

Department of Health Guidelines for Maternity Care

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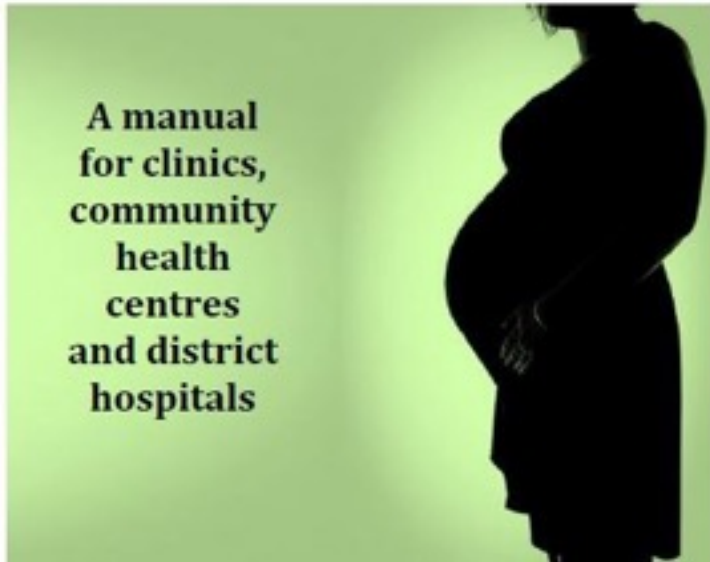
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GUIDELINES FOR MATERNITY CARE IN SOUTH AFRICA



ACKNOWLEDGEMENT

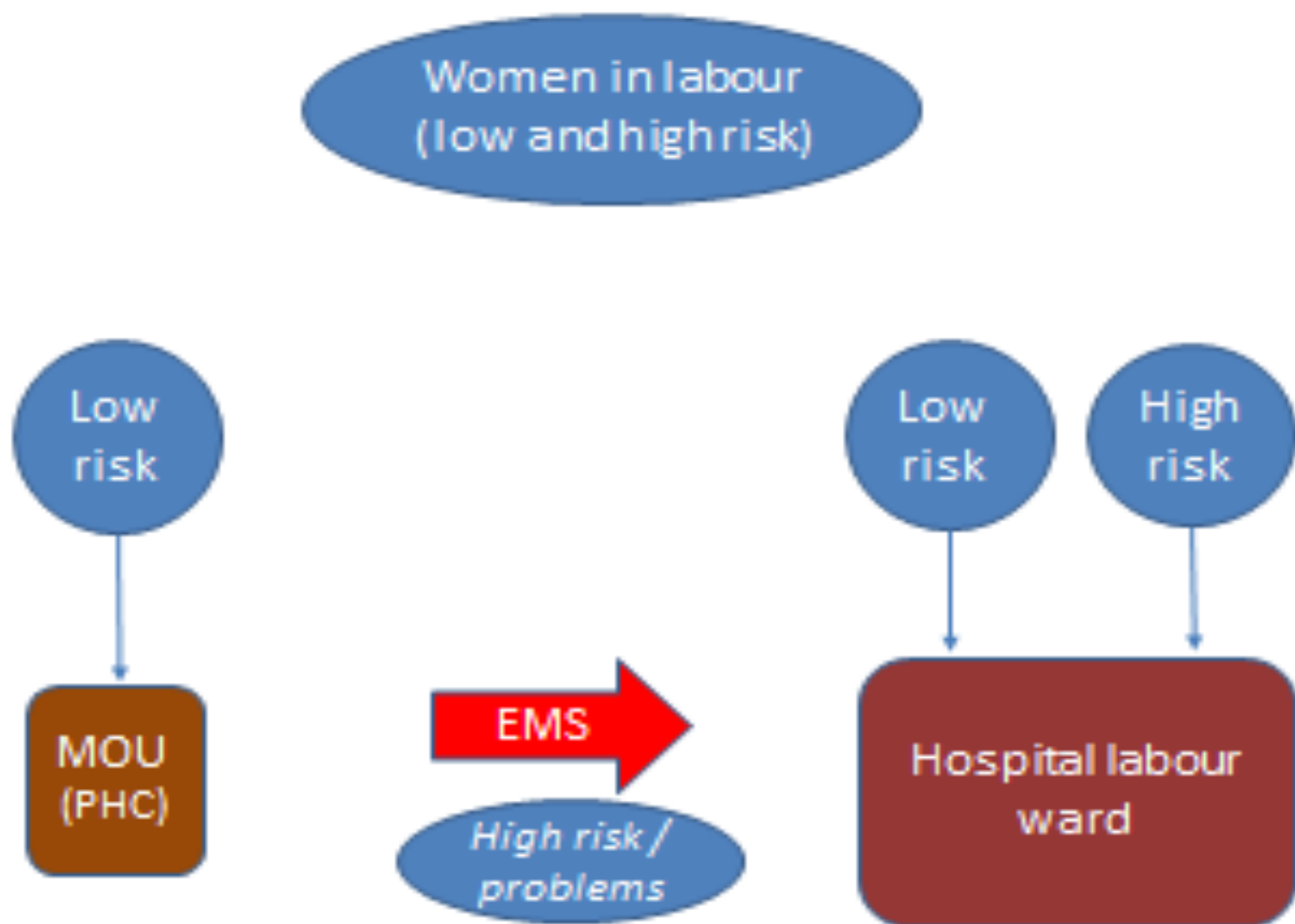
- **SAVING MOTHERS**
- **SAMRC INTRAPARTUM CARE IN SA**
- **GAUTENG MATERNAL AND NEONATAL CLINICAL GOVERNANCE COMMITTEE**



