Editorial

During the course of 1997, deaths during pregnancy, childbirth and the puerperium were made notifiable events in South Africa in terms of the National Policy Health Act (number 116 of 1990) of South Africa. This was done in recognition of the need to reduce maternal mortality, which is considered a basic health indicator that reflects the adequacy of health care. The exact maternal death rate in South Africa was not known at the time, because of a lack of accurate record-keeping. However, the World Health Organization (WHO) had estimated that almost 600 000 women were dying worldwide annually as a result of pregnancy-related conditions, particularly in the developing world.

In South Africa in 1998, the data collected reflected differences in the maternal mortality by population group, which was strongly suggestive of socio-economic differences and differing levels of access to health care. The Minister of Health at that time appointed the National Committee on Confidential Enquiries into Maternal Deaths (NCCEMD), tasked with "making recommendations, based on the confidential study of maternal deaths to the Department of Health, such that the implementation of the recommendations will result in a decrease in the maternal mortality."

The definition of a maternal death is "the death of a woman while pregnant or within 42 days of termination of pregnancy, from any cause related to, or aggravated by, the pregnancy or its management, but not from accidental or incidental causes."

It has been agreed internationally that maternal deaths can be either *direct* or *indirect. Direct* maternal deaths are those resulting from obstetric complications, peripartum interventions (e.g. administration of anaesthesia), omissions, or incorrect treatment, or from a chain of events resulting from any of these. *Indirect* deaths are those resulting from previous existing disease or disease that developed during pregnancy, and which was not due to direct obstetric causes, but which was aggravated by the physiologic effects of pregnancy.

The WHO has defined the maternal mortality ratio (MMR) as the number of maternal deaths per 100 000 live births. In the United Kingdom, this definition has evolved into the number of maternal deaths per 100 000 *maternities.*

Maternities are not a measurable denominator in SA, because we do not record the number of antenatal bookings in South Africa. However, the Department of Home Affairs registers live births, and the District Health Information System also gathers data on live births, thus providing our denominator.

In 1952, the MMR in England and Wales, excluding early pregnancy deaths, was 54 per 100 000 births. It was noted that 49 deaths in this initial report were attributed to anaesthesia, and an additional 20 were identified as being "where anaesthesia was contributory". The most recent world estimate of the maternal mortality ratio is approximately 400 per100 000 live births. The Safe Motherhood Initiative of the WHO for developing countries has set a target of 124 per 100 000 live births by 2015. In addition, the United Nations has defined maternal health as one of its Millennium Development Goals. The eight goals, comprising 18 specific targets, were adopted by the United Nations as part of the Millennium Declaration in 2000.

The eight goals are:

1. To achieve universal primary education.
2. To promote gender equality and empower women.
3. To reduce child mortality.
4. **To improve maternal health.**
5. To eradicate extreme poverty.
6. To combat HIV/Aids, malaria and other diseases.
7. To ensure environmental sustainability.
8. To develop a global partnership for development.

During the past 10 years in South Africa, it is estimated that the MMR has been anything from 150-400 per 100 000 live births, many times higher than that in the United Kingdom, and certainly higher than the target of 124 per 100 000. The difficulty with calculating the MMR in South Africa is the absence of accurate denominator data.

It is with this alarming statistic in mind that we draw your attention to the anaesthetic chapter of the latest Saving Mothers report, and we thank Prof Jack Moodley for allowing us to publish this.

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