
TO: SABC RADIO NEWS
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EMBARGO: NONE

MEC FOR HEALTH'S, DR SM DHLOMO, STATEMENT TO THE SABC RADIO NEWS ON PERI-NATAL MORTALITY RATE IN THE PROVINCE

It will be proper to first lay common ground on what we are talking about. According to the World Health Organization's definition of peri-natal mortality it said to refer to; "*deaths occurring during late pregnancy (22 weeks gestation and over), during birth and up to 28 complete life days*". In this definition it combines both fetal and neonatal deaths.

Using this definition, our average peri-natal mortality rate for newborns less than 500g is 35, 1 per 1000 live births (national average is 37, 8 per 1000) and 26, 7 per 1000 for babies greater than 1000 grams (national average is 28, 33 per 1000). The top five (5) obstetric causes of death are as follows;

Mahatma Gandhi Memorial Hospital has average of 44, 8 peri-natal deaths per 1000 live births for newborns weighing above 500 grams and 32.2 peri-natal deaths per 1000 live births of new born above 1000 grams. The number births per month averages around 750. The major causes of peri-natal deaths include the following;

- *Spontaneous pre-term labour*
- *Unexplained Intra-uterine death*
- *Intra-partum asphyxia and birth trauma*
- *Ante-partum haemorrhage*
- *Hypertension*

The Baby-friendly Hospital initiative was launched by the World Health Organization (WHO) and UNICEF in 1991. The initiative is aimed at improving the role of maternal services to enable mothers to breastfeed babies for the best start in life. It aims at improving the care of pregnant women, mother and newborns at health facilities that provide maternal services for protecting, promoting and supporting breastfeeding.

Facilities providing maternal services and care for newborn infants to be regarded as baby-friendly hospitals need to implement the **Ten Steps**, and these are;

TEN STEPS TO SUCCESSFUL BREASTFEEDING

1. *Have a written breastfeeding policy that is routinely communicated to all health care staff.*
2. *Train all health care staff in skills necessary to implement this policy.*
3. *Inform all pregnant women about the benefits and management of breastfeeding.*
4. *Help mothers initiate breastfeeding within a half-hour of birth.*
5. *Show mothers how to breastfeed, and how to maintain lactation even if they should be separated from their infants.*
6. *Give newborn infants no food or drink other than breast milk unless medically indicated.*
7. *Practice rooming in - allow mothers and infants to remain together - 24 hours a day.*
8. *Encourage breastfeeding on demand.*
9. *Give no artificial teats or pacifiers (also called dummies or soothers) to breastfeeding infants.*
10. *Foster the establishment of breastfeeding support groups and refer mothers to them on discharge from the hospital or clinic.*

(Source: World Health Organization)

On reassessment Mahatma Gandhi Memorial Hospital was stripped off the “Baby-Friendly” status and they are now working on regaining the status again.

At no stage did the MEC, based on one visit to Mahatma Gandhi Hospital for another purpose, diagnose the maternal care challenges at the hospitals as being as a result of “unprofessional conduct”. The MEC has supported an initiative by the Hospital to put together a team of experts to look at the whole maternal care services in the hospital and make recommendations on how to improve maternal service thus reducing peri-natal and maternal deaths. The maternal care challenges are facing most developing countries in the same way that they affect us in South Africa and KwaZulu-Natal in particular. Our national average is currently at 30, 8 per 1000 (**Saving Mothers Report; 2006**) and may be lagging behind European countries (8 per 1000), we are not so bad compared to African (56 per 1000) and least developed countries (60 per 1000). (**WHO: 2004**).

In Mahatma Gandhi the team is busy with its work and it is our hope that it will build on the recommendations already contained in the Saving Mothers Report. We shall wait with unabated breaths.

Besides implementing the recommendations of the Saving Mothers 6th Report on peri-natal care in South Africa (2006) we are implementing various interventions including;

- The Peri-natal Problem Identification Programme which entails identifying the causes of peri-natal deaths with the aim of coming up with prevention interventions

- Working with PATH (a Non Governmental Organization) to build capacity at facility levels on intra-partum management. The course covers partogram (management of labour during 1st and 2nd stages of labour) and active management of the third stage of labour.
- Training of obstetricians in essential steps in the management of emergency care of newborns and mothers.
- We are the first and only province to develop and implement, at pilot stage, the Ante-natal and Post-Natal Care Policy.

Our biggest challenge is to bring in the support of partners and families in addressing the causes that have to do with ante-natal care. Our great concern here is that most pregnant women present very late to the clinic, in many cases with medical conditions that put their babies at risk and they take time seek medical help. The medical conditions include hypertension, HIV related illnesses, pre-mature delivery, and many others. Other problems relate to our own patient transport system, while a patient may have come early to the clinic; we may not have an ambulance readily available to transfer her to the next level of care.

We believe that in addressing these challenges and bringing in the support of partners and families we shall turn the tide against peri-natal mortality and once again make child birth as joyous as it has always been.

ENDS

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