Maternal mortality could be reduced by 50 per cent to 74 deaths per 100,000 live births. Neonatal and under-five mortalities could both reduce by 46 per cent to 5.6 deaths per 1,000 births and 17.8 deaths per 1,000 births respectively.

An achievable coverage scenario demonstrated a reduction of 26 per cent to 110 deaths per 100,000 live births and 28 per cent for neonatal and under-five mortality to 7.5/1,000 and 23.5/1,000 respectively. If contraceptive prevalence increases by 0.5 percentage points per annum from 2015 to 2019, a further 69 maternal deaths, 1,452 child deaths and 1,135 stillbirths could be prevented. The baseline cost in 2014 for the total suite of LiST interventions for which costs were estimated was US$123 million (about US$11.62 per capita) and the 2014 provincial population estimate was 10.69 million.

Conclusion

Focused attention on a set of key interventions could have a significant impact on averting stillbirths and maternal and neonatal mortality in KwaZulu-Natal. Concerted efforts to prioritize family planning would save more lives overall and have the potential to decrease costs in other areas of maternal and child care.

URL: http://bit.ly/2xB5fNe

Published within the framework of Preventing Maternal Deaths in East and Southern Africa programme