

# WEBINAR STANDARD TREATMENT GUIDELINES

## EVERY NEWBORN ACTION PLAN/ENDING PREVENTABLE MATERNAL MORTALITY (ENAP/EPMM)2030

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NDoH: National Deputy Director, MNH

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**DATE: 30 July 2024**



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# OUTLINE



- National & Global Obligations
- Illustration Of Contributory Factors To Maternal and Neonatal Mortality
- Outline Of ENAP/EPMM Targets
- MNH Recommended Interventions
- Progress in Implementation



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# GLOBAL OBLIGATIONS FOR ENAP/EPMM



## SDG & EWEC STRATEGY 2030

## World Health Assembly May 2024 Six Points to Accelerate Progress for MNCH

<p><b>Sustainable Development Goal 3.1:</b> Reduce preventable maternal mortality</p> <p><b>SDG 3.2.1. Reduction of preventable neonatal &amp; child mortality rate</b></p>	<p>By 2030, reduce maternal mortality to less than 70 per 100,000 live births</p> <p>Reducing newborn mortality to at least as low as 12 per 1,000 live births</p>
<p><b>Sustainable development Goal: 5.6:</b> Access to Sexual reproductive Health</p>	<p>Ensure universal access to sexual &amp; reproductive services &amp; rights</p>
<p><b>Global EWEC strategy 2030 Target:</b> End preventable stillbirths</p>	<p>By 2030 end preventable stillbirths to below 12 or less per 1000 live births</p>

1. Match SDG commitments with investments. Strong leadership , adequate resources and strong partnerships
2. Invest in all stages of the life course-
3. A newborns and child's survival, growth and development is **directly linked to maternal health and wellbeing.**
3. Make strategic choices and sustained investment in effective health care packages delivered with quality and equity. **Involving women, families and communities in defining priorities and monitoring MNH** services and responding to their rights and needs
4. Prioritize, standardize and **improve data flow**
5. Galvanize collaborative and **multisectoral partnerships** that work across all stakeholders



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# NATIONAL STRATEGIC GOALS AND TARGETS



Strategic Document	National targets
<b>National Development Plan 2030</b>	<ul style="list-style-type: none"> <li>▪ Reduce maternal, infant and child mortality</li> <li>▪ Improving health systems</li> </ul>
<b>NDOH Strategic Plan 2020/1 - 2024/5</b>	<ul style="list-style-type: none"> <li>▪ Reduce the Maternal Mortality Ratio (MMR) &lt;100 per 100 000 live births</li> <li>▪ Reduce the Neonatal (&lt;28 days) Mortality Rate (NMR) &lt;10 per 1,000 live births</li> </ul>
<b>National Performance Plan 2024/25</b>	<ul style="list-style-type: none"> <li>▪ Decrease neonatal mortality rate &lt;10/1000k Live births by 2025</li> <li>▪ Improve postnatal care utilization to 95% by 2025</li> <li>▪ Reduction of stillbirths Rate to below 20/1k live births by 2025</li> </ul>
<b>Mid Term Strategic Framework 2019/2024</b>	<ul style="list-style-type: none"> <li>▪ Improve Antenatal 1<sup>st</sup> visit before 20weeks to 75%</li> <li>▪ Improve Antenatal first visit initiation on ART to 95%</li> </ul>

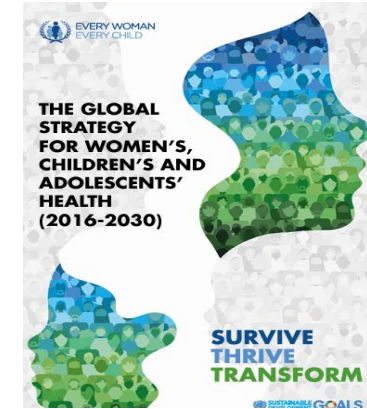
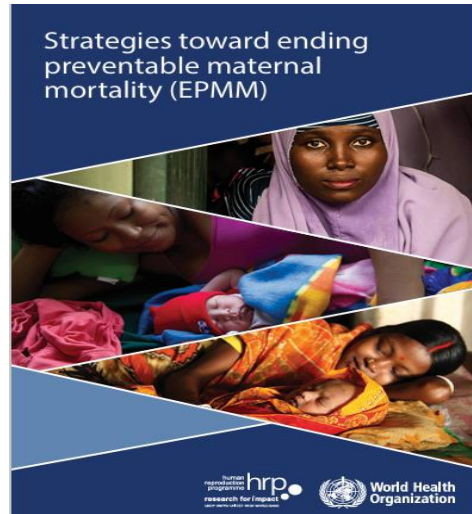
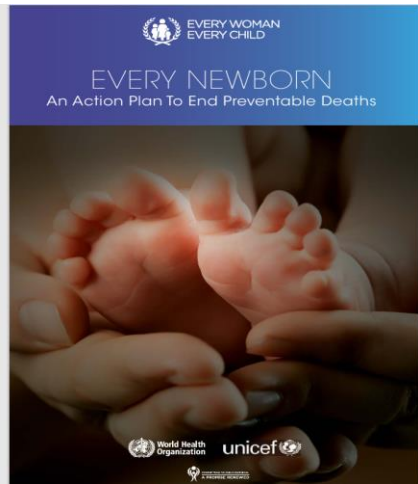
## KEY GOALS

