# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 425**

**DATE OF PUBLICATION IN INTERNAL QUESTION PAPER: 26 JULY 2019**

**(INTERNAL QUESTION PAPER NO. 07)**

**Mrs M O Clarke (DA) to ask the Minister of Health:**

(1) What (a) number of new-born babies have died in public (i) hospitals and (ii) clinics (aa) in each of the past four years and (bb) since 1 January 2019 and (b) has he found to be the main causes of the deaths;

(2) whether any investigations have been conducted into the mortality rate of new-born babies in the public health-care system; if not, why not; if so, what are the (a) relevant details and (b) details of the recommendations?

**NW1397E**

###### REPLY:

(1) (a) The following table reflects the details in this regard

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| --- | --- | --- | --- | --- | --- |
| (Neonatal deaths in hospitals, Community Health Centres and Clinics, 2015-2019 | **(aa)** | | | | **(bb)** |
| **2015** | **2016** | **2017** | **2018** | **2019** |
| (i) Neonatal deaths/1000 live births: Hospitals (public and Private) | 16.3 | 15.3 | 14.8 | 14.5 | 14.6 |
| (ii) Neonatal deaths/1000 live births: clinics and CHCs (public only) | 0.9 | 1.1 | 1.5 | 1.2 | 1.2 |

(b) The main causes of newborn deaths (source: Saving Babies Report, 2014-2016) are:

i. Immaturity related causes;

ii. Hypoxia;

iii. Infections, mostly associated with HIV; and

iv. Congenital abnormalities.

(2) (a) **Relevant details of investigations in causes of mortality:**

The National Perinatal Morbidity and Mortality Committee - a Ministerial Committee appointed since 2012 is mandated to report on the number and causes of neonatal mortality. The Committee reviews data from all available sources such as the District Health Information System, the Perinatal Problem Identification Programme and StatSA data to determine mortality rates. The Committee prepares reports and presents the report to the Minister and the National Health Council.

(b) **Details of recommendations:**

Recommendations to reduce neonatal mortality (Saving Babies Report, 2014-2016) are:

i. Scale up Helping Babies Breathe skills;

ii. Continue with the implementation of the management of small and sick neonates programme;

iii. Continue with scale-up of continuous positive airway pressure (CPAP) intervention;

iv. Focus on intrapartum care; and

v. Scale up Basic Antenatal Care plus.

END.