



Strengthening Maternal and Women's Health Systems

Prof Salome Maswime

Head of Global Surgery, Obstetrician and Gynaecologist



UNIVERSITY OF CAPE TOWN
IYUNIVESITHI YASEKAPA • UNIVERSITEIT VAN KAAPSTAD
HEALTH SCIENCES



GLOBAL
SURGERY

« In much of the world,
the most dangerous thing
a woman can do is
become pregnant. »

—Nicholas Kristof for the New York Times

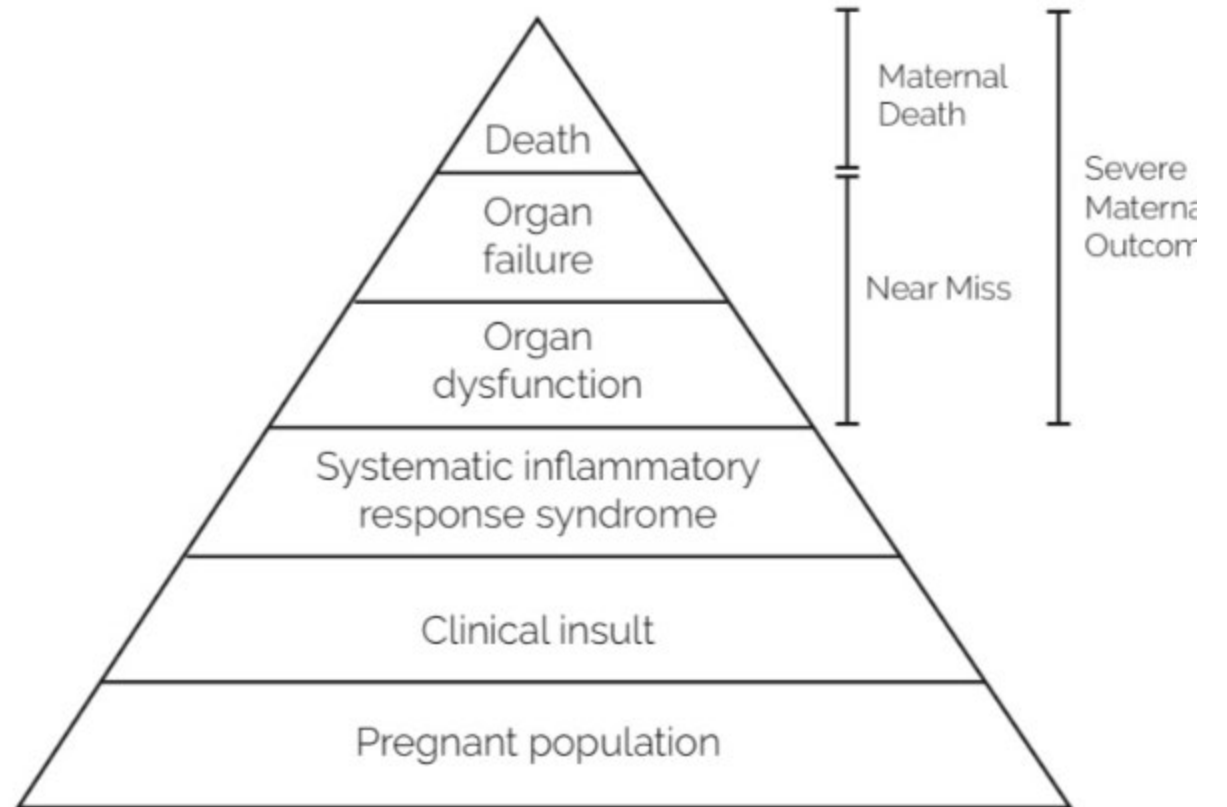
<http://www.nytimes.com/2016/03/20/opinion/sunday/the-worlds-modern-day-lepers-women-with-fistulas.html>