- Improve Antenatal Services
- Prevent and manage maternal infections
- Prevent and manage pregnancy and intrapartum complications
- Ensure early quality postnatal care to mothers and neonates
- Improve access to adequate health and support informed decision making
- Ensure access to SRH services
- Reduce unwanted unplanned adolescent pregnancies



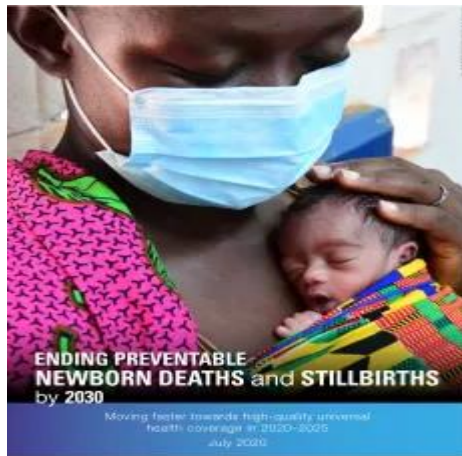


# GLOBAL EVERY NEWBORN ACTION PLAN/ENDING PREVENTABLE MATERNAL MORTALITY (ENAP/EPMM)



SEVENTY-SEVENTH WORLD HEALTH ASSEMBLY  
Agenda item 11.7

A77/A/CONF./5  
28 May 2024



**Accelerate progress towards reducing maternal, newborn and child mortality in order to achieve Sustainable Development Goal targets 3.1 and 3.2**

**Draft resolution proposed by Botswana, Canada, Denmark, Djibouti, Egypt, Ethiopia, Finland, Gambia, Kenya, Kuwait, Lebanon, Monaco, Netherlands (Kingdom of the), Nigeria, Norway, Panama, Paraguay, Sierra Leone, Somalia, South Africa, Sweden, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania and United States of America**



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# GLOBAL ENAP/EPMM TARGETS

MMR global average < 70/100,000 live births  
SBR <12/1000 total births  
NMR <12/1000 live births

90%

Every pregnant woman

ANC 4 or more



Antenatal care

90%

Every birth

Skilled attendant at birth



Intrapartum care

80%

Every Woman and newborn

Early postnatal care



Postnatal care and Essential Newborn Care

80%

Availability of emergency care and equity

Access to emergency obstetric care and availability of SSNUs



Emergency care for woman and newborn

Social determinants

Empowered & informed decision making



Education, gender, multi-sectoral



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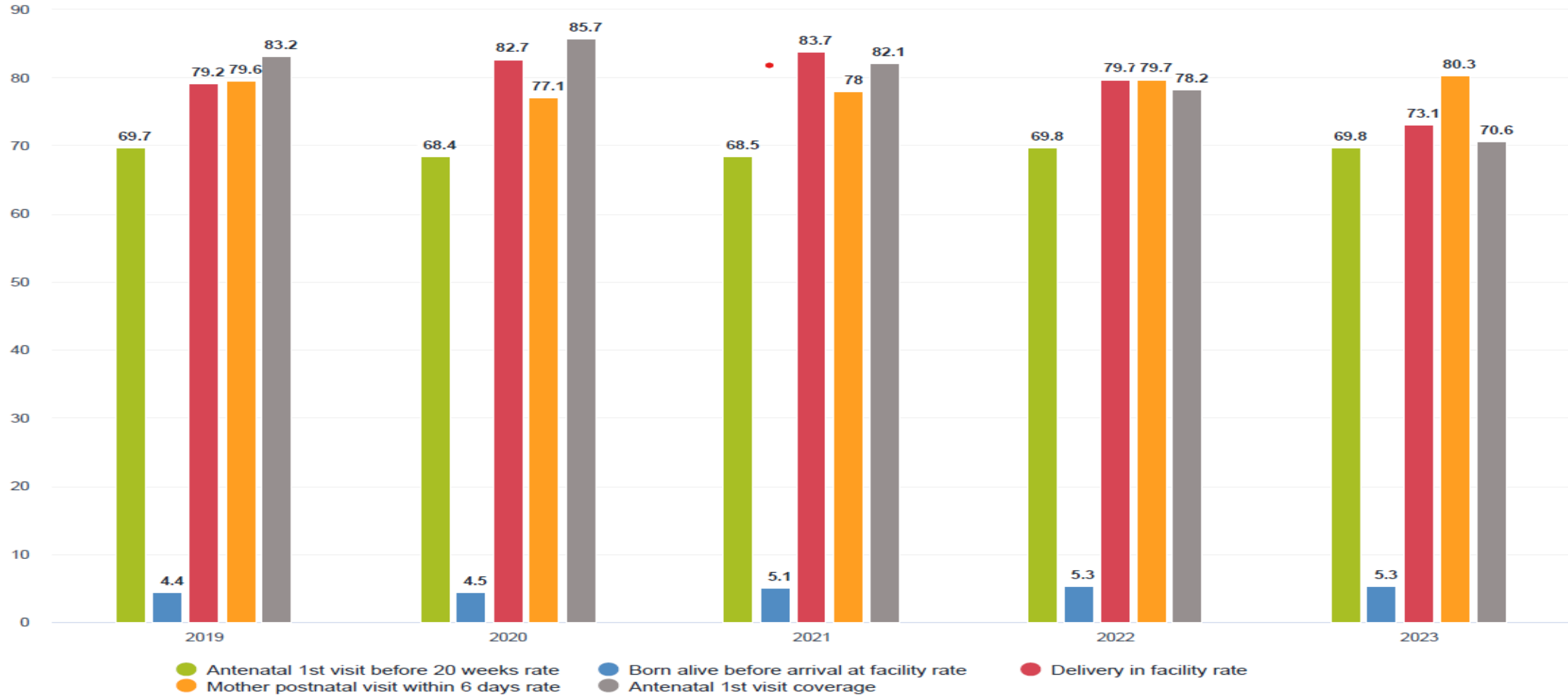
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# ENAP/EPMM COVERAGE FOR FY 2023/2024