PRESENTATION OUTLINE

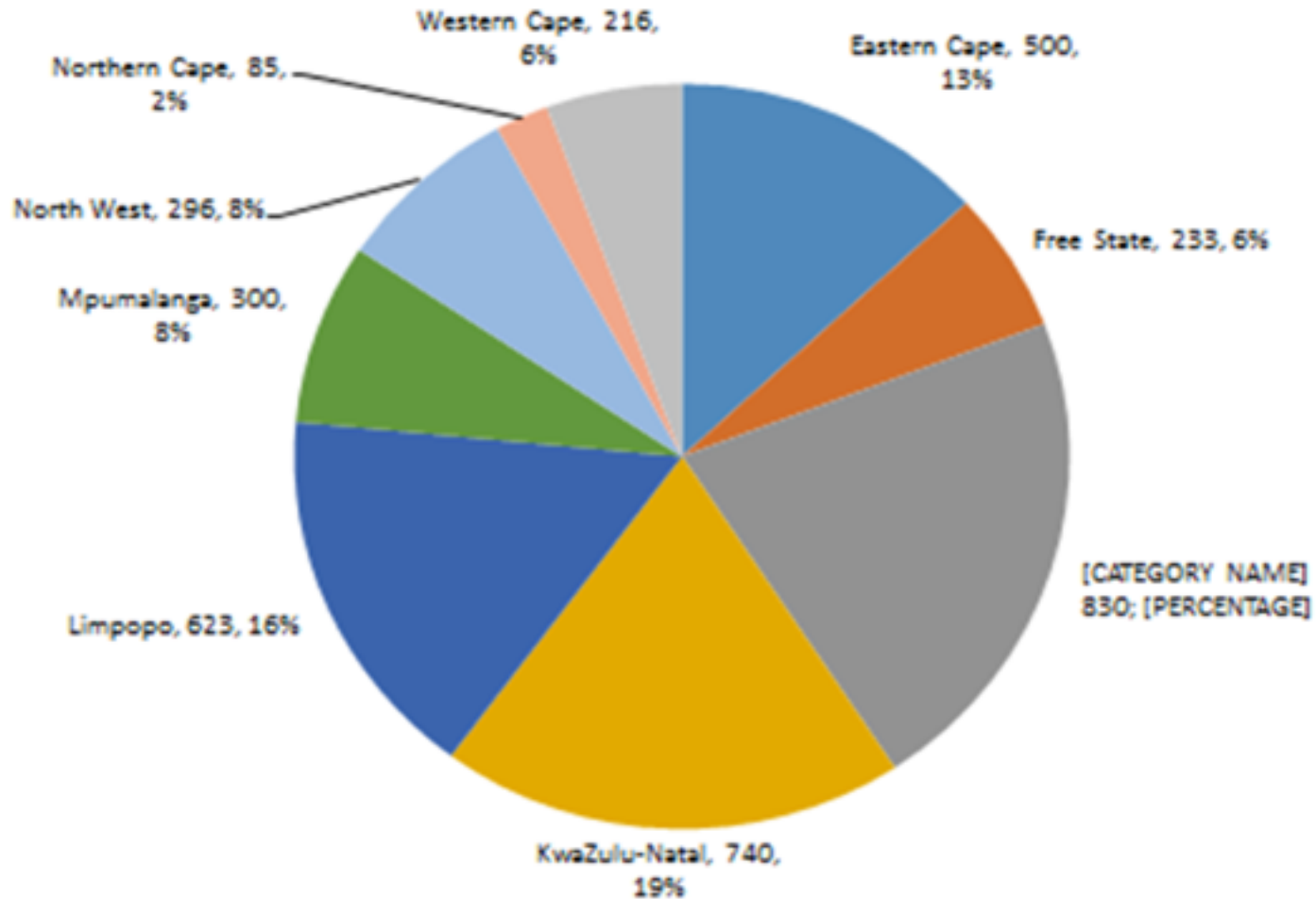
- . Maternity care model in SA
- . Maternal and neonatal mortality : Where are we now?
- . What is new?

Conventional model



Maternal deaths: National distribution

Distribution of maternal deaths per province 2014-2016



WHERE DO MOTHERS DIE?

