

Role of maternal and newborn death audits in reducing mortality in South Africa

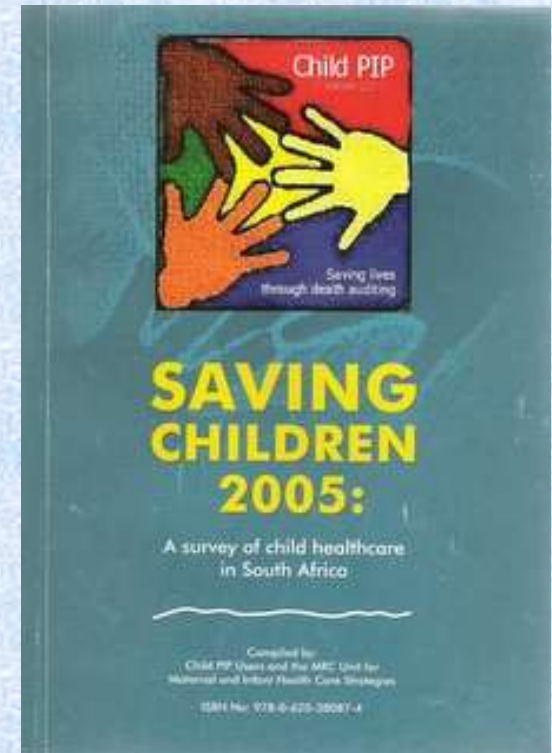
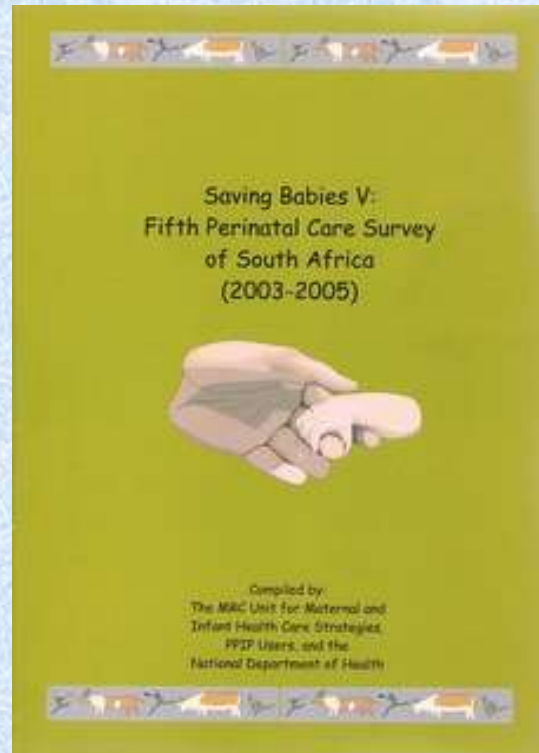
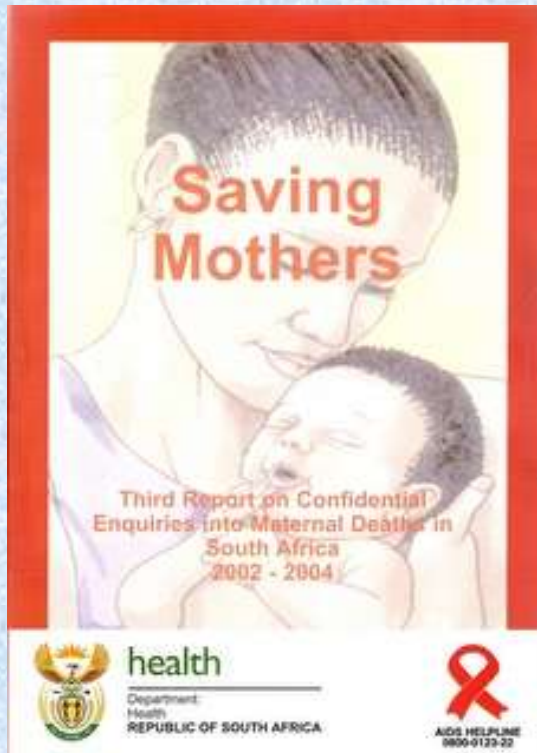
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Mortality Audit Systems

