

# MATERNAL, PERINATAL AND NEONATAL HEALTH (MPNH) POLICY

## SOUTH AFRICAN MATERNAL, PERINATAL & NEONATAL HEALTH POLICY

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**DR MANALA MAKUA**  
**CHIEF DIRECTOR: WOMEN'S ,MATERNAL AND REPRODUCTIVE  
HEALTH**

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**13 FEBRUARY 2024**



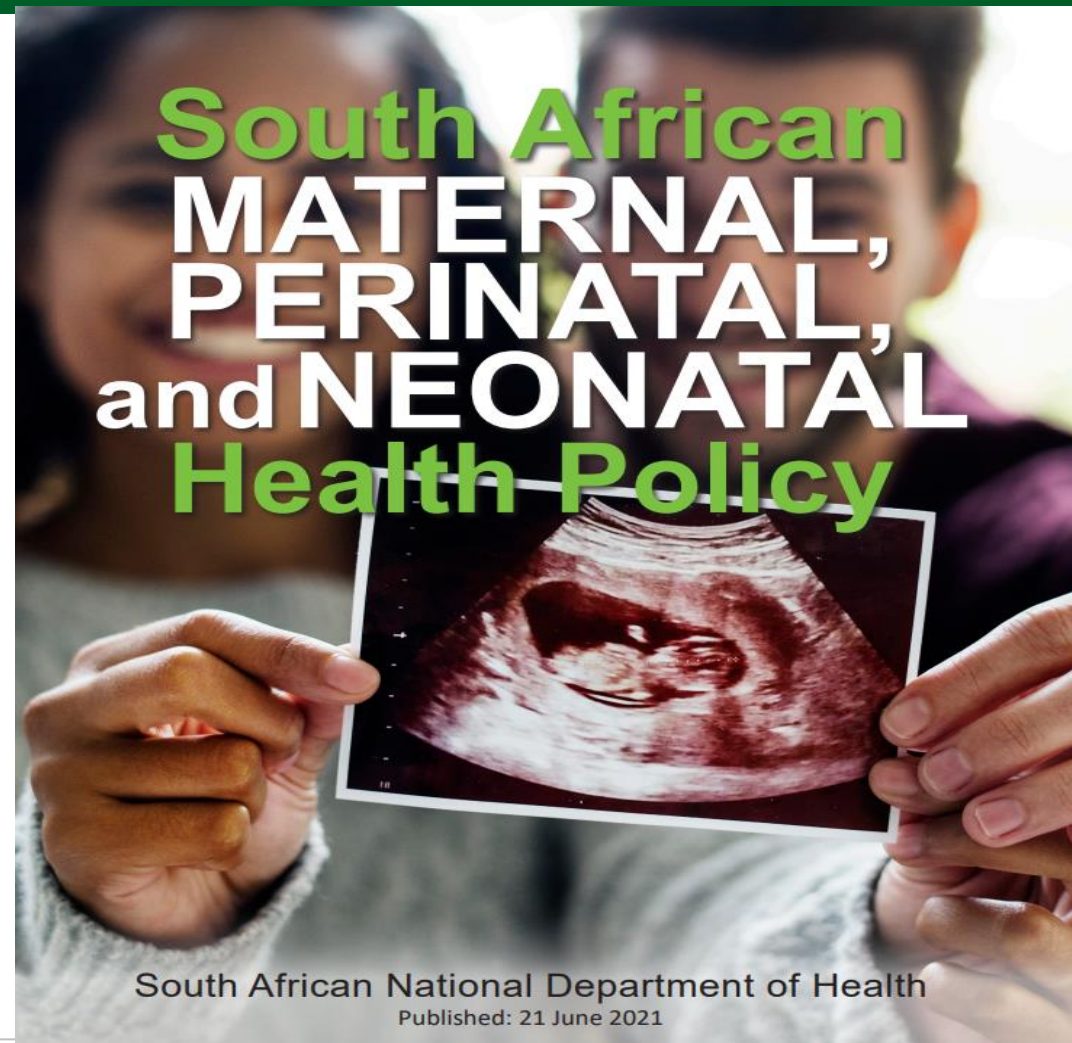
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# SOUTH AFRICAN MATERNAL, PERINATAL AND NEONATAL HEALTH POLICY

