

GUEST EDITORIAL

Lessons learnt from the Saving Mothers 2014 - 2016 report

This CME section of *SAMJ* includes detailed information on specific causes of maternal deaths arising from surveillance and confidential enquiries into each such death. Arguments for reviewing these deaths are that identified improvements in care allow for positive changes in the health system and prevent deaths of and complications in mothers and their babies. However, reports from confidential enquiries cannot provide a comprehensive guide to the management of each obstetric condition that causes a maternal death, but rather focus on areas of healthcare. In this CME, detailed information on common causes of maternal deaths is provided and problems related to care of the fetus are highlighted.

Fawcus^[1] provides comprehensive information on the management of obstetric haemorrhage, which accounted for 16.9% of all maternal deaths, as outlined in the Saving Mothers 2014 - 2016 report.^[2] The increasing rate of caesarean deliveries in South Africa (SA) and globally is a concern. This is of particular importance in SA, because bleeding at and immediately after caesarean delivery is a major cause of obstetric haemorrhage. Therefore, steps must be taken to ensure that indications for caesarean section are strictly complied with and that surgeons are well trained to perform the surgical procedure, but are also able to manage any unanticipated adverse event. Fawcus^[1] also points out the need to recognise hypovolaemic shock and how to perform proper resuscitation in pregnant women.

Moran^[3] provides lessons to be learnt from deaths caused by ectopic pregnancy. Such deaths do not feature among the five most common causes of maternal deaths; assessments indicate that a large proportion are associated with avoidable factors. The major avoidable factor is failure to consider that the patient might have an ectopic pregnancy. Therefore, doctors working in gynaecology outpatient departments and in emergency and accident sections (casualty

departments) 'must think ectopic pregnancy' in any woman who is in the reproductive phase of life and who presents with abdominal pain, if we are to reduce maternal deaths from this cause.

Lastly, although this CME has focused on 'red flags' in pregnancy and concentrated on providing information on lessons learnt by assessing maternal deaths, we should never forget the baby. Gebhardt^[4] provides details of the detection and management of fetal growth restriction.

It is hoped that the various chapters produced by the National Committee on Confidential Enquiries into Maternal Deaths^[2] have provided useful clinical information to improve the quality of care we provide to pregnant women and their babies.

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