Maternal Health

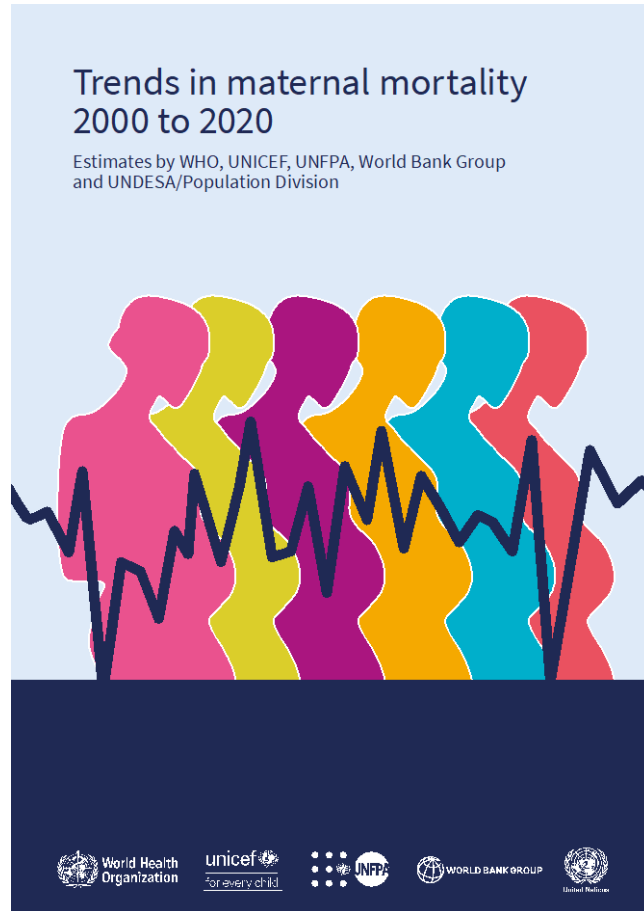
The Health of women during pregnancy, childbirth and the postnatal period

Ensuring women and babies reach their full potential of health and wellbeing

- Antenatal care
- Skilled birthed attendance
- Maternal mental health
- Respectful care
- Dignified care
- Comprehensive care
- Safety and quality
- Positive experience



Maternal Mortality



Every two minutes, a woman dies during pregnancy or childbirth

287 000 deaths worldwide in 2020

70% of deaths were in sub-Saharan Africa

Causes of death: Severe bleeding, high blood pressure, pregnancy-related infections, complications from unsafe abortion, and underlying conditions that can be aggravated by pregnancy (such as HIV/AIDS and malaria) are the leading causes of maternal deaths

We often define our maternal health strategies from maternal death reviews.