SAMPNH Policy  
-2021



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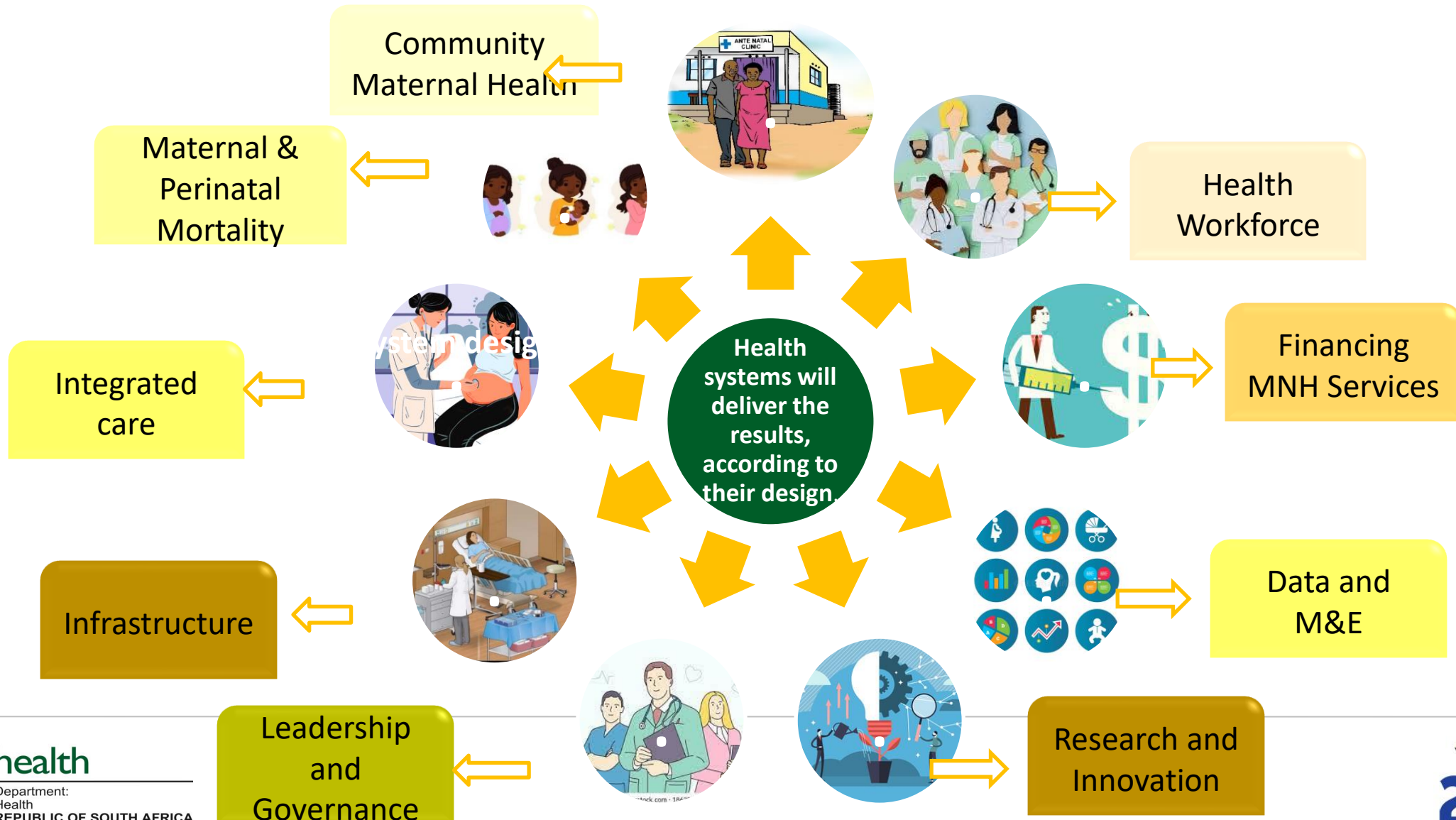
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# OUTLINE

- Challenges within the MNH service delivery Platform to overcome
- Rationale for development Vision, mission goals and objectives of the MNH Policy
- Strategic Guiding Global and National Commitments
- The burden of Maternal and Neonatal Mortality in SA
- Need for Paradigm Shift and principles to address MNH challenges
- Policy Key Areas and statements
- Guidelines development Process and Approach
- Acknowledgements

# LINKAGE OF THE MNH POLICY TO SERVICE DELIVERY CHALLENGES AND PLATFORM



# CHALLENGES AND THE REQUIRED POLICY RESPONSE



## CHALLENGES

### **Maternal and Neonatal Morbidity and Mortality**

- Poor QoC
- Mortalities Preventable causes of maternal and neonatal mortality

### **Respectful Maternity Care**

- Increased litigations due to poor care

### **Health Systems**

- Poor leadership and governance at all levels resulting in lack of multisectoral action and policy cohesion
- Limited demand for accountability on MPNH outcomes
- Lack of or limited integration between health programs and coordination
- Essential MPNH supplies, including medicines and equipment.
- Poor clinical governance
- Poor surveillance at implementation level
- Limited evidence-based funding models
- Poor Quality of care

### **Community Maternal Health Services**

- Poor Stakeholder engagement
- Limited knowledge of maternal and neonatal health challenges
- Community maternal deaths surveillance

### **Research in maternal health care systems and quality care**

## BROAD STRATEGIC RESPONSE

- Enhance priority and Accelerate country response to meet SDG 2030 Target of MMR of < 70 and NMR of < 12
- Adopt the Integrated Person Centered Health Service, community awareness and patients who are aware of rights groups inclusivity
- Create mechanisms for integration and coordination between health programs and clinical care-
- Political leadership, Administrative Leadership, Operational leadership, Improve Clinical governance and mentorship
- Promote multi-sectoral action between government departments, other sectors & civil society through national mandates and to achieve cohesion and agreed response to cross cutting challenges impacting on maternal and neonatal health
- Streamlined MPDRS guidelines from facility level to significantly improve surveillance
- Innovative, equitable and sustainable funding for MPNH services
- Use research evidence, and innovative measures to improve on care