za South Africa (National Government)



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Source :DHIS, July 2024



# ENAP/EPMM MORTALITY DATA FOR FY 2023/2024



Period	April 2023 - March 2024								
	Organisation unit / Data	Total population	Inpatient crude death rate	Maternal mortality in facility ratio	Perinatal death in facility rate	Still birth in facility rate	Early neonatal death in facility rate	Neonatal death in facility rate	Death in facility 29 days - 11 months rate
South Africa (National Government)	62 198 064	4.7	100.6	30.6	20.7	10.1	13.4	0.38	0.21
fs Free State Province	2 930 982	4.2	104.8	39.2	25.1	14.4	18.7	0.65	0.27
nw North West Province	4 293 017	4.7	110.2	30	20.8	9.5	13.7	0.4	0.21
lp Limpopo Province	6 165 878	4.6	104.7	29.5	19	10.7	13.5	0.35	0.25
mp Mpumalanga Province	4 880 048	4.4	109.4	30.2	19.7	10.7	13.4	0.36	0.18
kz KwaZulu-Natal Province	11 801 473	4.7	89.2	32.6	23	9.8	13	0.37	0.21
ec Eastern Cape Province	6 709 074	6.3	136.2	34.1	22.6	11.8	15.1	0.54	0.28
gp Gauteng Province	16 723 636	5.4	107.3	28.3	18.7	9.8	14	0.34	0.18
nc Northern Cape Province	1 324 270	5.2	115.8	33.8	23.1	10.9	13.3	0.29	0.23
wc Western Cape Province	7 369 686	3.4	48.3	25	18.7	6.4	8.3	0.26	0.15

