

Maternal Deaths due to Pre-existing Medical and Surgical conditions – 2020-2023 Triannium

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SAVING MOTHERS REPORT FOR SOUTH AFRICA, 2020–2022

- Medical and Surgical diseases remain the fourth most common cause of Maternal Deaths. **513** deaths result in iMMR of **16.9**.
- iMMR has remained constant in the last 3 triennia.
- Free State had highest iMMR of **28.3**, North West **19.1**; Eastern Cape **17.6** ; Gauteng and KZN both at **17.2**.
- Western Cape had the lowest iMMR at **11.7**.
- **295** were HIV negative. **90%** of **165** HIV+ patients were on ART
- **64%** received Suboptimal care **54%** potentially preventable
- Administrative problems: 42 % inadequate staff numbers/skill , overburdening of the health system ,lack of ICU
- Medical problems: 62 % DH ,53 % RH Problem recognition , delayed transfer , Prolonged abnormal monitoring RH

SA: NUMBERS, RATES, TRENDS

M&S	n	% of yearly total	iMMR
2017	161	13.1	17.6
2018	166	14	17.6
2019	154	14.7	15.6
2020	183	14.9	17.7
2021	190	12.6	18.7
2022	140	14.1	14.5

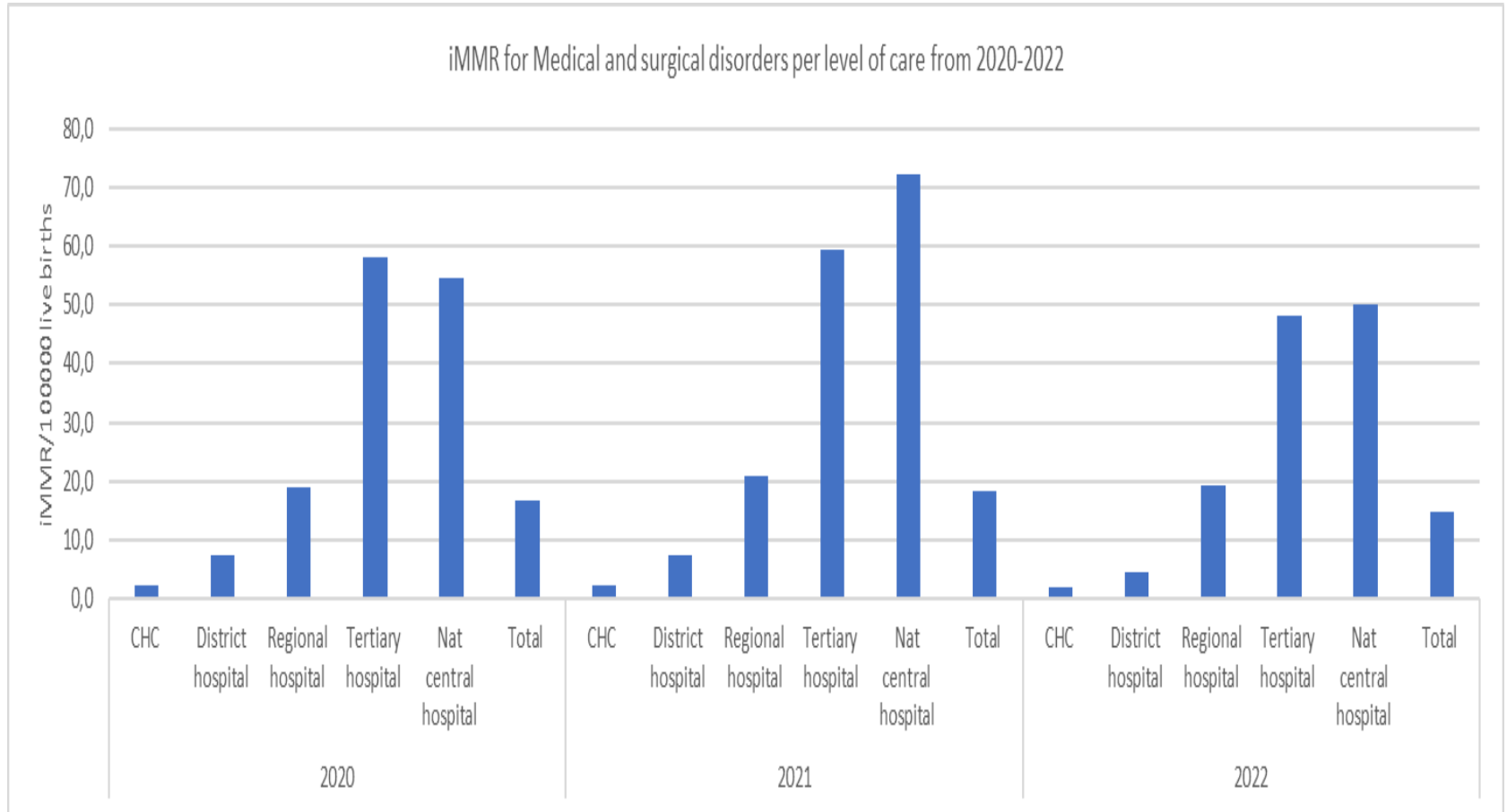
CAUSES OF MATERNAL DEATHS

Most patients died in National central hospitals indicating that the referral system was functional .