- **Deliveries**

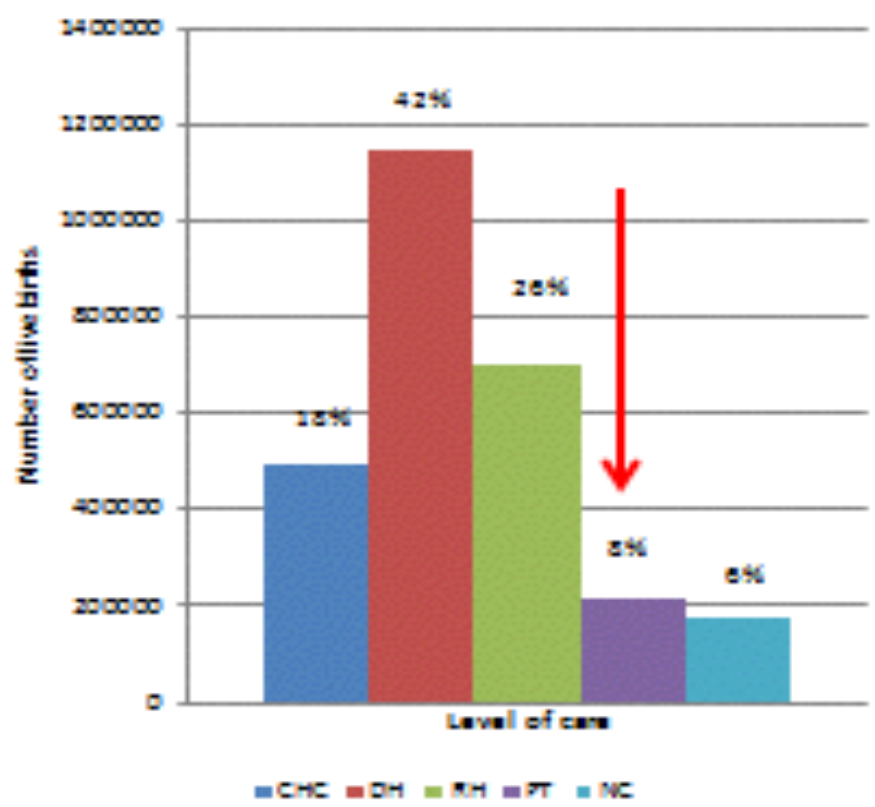
- District
- Regional
- CHC
- Tertiary
- National

- **Deaths**

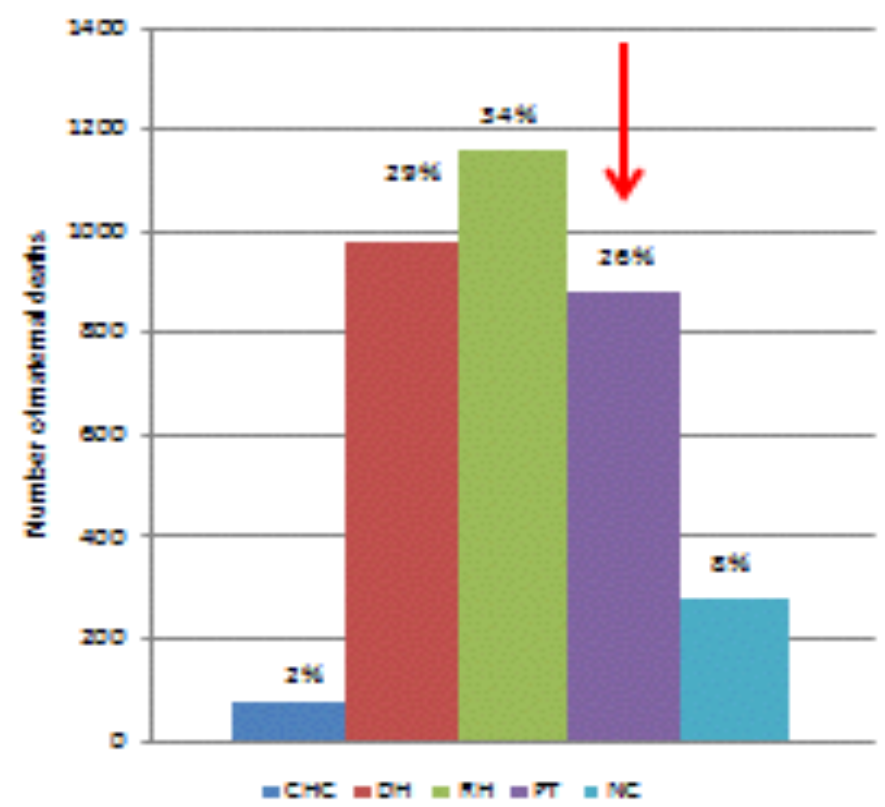
- Regional
- District
- Tertiary-
disproportionate
- Central
- CHC

