorrhage**

## **Likely causes of “Unexplained” Stillbirth**

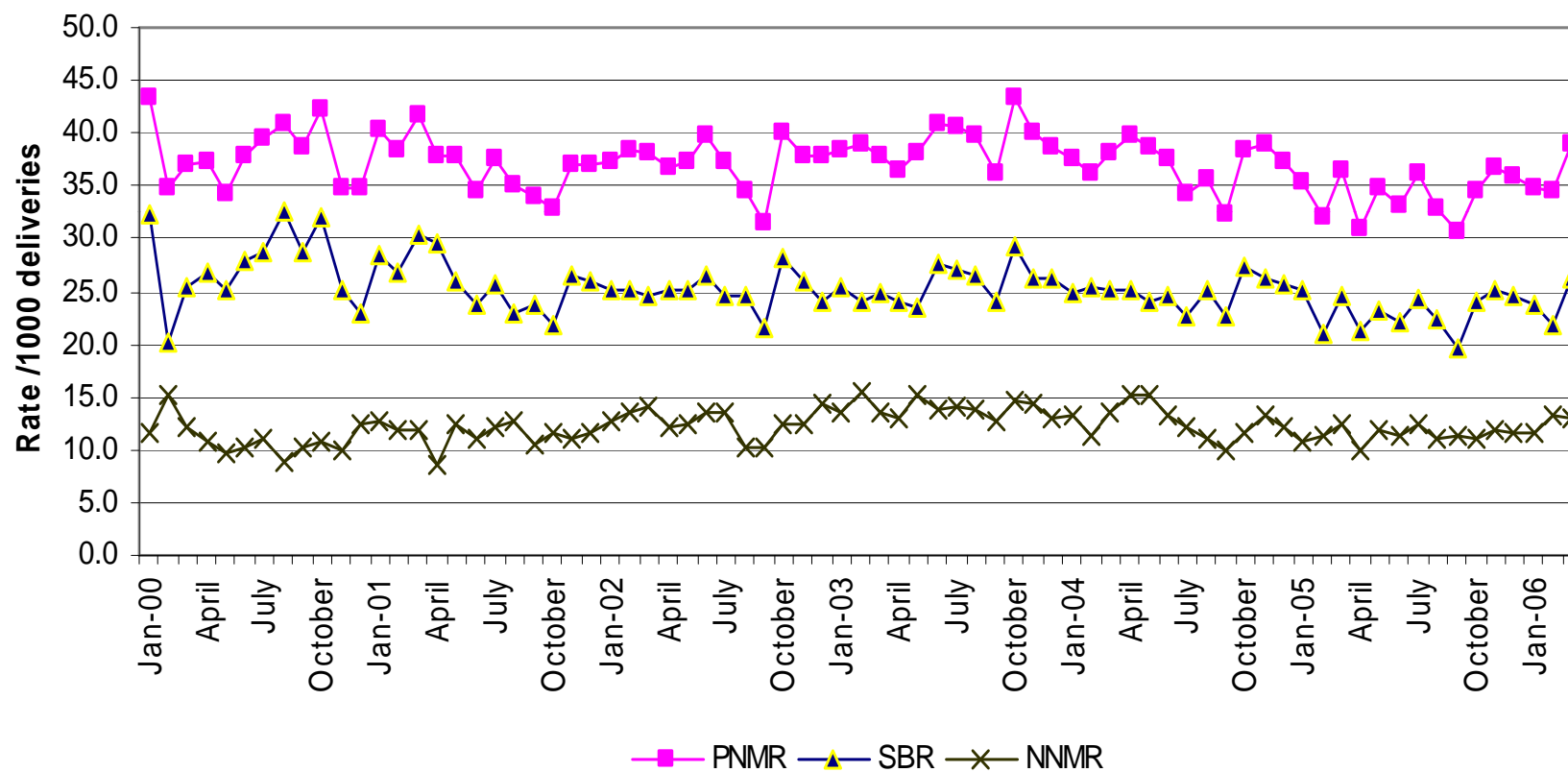
- **Intra-uterine infection**
- **IUGR**
- **Post-maturity**
- **Congenital abnormalities**
- **Syphilis**
- **Maternal diabetes**



# **Main Causes of Perinatal Death in South Africa**

- **Placental causes (hypertension and antepartum haemorrhage)**
- **Spontaneous Preterm labour**
- **Intrapartum Hypoxia**
- **Intrauterine infections**

## Perinatal Mortality, Stillbirth and Neonatal Mortality Rates for South Africa: January 2000-March 2006 (500g+)



# Why no improvement in perinatal mortality rates over past 10 years?

- HIV epidemic?

