

GUEST EDITORIAL

'Red flags' in pregnancy: Reducing maternal mortality through assessment of maternal deaths

Despite reductions in the number of institutional maternal deaths in South Africa (SA) during 2011 - 2016 (a total reduction of 580 deaths),^[1] much more needs to be done if the country is to reach the United Nations' Sustainable Development Goal (3.1) target of 70 deaths per 100 000 live births by 2030.

In this CME edition, case studies and reports highlight 'red flags' that healthcare professionals should be mindful of; they should also follow the Guidelines for Maternity Care in SA.^[2]

The first article^[3] indicates that persistent headaches, particularly those occurring in the late second and third trimesters of pregnancy, should be red flags alerting health professionals to the possibility of underlying cerebral pathology and should not be regarded as a common symptom associated with pregnancy.

The second article^[4] similarly highlights that epigastric pain during the second and third trimesters of pregnancy should not be regarded as reflux oesophagitis or gastritis, especially if it is associated with minor elevations in blood pressure levels of 10 mmHg systolic or 15 mmHg diastolic over normal values, the presence of proteinuria, or upper abdominal pain radiating to the shoulders. In such circumstances, the abovementioned symptoms should alert the healthcare professional to the possibility of a liver haematoma warranting further investigations, such as liver function tests and sonography of the epigastric area, to eliminate liver pathology.

Saving the lives of mothers and their babies is a continuing medical education process and learning lessons from vignettes is one way of achieving the target of reducing maternal deaths to <130 per 100 000 live births globally, as set by the United Nations Sustainable Development Goals.

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