Births and deaths per level of care

Births

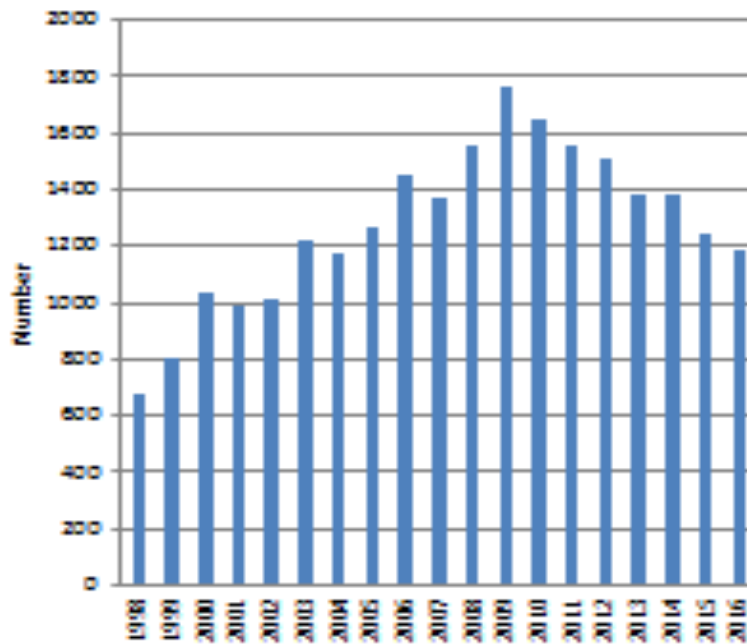


Maternal Deaths

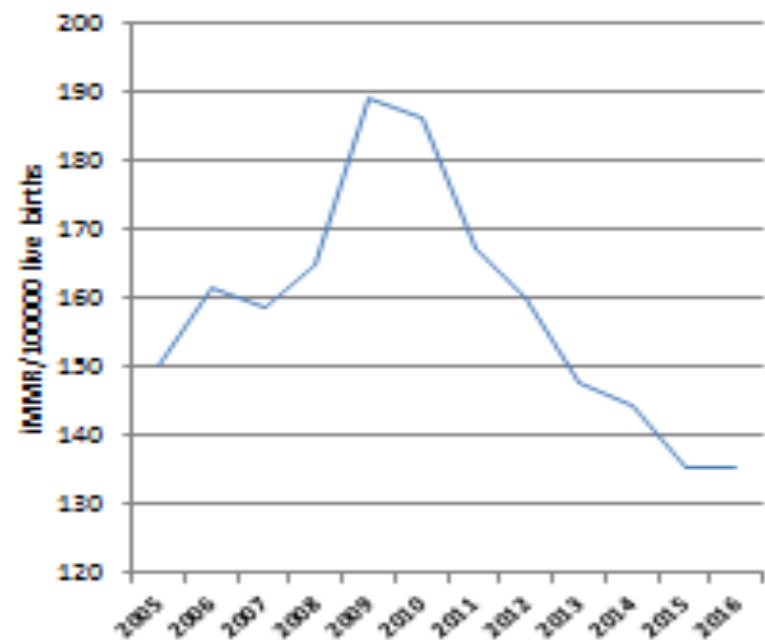


Changes in mortality over time

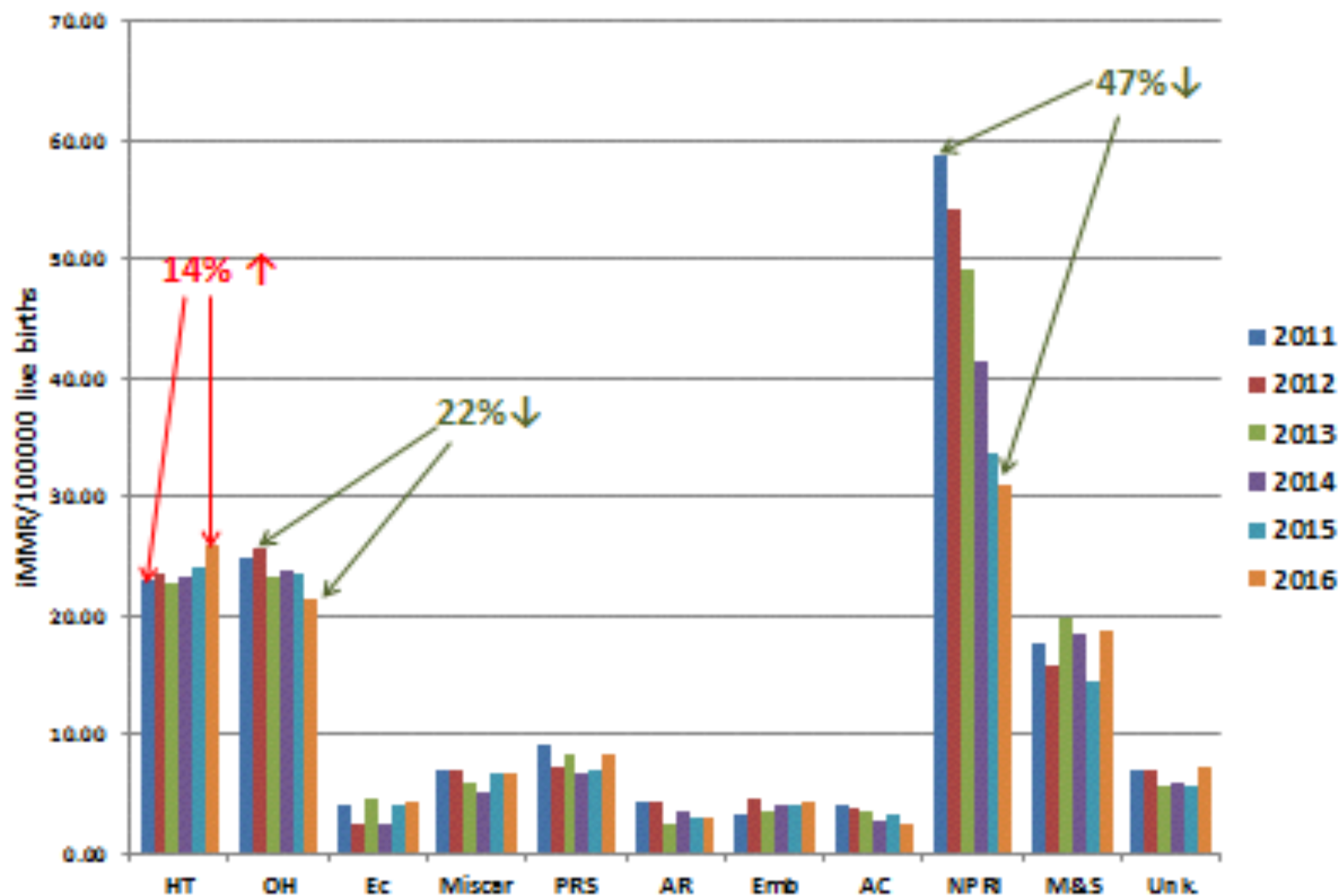
Maternal deaths reported to the NCCEMD between 1998-2016



