

Perinatal Priorities – a partnership for good

Over five decades, a group of people has met for a few days each year in one or other beautiful and peaceful place – by the sea, in mountains or in national parks – to deliberate on how best we can care for pregnant women and their babies. These are doctors practising obstetrics, doctors practising paediatrics, midwives, and neonatal care nurses: those who attend to the 80% of our population who rely on the public service for maternity and newborn care. These professionals come from universities, busy referral centres, and outlying and rural hospitals to present their research, bring their concerns or provide inspiration. This is the annual Conference for Priorities in Perinatal Care in Southern Africa. The multidisciplinary sharing of information goes beyond research and reports. Prominent authorities from other countries add fresh insights, and workshops on current topics encourage improved practices and skills. And more: regular delegates have made up the core of ministerial advisory committees, including NaPeMMCo (National Perinatal Morbidity and Mortality Committee) and the NCCEMD (National Committee for Confidential Enquiries into Maternal Deaths).

Much of the original research presented at the conference finds its way into peer-reviewed journals, but with no mention of being heard first at Perinatal Priorities. Some of the work remains only in the conference's abstract booklets and electronic files. It is therefore encouraging to see Perinatal Priorities feature in this supplement of the SAJCH, with six articles based on presentations at the 43rd annual conference held in March 2025. The articles give a typical selection of topics important in our maternal and perinatal care: postpartum haemorrhage, respectful maternity care, intrapartum fetal heart rate monitoring, caesarean section rates and complications of preterm birth, as summarised below.

Rubgega and colleagues^[1] from Botswana discuss the potential and challenges of a project assessing the feasibility of implementing an evidence-based package of care for the third stage of labour and management of postpartum haemorrhage, including the recently added suction tamponade. Lunda and colleagues^[2] present a conceptual framework for promoting respectful maternity care, in the light of concerns about discrimination, abuse and neglect of women in labour. Lukhele and colleagues^[3] introduce the development and validation of a cardiotocography interpretation training programme for midwives, critical in this era of rampant cerebral palsy litigation. The course can now be implemented in midwife training and continuing professional development

programmes. Govender^[4] reports on a caesarean section audit from a multi-level referral hospital in northern KwaZulu-Natal, finding a 66% caesarean section rate, which the author notes will be difficult to reduce. Mahloko and Paulse^[5] describe the incidence and risk factors for cerebral intraventricular haemorrhage in premature infants, while Kleinhans and colleagues^[6] report similar data from three private hospitals in Johannesburg. Both articles show interesting associations that may generate new hypotheses. Private-hospital research has only recently become a feature at Perinatal Priorities and is a welcome addition to the conference's epidemiologic cover.

I expect that the Perinatal Priorities will regularly produce more contributions of this kind in SAJCH supplements. This will motivate conference presenters to publish their work and provide a wider and lasting record of the proceedings of this unique, yet intuitive, multidisciplinary partnership.

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