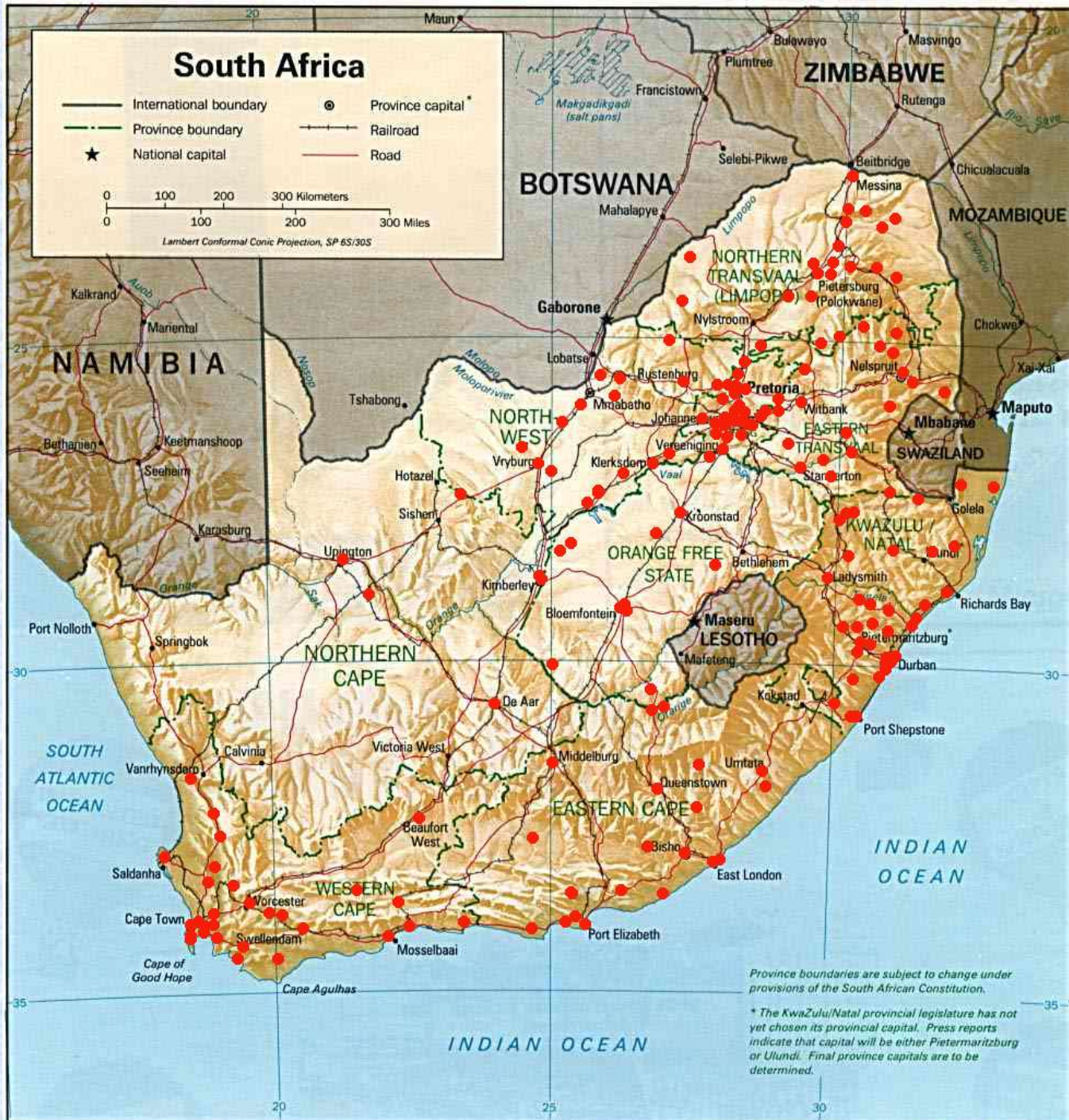


South Africa

- International boundary
- Province boundary
- ★ National capital
- ⊙ Province capital
- +—+—+ Railroad
- Road

0 100 200 300 Kilometers
 0 100 200 300 Miles

Lambert Conformal Conic Projection, SP 6S/30S



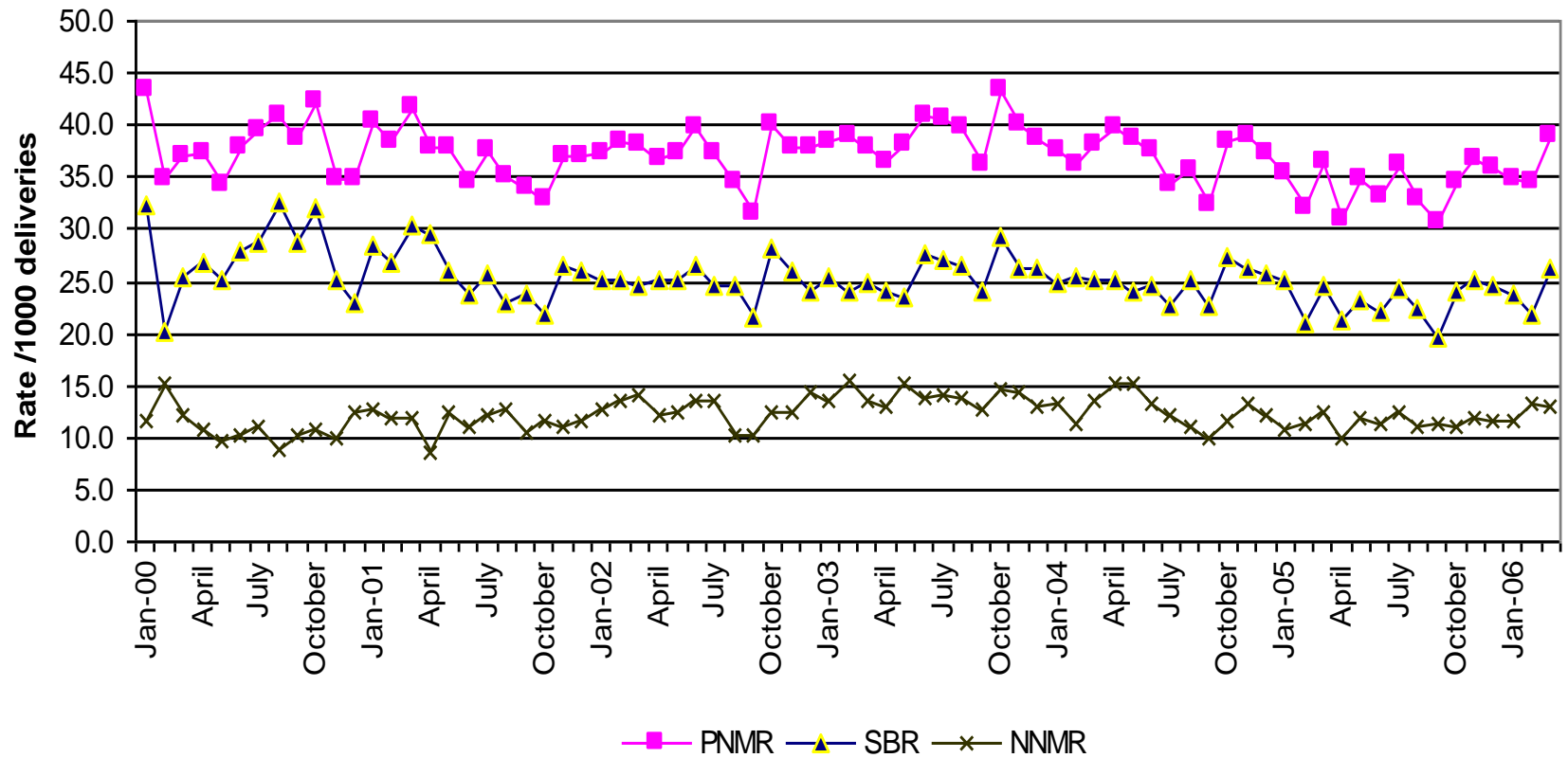
Province boundaries are subject to change under provisions of the South African Constitution.