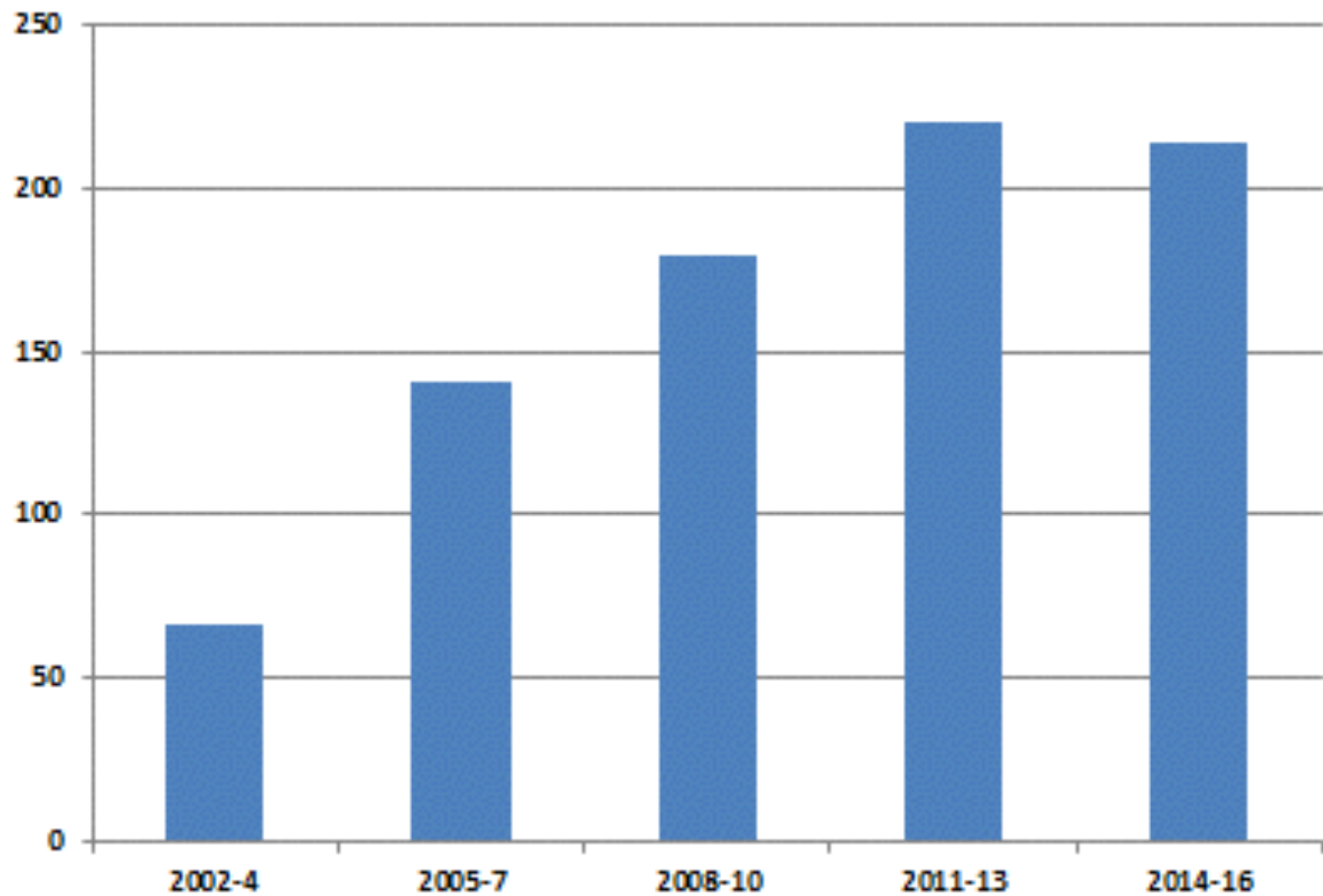
iMMR per year for South Africa 2005-2016

