



LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

**SPEECH BY PREMIER DR PHOPHI RAMATHUBA DURING THE LORT
POSTPARTUM HAEMORRHAGE NIGHT SYMPOSIUM AT FUSION BOUTIQUE,
POLOKWANE MUNICIPALITY, CAPRICORN DISTRICT**

30 SEPTEMBER 2026

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Academic and University of Pretoria, Professor Tsakane Hlongane,
Clinicians and healthcare professionals,
Chief Financial Officer,
Hospital CEOs,
Members of the Media,
Ladies and Gentlemen,

Thobela, Riperile, Ndi Madekwana, Good Evening, Goeie Naand,

In the quiet aftermath of labour, when the intensity of childbirth gives way to the precious first moments of new life, there is a danger that can emerge without warning. A mother who has just given birth can move within minutes from celebration to a fight for her life.

Postpartum haemorrhage is not merely a medical emergency; it is a race against time.

It is one of the most serious complications of childbirth and when not recognised and managed promptly, it can rapidly become fatal. But tonight, we are not gathered to speak only about the tragedy of maternal deaths. We are gathered because many of these deaths can be prevented.

This symposium therefore represents something much greater than an exchange of scientific knowledge. It is a collective commitment by clinicians, managers, researchers, administrators and policymakers to ensure that every woman who enters our health facilities to give life has the best possible chance of leaving those facilities alive and healthy.

Ladies and Gentlemen,

There is no single silver bullet for preventing deaths from postpartum haemorrhage. Saving a mother's life requires an entire chain of care to work, early recognition, rapid intervention, appropriate clinical management, access to blood and blood products, functioning theatres, emergency transport, effective referral systems, skilled personnel, communication and strong leadership.

And that chain must work every time.

A delay at any point can have devastating consequences. A delayed diagnosis can cost precious minutes. A delay in accessing blood can cost a life. A delayed referral can turn a manageable emergency into a catastrophe. A theatre that is not ready, an ambulance that is not available, or a communication breakdown between levels of care can weaken the very chain with which a mother's survival depends.

This is why we must reject the idea that maternal deaths are the responsibility of one clinician, one profession, one hospital or one department.

A mother's life is a shared responsibility.

Our doctors, nurses, midwives, anaesthetists, laboratory personnel, blood services, emergency medical services, pharmacists, hospital managers, district teams and policymakers must work as one integrated team.

The call before us is therefore simple: break the silos and strengthen the chain.

We must learn from every maternal death and every near-miss. We must ask difficult questions, not to apportion blame, but to identify weaknesses and correct them. Where systems fail, we must fix them. Where skills need strengthening, we must train. Where protocols are not followed, we must reinforce them. Where resources are inadequate, we must respond decisively.

The value of a symposium such as this lies not only in what we discuss tonight, but in what changes when we return to our hospitals and clinics tomorrow morning.

We must use evidence, innovation and technology to improve our response. We must strengthen clinical audits and maternal death reviews, because every case carries lessons that can help us prevent another tragedy. We must ensure that frontline healthcare workers have the tools, knowledge and support they need to act decisively when every second matters.

As provincial leadership, we have a responsibility to create an environment in which this entire chain can function across districts, facilities, professions and levels of care.

And if we build a reliable response to postpartum haemorrhage, we are strengthening much more than our management of haemorrhage. We are strengthening referral systems, emergency transport, blood availability, theatre preparedness, critical care,

communication, teamwork, technology and leadership, the very systems that support maternal and new-born health more broadly.

Let us therefore leave this symposium with a renewed sense of urgency.

Tonight must not end as simply another successful symposium. Its success must be measured by what we do differently tomorrow.

Let us strengthen collaboration between the public and private sectors. Let us bring our academic institutions, professional bodies and health facilities closer together. Let us ensure that knowledge moves from the lecture room to the delivery room, where it can make the difference between life and death.

To our clinicians, I say: your hands may be the last line of defence, but you should never have to stand alone.

To our managers, I say: create systems that allow clinicians to save lives.

To our policymakers and administrators, I say: ensure that the resources required to save lives reach the frontline.

And to all of us, let us remember that behind every statistic is a woman, a family, a child who may grow up without a mother, and a community forever changed by a preventable loss.

When one link in the chain fails, a mother may pay the price. But when every link holds, we give life its best possible chance.

Our responsibility is simple and profound: a woman who comes into our care to give life must have every reasonable chance of returning home safely to her family.

Let this be our collective commitment.

Let us work together.

Let us learn together.

Let us act together.

And above all, let us save lives together.

I thank you.