* The KwaZulu/Natal provincial legislature has not yet chosen its provincial capital. Press reports indicate that capital will be either Pietermaritzburg or Ulundi. Final province capitals are to be determined.

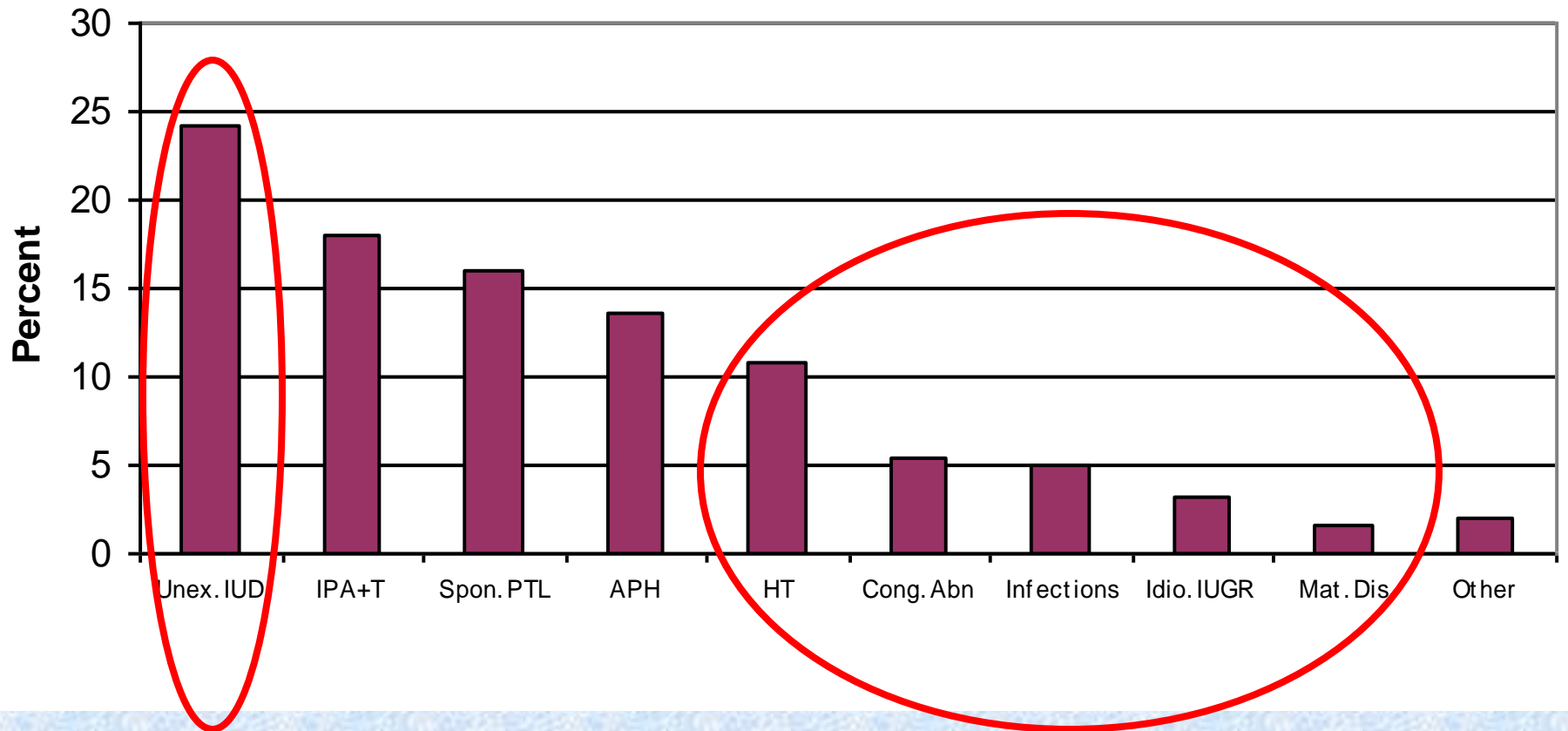
Database

- Amalgamated data – 164 sites
- Since October 1999 – March 2006
 - Total: 1,117,858 births
 - Total 1000g+: 1,102,481 births