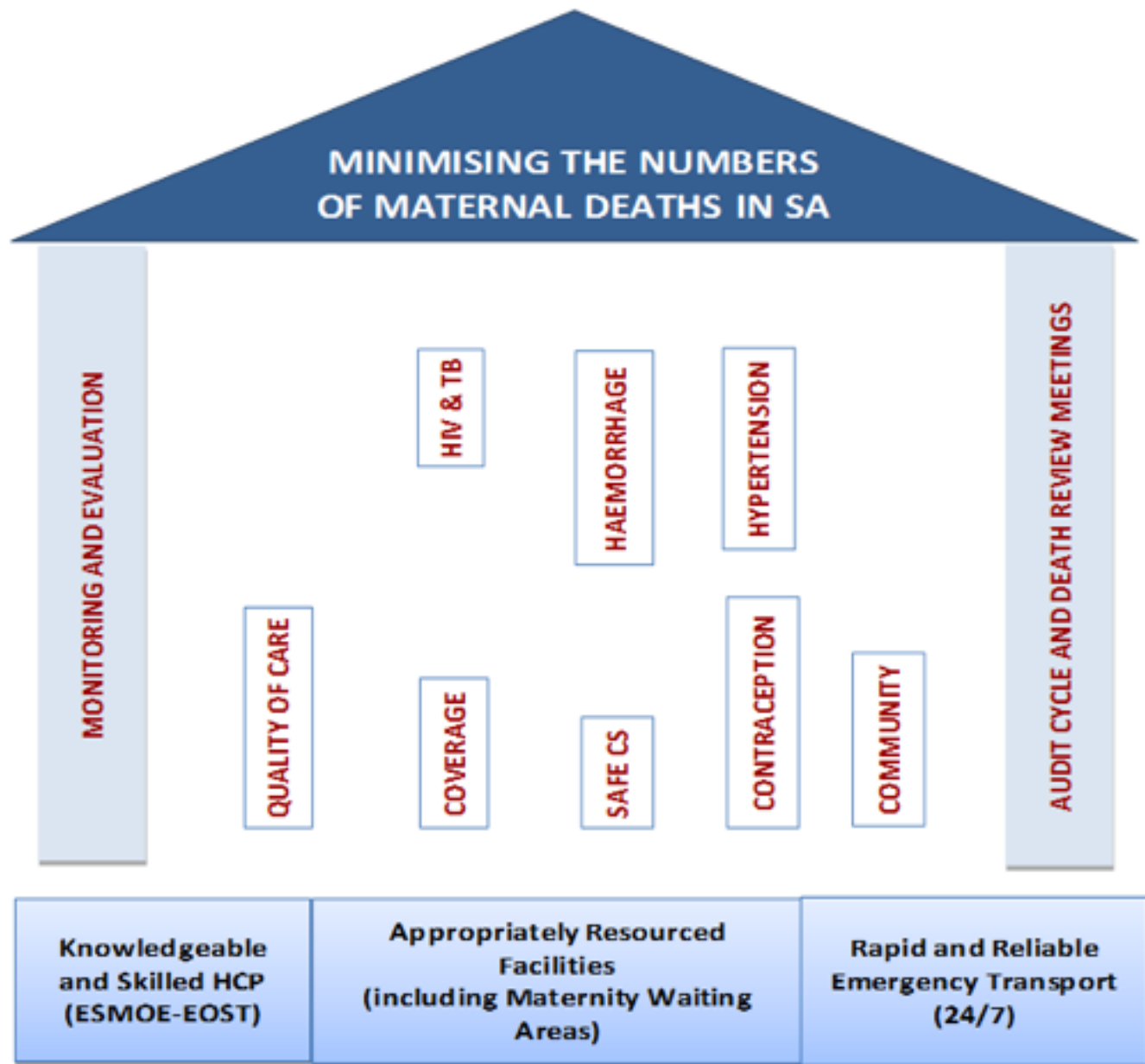


Trend in iMMR per underlying cause 2011-2016



Number maternal death due to BLDACD

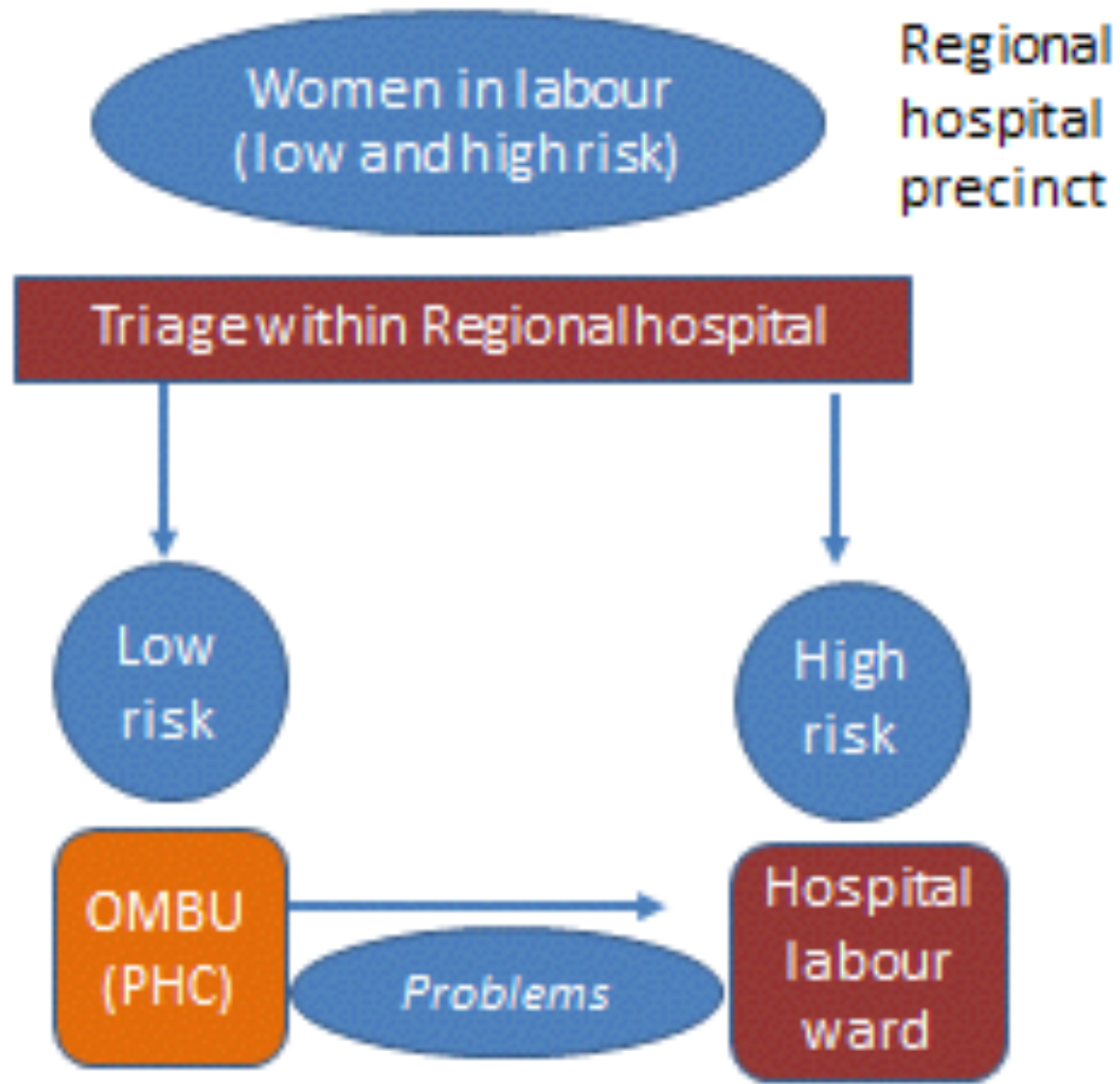




The 3 key building blocks

Three Key building blocks for minimizing maternal deaths in South Africa (Source: Saving Mothers 2014-2016)

OMBU model



Neonatal (final) cause of death: 2014 - 2016

>500g	Number	% of total	
Immaturity related	12075	48.1	} 83.5%
Hypoxia	6066	24.2	
>1000g	Number	% of total	
Hypoxia	5939	34.9	} 77.6%
Immaturity related	4984	29.3	
Infection	2279	13.4	

Where do babies die in South Africa

6th Perinatal Care survey - ENND (PIPP users)

- District hospitals - 46%: Most babies are born in district hospitals
- Regional hospitals - 39%
- **The greatest potential to save Mothers and newborn lives is in district and regional hospitals**

Patient Safety Initiative data

Events	2016/2017	2017/2018	Total events	Cost to GP
Neonatal deaths	967	878	1845	???
Hypoxic Ischaemic Encephalopathy (HIE)	400	148	548	???
Baby Swops	01	00	00	???



