

**Speech by KZN Health MEC, Dr Sibongiseni Dhlomo on the occasion of the 7th
International Conference for Neonatal Nurses (ICNN) at the ICC in Durban**

24 October 2010

President of Neonatal Nursing Association of Southern Africa (NNASA) – Ruth
Davidge

Members of the Council of International Neonatal Nurses

Delegates from 17 countries gathered in the beautiful KwaZulu-Natal

Good evening, Sanibonani,

Siyanamukela!

We highly appreciate the role played by your board that consists of six passionate neonatal nurses who had a vision to encourage and support neonatal nurses in Southern Africa. As Government we are keen to learn from your expertise and undertake to support you in your endeavors aimed at improving communication, promoting evidenced-based standards of care and ultimately to improving the standards of neonatal care in the whole of Southern African region.

We also welcome your decision to hold this conference in our country as we will

receive first hand information on the outcomes of your deliberations as set out in your objectives that include:

- highlighting neonatal care in the region
- promoting neonatal nursing as a specialty
- encouraging the formation of national neonatal nursing associations and membership thereof
- showcasing neonatal care given within South Africa through hospital visits in the area, as well as
- rewarding excellence

Our support for your initiative stems from our agreement with the pronouncements of Thoraya Ahmed Obaid, the Executive Director of UNFPA, when he says: *"Every birth should be safe and every pregnancy wanted"*.

Programme Director, the Honourable Premier of this Province, Dr Zweli Mkhize always says; *'the death of a woman on a pregnancy related outcome is a huge disaster for the family, village and the country and he even conned it in Zulu: "inyanda imuke nezibopho". For that family, the surviving children without a mother have a very risky future, no matter how good the father of those children maybe'*.

Our situation as a country is dire as described by the UNDP in 2008 that an estimated that 5.7 million South Africans are living with the HI virus which is the largest number of people living with HIV and AIDS anywhere in the world. What is worse is that women continue to be the face of HIV making up 57% of those that are living with the virus.

Where we are, that is the Province of KwaZulu –Natal, the place continues to be the hardest hit in terms of the prevalence of HIV. Five (5) out of the eleven (11) districts have an estimated HIV prevalence above 40%. There is a higher HIV prevalence amongst the ages 15-29 years with a rising trend amongst the younger ages in women.

As part of the global community, South Africa is also expected to meet the Millennium Development Goals set by the United Nations. The Department of Health in particular has to lead in the implementation and improvement of MDG 4, 5, 6 these being:

1. Infant and child morbidity and mortality
2. Maternal morbidity and morbidity
3. HIV/AIDS

These 3 MDGs are so interrelated that by improving one of them, there is a significant contribution to the improvement of the other. Maternal outcome determines infant and perinatal outcomes and is also directly related to the under five mortality.

It therefore means if one were to improve maternal outcome, one would positively impact to perinatal, infant and the under-five mortalities and morbidities.

As a means to address the above, in my capacity as the MEC for Health in this Province, in May this year I called for the SAVE the Nation workshop which was addressed by; amongst others:

- **Prof Jack Moodley** –Chairman of National Confidential Enquiry into Maternal Mortality
- **Prof Sithembiso Velaphi**-Chairman of National Enquiry on Perinatal Mortality
- **Dr Mckerrow** – Chairperson: Committee on Morbidity & Mortality in Childhood

The workshop was also attended by Heads of Departments of various disciplines from the University of KwaZulu Natal viz: Perinatal Health care and Paediatrics,

District Managers, Hospital CEO's, Medical managers, Midwifery Society and Senior Nursing Managers.

What we sought to achieve here was the following:

- To get a snapshot summary of extent of maternal deaths in KZN.
- To accelerate recommendations that will have significant impact in the short term while planning for implementation of recommendations that are long term.

Programme Director, we have to concede that there are many avoidable factors that we have to attend to in addressing maternal and/or neonatal deaths categorized under:

- **Patient oriented** where we indentified that 17.7% of women do not attend antenatal classes; 26.7% delay in seeking medical help and 25.7% undergo unsafe abortions.
- **Health worker related factors** that entailed 29.6% substandard management and 22% problems with diagnosis.
- **Administrative problems** related to 19% lack of blood for transfusion; 8.9% lack of trained staff; 9.2% lack of ICU facilities and 8.4% lack of transport.

As a Department we have realized that we need to do more on prevention as it is evident that of the ten key recommendations of saving the mothers, seven are partly or wholly societal, these being:

- All pregnant women should be identified in the community, be offered all necessary information and support by society, family and government departments. This will impact directly on the increase in the number of pregnant women who attend antenatal clinics.
- Blood for transfusion must be available at every institution that performs caesarean section. For this to happen, South Africans must be encouraged to donate blood. Prominent leaders in the society must donate and make calls for blood donation
- Involve civic society to strengthen postnatal care to curtail the number of women who die due to pregnancy related sepsis following viable pregnancy.
- Women should plan their pregnancies and avoid unwanted pregnancies especially teenagers considering that the World Health Organisation cautioned that any woman who is less than 18 years of age and is pregnant is likely to have adverse maternal outcomes.