 - Total perinatal deaths - 42,077
 - Stillbirths – 27,500
 - Neonatal – 14,567

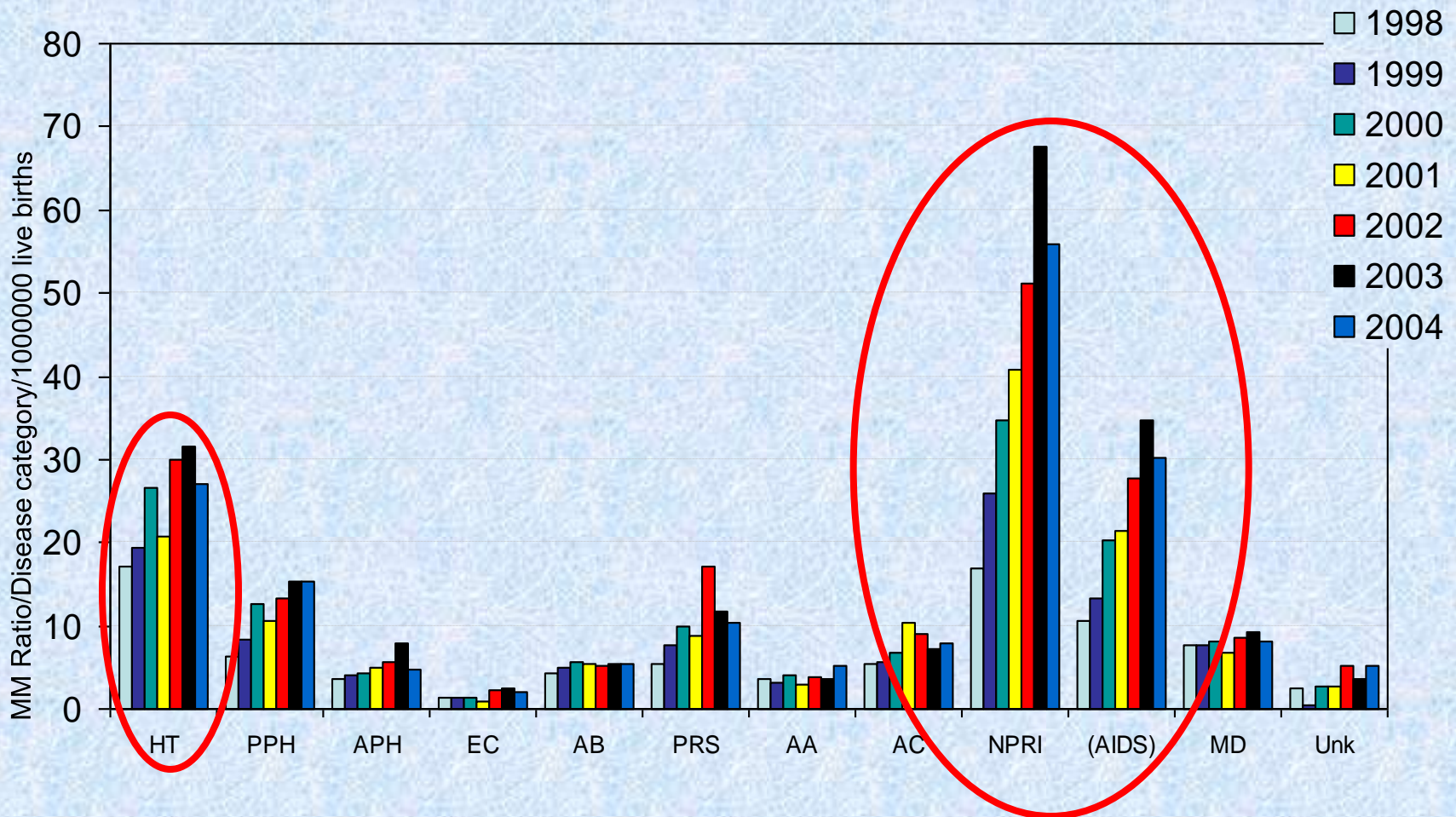
Perinatal Mortality, Stillbirth and Neonatal Mortality Rates for South Africa: January 2000-March 2006 (500g+)



Primary obstetric causes of death in South Africa



Maternal Mortality Ratio of primary obstetric causes of reported maternal deaths: 1998-2004