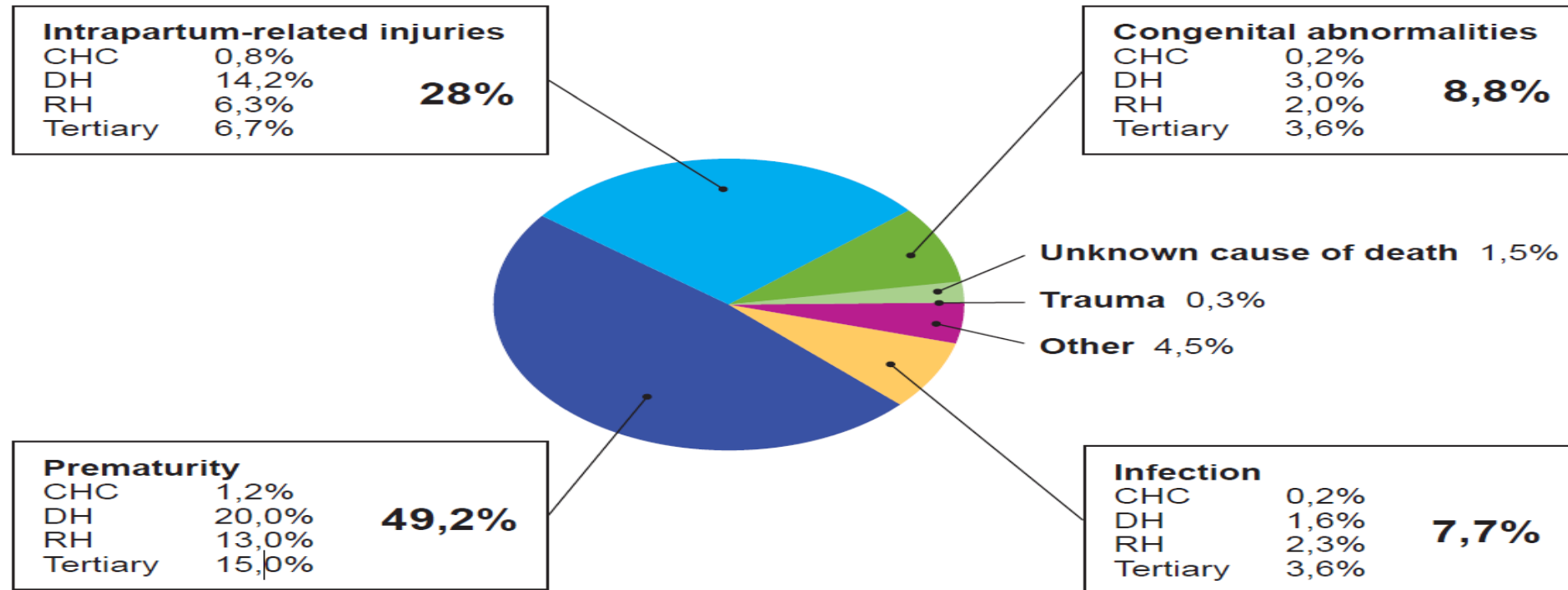
# LINKAGE OF THE MNH POLICY TO THE BURDEN OF MATERNAL MORTALITY IN SA



# LINKAGE OF MNH POLICY TO CHANGING DYNAMICS OF CAUSES OF NEONATAL MORTALITY



Figure 2: Causes of neonatal deaths (Rhoda, et al., 2018)



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# MPNH VISION, MISSION AND OVERARCHING OBJECTIVES

## Context

### VISION

Attainment by all women of childbearing potential and their newborns of the highest possible level of comprehensive and integrated quality MN services by 2030.

### MISSION

Improve access to equitable delivery of a comprehensive range of quality, integrated, universal maternal; and newborn care services that are accessible, acceptable, accommodating, effective, and safe to individuals, couples, and communities in South Africa and to reduce and prevent maternal and newborn morbidity and mortality.

## 5 KEY OBJECTIVES

**Objective 1:** Strengthen leadership and accountability structures to provide quality, comprehensive, and integrated MPN care and treatment services across the healthcare continuum.

**Objective 2:** Strengthen the health system delivery platforms by addressing the World Health Organization (WHO) “building blocks” for quality MPNH services along the continuum of healthcare.

**Objective 3:** Promote access to respectful and non-judgmental MPNH services for pregnant individuals, women, newborns and communities.

**Objective 4:** Promote coordinated, meaningful, multisectoral community engagement to enhance positive pregnancy outcomes.

**Objective 5:** Develop a sustainable surveillance system for maternal, perinatal and neonatal morbidity and mortality, including research developments in health system service delivery, quality improvement and innovative interventions.



