



Launch of Online Course Webinar

**National Integrated Maternal and Perinatal Care
Guidelines Online Training**
**Modules: Respectful Maternity Care, Maternal Mental
Health & Intimate Partner Violence**

Date: 22 September 2026
Time: 10h00 – 12h00



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Caring for Mothers.
Caring for the Future.





National Integrated Maternal and Perinatal Care Guidelines

Policy sets the mandate. Three chapters turn it into daily practice.



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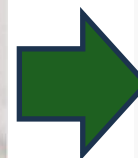
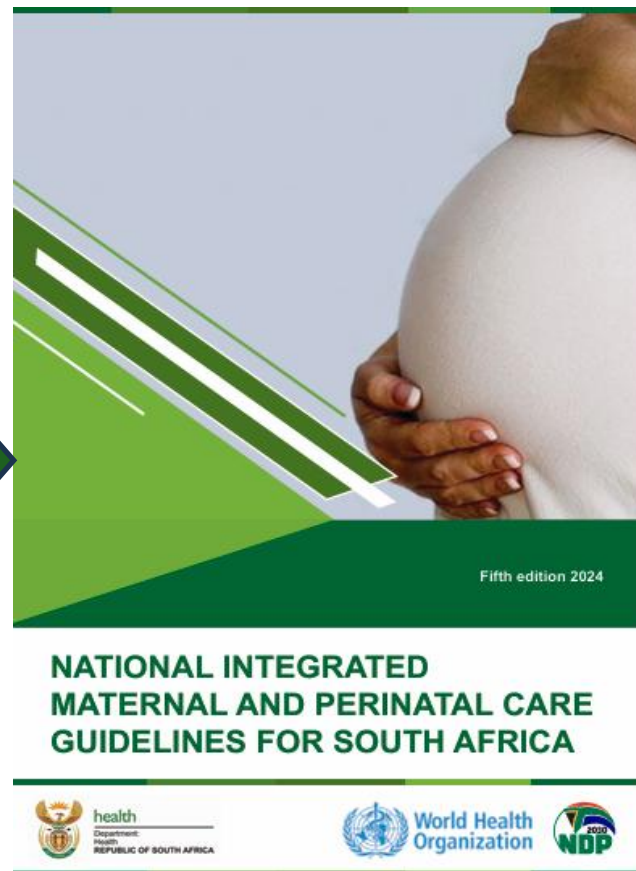
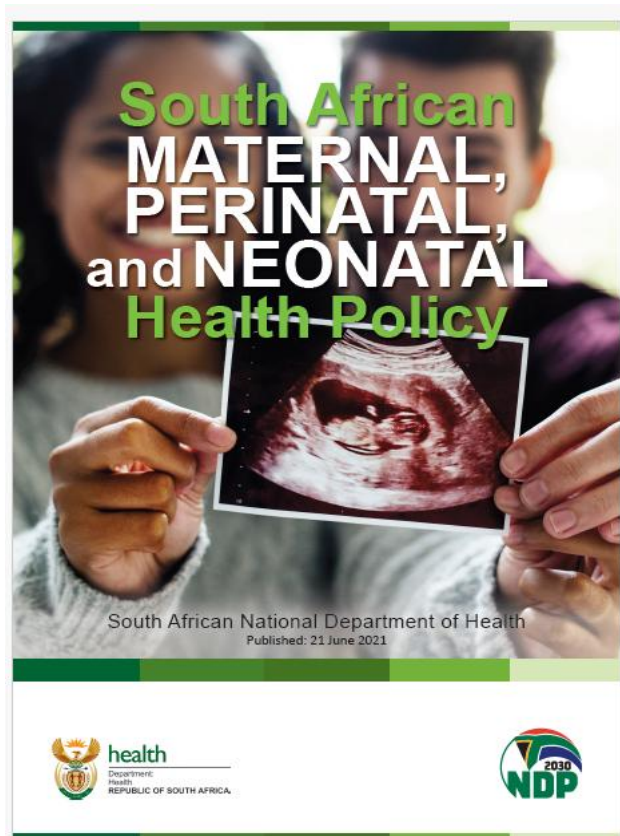
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Training turns the policy mandate into capability



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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 is an offence 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 postpartum and includes all patient encounters. The relevant word class abbreviation must clearly print (stamp) 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 ☐ Yes ☐ No
Address: _____ Date registered: ____/____/____
Next to School/Shop: _____

Woman's name: _____ ☐ Employed ☐ Unemployed

ID Number: _____ Religion: _____

Institution file number: _____ Record book number: _____ ☐ Original ☐ Duplicate

Consent for blood products: ☐ Agrees to the use of blood products if needed ☐ Disagrees 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.