Modifiable factor	N
Inadequate facilities/equipment in neonatal unit/nursery	617
Nosocomial infection	423
Fetal distress not detected intrapartum; fetus monitored	471
Delay in referring patient for secondary/tertiary treatment	337
No accessible neonatal ICU bed with ventilator	306
Neonatal care: management plan inadequate	288
Neonatal care: inadequate monitoring	254
Insufficient nurses on duty to manage the patient adequately	167
Lack of transport - home to institution	148
Lack of transport - institution to institution	148

NEW INTERVENTIONS

- Revised Arvs /PMTCT program
- BANC Plus
- Intrapartum Care Guidelines
- Accreditation for safe CS

HIV IN SA

- **Largest epidemic**
 - Estimated 4.3 million
 - 70% are women
 - 270 000 new cases/year : females 20-24
- **Goal 6.3 million end of 2020**
 - 90-90-90
 - 90% know status
 - 90% on Rx
 - 90% achieve viral suppression
- **Dolutegravir (DTG) based regimen first line (TLD)**
 - Less side effects
 - Superior efficacy compared to EFV
 - Cheaper (20-50% cost reduction for the country)
 - Smaller tablet
 - Better resistance barrier
 - Less need for second line
 - Less infections
 - Concerns about NTD

HIV TREATMENT

- 90% of Persons living with HIV to know their status
- 90% of those who know their status to be initiated on ART
- 90% of those on ART to have a suppressed viral load
- 90% of all people who need TB treatment are diagnosed and receive appropriate therapy
- 90% of people in key and vulnerable populations are diagnosed and receive appropriate therapy
- 90% treatment success rate for drug-sensitive TB
- 75% treatment success rate for drug-resistant TB



BANC PLUS

- **SA followed UK ANC (1920): 12 visits**
 - 4 weekly visits up to 28 weeks
 - 2 weekly visits up to 36 weeks
 - Weekly visits till delivery
- **Focused Antenatal Care (FANC)**
 - Cluster RCT 2001- Lancet
 - No difference between reduced and conventional model (maternal and perinatal)
 - FANC 2008 : 1st visit, 20, 28, 34, 38
- **BANC Plus**
 - First visit, 20 ,28, 34, 38 weeks
 - Reanalysis : increased perinatal mortality
 - 2015 Cochrane review- FNANC not safe
 - BANC Plus (8): Booking visit plus 7
 - Quality of care important

INTRAPARTUM GUIDELINES

- **Friedman**
 - Partogram 1950s-70s
 - Labour pattern of women in USA
 - Progress-1cm/hr
- **O'Driscoll et al**
 - Active management (Early amniotomy and Oxytocin)
- **Philpott**
 - Alert line African Primigravida
- **Zhang et al**
 - Labour not accelerate before 6cm
 - Labour progress at less than 1cm/hr
 - Move active phase to 5cm
 - Active labour varies : Not >12hrs nulliparous, 10hrs Multiparous

NEW SA INTRAPARTUM CARE (IPC)

- **New IPC**

- Latent phase of labour: 12-24hrs instead of 8
- Active phase: 5cm
- Alert line at start at 5cm
- Refer line 2 hrs later
- **Review line at 4 hrs**

- **Increase in intrapartum asphyxia (IPA)?**

- Prolonged labour minimal contribution to IPA
- Supported by Better Outcomes in Labour Difficulties (BOLD)
- Cervical dilatation poor predictor of adverse outcomes

LATENT PHASE

OBSERVATION	FREQUENCY
FHR	2 hrly
Maternal HR	2 hrly
Maternal BP	6Hrly
Maternal RR	6hrly
Temp	6hrly
Urine	When passed
Labour progress (Dilatation, Head above brim, membranes and liquor)	6 hrly

ACTIVE PHASE

OBSERVATION	FREQUENCY
FHR	30 min
Maternal Heart Rate	30 min
Maternal BP	4 hrly
Maternal RR	4hrly
Maternal Temp	4 hrly
Urine	When passed
Contractions (Frequency and duration)	2 hrly
Labour progress (Dilatation, Cx Length, Membranes)	4 hrly till 8cm then 2hrly

REFERAL CRITERIA MOU TO HOSPITAL

- Non-reassuring maternal and fetal condition
- MSL where delivery not imminent
- Poor progress
- 2 hr refer line crossed
- CPD
- Poor contractions
- No referral for SROM >12hrs in women in active phase , good progress and reassuring FHR
- Referrals to hospital with 24/7 CS deliveries

WHO CARE THROUGHOUT LABOUR

- Abuse, disrespect and neglect
- Recommendations
- Respectful Maternity Care (RMC):
- Effective communication
- Companionship
- Continuity of care
- RMC (Browser 2014, Bohren 2015)
 - Appropriate and equal attention
 - Care that is consented
 - Communication (friendly)
 - Empathy and emotional support

Browser D & Hill K. Exploring evidence and abuse in facility-based care: Report of landscape analysis. Washington DC: USAID-TRAction Project, 2010

Bohren MA, Vogel JP, Hunter EC, et. al. The mistreatment of women during childbirth in health facilities globally: A mixed methods systematic review. Plos Med 2015; 12(6): e1001847

CLEVER STUDY

- Oosthuizen et al
- Clinical care, Labour ward management, Eliminate barriers, Verify care, EOST, Respectful care
- 10 MOUs (5 +5) in Tshwane
- Findings
- Verbal and physical abuse
- Withholding or non consented care
- Discrimination, etc.
- Intervention
- More satisfaction
- Less in facility SBs and babies with meconium aspiration

New Maternity Book

- Checklist e.g PMCT
- Mental Health Screening
- EARLY Warning Observation Chart for Postnatal Care
- TB screening (ANC visits X 8)

REFERENCE

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THANK YOU