



NATIONAL INTERGRATED MATERNAL, PERINATAL AND NEONATAL GUIDELINES 2023

CONFERENCE ON PRIORITIES IN PERINATAL CARE IN SOUTH AFRICA

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BACKGROUND



- Maternal and Neonatal Mortality SDG MMR<70/100 00 LB & NMR <12/1000 LB
- Health Systems challenges: Leadership and governance infrastructure, equipment, essential medicines availability, performance management
- Review in 2021 Results -Poor adherence to MNH Guidelines and subsequent poor QoC
- Ministerial committees NCCEMD and NaPeMMCo key recommendations for reduction of Maternal and Neonatal Mortality
- Increasing litigations against DoH
- Consultative process completed in March 2023 with three days workshop with front line workers
- Acknowledgements to WHO FOR Technical Support, Experts, Clinicians, Provincial MCWH Managers, Academia, DCSTs, Ministerial Committee members, NDoH officials

BROAD CLINICAL AND HEALTH SYSTEMS CHALLENGES



CHALLENGES

Maternal and Neonatal Morbidity and Mortality

Maternal and Neonatal Morbidity and Mortality due to

- Poor QoC
- Mortalities Preventable causes of maternal and neonatal mortality
- Poor adherence to Guidelines

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



NEONATAL GUIDELINES



NATIONAL INTERGRATED MATERNAL, PERINATAL CARE GUIDELINES



NOVEMBER 2023



NATIONAL INTERGRATED NEONATAL CARE GUIDELINES

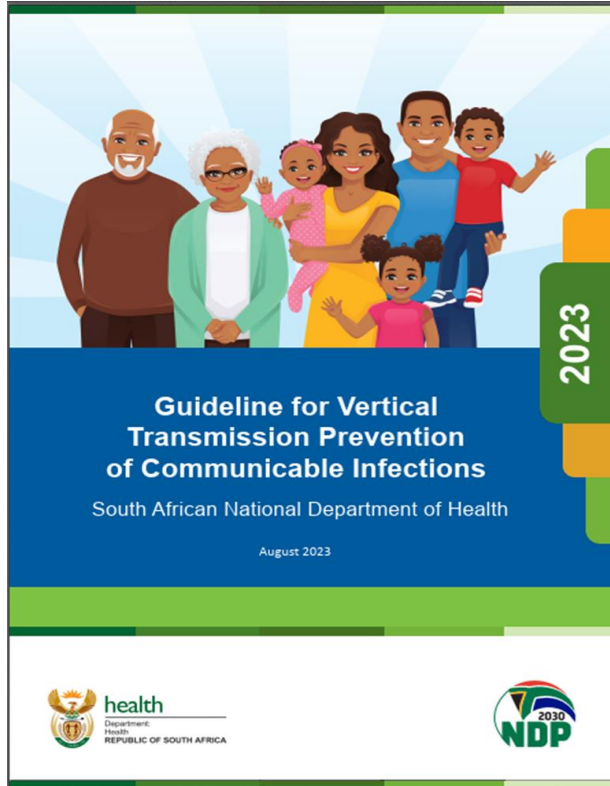


January 2024

HEALTH SYSTEMS GUIDELINES IN MNH SERVICES FOR MANAGERS

Version March 2024

CROSS REFERENCED NATIONAL GUIDELINES



January 2024



OBJECTIVES OF THE GUIDELINES



❑ MATERNAL AND NEONATAL CARE GUIDELINES

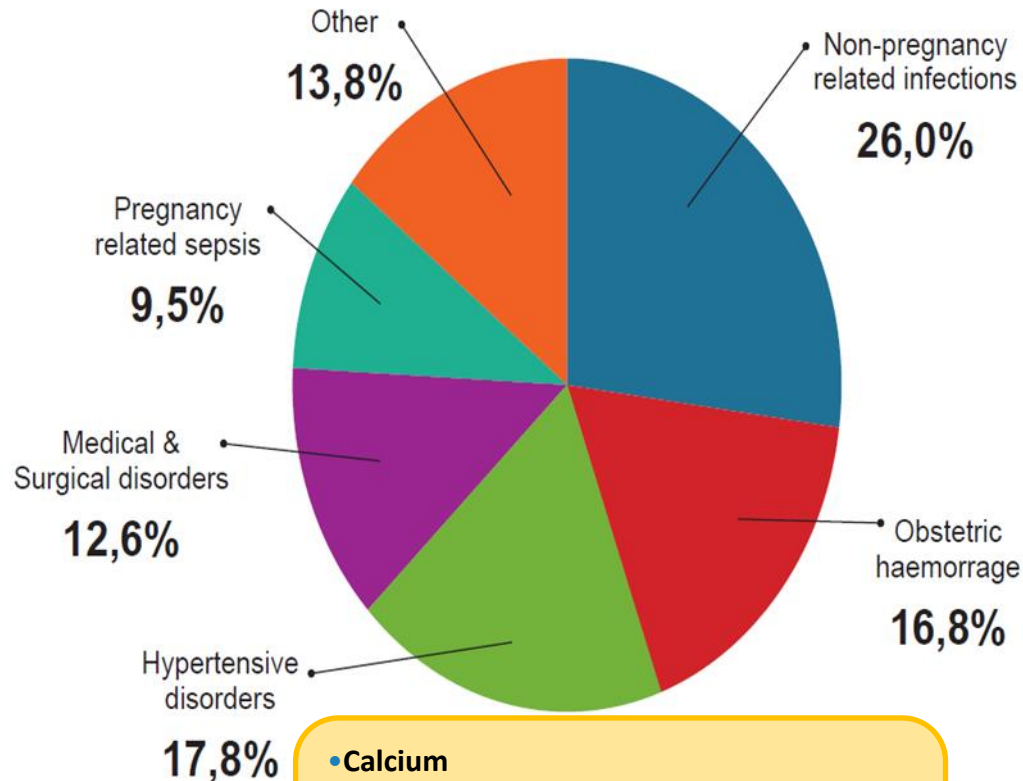
- Responding to the MPNH Policy 2021
- Point of care tool for front-line clinicians
- Clinical management of pregnant women along the continuum of care
- Point of care tool for front-line worker
- Quality of Care & reduction of mortality towards SDG.
- Improving access to quality services.
- Strengthen leadership's responsibilities and accountability structures for the all levels.

MATERNAL CARE GUIDELINES (2016) RESPONDING TO CAUSES OF MATERNAL DEATHS

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

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

Figure 1(b): Causes of maternal deaths (Saving Mothers, Saving Babies Report, 2017-19)



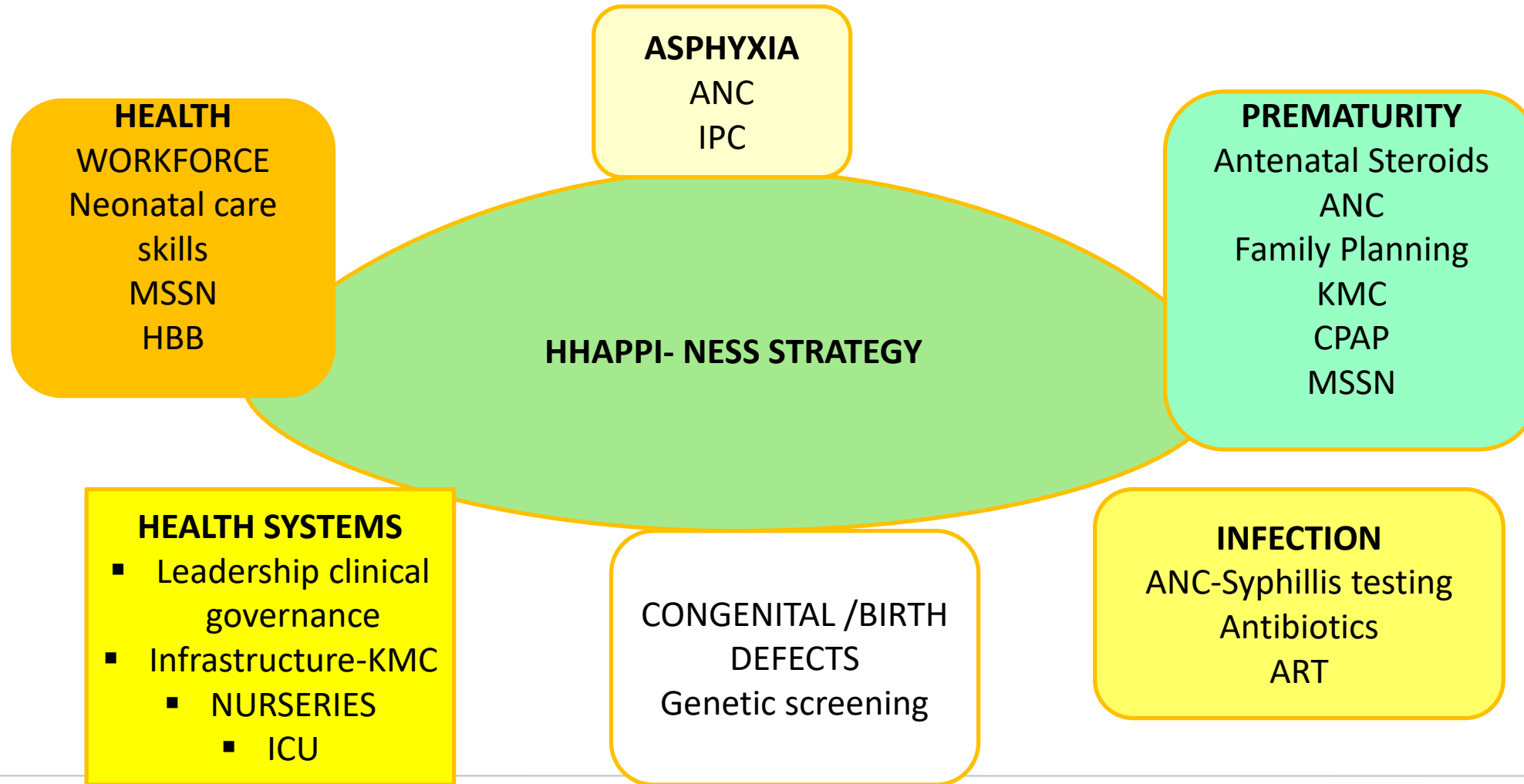
- Calcium
- Magnesium Sulfate
- Aspirin
- Anti-hypertensives
- Cesarean section