Source :DHIS, July 2024

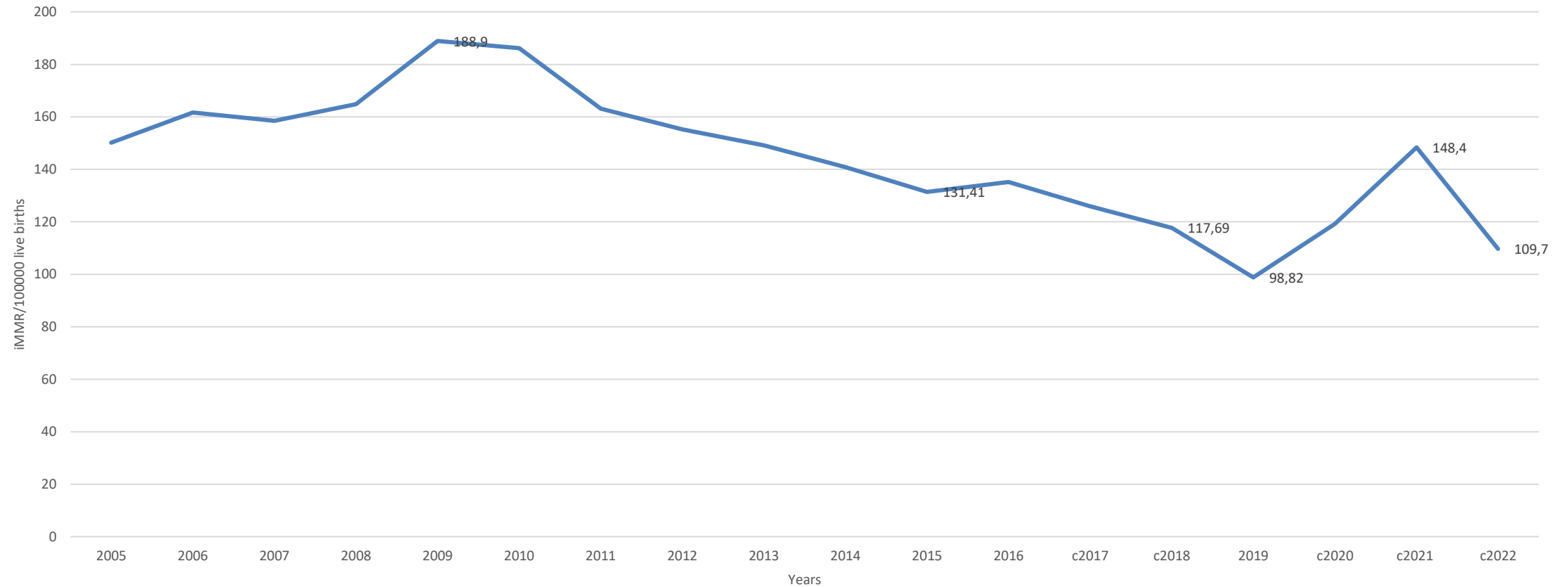


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# MATERNAL MORTALITY TREND FOR FY 2005-2022



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Source: Saving Mothers Report 2020-2022



# CAUSES OF MATERNAL MORTALITY 2020-2022



**Table 5: Primary Obstetric Causes of Maternal deaths for 2020, 2021 and 2022, and triennium (uncorrected)**

Primary obstetric problem	Number MDs (%) 2020 N= 1197	Number MDs (%) (2021) N=1489	Number MDs (%) (2022) N=969	Number MDs (%) (2020-2022) N=3655
Medical and surgical disorders	183 (15.3)	190 (12.8)	140 (14.4)	513 (14.0)
Non-pregnancy-related infections*	322** (27)	561 (37.7)***	180(18.6)****	1063 (29.1)
Ectopic pregnancy	36 (3)	33 (2.2)	34 (3.5)	103 (2.8)
Miscarriage	49 (4.1)	54 (3.6)	63 (6.5)	166 (4.5)
Pregnancy-related sepsis	63 (5.3)	68 (4.6)	56 (5.8)	187 (5.1)
Obstetric haemorrhage	200 (16.7)	237 (15.9)	162 (16.7)	599 (16.4)
Hypertensive disorders of pregnancy	185 (15.5)	188 (12.6)	166 (17.1)	539 (14.7)
Anaesthetic complications	21 (1.8)	17 (1.1)	39 (4.0)	77 (2.1)
Adverse drug reactions	13 (1.1)	6 (0.4)	7 (0.7)	26 (0.7)
Embolism	33 (2.8)	43 (2.9)	40 (4.1)	116 (3.1)
Acute collapse - cause unknown	15 (1.3)	36 (2.4)	21 (2.2)	72 (2)
Miscellaneous	4 (0.3)	3 (0.2)	8 (0.8)	15 (0.4)
Unknown	73 (6.1)	53 (3.6)	53 (5.5)	179 (4.9)

\*Includes COVID-19 deaths \*\*Includes 124 COVID-19 deaths in 2020

\*\*\*Includes 369 deaths in 2021 \*\*\*\* Includes 12 COVID-19 deaths in 2022

DDPCP -Death During Pregnancy, Childbirth and the Puerperium



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Source: Saving Mothers Report 2020-2022



# CAUSES OF MATERNAL MORTALITY AND RELATED PATIENT ANC COVERAGE



**Table 14: Antenatal care details amongst maternal deaths**

Primary obstetric problems	No ANC	Unknown	Received ANC	Total ANC known	% known to have received ANC	<20 weeks	% <20 weeks
Medical and surgical disorders	121	51	341	462	73.8	205	60.1
Non-pregnancy-related infections	232	97	734	966	76.0	432	58.9
Ectopic pregnancy	64	12	27	91	29.7	20	74.1
Miscarriage	119	19	28	147	19.0	23	82.1
Pregnancy-related sepsis	30	30	127	157	80.9	63	49.6
Obstetric haemorrhage	71	22	506	577	87.7	260	51.4
Hypertension	113	21	405	518	78.2	236	58.3
Anaesthetic complications	6	0	71	77	92.2	45	63.4
Adverse drug reactions	6	3	17	23	73.9	11	64.7
Embolism	16	12	88	104	84.6	53	60.2
Acute collapse - cause unknown	16	2	54	70	77.1	27	50.0
Miscellaneous	3	1	11	14	78.6	9	81.8
- No primary cause found	5	2	19	24	79.2	10	52.6
- Lack of information	10	5	38	48	79.2	22	57.9
<b>Maternal death</b>	<b>812</b>	<b>277</b>	<b>2466</b>	<b>3278</b>	<b>75.2</b>	<b>1416</b>	<b>57.4</b>
- Death at home or outside health services	15	12	73	88	83.0	41	56.2
Coincidental cause	27	32	20	47	42.6	10	50.0
<b>DDPCP</b>	<b>854</b>	<b>321</b>	<b>2559</b>	<b>3413</b>	<b>75.0</b>	<b>1467</b>	<b>57.3</b>