Audit identifies where the problem
lies

BUT

It is only the beginning

To reduce deaths, **current practice needs to
change!**

Saving Babies: Recommendations

- Intrapartum Care

1. Ensure the correct use of the partogram for all women in labour, including fetal monitoring during labour

- Neonatal Care

2. Ensure adequate resuscitation of asphyxiated neonates
3. Introduce Kangaroo Mother Care as an extension of neonatal care for premature infants

- Antenatal Care

4. Ensure referral protocols at all antenatal clinics
5. Introduce a policy of initiation of antenatal care at confirmation of pregnancy

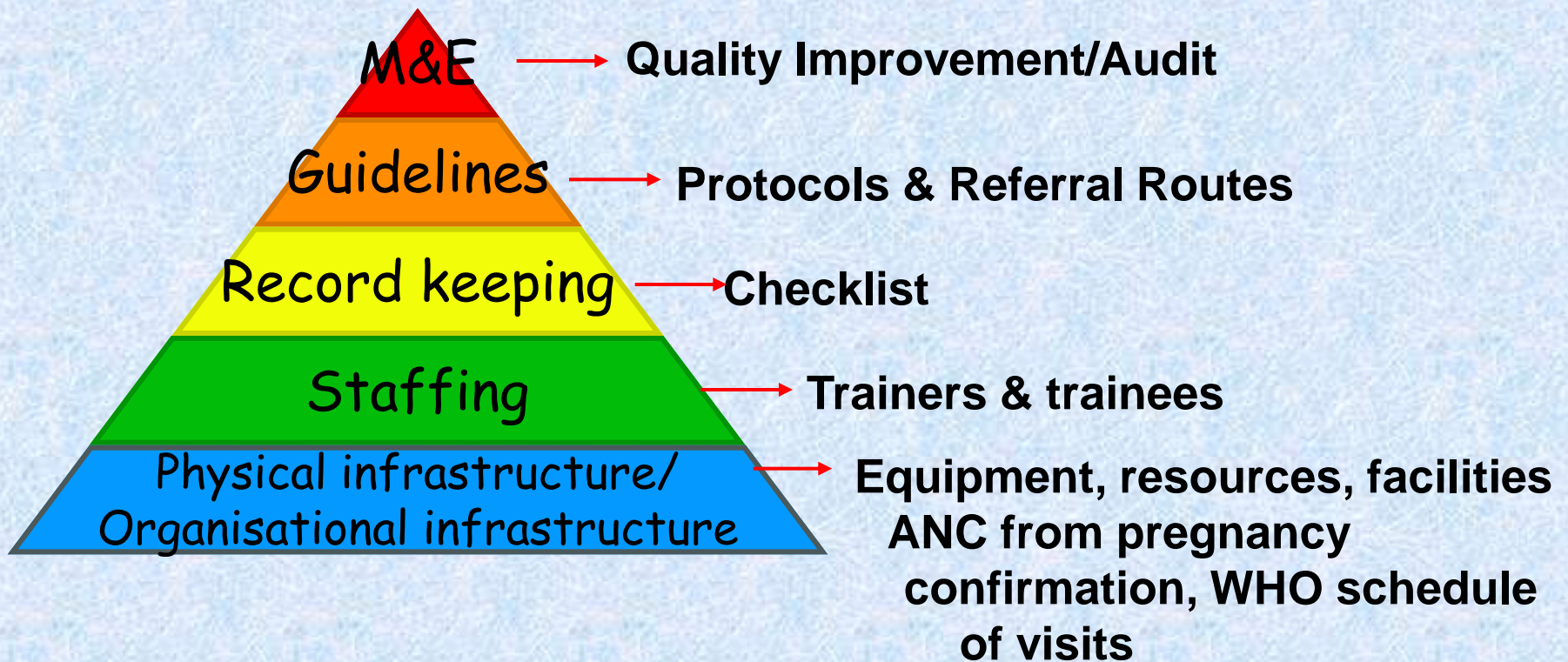
The BANC Programme

- A Multimedia Training Package
- Training of Trainers
- **Piloted**
 - SW Tshwane & Nelson Mandela Metro
- **Scaled-up**
 - 2 sub-districts all 9 provinces