- Government has provided facilities for termination of pregnancy that are safe and convenient but some woman still use illegal and unsafe methods of terminating unwanted pregnancies; and this impacts negatively on maternal outcomes
- Women, families and communities at large must be empowered, involved and participate in activities, projects and programmes aiming at improving maternal and neonatal health as well as reproductive health in general.
- Transport arrangements to be made available for all pregnant women close to term or alternative accommodation (half way house) be considered.

Programme Director, we need to find ways of making our communities to understand that the primary objective of perinatal care is to deliver a healthy baby to a healthy mother. As defined within the *Scope of Practice of a Registered Midwife*, we need pregnant mothers to come forward to be examined once a month until the 28th week gestation, and thereafter at least once a fortnight until the 36th week gestation, then at least once a week until labour starts.

As Government we are not expected to join the chorus of questions on why do mothers and newborns die but to provide answers. In this regard we have

prioritised matters relating to Quality Assurance and Supervision where we seek to address the following issues:

- Define standards and develop norms for maternal, women, newborn and child health services for each service delivery mode and level of care.
- Introduce standardised tools (ward admission registers, clinical records, and transfer logs) and protocols (e.g. the use of a partogram).
- Implement an accreditation system for neonatal nurseries and children's wards in public health facilities at all levels of care.
- Introduce structured weekly unit management meetings in maternity and paediatric services.
- Adopt a minimal set of quality improvement activities – monthly perinatal and child audits and annual clinical audit.
- Facilitate compliance and strengthen support and supervision by the appointment of clinic supervisors and the development of outreach teams and experiential learning sites

It is also our concern that 70% of neonatal deaths come about as a result of prematurity and birth asphyxia as well as through infections and congenital malformations. As such we have undertaken to go about seeking resources that will assist in providing effective neonatal resuscitation and the care of prematurity babies through:

- Establishing neonatal experiential learning sites and outreach programme in a cluster of districts (i.e. per AREA) that will in turn develop, support and capacitate neonatal services in all hospitals under its jurisdiction.
- Ensuring that there is a functional neonatal resuscitation unit in each labour ward and nursery in the province; as well as
- Ensuring that we have functional high care beds in each nursery at a ratio of:
 - 1 per district hospital
 - 2 per regional hospital

Programme Director, it is a known factor that most of the problems encountered in this regard are related to HIV and as such we have prioritized and put more resources on HIV Counseling and Testing where we are aiming at having attended to more than 3 million people by the end of June 2011.

While this may seem like an ambitious goal, HCT campaign is supported by a 100% provision in all public health facilities through a Provider Initiated approach in order to scale up HIV Counseling and Testing as part of primary healthcare package.

HCT is also offered at non medical sites; these include tertiary institutions, correctional centres and churches. We are proud to announce that Links and Clicks pharmacies have joined forces with us in rolling out the HCT campaign as they are now offering free HIV Counseling and Testing – a commitment from all Links and Clicks pharmacies in the province. Other initiatives in the pipeline to consist of establishing partnerships with the private healthcare providers in the roll out of HCT and Medical Male Circumcision – e.g. MEDI Clinics .

Our HCT targets may be ambitious but achievable. Allow me to boast and inform you that we have already achieved 66% of our target in 5 months.

Indeed; it is only through testing that HIV positive women will get to receive appropriate information regarding their health, the health of their babies, information on Prevention of Mother To Child Transmission (PMTCT) programme, the type of delivery options available; options for replacement feeding and/or whether or not to breastfeed.

We are all agreed that early initiation on life long HAART does significantly reduce mother to child transmission especially now that we are implementing the Presidential Declaration of 2009 that says pregnant women whose CD4 count is

less than 350 should be initiated at 14 weeks of pregnancy. As a country, we are now in the position of moving away from horrific statistics revealed in the *Churchyard and Metcalf, 2005*, which say, of infants infected with HIV, approximately 15% die within two years of birth, an additional 75% die by age ten, and only 10% live for ten years or longer.

We are also moving away from a known factor that a baby born to an HIV positive mother has close to 100% chance of being orphaned before reaching the age of ten as this percentage can now be substantially reduced by treating an expectant mother with antiretroviral therapy.

This conference, dear colleagues gives us hope.

Again I wish to thank the organizers for making it possible and easy for us here in the province to participate; benchmark and benefit from the collective wisdom assembled under this roof.

On behalf of the people of KwaZulu Natal we welcome you all,

Siyanamukela!