DDPCP -Death During Pregnancy, Childbirth and the Puerperium



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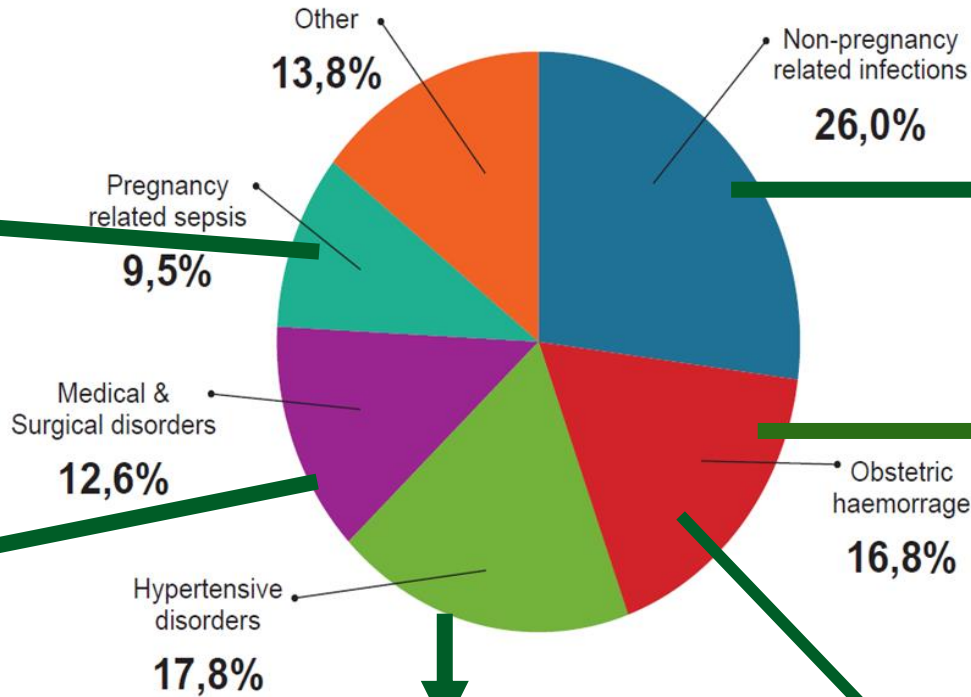
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Source: Saving Mothers Report 2020-2022



# KEY MATERNAL PERINATAL CARE INTERVENTIONS

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



- Reproductive Health services
- Post-abortion care
- Skilled birth attendant
- Clean deliveries
- Tetanus toxoid
- Antibiotics
- Surgical skills

- Prevention Unintended pregnancies
- Under-nutrition
- Co-infections (HIV, Syphilis testing & TX)
- ART Initiation, Adherence strategies, Viral load suppression

- Early ANC booking, 8 visits
- Maternal Nutrition,
- Prevention, Screening and treatment of infections
- IFA supplementation
- Maternal Mental Health

- Uterotonics: oxytocin & misoprostol
- Blood transfusion
- PPH treatments (nonsurgical and surgical etc), Non-Pneumatic Garment(NASG), EMOTIVE, Elavi Drape, Baloon Tamponade
- AMTL third stage of labor

- Calcium supplementation
- Magnesium Sulfate, Mng of Pre-Eclampsia
- Early ANC, Aspirin
- Anti-hypertensives
- Cesarean section

**EMONC**  
Good Referral Pathways within catchment area.  
Centres of Excellence



# SPECIFIC RECOMMENDATIONS FOR 5HS (Saving Mothers 2020-2022)

## 1<sup>st</sup> HALF OF PREGNANCY

### HYPERTENSION

- - Guideline dissemination
  - Early pregnancy counselling access to safe MTOP
  - Community awareness for earlier initiation of antenatal care
- Early recognition and Diagnosis of pregnancy complications, and prompt referral to higher levels of care .

### HIV IN PREGNANCY

- Implement the updated Vertical Transmission Prevention (VTP)
  - TB detection
  - Viral load suppression
  - ART switching for second line agents when needed.
- High-risk women treated

### HEMORRHAGE

- Establish a Safe Labour minimum standards
- Safe Caesarean Delivery (surgery and anaesthesia) programme.
  - ., NASG, Massive blood transfusion protocol, safe CD audits; .
- Early detection and management of PPH in all maternity sites: EMOTIVE drape and care bundle for PPH.

### HEART CONDITIONS

- **Heart** (medical and surgical disorders) - Medical Obstetric clinics at regional and tertiary hospitals for women with medical disorders
  - Screening questions and Clinical examination skills during antenatal care.
  - Screening for mental health issues and identifying women at risk of suicide.