Drivers of poor maternal outcomes

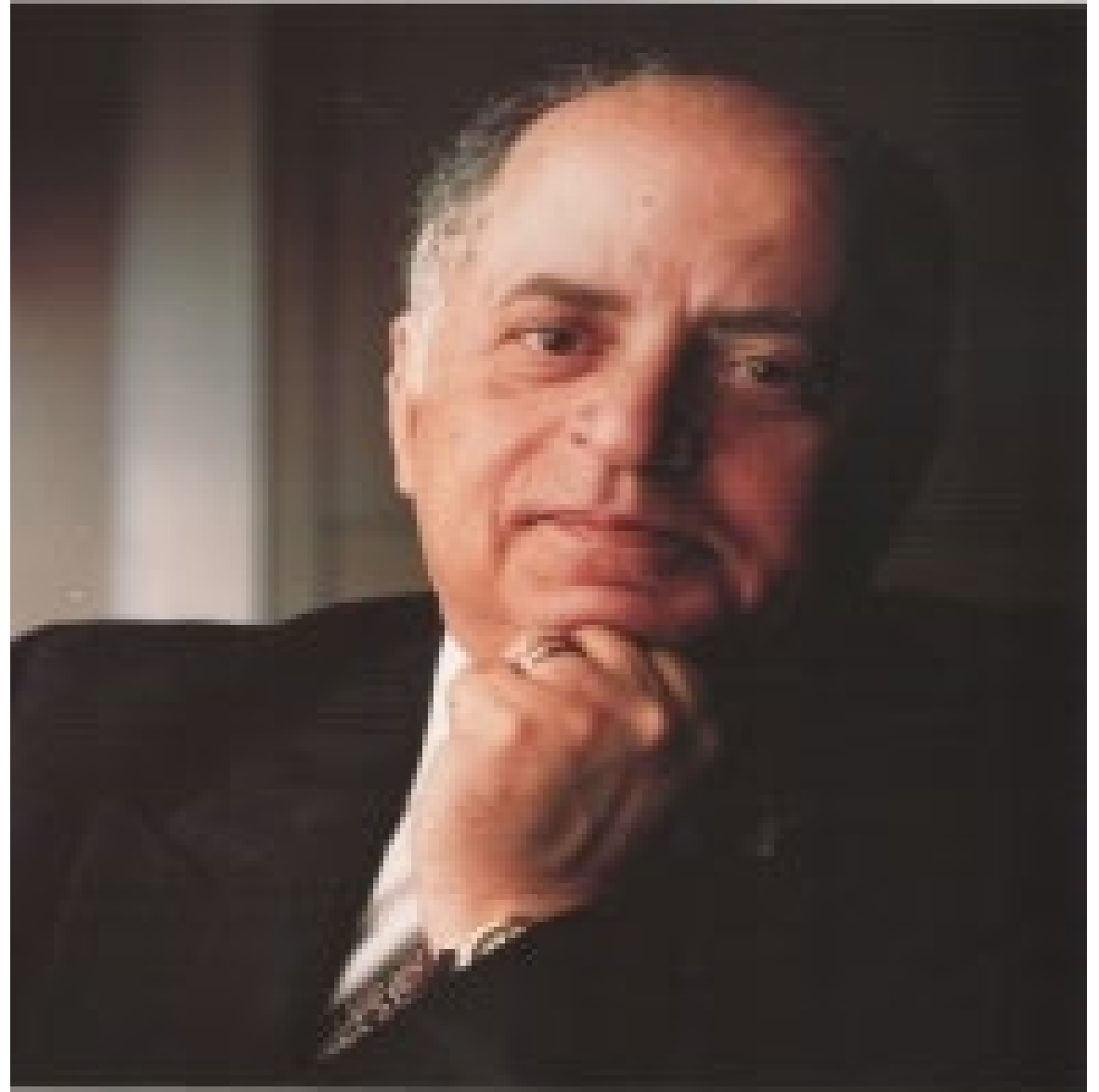
Role of women in society

The patient experience

Failure to rescue

“Women are not dying because of diseases we cannot treat, they are dying because societies have yet to make the decision that their lives are worth saving.”

Professor Mahmoud Fathalla



Quality and Safety

- Lack of access to care
- Delayed access
- Shortage of specialists
- Shortage of equipment
- Shortage of resources
- Lack of multi-disciplinary care
- Poor infrastructure
- Poor pre-operative care
- Poor post-operative care
- Poor rehabilitation





Global Maternal Health

 OPEN ACCESS  PEER-REVIEWED

RESEARCH ARTICLE

Identifying interventions to reduce peripartum haemorrhage associated with caesarean delivery in Africa: A Delphi consensus study

APORG Caesarean Delivery Haemorrhage Group  

Published: August 31, 2022 • <https://doi.org/10.1371/journal.pgph.0000455>

Article	Authors	Metrics	Comments	Media Coverage	Peer Review
----------------	---------	---------	----------	----------------	-------------

Abstract

Introduction

Materials and methods

Results

Discussion

Supporting information

Abstract

Women in Africa are fifty times more likely than in high-income settings to die following caesarean delivery, and peripartum haemorrhage is most strongly associated with mortality. We aimed to establish consensus on which interventions are considered most feasible to implement and most effective at reducing haemorrhage associated with caesarean delivery across Africa. We conducted a Delphi consensus study, including obstetric and anaesthesia providers from across Africa. In round one the expert group proposed key interventions for consideration. In rounds two and three the interventions were ranked on a 9-point Likert scale