—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
EMOTIVE

NEONATAL CARE GUIDELINES (2014) RESPONDING TO CAUSES OF NEONATAL DEATHS



EVIDENCED BASED INTERVENTIONS FOR REDUCING MORTALITY

PERINATAL DEATHS

- Antenatal care' package – screening and treatment of syphilis.
- The diagnosis and treatment of reproductive tract infections,
- Maternal Vaccinations tetanus Toxoid, hep B, Flu Vaccine
- Nutritional support

MATERNAL CONDITIONS

Medical conditions(Diabetes, Cardiac, Eplilepsy)
Early pregnancy problems

- Optimum beds allocation
- Positive healthcare worker attitude
 - Access to care
 - Confidentiality
 - Consent to Care
- Respect of right to choice
- Birth companion

SMALL & VULNERABLE NEONATES

Antenatal Steroids
Family Planning
KMC
CPAP
Management of small and vulnerable neonates

STILLBIRTHS INFECTION

ANC-Syphilis testing
Antibiotics
ART

BIRTH DEFECTS

- Nutritional support
- Genetic Screening
- Family MUAC

HEALTH SYSTEMS

- Leadership clinical governance
 - Infrastructure-KMC
 - NURSERIES
 - ICU
 - OMBUS
- Clinical governance



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KEY FEATURES OF THE UPDATED GUIDELINES

PERINATAL CARE

PRECONCEPTION CARE

CONGENITAL /BIRTH DEFECTS
Guidelines

Genetic screening

SUBSTANCE ABUSE IN PREGNANCY **new**

Maternal Nutrition **new**

- Early Pregnancy Problems
- Pre-existing medical conditions, Diabetes, Heart disease, epilepsy Anaemia,, Cardiac, Renal , VTE, Asthma
- Infections in pregnancy **updated**
- VTP -HIV-Syphilis-Hepatitis Triple testing
- Vaccinations in Pregnancy **new**
 - Tetanus-diphtheria-pertussis in pregnancy During pregnancy (24-36 weeks)
 - Targeted hepatitis B birth dose

NEW CHAPTERS MATERNAL CLINICAL CARE



NEW ANTENATAL CHAPTERS

- ❖ RESPECTFUL MATERNAL CARE **new**
- ❖ MATERNAL MENTAL HEALTH **new**
- ❖ MANAGEMENT OF INTIMATE PARTNER VIOLENCE **new**
- ❖ MATERNAL NUTRITION **new**
- ❖ ANTENATAL CARE (BANC plus)- SCREENINGS AND TESTS and treatment **updated**