- Improve management of early pregnancy complications (miscarriage, TOP and ectopic pregnancy).
- Pregnancy testing to be available at all health facilities and in the community
- Early pregnancy counselling service and improved access to safe TOP; all health facilities must either provide a safe TOP service or have a clear referral policy to a facility that provides safe TOP
- Outreach to primary care gynaecology services in CHCs for training and clinical support

# NEONATAL MORTALITY IN SA



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# MAJOR CONCERN FOR SA

Perinatal  
outcome

30 000 babies  
deaths in SA  
annually

- 20 000 stillbirths annually
- 10 000 Neonatal deaths annually



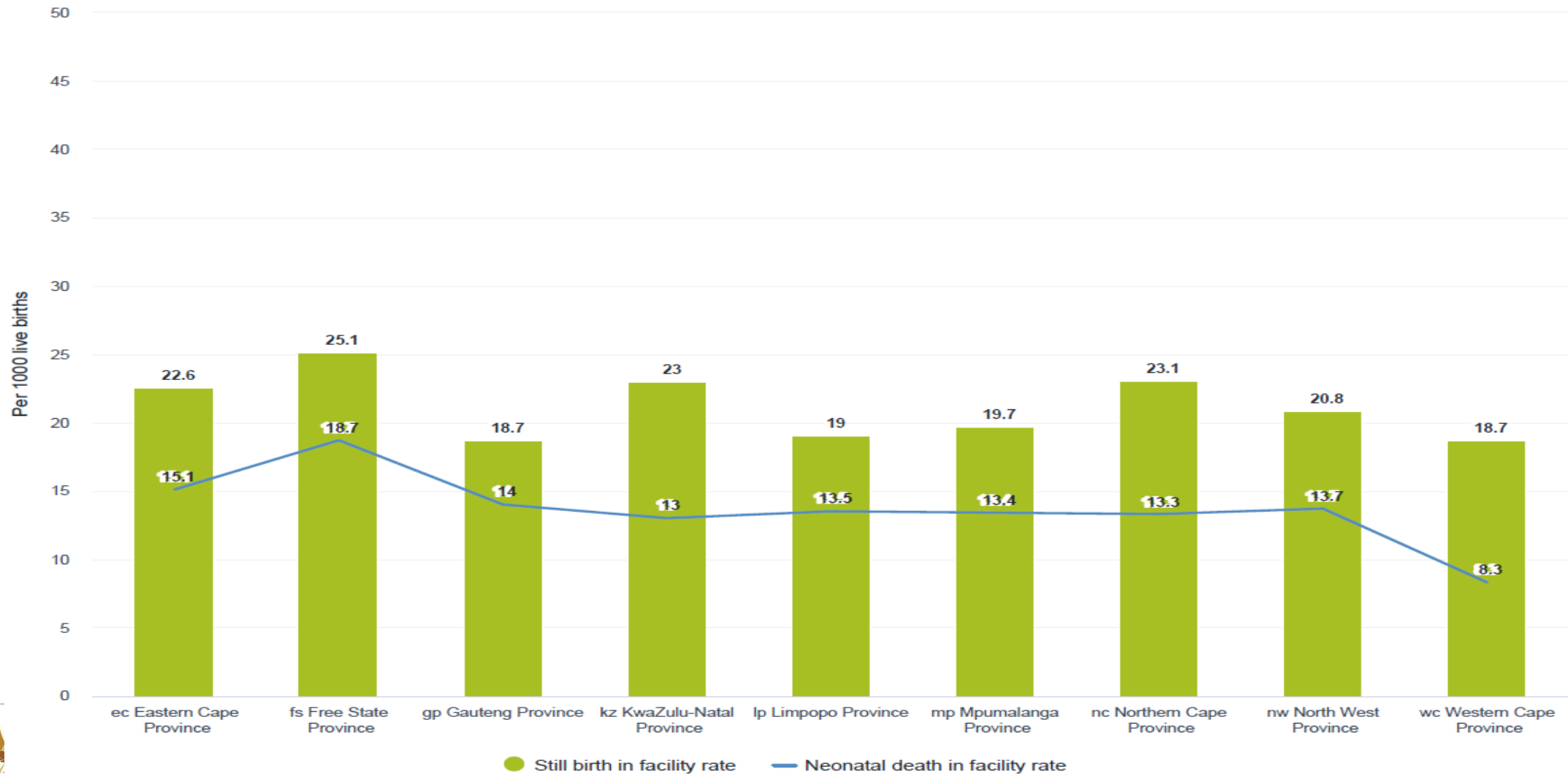
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# MAJOR CONCERN FOR SA