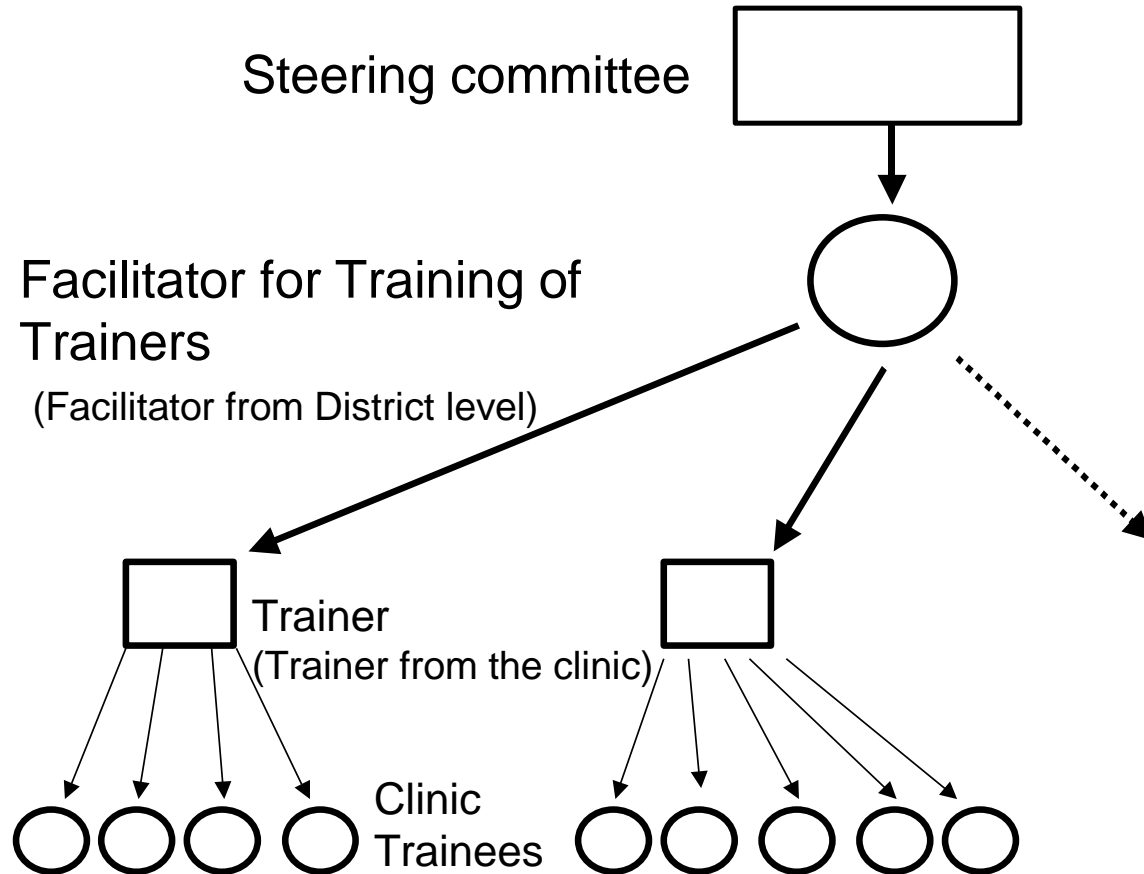
BANC training package



Levels of Change



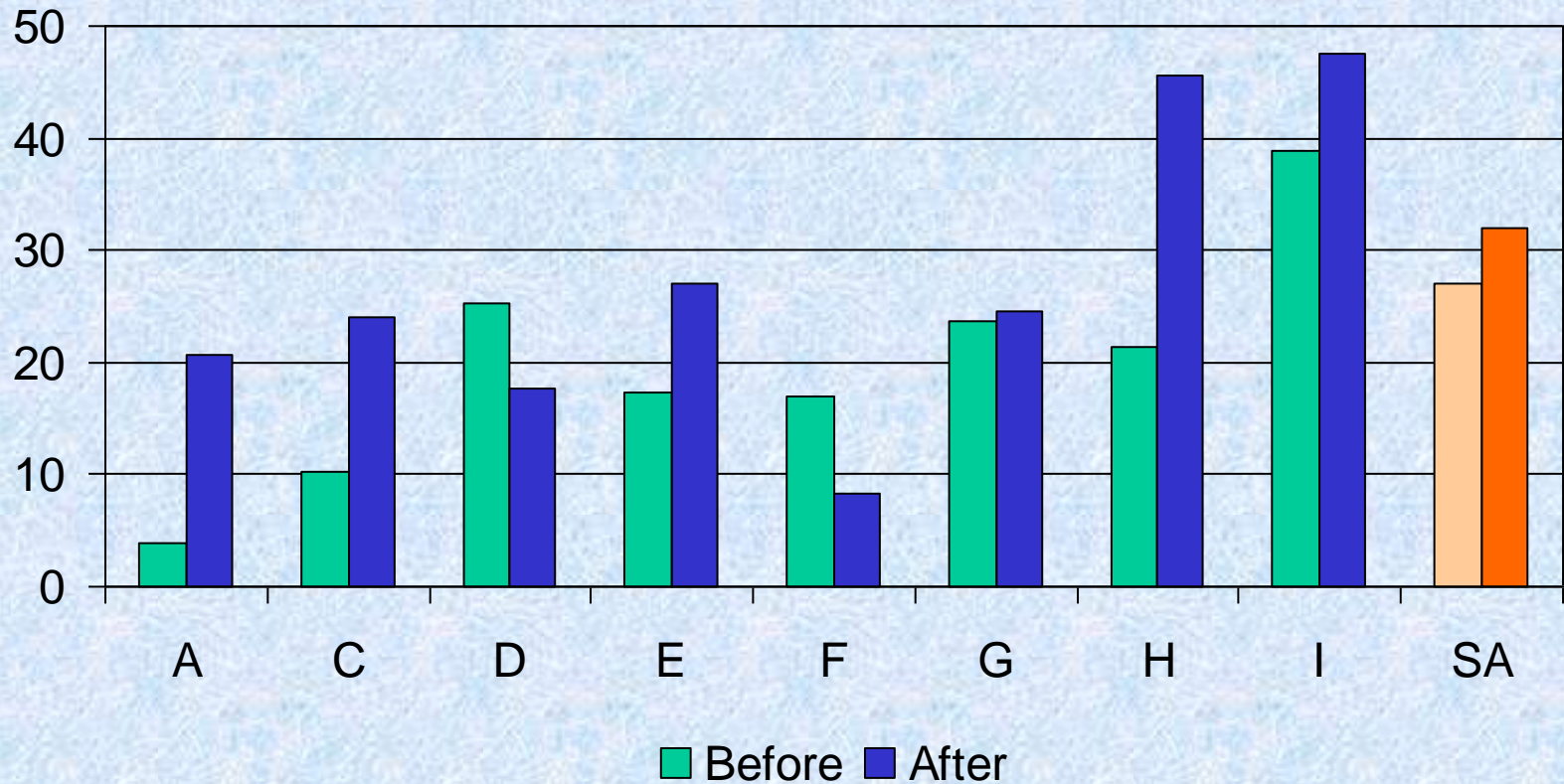
Cascade of training in Basic Antenatal Care



