# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 195**

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**(INTERNAL QUESTION PAPER NO. 01)**

**Mr A R McLoughlin (DA) to ask the Minister of Health:**

(1) With reference to his reply to question 567 on 4 November 2015, what (a) is the current maternal mortality ratio for each province and (b) what percentage of maternal mortality is caused by haemorrhage;

(2) whether his department has identified the reasons for the large difference between the lowest and highest provincial maternal mortality ratio; if not, why not; if so, what (a) are they and (b) is his department doing to address them?

###### NW195E

**REPLY:**

1. The latest population wide data for *maternal mortality ratio* was published in 2015, by the Medical Research Council. The report contained data up to 2011

The National Committee on Confidential Enquiries into Maternal Mortality (NCCEMD) investigates all maternal deaths in health facilities annually and publishes triennial and annual reports. The table below reflects the data for 2014 by province.

1. Institutional maternal mortality ratio per province, 2014 (NCCEMD)

|  |  |
| --- | --- |
| **Province** | **2014** |
| Eastern Cape | 174.15 |
| Free State | 203.26 |
| Gauteng | 149.75 |
| KwaZulu-Natal | 127.82 |
| Limpopo | 149.32 |
| Mpumalanga | 119.54 |
| North West | 180.08 |
| Northern Cape | 120.68 |
| Western Cape | 66.50 |
| **NATIONAL AVERAGE** | **140.81** |

1. Slightly over sixteen percent (16.4%) percentage of maternal mortality was attributed to haemorrhage in 2014.

(2) (a) To understand these huge differences, we need to understand the causes of maternal mortality in our country. The NCCEMD noted that the causes of maternal mortality can be classified into 5 H’s, i.e –

1. HIV/AIDS;
2. Haemorrhage;
3. Hypertension in pregnancy;
4. Health Worker; and
5. Health System.

50% Of Maternal mortality is attributable to HIV/AIDS. The Free State Province is number three (3) in the country in terms of prevalence of HIV and AIDS and the Western Cape Province has the least prevalence of HIV and AIDS in the country.

(b) The Free State began to address its high maternal mortality ratio:

(i) I will be travelling to the Free State to meet the Premier and the Executive Council to ask for strengthening of their HIV and AIDS Programmes;

(ii) Free State province has trained 63 professional nurses in advanced antenatal care who will support clinics to improve the quality of antenatal care;

(iii) Active rollout of training in on the management of obstetric emergencies;

(iv) Since 2013 significant efforts have been made to saturate the province with training; and

(v) District clinical specialist teams established at all districts as a measure to improve clinical governance, including appointment of a provincial obstretrician/gynaecologist.

END.