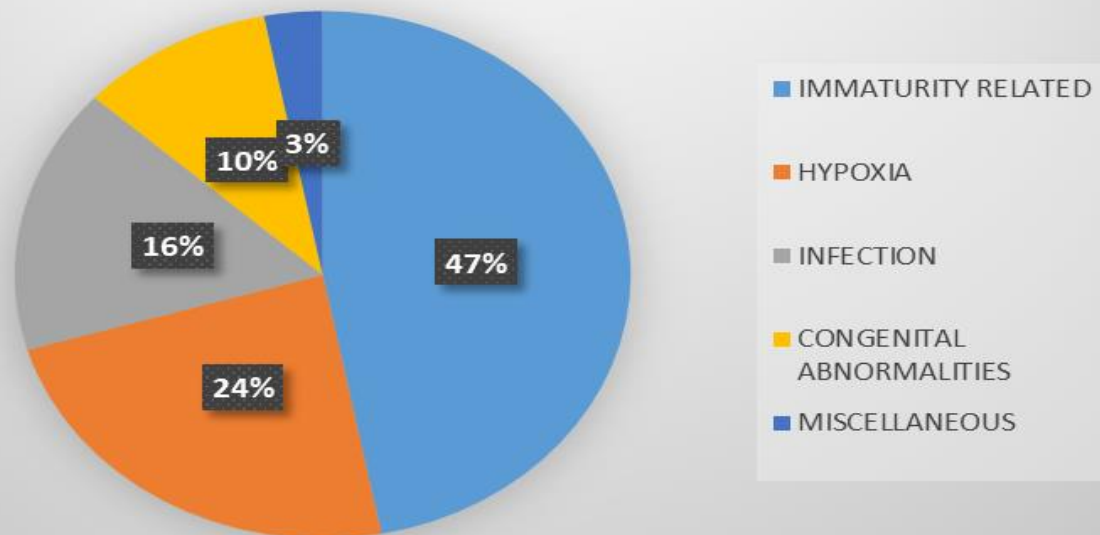
Apr 2023 - March 2024



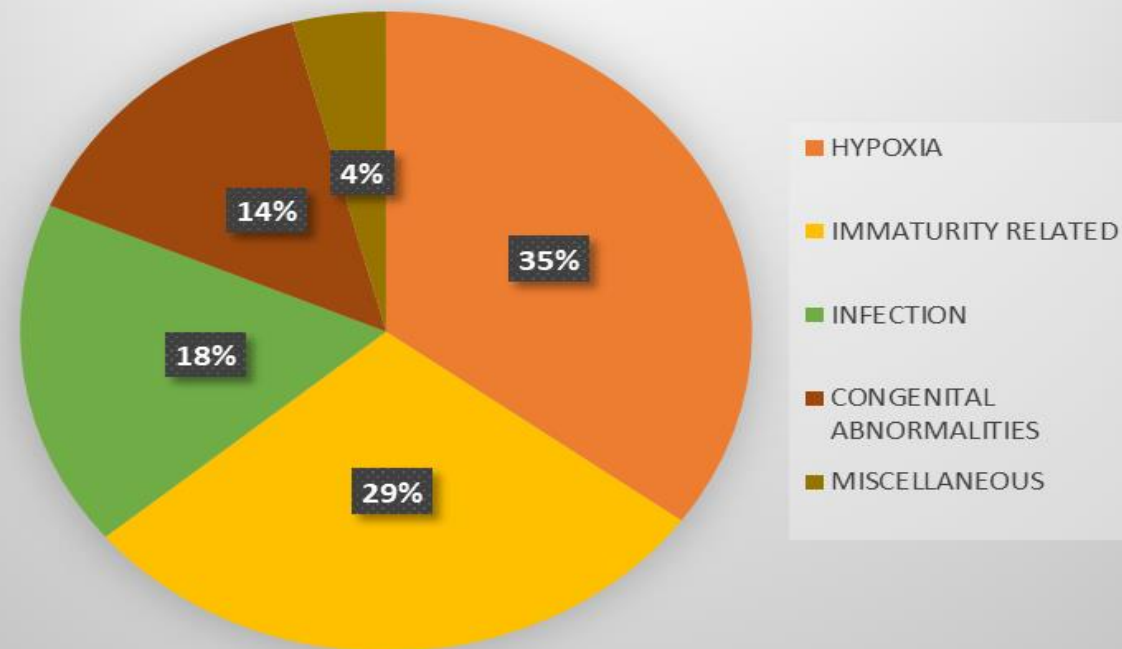


# Final Causes of deaths in SA per weight categories

## Final causes of deaths >500g



## Final causes of deaths >1000g



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# FINAL CAUSES OF NEONATAL MORTALITY ( Saving Babies 2020-2022)



CAUSE	No.	%	CAUSE	No.	%
<b>Immaturity related</b>	<b>2247</b>	<b>46.1</b>	Pneumonia	28	0.6
Extreme multi-organ immaturity	1309	26.9	Congenital syphilis	26	0.5
Hyaline membrane disease	660	13.5	Congenital infection	24	0.5
Pulmonary haemorrhage	127	2.6	<b>Congenital abnormalities</b>	<b>477</b>	<b>9.8</b>
Necrotising enterocolitis	76	1.6	Chromosomal abnormality	127	2.6
<b>Hypoxia</b>	<b>1126</b>	<b>23.1</b>	Other congenital abnormalities (including multiple and skeletal)	114	2.3
Hypoxic ischaemic encephalopathy	867	17.8	Cardiovascular system abnormalities	99	2
Meconium aspiration	184	3.8	Central nervous system abnormalities	77	1.6
<b>Infection</b>	<b>789</b>	<b>16.2</b>			
Nosocomial infection	343	7			
Septicaemia					

