

SIXTH SAVING MOTHERS REPORT 2011-2013

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Background: Latest WHO estimates show globally Maternal Deaths have declined from 540 000 deaths in 1990, to 289 000 in 2013 (45% reduction). Sub-Saharan Africa has shown the slowest improvement, due to the effect of HIV epidemic, and weak health systems. Thirteen Countries including South Africa have made 'insufficient progresses to achieving their MDG goal. Data from the Sixth Saving Mothers report (SM6) for 2011-2013 will be presented for both public and private sectors.

Main findings SM6: There were a total of 4452 maternal deaths (4254 in public facilities, 118 in private hospitals and 80 maternal deaths occurring at home. The latter is likely to be an underestimate.

The institutional maternal mortality ratio (iMMR) in the public sector declined by 27% compared to the previous triennium (176.2 to 154.06 deaths per 100,000 live births). SA is not on target to achieve its MDG 5 target of 38. Large inequities between districts were noted eg Capricorn (Limpopo) had an iMMR of 336.27, and Cape Metro of 80.94.

The five most common causes of death were: Non pregnancy related infections (NPRI) 34.7%, Haemorrhage 15.8%, Hypertension 14.8%, Medical and surgical disorders 11.4%, and Pregnancy related sepsis. 9.5%. There was a 25% decline in deaths due to NPRI (HIV related, TB) compared to 2008-2010.

There is concern about the increasing number of Haemorrhage deaths and slow decline in Hypertension deaths. Caesarean section delivery makes a major contribution to deaths from haemorrhage, sepsis and thromboembolism and there is concern about the safety of CS especially in district hospitals.

60% of deaths were found to be avoidable (lack transport, substandard care, lack appropriately trained staff).

In the private sector the number of deaths increased in the recent report from 110 (2008-2010) to 118 (2011-2013) with a corresponding increase of iMMR from 33.3 to 45.3. The pattern of causes is similar to the public sector

Recommendations: Strategies for further and accelerated reduction in iMMR include a continued focus on the 5 Hs (**H**IV, **H**ypertension, **H**aemorrhage, **H**ealth worker training, **H**ealth system strengthening with new interventions around the 5Cs (Commitment to quality of **C**are, improved **C**overage, **C**aesarean section safety, expansion of **C**ontraception services and **C**ommunity involvement).

Conclusion: At last the national MMR in SA has started to decline; largely due to expanded HIV management programmes. Focussed ESMOE training in priority districts has contributed in part, but more attention is needed to reduce the direct causes of maternal deaths particularly hypertension and haemorrhage; and improve the safety of caesarean section.