



Causes of Perinatal Deaths in Jubilee

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INDIVIDUAL LEADERSHIP DEVELOPMENT

Goals:

Model the Way

- Quality record keeping monitoring and evaluation
- Therapeutic environment for clients from admission to discharge
- Early and safe referral pathways
- Skilled health practitioner

Inspire a Shared Vision

- Reduced number of perinatal deaths in Tshwane district

Challenge the Process

- Action research to identify challenges
- Monthly perinatal review (Hospital, PHC, Community structures

Enable Others to Act

- Training of midwives on partogram, SMOE and recording

Encourage the Heart

Reward best performance

Outcomes:

Identify and describe the contributory factors towards perinatal and infant mortality. Improve the quality of care during the antenatal, intra-partum and postnatal period.

INTERPROFESSIONAL TEAM LEADERSHIP PROJECT

Background

Perinatal and infant mortality remains a serious challenge in developing countries including South Africa. Current statistics indicate that there is high perinatal and infant mortality in the selected district hospital in Tshwane. A retrospective audit of patient's files from March 2013 to April 2014 with the aim of reducing perinatal mortality at secondary and Primary Health Care (PHC) level. The statistical data analysis was used.

Purpose

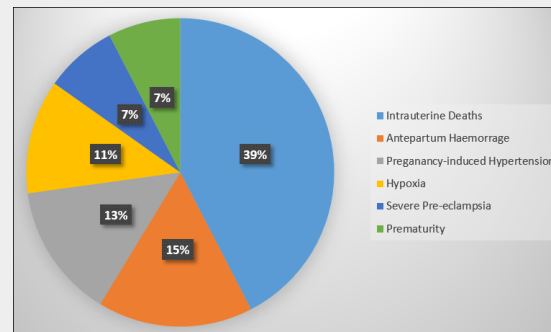
The poster is intended to share research findings of the quality improvement research project with midwives, nurses in clinical areas and other health care professionals who will be attending the STTI conference, to sensitize them about the contributory factors towards perinatal mortality in a selected District Hospital in Tshwane.

Methods

Quantitative, retrospective auditing of patient record between March 2013 to April 2014. Statistical data analysis was used.

Outcomes

Causes of Perinatal Deaths



Community empowerment, health promotion and prevention; and early diagnoses are key to the reduction of perinatal deaths.

Discussion:

Results indicates that the following are contributing factors of perinatal mortality; Cultural beliefs, delayed antenatal referrals, delayed intrapartum referral, lack of transport, poor use of partogram. This factor contributes to the following causes of perinatal mortality: Intrauterine deaths (39%), severe Pre-eclampsia (7%), Antepartum haemorrhage (15%), Pregnancy induced hypertension (13%), Hypoxia (11%), Prematurity (7%). Based on the findings, in-service training on Essential Steps in Management of Obstetric Emergencies (ESMOE), Weekly unit perinatal discussing on mortality cases, engage PHC staff in monthly and quarterly perinatal reviews. Open admission area for screening patients.

Sustainability Factors:

It was recommended that patient record be reviewed before they are sent for filing, conduct quarterly audit of patient's record, all clients to be linked to Community health workers before discharge to strengthen the referral system and to ensure continuity of care during the postnatal period. This will enable the community health workers early and to refer the patients to the hospital for further investigation and management before complications arise.

Next Steps:

- Train PHC nurses on ANC screening, early diagnosis and early referral
- Train traditional birth attendants on safe antenatal, perinatal and safe referral.
- Strengthen referral pathways.