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# CONTEXT AND SCOPE

## Context

The MPNH policy provides a broad framework for providing quality and comprehensive (MPNH) services and will inform the development and review of guidelines and standard operating procedures related to maternal, perinatal and neonatal services in South Africa.

### AUDIENCE :

HCW,PARTNERS,ACADEMIA,  
RESEARCHERS, BROADER  
COMMUNITIES WITHIN MPNH

## SCOPE

- The scope of the MN policy is applicable to all approved types and levels of care delivery for all women during the childbearing lifecycle, that include preconception, contraception, pregnant women, the fetus in utero Perinatal (22 weeks – 7 days after birth) ante natal, birth, postnatal ( 0-42 days), and the newborn (0-28 days)

# AUDIENCE AND GUIDING PRINCIPLES

## AUDIENCE

This MN Policy speaks to all public and private clinicians, health care workers involved in the planning, management, delivery, monitoring and evaluation and research /innovators of maternal and newborn care services, civil society organizations, technologies, emergency service and laboratories, interest groups/stakeholders and the private sector

## OVERARCHING PRINCIPLES

- **Human rights-based approach** to ensure that every pregnant woman, mother and neonate has the right to make informed choices about their health and seek and receive high-quality sexual, reproductive, maternal and newborn health care is available, accessible and acceptable services they want and need.
- **Partnership with individuals, families, civil society and development and implementing partners, private sector, organizations** to enhance for access and delivery.
- **Engage with stakeholders to ensure participation** in developing plans and programmes and monitoring and review of implementation of MNH.
- **Recognition role of civil society organizations, academia, the business community, media, funders and other stakeholders** in holding each other and governments to account for health outcomes.
- **Quality care that considers zero separation** of Mother/ fetus/newborn dyad.

# Global and National Commitments

## International Policy and Strategy

*Aligned to international and regional policies and strategies that advance the MPNH agenda, including:*

- The Global Strategy for Women's, Children's and Adolescent's Health (2016-2030)
- The Sustainable Development Goals (SDG) 2030

### **WHO Recommendation**

- Every Newborn Action Plan 2030
- Ending Preventable Maternal Deaths (EPMMD)

## National Policy , Strategy, Reports

*Aligned to upcoming domestic policy initiatives and fills gaps in current legislation, including:*

- The National Development Plan (NDP)
- The National Health Insurance
- Saving Mothers, Saving Babies Reports- Ministerial Committees Recommendations
- Cross cutting National Acts, Regulations and Policies

# POLICY COMPONENTS, KEY AREAS AND POLICY STATEMENTS



- **KEY AREA 1: LEADERSHIP , ADMINISTRATIVE ROLES AND ACCOUNTABILITY**
- **KEY AREA 2 : HEALTH SYSTEMS AND SERVICE DELIVERY PLATFORM**
- **KEY AREA 3: RESPECTUL MATERNITY CARE & INTEGRATED CROSS CUTTING QUALITY CARE**
- **KEY AREA 4: COMMUNITY MATERNAL HEALTH & ENGAGEMENT**
- **KEY AREA 5: MONITORING , EVALUATION, RESEARCH & SURVEIILENCE**

# Key areas and Policy statements

## Context

### Key Area 1: Leadership Roles, Accountability Structures and Administrative Responsibilities

## Policy statements

### Roles and Responsibilities: NDOH

- **1.1:**The NDOH shall be responsible for developing an overarching national evidence-based Maternal, Perinatal and Neonatal Health Policy through a consultative process involving provincial departments of health and other stakeholders, Ministerial Advisory Committees, professional bodies, academia, the private sector and civil society.
- Accountability includes monitoring, evaluation, reporting, and feedback related to the policy.

### 1.2:Roles and Responsibilities: Provinces

- The nine (9) Provincial Departments of Health are responsible for implementing this MPNH policy within provincial, district and facilities through allocation and management of provincial resources for the MPNH programmes.

### 1.3:Roles and Responsibilities: Districts and Local Authorities

- At the district and institutional level, facilities will develop protocols in response to and based on this National MPNH Policy, considering the specific circumstances of the facilities and district.

### 1.4.Clinical Leadership and Governance

All Departments of Health (DOH) levels of care (National, Provincial and Districts) must have functional clinical leadership and governance structures to oversee, monitor and evaluate the maternal and neonatal quality of care for all health establishments.



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# Key areas and Policy statements

## Context

### Key Area 2: Strengthening Health Systems and Service Delivery Platform

## Policy statements

### Quality of Care (QOC)

**2.1:** According to the global and national maternal and neonatal standards and national quality improvement strategy, all health facilities shall institutionalize quality management processes (quality of care assessment, quality improvement, quality assurance and quality controls) to enhance positive maternal and neonatal health outcomes.

### 2.2: Comprehensive, Integrated Person-centered Care

Guided by the latest national guidelines and standards for the appropriate point/level of care, **all service providers in the health care system shall provide every individual, woman and newborn** with comprehensive, evidence-based, integrated, person-centered, quality care throughout the care continuum.