VERTICAL TRANSMISSION PREVENTION (VTP) STRATEGIES

- Notify and educate woman about her HIV, syphilis and HBV status
- Offer treatment during ANC (ART or PrEP, BPG , TDF for HBV or Vaccine)
- Offer infant prophylaxis (AZT+NVP, Benzathine Penicillin G ,HBIG,
- Record all the information in the Maternity Case Record(MCR)



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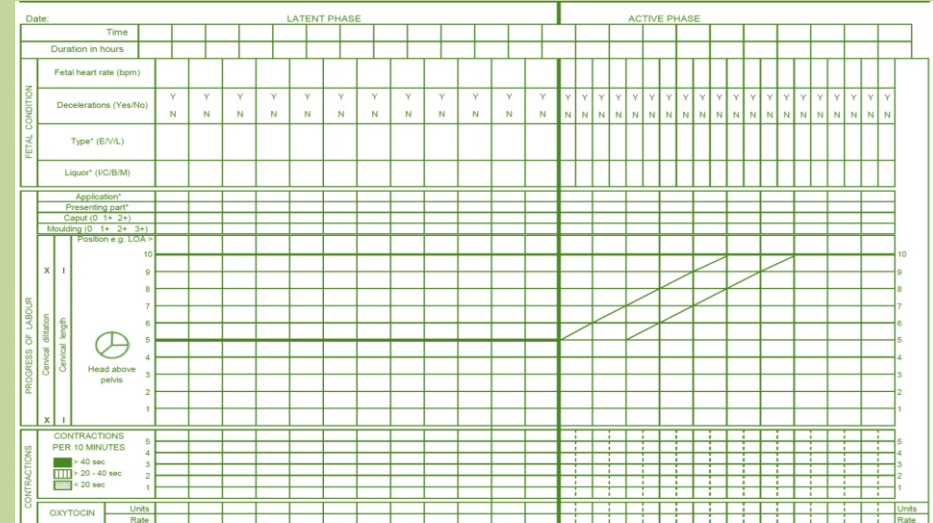
NEW CHAPTERS MATERNAL CLINICAL CARE



NEW LABOUR AND DELIVERY CHAPTERS

NORMAL LABOUR AND DELIVERY,
INTRAPARTUM CARE **updated**
Related changes to **MCR**

New Partogram



FETAL MONITORING **new /updated**
Algorithms, CTG Tracing recording




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NEW CHANGES IN INTRAPARTUM CARE




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Maternity Case Records

This record must always accompany the woman when transferred to another health facility.
This record must be filed at the facility discharging the woman after birth.
Failure to create and maintain a record or to remove a record in an office in terms of section 17(2) of the National Health Act (96) of 2003,
This record book is valid for the duration of the pregnancy and/inspection and includes all patient encounters. The relevant ward/clinic/subfunction must clearly print (using) the name of the section and the date the service was rendered.

Level of care	
Antenatal clinic:	Delivery site:

Transport when in labour: _____

Name of patient or place large patient sticker here

Name: _____ Surname: _____	MomConnect <input type="checkbox"/> Yes <input type="checkbox"/> No
Address: _____	Date registered: ____/____/____
Next to School/Shop: _____	Employed <input type="checkbox"/> Unemployed <input type="checkbox"/>

Woman's name _____

ID Number _____ Religion _____

Institution file number _____ Record book number _____ Original Duplicate

Consent for blood products Agree to the use of blood products if needed Disagree to the use of blood products

Name of birth companion _____ Contact number of birth companion _____

Community health worker name _____

Contact detail of mandate
Name of person mandated to consent on behalf of woman when appropriate _____

Contact telephone number of mandate _____

Should I be unable to consent myself, I mandate the above in terms of the National Health Act to do so on my behalf.

Signed: Date: Witness:



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KEY INTRAPARTUM CARE CHANGES



- Latent phase duration of up to 24hrs
- Active phase defined as starting from 5 cm of cervical dilatation
- Evidence-based time limits at each centimetre of cervical dilatation
- Intensified monitoring in second stage
- Explicit recording of labour companionship, pain relief, oral fluid intake and posture
- Records strength, duration, and frequency of uterine contractions
- Requires deviations to be highlighted and the corresponding response to be recorded by the provider.
- Explicit recording of labour companionship, pain relief, oral fluid intake and posture

- BIRTH Companion prompts
- RMC Prompts
- Situation in labour ward Prompts

MATERNAL CLINICAL CARE CHAPTERS AND UPDATES



Postpartum care

- Postpartum and Postnatal care **updated**
- Postpartum contraception **new**
- Community Maternal and Child Health **new**
- Management of mothers and babies born before arrival **new**