# **Role of HIV in Perinatal Death?**

- **Perinatal mortality rates are higher in HIV+ve women**
- **A major factor in failure to reduce PNMR in South Africa over past 10 years**
- **Improved management of HIV in pregnancy, and pre-pregnancy, may lead to a decrease in PNM**

# Summary

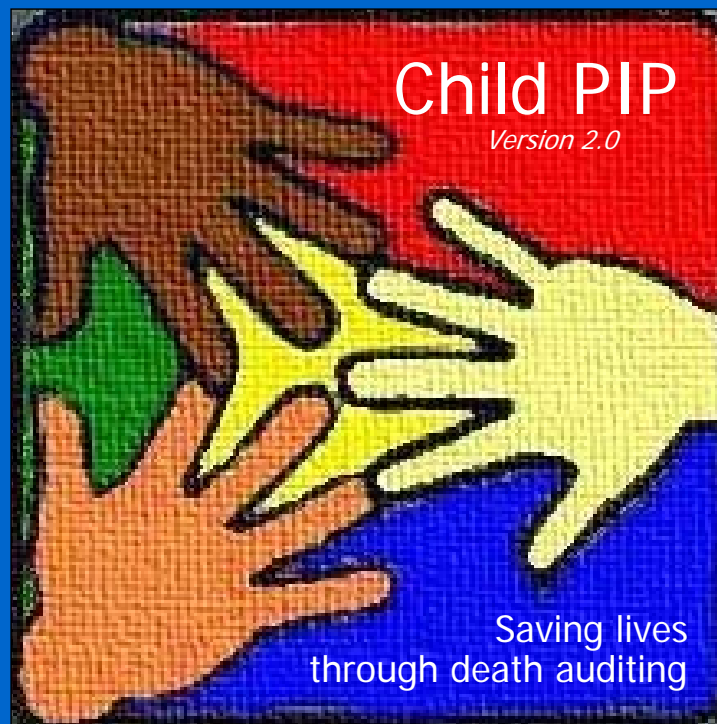
- **Since the first Saving Babies report, no decrease in numbers of perinatal deaths in KZN**
- **Important areas to focus on to prevent perinatal deaths**
  - **HIV & AIDS**
  - **Intrapartum care and immediate management of the newborn**
  - **Hypertension**

# Child deaths in KZN

- For every 1000 live births, 60 die by the age of 5
- Of the under 5 deaths 75% die in the first year (infant death)
- Of the under 5 deaths 25% die in the first month (neonatal death)
- 50% die at home

# Child PIP: deaths in paediatric wards

## Saving children reports





# **Main Causes of Child deaths:**

## **CHIP**

- **Pneumonia**
- **Septicaemia**
- **Acute Diarrhoea**
- **TB**

## **Underlying factors for child deaths: KZN**

- **55% of deaths: child HIV infected or exposed**
- **35% severe malnutrition**
- **Low breastfeeding rates**

# **Priority Areas for reducing child mortality in KZN**

- **PMTCT of HIV**
- **Early identification and appropriate treatment of HIV positive infants**
- **Nutrition: breastfeeding**
- **Intrapartum care including neonatal resuscitation and immediate management of premature neonate**
- **Effective management on presentation to health service**

# Major challenges in maternal and child care

## Maternal

- HIV/AIDS



- Hypertension / APH



- Intrapartum care



## Perinatal / Child

- Reduced perinatal and child mortality

- Reduced perinatal mortality

- Reduced PNM from intra-partum hypoxia,immaturity

## **Priority areas in Maternal and Child care**

- **HIV / AIDS**
- **Hypertensive disorders of pregnancy**
- **Intrapartum Care (including C/S, immediate post-partum care, neonatal resuscitation, and immediate care of the premature newborn)**

## **Further Priority areas in Maternal and Child care**

- **Family planning**
- **Breastfeeding**
- **Post-natal care**

PROVINCE	Infant HIV-Exposed % (95%CI)	MTCT % (95%CI)
Eastern Cape	30.0 (26.3-33.7)	3.5* (1.2-5.8)
Free State	31.1 (28.9-33.3)	5.7 (3.5-7.9)
Gauteng	30.2 (27.7-32.8)	2.3 (1.3-3.3)
KwaZulu Natal	43.9 (39.7-48.0)	2.8 (1.7-4.0)
Limpopo	22.6 (20.4-24.8)	3.4 (1.0-5.8)
Mpumalanga	36.2 (33.6-38.9)	6.2 (4.5-7.9)
Northern Cape	15.6 (13.0-18.3)	1.9* (0.0-4.5)
Northwest	30.9 (28.6-33.1)	4.6 (3.0-6.1)
Western Cape	20.8 (16.8-24.9)	3.3 (1.3-5.2)
*Note due to smaller sample size realisation precision is low		