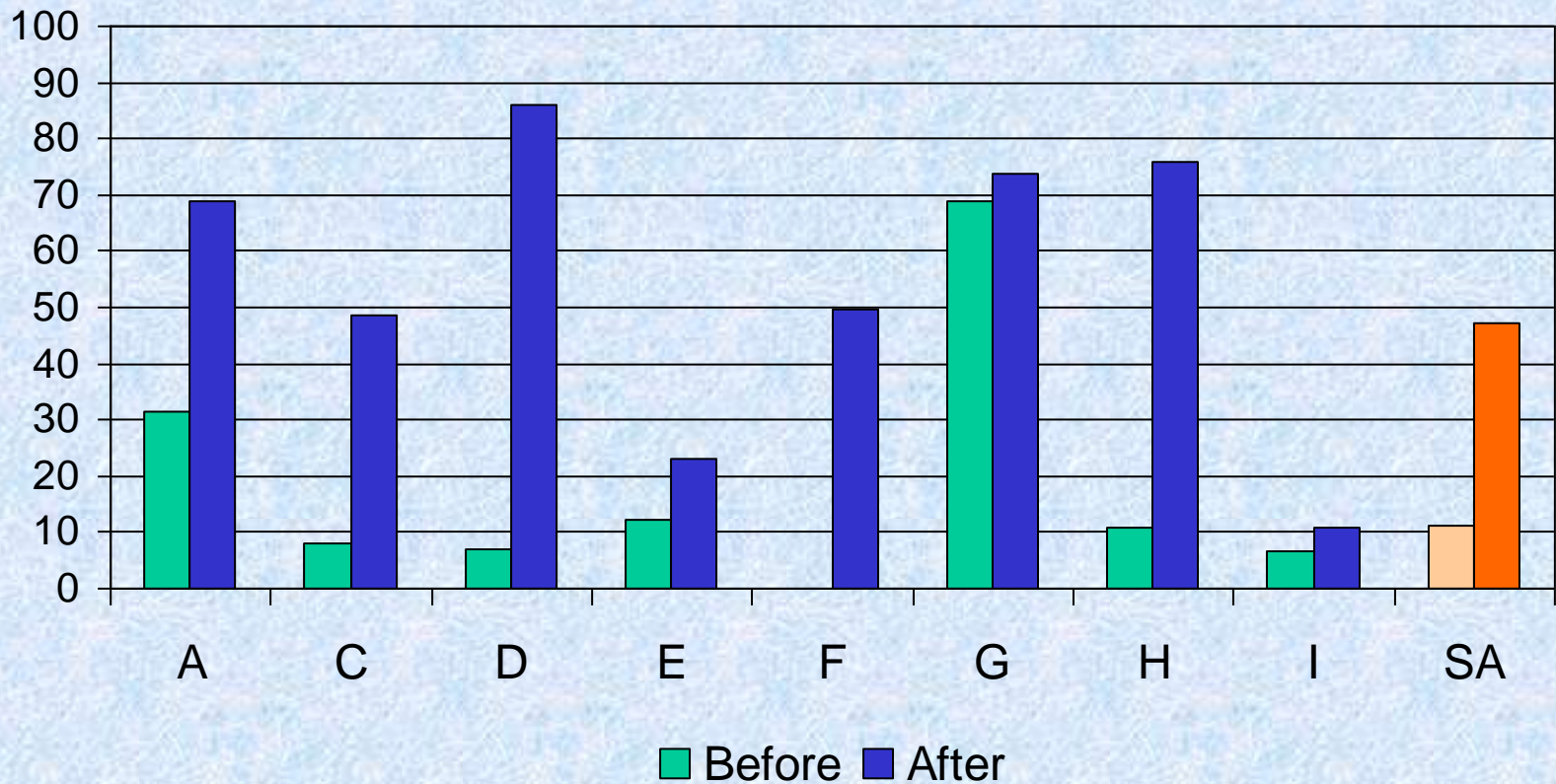
Overall

Province	Before Clinics	After Clinics
A	14	2 (+2)
B	10	-
C	10	8
D	10	4
E	10	10
F	12	7 (+1)
G	10	9
H	5	5
I	13	13
Total	94	58 (62%)