### 2.3. Skilled Workforce for Maternal and Newborn Health services

All health care workers providing MPN services must be trained, competent, certified and registered with a regulated professional health body, exercising their full set of skills at the appropriate level of care as defined in the relevant scopes of practice of professional councils and regulatory bodies.

### 2.4. Dedicated and sustainable finances and optimization of the available resources

Maternal and neonatal services shall be provided according to the NHI Bill service packages for women and neonates, taking into account the prohibitions and inclusions described in the Act's



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# Key areas and Policy statements

## KEY AREA

## Policy statements

### Key Area 2: Strengthening Health Systems and Service Delivery Platform

#### 2.5. MPN Health Facility Infrastructure to support and promote safe birthing facilities

Health facilities shall meet the minimum standards for safe maternal and neonatal health services to conduct normal or assisted deliveries and caesarean sections in line with the designated level of function.

#### 2.6. Essential MPNH medicines, equipment, and commodity supply

All provincial and district managers, heads of tertiary and quaternary health service establishments shall be responsible for the availability and functionality of high quality, appropriate, affordable, essential medicines, equipment, and commodities to meet the demand for quality maternal and neonatal services.

#### 2.7. Emergency preparedness, including the epidemic, pandemic, and humanitarian situation

- The Provincial and District managers shall ensure that all pregnant women and neonates have access to 24-hour emergency obstetric and neonatal care services, integrated maternal, perinatal and neonatal health services and a well coordinated and reliable referral system to the next level of expertise within the catchment area.
- These services need to be available at all times, including during epidemic, pandemic and humanitarian situations

#### 2.8. Functional and effective referral pathways that facilitate access to the next level of expertise

- District and facility management teams must establish functional and effective referral pathways that respond to pregnant individual, women and neonates' immediate needs.
- Referral routes should be tailored according to the catchment area considering the availability of the next



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# Guidelines to be developed for objective 2



- MATERNAL MENTAL HEALTH
- HEALTH SYSTEMS GUIDELINES TO COVER FF
  - Norms and standards for health care facilities that can conduct safe deliveries and safe caesarian section.
  - Norms and standards to define the minimum skills set for health care workers in maternal and neonatal units, mentorship program and skills transfer
  - Describe the referral pathways and system to ensure efficient referral to the next level of expertise.
  - Standards for Quality of Care
- Clinical Care GUIDELINES (MATERNAL AND NEONATAL)



# Key areas and Policy statements

## Context

### Key Area 3: Respectful Maternity Care

## Policy statements

### 3.1: Respectful Maternity Care

All health care providers rendering maternal, perinatal and neonatal services shall provide care to all individuals, women and their partners in a manner that maintains dignity, privacy, confidentiality and is free from harm and mistreatment

### 3.2: MPNH services for vulnerable groups and people with special needs

The Health Department at all levels, in collaboration with other government departments and relevant stakeholders, shall develop strategies to respond to the needs of individuals/women of childbearing potential who have heightened vulnerability, special needs and require dedicated attention to optimal supportive care.



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# Guidelines to be developed for objective 3



- RESPECTFUL MATERNITY CARE

# Key areas and Policy statements

## Context

### Key Area 4: Community Maternal Health

## Policy statements

#### 4.1:Community Engagement and Participation

District health services shall engage individuals, families, and communities in their health issues to improve access, utilisation and quality of maternal and newborn health services so that health services are more responsive to the population's needs.

#### 4.2:Strengthen strategic partnerships

Strengthen strategic partnerships with key stakeholders at the national, provincial, district, facility and community levels, including private-public partnerships, to enhance and improve the MPNH policy implementation.



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# Key areas and Policy statements

## Context

### Key Area 5: Monitoring and Evaluation and Surveillance

## Policy statements

### 5.1 Strategy Outputs, Performance Measures and Activities

The strategic goals, objectives and outcomes of the National, Provincial, District departments of health and their facilities shall be transparently monitored and evaluated in line with the government's Monitoring and Evaluation (M&E) Framework

### 5.2: Research, Innovation and Technology for MPNH service delivery and improvement

**The NDoH shall** Develop a surveillance system that will complement the maternal, perinatal, and neonatal morbidity and mortality surveillance and response system (MPDSR) aligned to the NAPHISA Bill.

### 5.3. Research, Innovation and Technology for MPNH service delivery and improvement

The NDOH shall support research to gather evidence on maternal and neonatal services advancements and promote technology (existing and new) to keep pace with global and regional developments in maternal, perinatal and neonatal health service.