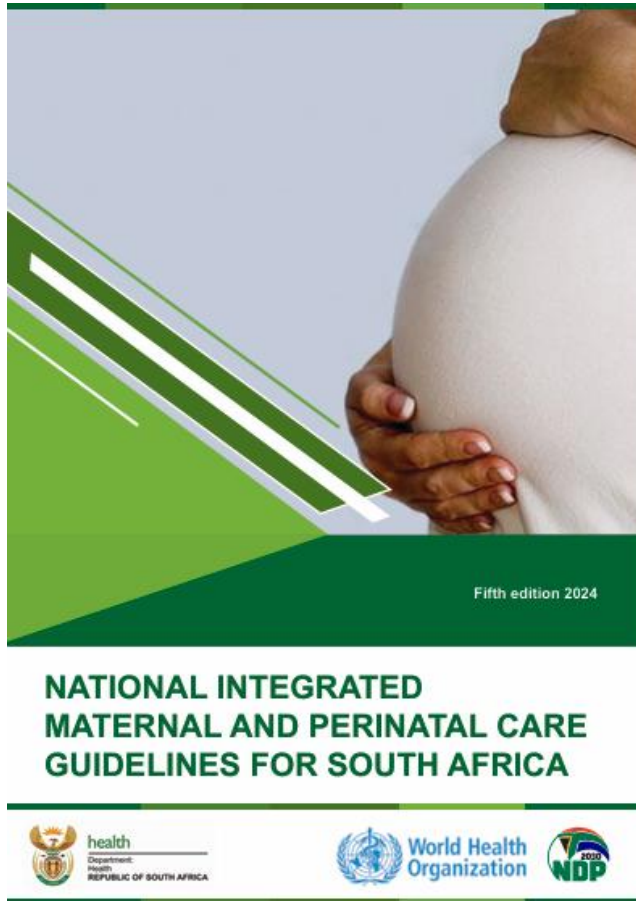
Contact telephone number of mandate: _____

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: _____

June 2024 update

Three chapters translate national policy into daily care



NATIONAL INTEGRATED MATERNAL AND PERINATAL CARE GUIDELINES FOR SOUTH AFRICA

Chapter 1: RESPECTFUL MATERNITY CARE

Respect the dignity and autonomy of all women at all times, regardless of their race, gender, sex, pregnancy, marital status, ethnic or social origin, age, disability, religion, belief, culture, language, number of children, economic, marital and health status, type of work (e.g. sex workers), legal status, and level of poverty (homeless and uneducated women).

All staff should be respectful. This includes health care providers, administrative, support and security staff.

NATIONAL INTEGRATED MATERNAL AND PERINATAL CARE GUIDELINES FOR SOUTH AFRICA

Chapter 2: MATERNAL MENTAL HEALTH

- Pregnancy, childbirth and the first year after birth are often stressful times for women. Social and financial challenges are often worse at this time. Emotional distress and mental health conditions are also linked to physical health problems for mother and child.
- Fathers or partners may also be at risk of mental health conditions at this time. This can affect the wellbeing of mothers and infants.

NATIONAL INTEGRATED MATERNAL AND PERINATAL CARE GUIDELINES FOR SOUTH AFRICA

Chapter 3: INTIMATE PARTNER VIOLENCE AND DOMESTIC VIOLENCE

Introduction

- During and after pregnancy, approximately 1 in 4 women in South Africa face harm by current or past partners, called Intimate Partner Violence (IPV). Women may also experience harm from people who live in their home, such as extended family. This is known as Domestic Violence (DV).
- Both IPV and DV have negative impacts on physical health, for the mother, the pregnancy and the infant. IPV and DV also both have negative effects on mental health for the mother, infant and other people in the home.
- Health workers are in a good position to respond to IPV and DV during and after pregnancy because they often see women many times during this phase. Also, health workers who are trained to identify and respond to these types of violence may help women achieve better physical and mental health for themselves and their infants.
- This response is also now required by South African legislation and policy. The Domestic Violence Amendment Act (2021) says that health workers should be given the skills and tools to respond to IPV among patients.



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Integrated Maternal and Perinatal Care Guidelines

Why the RMC, Maternal Mental Health and IPV/GBV modules matter

The Guidelines promote holistic care—addressing clinical needs alongside the dignity, emotional wellbeing, safety and rights of women.

Respectful Maternity Care

- Protect dignity, privacy, confidentiality and autonomy
- Ensure informed choice, consent and companionship
- Prevent discrimination, coercion and mistreatment
- Strengthen person-centered, quality maternity care

Maternal Mental Health

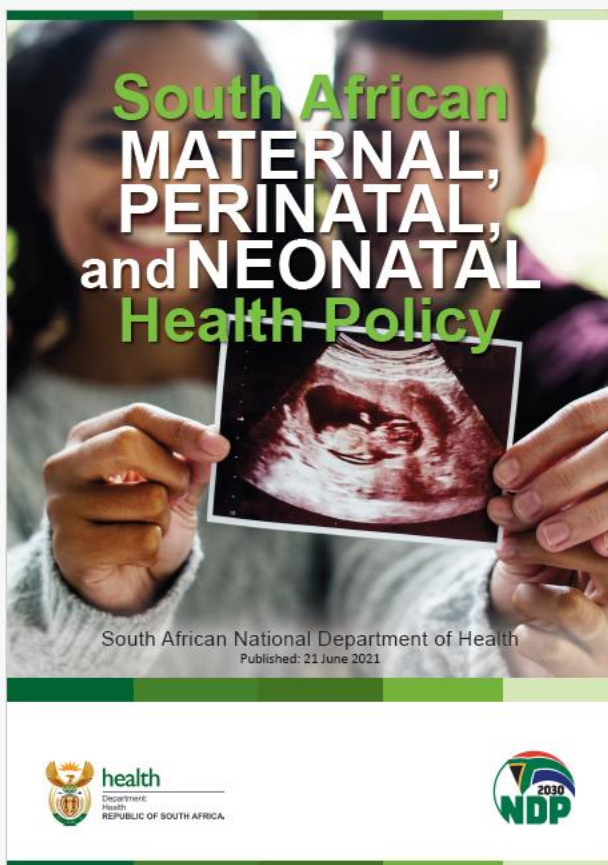
- Integrate psychosocial and mental health support into routine care
- Promote early identification and appropriate management
- Strengthen healthcare worker competencies in perinatal mental health