Source: Saving Babies Report 2020-2022



# STRATEGIC INTERVENTIONS FOR REDUCTION OF NEONATAL MORTALITY

## HEALTH WORKFORCE-

- Neonatal care skills
- MSSN
- HBB

## ASPHYXIA-

- ANC
- IPC- fetal monitoring
- MNG of MSL

## PREMATURITY-

- Antenatal Steroids
- Good Perinatal Care 8 ANC visits.
- Management of Maternal Infections
- Strategic Interventions- KMC, CPAP, MSSN,

## HEALTH SYSTEMS

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

## HHAPPI- NESS STRATEGY

## NESS- Neonatal survival strategy

- Reporting and Auditing of morbidities and mortalities

## INFECTION-

- ANC-Syphilis testing
- Antibiotics
- ART
- Maternal Vaccination

## EMONC SERVICES-

- Early referral
- Readily available emergency skills
- 24hr Signal Maternal and Neonatal Functions



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# How can we achieve these targets?

## Implementing packages of interventions with Quality and Equity

### Antenatal Care



#### Normal care

- Infection control, screening, health promotion, vaccination, prevention and identification of complications, comprehensive abortion care, referral

#### Managing complications

- Managing pre-existing conditions, and complications,

### Skilled care at birth



#### Normal care

- Infection control, labour management using LCG, prevention and identification of complications, referral

#### Managing complications

- Manage complications (e.g. PPH, PE/E, PTB, infection, birth asphyxia, appropriate caesarean section)

### Postnatal and essential newborn care



#### Normal care

- Infection control, screening, health promotion, vaccinations, PP FP, essential newborn care, prevention and identification of complications, referral

#### Managing complications

- Manage complications (e.g. newborn conditions, birth defects, maternal mental health, PPT, PE/E, infections)

### Availability of emergency care



#### Access to emergency care

- Emergency obstetric and newborn care
- Small and sick newborn care units with CPAP
- Intensive care for obstetric and newborn complications (e.g. specialist care, obstetric surgery, NICUs)

### Social determinants



#### Empowered & informed decision making

- Female education and school enrollment
- Gender equality
- Nutrition
- Ending child marriage
- Coordinated multi-sectoral action
- Social protection

Leadership and Governance, Midwifery, Quality assured Commodities, Financial and social protection, Community engagement, Data for Action



# Proposed measures of quality of care for coverage targets

## Antenatal Care



### Measure now

- % women with ANC BP check
- % women with baby heart beat checked during ANC

### Measure future

- % women with ANC Hemoglobin check
- % women with ANC Syphilis check
- ANC *complications care* QoC indicator (TBD)

## Skilled care at birth



### Measure now

- % women with companion of choice (labor/birth)
- % women administered prophylactic uterotonic
- % newborns put to breast within one hour

### Measure future

- % women with fetal heart rate documented in labor
- % women with BP documented in labor
- Intrapartum *complications care* QoC indicator (TBD)

## Postnatal and essential newborn care



### Measure now

- % women initiating postpartum FP method of choice
- % newborns with temperature check
- PNC Check within 3-6 days

### Measure future

- % women with BP documented in PNC
- Postnatal *complications care* QoC indicator (TBD)

# PROGRESS IN IMPLEMENTATION & ACHIEVEMENTS



- **Collaborative Framework:** ENAP/EPMM TWG and working groups reporting to it (Maternal Health, Newborn, Child, Adolescent, School Health, Nutrition, STI program, VTP, SRH & R)
  - **Regular Reviews:** Perinatal Review Meetings, National Reviews
  - **Routine data for monitoring:** National DHIS has been set up, and the RMNCAH scorecard developed. All districts and health facilities reporting using same indicators
  - **Mortality Audits-** MaMMAS & PPIP, Ministerial Committees
  - **Shared Responsibility: Development of Guidelines**
- ❑ RAPID ASSESSMENT OF NBC services 2017-19
  - ❑ Developed Maternal, Perinatal & Neonatal Policy 2021
  - ❑ Updated the Maternal & Neonatal Guidelines 2022-2023
  - ❑ Launched MNH Guidelines via Knowledge Hub February 2024
  - ❑ Developed ENAP/EPMM Country Plan 2022-2030 for implementation
  - ❑ Established Technical Working Group with implementation workstreams on 1 & 2 July 2024



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# RESOURCES TO ACHIEVE TARGETS

- Resource mobilization for implementation of key ENAP/EPMM activities
- Technical support staff for the Programme support
- Funding needs for the programme activities
- Need for M & E official to support the program

# DECISION



HOW WE ACT NOW WILL  
DETERMINE THE COURSE OF  
MATERNAL AND NEWBORN  
HEALTH FOR THE NEXT DECADE





THANK YOU



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