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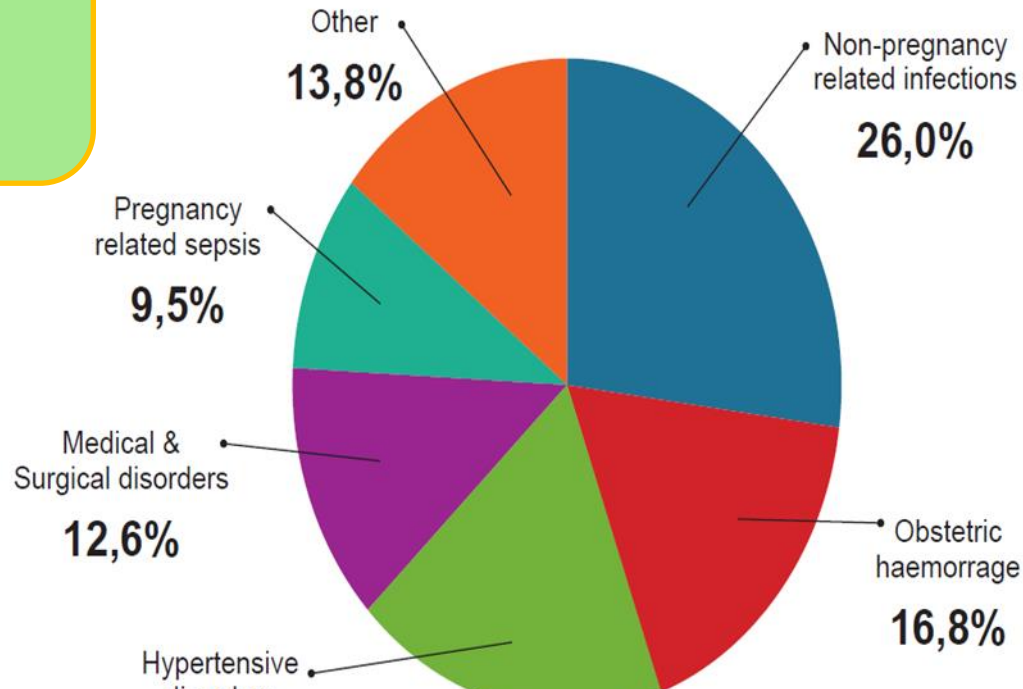
# MATERNAL CARE GUIDELINES RESPONDING TO CAUSES OF MATERNAL DEATHS

## • Family

- Post-abortion care
- SKilled birth attendant
- Clean deliveries
- Tetanus toxoid
- Clean delivery
- Antibiotics

Family Planning  
Diet,  
supplementation  
and fortification  
Prevention and  
treatment of  
infections  
IFA  
supplementation

(b): Causes of maternal deaths (Saving Mothers, Saving Babies Report, 2017-19)



- Calcium
- Magnesium Sulfate
- Aspirin
- Anti-hypertensives
- Cesarean section

## –Underlying causes:

- Unintended pregnancy
- Under-nutrition
- Co-infections
- ART

Uterotonics: oxytocin & misoprostol  
Blood transfusion  
PPH treatments (nonsurgical and surgical etc)  
Non Pneumatic Garment(NASG)  
Active management of the third stage of labor