IPV / Gender-Based Violence

- Identify women experiencing or at risk of violence
- Provide safe, confidential and appropriate first-line support
- Strengthen referral and linkages to relevant services
- Give particular attention

In summary, the policy provides the mandate, the guidelines provide practical direction, and this online training builds the capability to deliver. Our responsibility is to make these three chapters part of routine care—so that every woman receives care that is respectful, safe and responsive to her needs

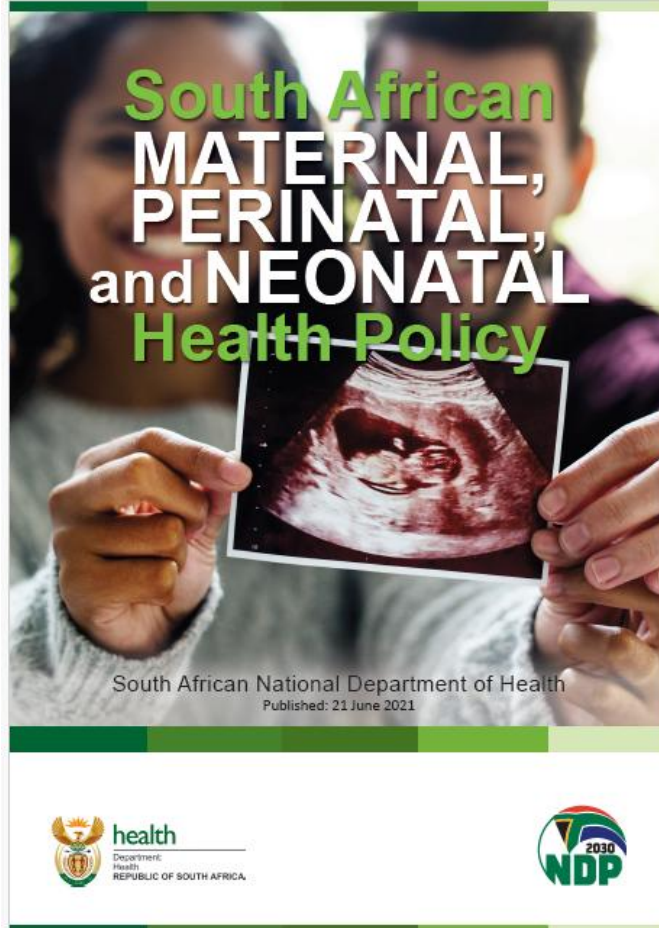
Policy directives guide implementation across all three chapters



This policy direction connects directly to the three chapters.

- **Respectful Maternity Care** translates dignity and human rights into everyday clinical practice
- **Maternal Mental Health** supports person-centered care by recognizing that quality care includes emotional and psychological well-being
- Third, the chapter on **Intimate Partner Violence** helps providers respond safely and sensitively to women experiencing violence- the policy requires protection from harm, discrimination and neglect,

Respectful Maternity Care is a non-negotiable national standard



OBJECTIVE 3

- ☑ OBJECTIVE 3: Promote access to respectful and non-judgmental MPN services for women, newborns, and communities.

KEY AREA 3: RESPECTFUL MATERNITY CARE

Policy Statement 3.1 Respectful maternity care (RMC)

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.

Objective

To improve relations and perceptions of care, which encompasses respect for basic human rights, autonomy, dignity, feelings, choices, and preferences, including companionship during maternity care.

All healthcare providers should be skilled and competent in delivering respectful maternity care, especially care around labor and delivery and the immediate postnatal period

The MPNH Policy places respectful, safe and person-centered care at the center of maternal and newborn services.

KEY TAKEAWAY MESSAGES



- ❑ The policy
 - : provides the mandate; the guidelines provide practical direction
 - : emphasizes **training and accountability, and** Healthcare workers must have the skills to provide respectful care
 - : Facilities must support this through training, clear protocols, and effective supervision
- ❑ This online training builds the capability to deliver.
- ❑ Our responsibility is to make these three chapters part of routine care
- ❑ THEREFORE, BASED ON THE POLICY DIRECTIVE

RMC WILL BE A MANDATORY MODULE FOR ALL WORKING IN MATERNITY SETTINGS (
healthcare workers, all support staff, including security staff)



THANK YOU

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