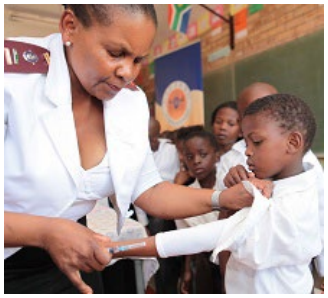
Chapter 6: Obstetrics and Gynaecology

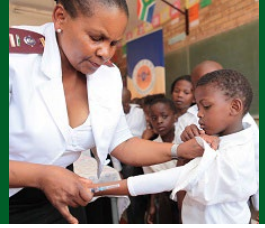


NATIONAL DEPARTMENT OF HEALTH

AFFORDABLE MEDICINES DIRECTORATE
ESSENTIAL DRUGS PROGRAMME

PRIMARY HEALTHCARE STANDARD TREATMENT GUIDELINES AND ESSENTIAL MEDICINES LIST 2025-2029 REVIEW CYCLE

How to Use this Implementation Tool



This slide set highlights medicine amendments to this chapter of the PHC STGs & EML

THIS TOOL

- ✓ Highlights medicine amendments
- ✓ Use for quick implementation updates

STGs

- ✓ Remains the authoritative clinical guidance
- ✓ Always use the most recently published version

EVIDENCE

- ✓ Access the NEMLC report for detailed evidence (including rationale, references and costings) informing decision-making on medicine addition, amendments and deletions

ACCESS THE LATEST STGs & EML

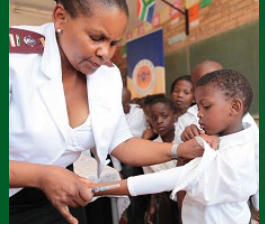
PHC Chapter 6: Obstetrics & Gynaecology

NHI webpage: https://www.health.gov.za/nhi-edp-stgs-eml/

Disclaimer

This slide set is an implementation tool and should be used alongside the most recently published STG available on the NHI Webpage as detailed above. This information does not supersede or replace the STG itself.

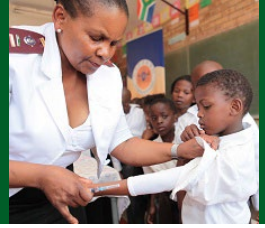
Medicine Amendments



SECTION 6.2: Miscarriage

Medicine/ Management	Decision
Anti-D Immunoglobulin	RETAINED INSTRUCTIONS AMENDED For inevitable/incomplete miscarriages: Oxytocin, IV, 20 units, diluted in 1000 mL sodium chloride 0.9% and infused at 125 mL/hour (avoid where threatened miscarriage is suspected). Following a miscarriage, for Rh-negative non-sensitised women from 13 to 22 weeks: Anti-D immunoglobulin, IM, 50 mcg, preferably within 72 hours but may be given up to 7 days following management of miscarriage.

Medicine Amendments



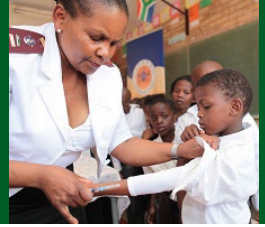
SECTION 6.3.1: Management Of Termination Of Pregnancy At Primary Health Care Level: Gestation Up To 12 Weeks And 0 Days

Medicine/ Management	Decision
Anti-D Immunoglobulin	DELETED — The STG was aligned to 6.2 Miscarriage and the AHL obstetrics Chapter.
Referral Criteria	AMENDED

REFERRAL

- If gestation ≥ 12 weeks and 1 day.
- If gestation uncertain.
- If any signs or symptoms of ectopic pregnancy or other early pregnancy complications.
- Co-morbid conditions (heart disease, asthma, diabetes, anaemia, clotting disorder, seizure disorder, substance abuse, hypertension).
- Large fibroids (may interfere with determining gestation age and/or MVA).
- Any signs of sepsis (tachycardia, hypotension, pyrexia, tachypnoea, offensive vaginal discharge).
- For MTOP at a gestation 9 weeks and 1 day –12 weeks and 0 days:
  - If MVA/emergency resuscitation equipment not available on-site, refer for supervised MTOP to an appropriate site.
  - If MVA/emergency resuscitation equipment available on-site, offer supervised MTOP; or surgical TOP with MVA.

Medicine Amendments



SECTION 6.4.1: Antenatal Supplements

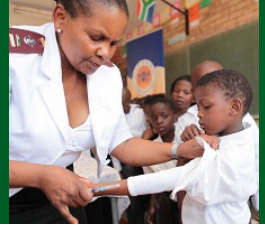
Medicine/ Management	Decision
Folic Acid, 5mg	CAUTION BOX ADDED **The narrative of the STG was updated to include the following sentence:** Women who are diagnosed with folic acid deficiency in the 2nd or 3rd trimesters need referral to a doctor for management, a caution box also added.

The STG was updated to include a caution as follows:

CAUTION

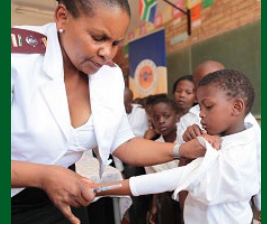
Routine administration of high-dose folic acid (5 mg daily) during the second and third trimesters is not recommended. Emerging evidence suggests that excessive folic acid intake during this period may be associated with an increased risk of maternal gestational diabetes, as well as adverse fetal outcomes, including large-for-gestational-age infants and potential neurodevelopmental effects.

Medicine Amendments



SECTION 6.4.2: Hypertensive Disorders in Pregnancy

Medicine/ Management	Decision
Aspirin	NOT ADDED Aspirin is recommended in the PHC STGs for the prevention of pre-eclampsia during pregnancy, however, in the chronic hypertension STGs there is referral to the next level of care and the aspirin can be initiated at the next level of care. The committee recommended to retain the STG with no revisions i.e. Aspirin not added for this indication
Calcium	NOT ADDED Current evidence neither supports nor refutes the routine use of calcium supplementation commencing before conception. The committee recommended no revisions to the STG and noted that calcium in hypertension has been flagged for future review by NEMLC.



THANK YOU

For any queries kindly email
SAEDP@health.gov.za

NHI Webpage
https://www.health.gov.za/nhi-edp-stgs-eml/

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Department:
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