1

Save

0

Citation

1,048

View

22

Share

Download PDF

Print

Share



Check for updates

ADVERTISEMENT

2,504

Methods

- We aimed to establish consensus on which interventions are considered most feasible to implement and most effective at reducing haemorrhage associated with caesarean delivery across Africa
- We conducted a Delphi consensus study, including obstetric and anaesthesia providers from across Africa.
- Four phases
- Twenty-eight interventions were considered both highly effective and feasible in Africa.
- Interventions covered a range of fields, categorised into direct- or indirect interventions.

Range of interventions

Direct interventions

- risk assessment and screening
- checklists and protocols
- monitoring and surveillance
- availability of resources
- ability to perform technical skills

Indirect interventions

- community and maternal education
- contraception and family planning
- minimum training standards; referral patterns and delays
- advocacy to key stakeholders; simulation and team training
- 24-hour access to safe emergency caesarean delivery



Discussion

Community Based

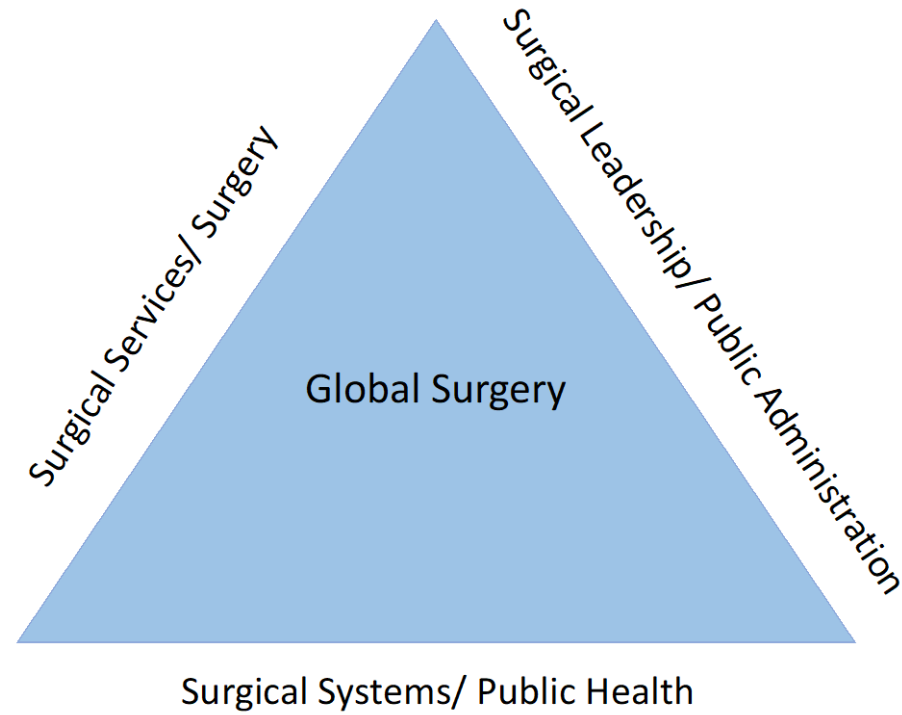
- Health promotion
- Health education
- Primary access to reproductive care

Health Systems Strengthening

- Reducing delays in accessing health
- Reducing delays in referral systems
- Minimum training training standards
- Advocacy to key stakeholders



Community Obstetrics and Global Surgery



Health Systems Strengthening

- Community Engagement
- Quality Improvement
- Capacity Building
- Policy Engagement



Bridging the gap between Services and Systems

Services



Systems

Acknowledgements

- Dr Elliott Taylor
- Prof Bruce Biccard
- The African Surgical Outcomes Group
- The African Perioperative Research Group
- The South African Medical Research Council – Midcareer Scientist award