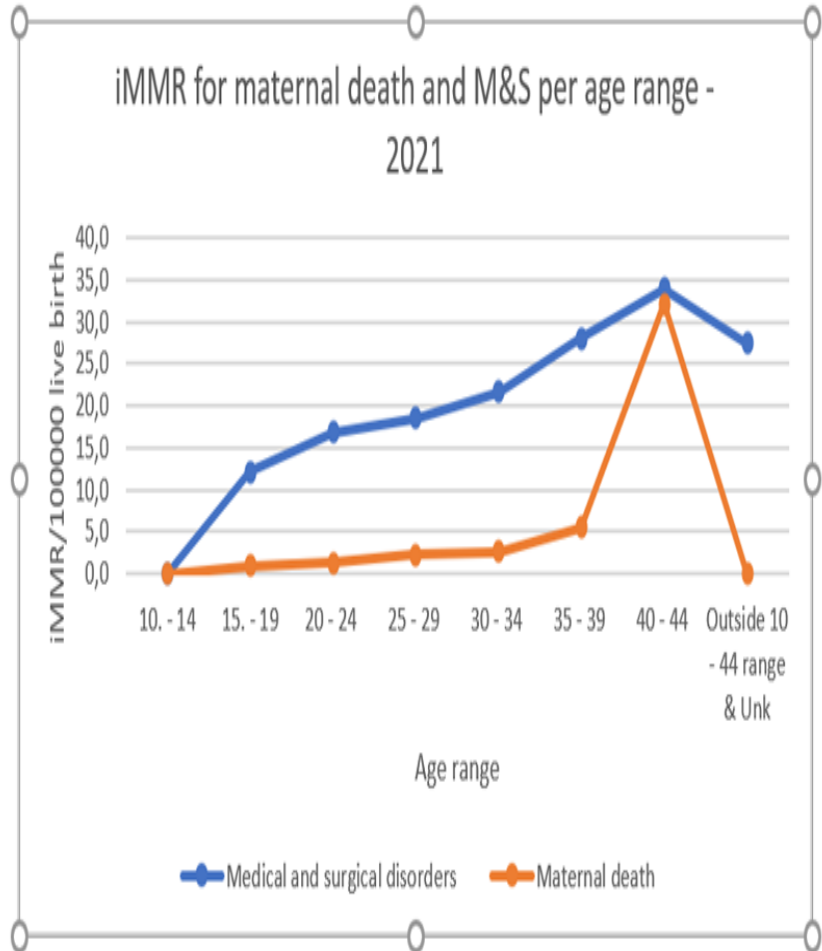
The most common causes of death :

1. Cardiac disease (n=157), 64% had Cardiomyopathy
2. Respiratory disease (n= 60)
3. Neoplasm (n=43) high in MP, KZN, Gauteng, FS
4. Central nervous system (n= 38)
5. Gastrointestinal tract diseases (n=33)
6. Suicide (n=26) iMMR doubled in EC and Mpumalanga

M&S by Level of Care



AGE RELATED RISK AND CAUSE



- Highest **iMMR** recorded in the **40-44** year age was **34**.
- In the **35-39** year age group, was **28.1**.
- Causes were Cardiac disease and Neoplasm in majority of the above.
- In **15-19** year iMMR reached **12**
- Suicide was the leading cause

Medical avoidable factors by LOC

Medical avoidable causes by LOC	CHC	DH	RH	TH	PRIVATE
Proportion with medical factor	43.1	61.4	53.4	26	53.6
Initial assessment	26.2	17.2	16	9.5	14.7
Problem with recognition / diagnosis	19.5	32.8	24	21.1	35.3
Delay in referring the patient	8.6	24.6	10.7	2.6	2.9
Managed at inappropriate level	3.8	18.5	7.6	1.3	0
Incorrect management (Wrong diagnosis)	4.8	12.5	11.1	5.2	8.8
Sub-standard management (Correct diagnosis)	4.3	14.7	17.3	18.5	14.7
Not monitored / Infrequently monitored	0.5	6.9	7.6	3	2.9
Prolonged abnormal monitoring with no action taken	1	5.2	10.7	6.5	5.9
Number of patients managed at this level	210	232	225	232	32

Recommendations

- Strengthen SRH services: through pre and post-service training and integrate contraception counselling.
- Implement learner pregnancy policy.
- Promote B-Wise app amongst Youth.
- Establish multidisciplinary clinics.
- Strengthen use of early warning charts in MCR to prompt early referral. Also strengthen Adult Primary Care.
- Basic ICU and Cardiac modules to include in ESMOE.
- O&G Registrars to do compulsory rotation in ICU.
- Screening for Mental health and linkage to WBOTS.
- Investigate patients with SOB and Tachycardia.