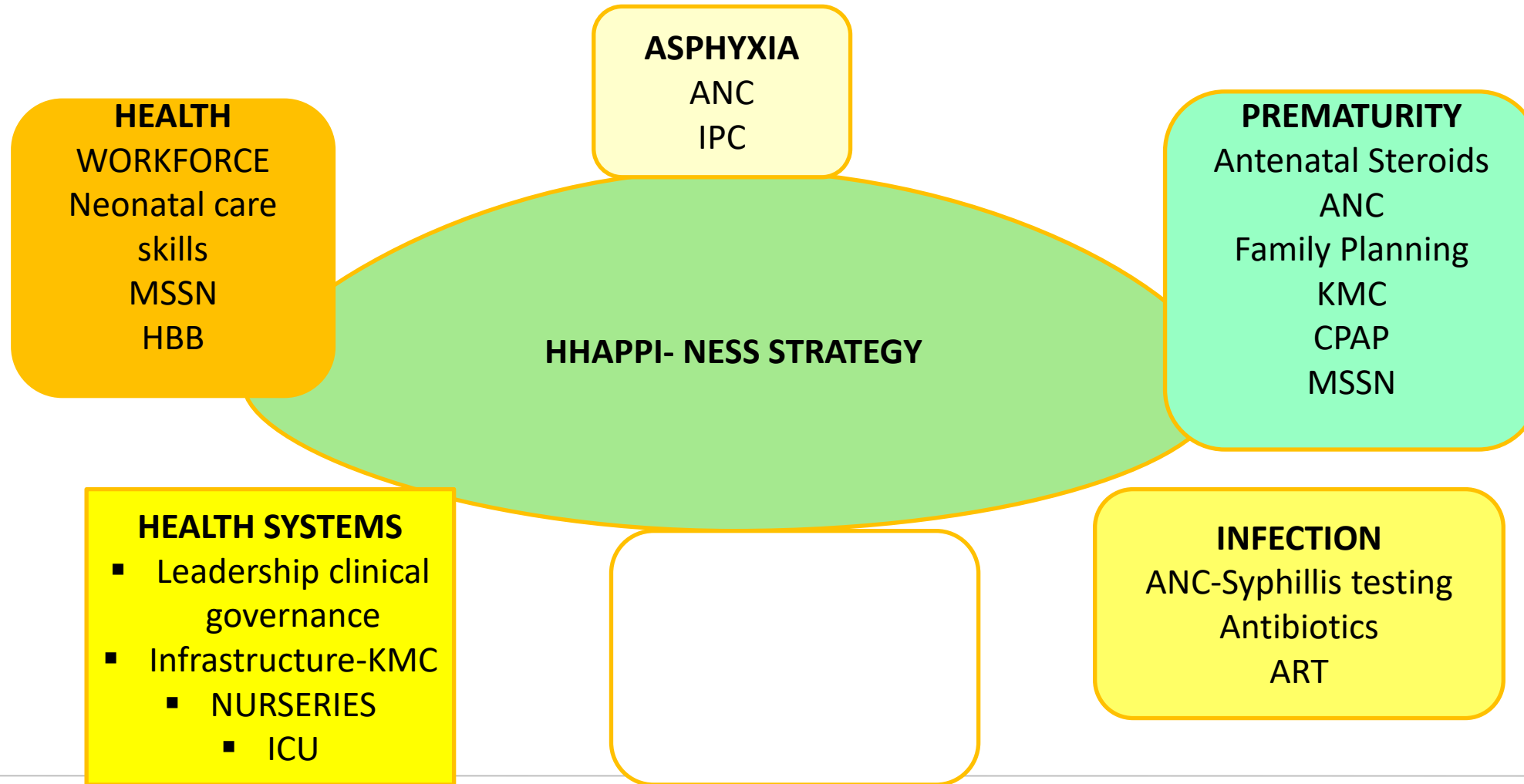


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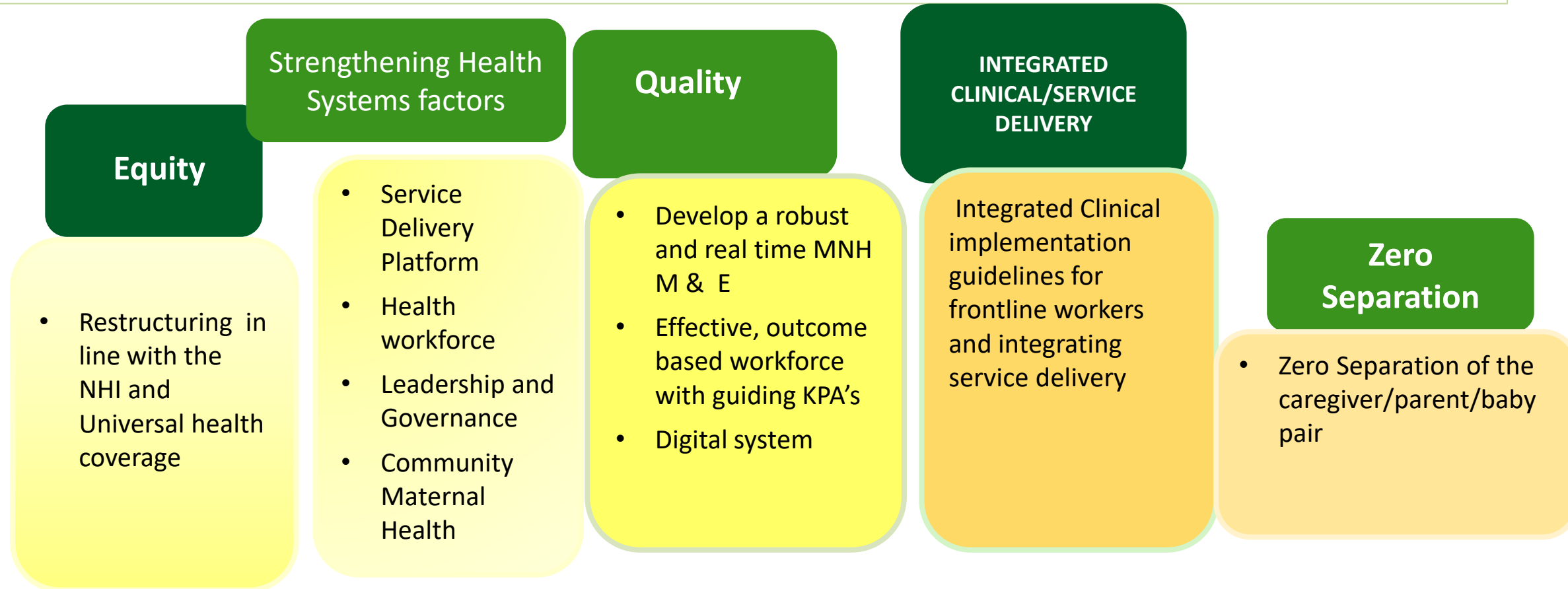