(ESMOE and) **new**

OBSTETRIC EMERGENCIES

- Cord prolapse
- Shoulder dystocia
- Third degree perineal tear
- Postpartum haemorrhage after vaginal delivery-**EMOTIVE, NASG updated**
- Haemorrhage during Caesarean delivery
- Postpartum haemorrhage (PPH) at Caesarean delivery
- Retained placenta.
- Acute inversion of the uterus



CHAPTERS REMAINING UNCHANGED



- EARLY PREGNANCY PROBLEMS
- HYPERTENSIVE DISORDERS IN PREGNANCY
- RHESUS INCOMPATIBILITY
- PROLONGED PREGNANCY
- POOR OBSTETRIC HISTORY
- ABNORMAL LABOUR
- ANTEPARTUM HEMORRHAGE
- INDUCTION OF LABOUR
- MANAGEMENT OF ABRUPTIO PLACENTAE
- INTRAUTERINE GROWTH RESTRICTION
- PRETERM LABOUR
- MULTIPLE PREGNANCIES
- ABNORMAL PRESENTATIONS
- BLOOD TRANSFUSION
- MATERNAL SEPSIS



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NEW INTEGRATED NEONATAL CARE GUIDELINES



Integrated Neonatal Care Guidelines

January 2024



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KEY FEATURES



Preparation for birth

1. Infection Prevention and Control
2. Records
3. Non-Negotiables equipment and consumables
4. Staff in labour ward
5. Records
6. Perinatal Care (Management of Maternal Conditions)

Immediate care and resuscitation

1. **HELPING BABIES Breathe**
2. Management of Birth Asphyxia
3. Delayed cord clamping
4. Skin-to-Skin



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KEY FEATURES



Essential Newborn Care

Guideline to transition to extra-uterine life



- Neonate examination at birth
- Helping Babies Breathe
- Thermo regulation: Mx of Hypothermia
- Routine supplementation of preterm babies
- Feeding of a neonate
 - Feeds and fluids
- Infections in the Newborn
- Hypoglycemia and Hyperglycemia



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KEY FEATURES



CARE OF SMALL & VULNERABLE NEWBORN

- Immunization
- Breastfeeding
- Loss
- RMC
- Mental Health
- GBV
- Safety measures when working with neonates
- Discharge of a newborn

ROUTINE CARE

- KMC
- Thermo regulation/ Hypothermia
- Routine supplementation of preterm babies
- Feeding of a preterm neonate
- Hypoglycemia & Hyperglycemia



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MANAGEMENT OF DIFFERENT NEWBORN CONDITIONS ACCORDING TO SYSTEMS (aligned to STGs)



APPROACH TO CONGENITAL ANOMALIES

- Cleft lip and palate
- Neural tube defects
- Acute kidney injury AKI
- Gastroschisis/Omphalocele
- Development dysplasia of the hip
- Club feet

INFECTIONS IN THE NEWBORN

- PMTCT and HIV
- Rubella
- Congenital Herpes
- Cytomegalo virus

- Congenital Syphilis
- Toxoplasmosis
- Neonatal Sepsis

CARDIAC RELATED CONDITIONS

- Arrhythmias
- Hypotension
- Hypertension
- Congenital cardiac lesions
- Pulse Oximetry Screening

HEMATOLOGY RELATED

- Anemia
- Jaundice



SYSTEMS CONDITIONS OF THE NEWBORN



RESPIRATORY

- **HIE**
- Respiratory care/ Apnoea
- RDS
- Disorders of sexual development
- Necrotising Enterocolitis
- Conjunctivitis
- Complicated labour delivery
- Maternal medical conditions

- Meningitis
- Seizures
- Post natal collapse
- Cataracts
- ROP
- Hydronephrosis
- Pain Management
- Palliative care



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GUIDIDANCE FOR CLINICAL SKILLS



- Gestational Age assessment- Foot length Measurement
- Ballard Scores
- Phototherapy
- Head Cooling
- Discharge charge
- Algorithms





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HEALTH SYSTEMS GUIDELINES IN MATERNAL, PERINATAL & NEONATAL HEALTH SERVICES FOR MANAGERS

DRAFT

MARCH 2023



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LAYOUT OF THE HEALTH SYSTEMS GUIDELINES FOR MANAGERS IN MATERNAL AND NEONATAL SERVICES



- Chapter: 1 Governance and leadership
- Chapter: 2 Health service delivery platform
- Chapter: 3 Health workforce
- Chapter: 4 Financing MNH Services/Program
- Chapter: 5 Supply of essential medicines and equipment
- Chapter: 6 Community involvement and partnerships
- Chapter :7 MNH Health information, Performance
Monitoring and Evaluation



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- 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

THANK YOU!