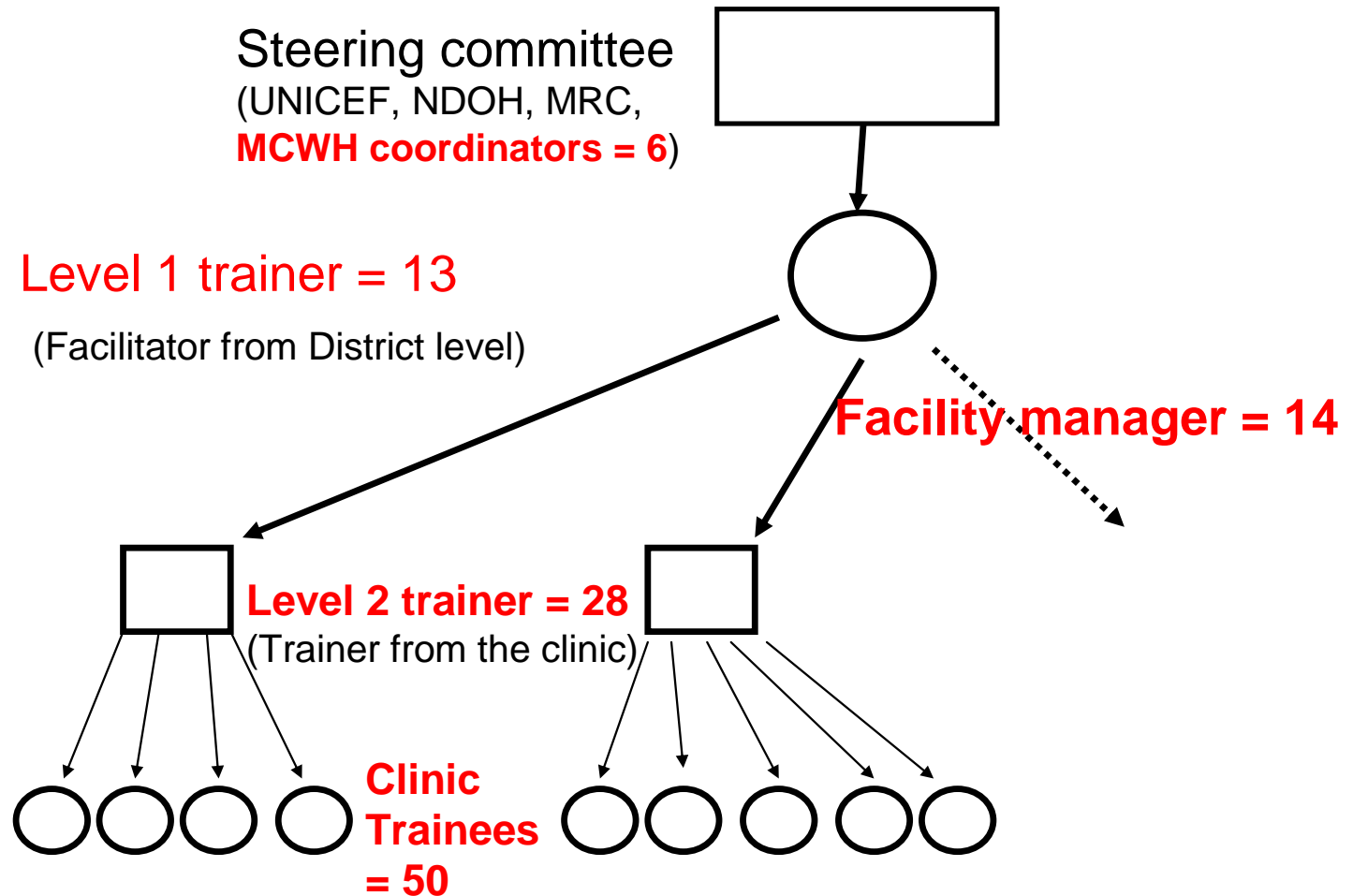
Percentage women attending clinic before 20 weeks gestation



Percentage **adequate** antenatal scores



Interviews performed (**total 111**): Levels of training



Summary interviews

- Success in training is dependent on:
 - Effective training package
 - Facility manager orientation and commitment
 - Selection of a trainer
 - enthusiastic about antenatal care
 - capability to train their colleagues
 - A positive training environment
 - support from 'higher management'
 - local support for trainers

Conclusion Scale-up of BANC

- Where implemented, BANC improved quality of antenatal care
 - Package is effective
 - Implemented in only 62% sites
- Cooperation in provinces was sometimes a problem
- Level 1 trainers were more effective than level 2 trainers
- Lessons for scale-up
 - Commitment from management essential
 - Level 1 trainers better than level 2 trainers
 - Cascading down was not effective (\neq TOT)
 - Face-to face training on-site best method for complex interventions

Require the following when scaling-up programmes:

- An effective training package
- “Buy-in” to use this package from all levels of service:
 - Show their commitment by:
 - A written undertaking to support the programme or
 - Provision of resources for introducing the programme
- Appropriate method of scaling-up should be selected
 - Simple, single change interventions - TOT
 - Complex interventions require an on-site, face-to-face training by a senior respected trainer.

- Trainers identified must be:
 - keen on training,
 - understand and use adult training methods
 - be respected by the health care workers at the site where the training is to occur.
- Adequate resources must be available:
 - Financial
 - Human
- Continuous support from the various levels of management to be sustained.
- Training will need to occur at regular intervals due to the change of staff and the need for refresher courses.

Thank you