# STRATEGIC INTERVENTIONS FOR REDUCTION OF NEONATAL MORTALITY RESPONDING TO RECOMMENDATIONS

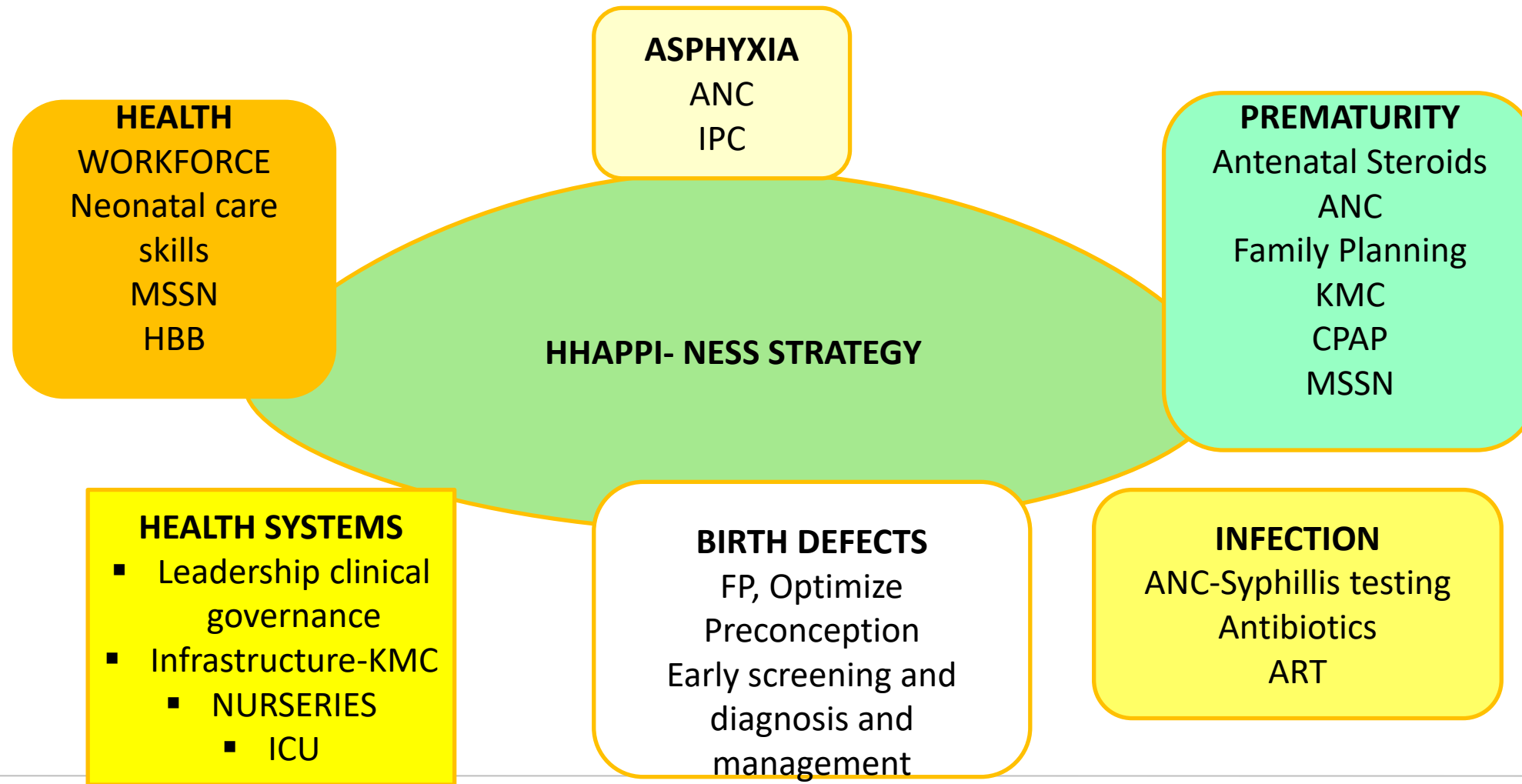


# “RESPECTFUL MATERNAL AND NEONATAL CARE-Need for Paradigm shift

To promote, through informed choice, quality and accessible integrated respectful MPNH services



# STRATEGIC INTERVENTIONS FOR REDUCTION OF NEONATAL MORTALITY





# Acknowledgements

- The National Department of Health
- The core writing team
- WHO - Country, Regional and Headquarters Levels
- Clinical experts - District Clinical Specialist Team (DCSTs), midwives, specialists in obstetrics and gynaecology, other clinicians and individual private practitioners
- Technical and research experts - Medical Research Council (MRC), University of Limpopo Trust (ULT), Human Sciences Research Council (HSRC)
- United Nations (UN) agencies - WHO, UNICEF and UNAIDS
- National Department of Health Directorates
- Development and implementing partners and civil society organizations (CSOs): South African Civil Society for Women's, Adolescent's and Children's Health (SACSoWACH) and Clinton Health Access Initiative (CHAI), Right to Care, non-governmental organisations (NGOs)
- Traditional Health Worker representatives
- Professional Associations, the Society of Midwives of South Africa (SOMSA), Maternal and Neonatal Health (MNH) Ministerial Committees
- Academic institutions
- Providers (public, private, and traditional), Emergency Medical Services (EMS), Pharmaceutical and other health groups
- Provincial Maternal, Neonatal, Child, Women, Adolescent and Youth Health (MNCWAYH), Sexual and Reproductive (SRH) Managers, Departments of Social Development and Education

NO WOMEN SHOULD  
DIE DYING WHILST  
GIVING BIRTH

Saving babies

THANK YOU



THANK YOU



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