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CHAPTER 3: MPNH INFRASTRUCTURE FACILITIES AND EQUIPMENT



Minimum safe standards and infrastructural requirements for Maternity and Neonatal Units	3.1.4. Infrastructural criteria to ensure implementation of MBFI.
	3.1.5. Guidelines should include or birthing Unit certifying and accreditation system
4.5. Support services for maternal and newborn services	3.1.6. National Process of Accreditation for Safe C/Section facilities

CHAPTER 4: HUMAN RESOURCES FOR MNH SERVICES



HUMAN RESOURCES FOR MNH SERVICES

4.1. Minimum Staffing norms and standards (including Obstetrics specialties, anaesthetist', Medical officers)

4.2. Minimum Competencies for midwives- Alignment with ICM Competencies
Reach and Outreach system

4.3. Roles of specialists in regional and district hospitals other staff e.g. Clinical Associate

4.4. Roles of support staff roles in MPNH units (Milk room attendants, microbiologists, Data capturers, Mental health, Genetic counsellors' staff, Breastfeeding/ Lactation support staff

4.5.1. Staff Mentorship and support (mental and psychological)

4.5.2. Guidance on Model Specialist Mentoring and In Reach and Outreach system

4.2.3. Role of private sector in the training platform for human resources for health in South Africa

CHAPTER 4: HUMAN RESOURCES FOR MNH SERVICES



	4.3. Roles of specialists in regional and district hospitals other staff e.g. Clinical Associates
	4.4. Roles of EN/ENA specialized care units
4.5. Support services for maternal and newborn services	4.5.1 Roles of support staff roles in MPNH units (Milk room attendants, microbiologists, Data capturers, Mental health, Genetic counsellors' staff, Breastfeeding/ Lactation support staff
	4.5.2. Mentorship and support (mental and psychological)



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CHAPTER 4: HUMAN RESOURCES FOR MNH SERVICES



OUTREACH SERVICES	4.5.2. Guidance on Model Specialist Mentoring and In Reach and Outreach system
LINKAGE WITH PRIVATE	4.2.3. Role of private sector in the training platform for human resources for health in South Africa



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CHAPTER 5: ESSENTIAL MEDICINES AND COMMODITIES



5.1. Guidelines on minimum essential list of maternal, neonatal and child equipment	
5.2. The Supply Chain process, procurement of supplies.	
5.3. Supplies and commodities surveillance system (SVS)	



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CHAPTER 6. COMMUNITY MATERNAL AND NEONATAL HEALTH



Criteria	
6.1. Preconception Care	6.6. Community Health Workers Services
6.2. Genetic Services	6.7. Role of Traditional Birth Attendants
6.3. Maternal Nutrition	6.8. Information to Pregnant Women
6.4. Termination of Pregnancy Services	6.6. Community Health Workers Services
6.5. Health Promotion Seeking Behaviour	6.7. Role of Traditional Birth Attendants

CHAPTER 7: MNH HEALTH INFORMATION, PERFORMANCE MONITORING AND EVALUATION



Criteria		
7.1 Data, indicators, data sources tools, monitoring and evaluation.	7.1.1. Civil, Vital Statistics and Birth Registrations, identification of neonates	
7.1.2. Monitoring of maternal and newborn health information systems Development of MPDRS Guidelines	7.1.2.1.PPIP 7.1.2.2MAMMAs Programme	
7.1.3. Information to Pregnant Women ▪ Information needs and use.	mHealth : MoMConnect Maternity Case Record Road to health Booklet	



CHAPTER 7: MNH HEALTH INFORMATION, PERFORMANCE MONITORING AND EVALUATION



Component	
7.1.5. Data flow, analysis, and management	
7.1.6. Management of Data quality and data Verification processes	
7.1.7. Maternal and Neonatal indicators	Standard Indicators APP Indicators
7.1.8. Data Sources	MCR Neonatal Inpatient Case Record Birth and Neonatal Inpatient Registers