

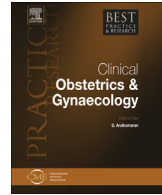


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Reducing maternal mortality on a countrywide scale: The role of emergency obstetric training



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Training programmes to improve health worker skills in managing obstetric emergencies have been introduced in various countries with the aim of reducing maternal mortality through these interventions. In South Africa, based on an ongoing confidential enquiry system started in 1997, detailed information about maternal deaths is published in the form of regular 'Saving Mothers' reports. This article tracks the recommendations made in successive Saving Mothers reports with regard to emergency obstetric training, and it assesses the impact of these recommendations on reducing maternal mortality. Since 2009, South Africa has had its own training package, Essential Steps in the Management of Obstetric Emergencies (ESMOE), which the last three Saving Mothers reports have specifically recommended for all doctors and midwives working in maternity units. A special emphasis has been placed on the need for the simulation training component of ESMOE, also called obstetric 'fire drills', to be integrated into the clinical routines of all maternity units. The latest Saving Mothers report (2011–2013) suggests there has been little progress so far in

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improving emergency obstetric skills, indicating a need for further scale-up of ESMOE training in the country. The example of the KwaZulu-Natal province of South Africa is used to illustrate the process of scale-up and factors likely to facilitate that scale-up, including the introduction of ESMOE into the undergraduate medical training curriculum. Additional factors in the health system that are required to convert improved skills levels into improved quality of care and a reduction in maternal mortality are discussed. These include intelligent government health policies, formulated with input from clinical experts; strong clinical leadership to ensure that doctors and nurses apply the skills they have learnt appropriately, and work professionally and ethically; and a culture of clinical governance.

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Introduction

Reducing maternal mortality is one of the Millennium Development Goals [1], and it will remain high on the post-2015 development agenda, as a component of the Sustainable Development Goals [2,3]. Inadequate knowledge and skills of the midwives and doctors providing maternity care, especially emergency obstetric care, is one of the problems contributing to maternal deaths. Therefore, training programmes to improve health worker skills in managing obstetric emergencies have been introduced in various countries with the hope of reducing maternal mortality [4]. Other articles in this edition discuss the content of such programmes and recommend multidisciplinary team training using emergency obstetric simulation training (EOST), also known as ‘fire drills’ [4–7]. The effectiveness of such training in improving knowledge and skills has been established [5,8], as well as improvement in some clinical outcomes at individual sites [9,10]. However, can such training be successfully introduced across a whole country resulting in reduced maternal mortality? The QUARITE study in Senegal found reduced maternal mortality across a range of hospitals randomised to an intervention that included not only emergency skills training but also training at conducting mortality reviews and regular visits from an external facilitator [11]. This article focusses specifically on the South African experience, where national recommendations on reducing maternal mortality, based on a national confidential enquiry into maternal deaths, have been regularly published and disseminated since 1999. To date, recommendations on training to improve skills have had limited impact on reducing the national maternal mortality burden. What more needs to be done? Experiences and examples from South Africa are used to discuss strategies for scaling up emergency obstetric care training and ensuring a health system environment in which such training can be effective in reducing maternal mortality.

The South African (Saving Mothers) recommendations regarding health-care worker training (from 1998 to 2008–2010)

Since 1997, all maternal deaths in South Africa have been notifiable by law. Since 1998, all reported maternal deaths have been analysed in detail in the form of confidential enquiries, as conducted by the South African National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD). The committee is tasked to ‘make recommendations, based on the confidential study of maternal deaths, to the Minister of the Department of Health, such that the implementation of the recommendations will result in a decrease in maternal mortality’ [12]. The recommendations are published in regular ‘Saving Mothers’ reports, which are disseminated countrywide to health administrators and health-care workers. The first Saving Mothers report reported on deaths that occurred in 1998, and there have been five triennial Saving Mothers reports published subsequently, the last of which has recently been released and covers the years 2011–2013 [13–18]. In total, since 1998, the NCCEMD has analysed and

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