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12th March, 2026

WHO WE ARE

The African Placenta Research Network (APRN) is a collaborative digital platform connecting researchers, clinicians and healthcare workers across Africa who share a commitment to placental research.

INTRODUCTION

Welcome To Our Second Issue

The month of March provides an opportunity for global reflection and action, a time when we commemorate International Women's Day. It is a moment to reaffirm our collective commitment to advancing women's health and equity, and a powerful reminder of why we do what we do.

Despite decades of progress, women's health remains under researched and underfunded. Yet, we are encouraged by the knowledge that meaningful change is possible. At the core of women's health lies placental science. By strengthening placental research, we can better understand, predict, and prevent some of the most devastating complications affecting women and their babies.

In this issue, we are proud to feature Professor Priya Soma-Pillay, who shares insights on her new role as Vice President of the International Federation of Gynaecology and Obstetrics (FIGO). Prof Soma-Pillay also shares insights on some of the pressing challenges we face, including the high rates of teenage pregnancy and the critical importance of long term care for women following complicated pregnancies.

APRN continues to grow as a collaborative pan African platform. In February 2026, we hosted our inaugural webinar featuring Professor Yoel Sadovsky and Dr Dorotheah Obiri, our Ghana Ambassador. Highlights from this session will be posted on our LinkedIn page! Follow us for current APRN updates:

<https://www.linkedin.com/company/the-african-placenta-research-network/posts/?feedView=all>

This issue features:

- **Important Dates and Upcoming Events**
- **APRN Ambassador Spotlight: Tunisia and Rwanda**
- **Insights from Professor Priya Soma-Pillay**

EVENTS

COMING IN APRIL 2026

[Expert-ECR Connect: APRN's Webinar Series](#)

Obesity & Pregnancy: The Global versus African Placental Story
APRN will host its second Expert-ECR Connect featuring Professor Amanda Sferruzzi-Perri and Dr Ezekiel Musa on 29 April 2026 at 16H00 SAST.

Further details, including the event poster and registration link, will be released soon via APRN communication platforms.

Important Dates and Upcoming Events

• **International Maternal Newborn Health Conference (IMNHC 2026)**
Nairobi, Kenya
March 23 - 26, 2026
<https://imnhc2026.org>

• **International Federation of Placental Associations (IFPA 2026) meeting**
Kamakura, Japan
September 1 - 4, 2026
<https://square.umin.ac.jp/ifpa2026/>

• **International Marcé Society Conference (Perinatal Mental Health)**
Cape Town, South Africa
September 6 - 9, 2026
<https://marcesociety.com/meetings/marce-meetings/>

RESEARCH NETWORK

Our ambassadors are distinguished researchers who serve as regional champions, fostering collaboration, mentoring emerging scientists, and ensuring African leadership in global placenta research.



In this issue, we spotlight our ambassadors from Tunisia and Rwanda.

Nadia Ouerdiane | Tunisia

Nadia Ouerdiane is an Associate Professor and Obstetrician Gynaecologist Consultant based in Tunis. She previously worked at a University Hospital and now practices in the private sector. Her research focuses on placental disorders, with a particular interest in placenta accreta. She has published several impactful studies on the imaging and clinical management of placenta accreta, contributing to improved diagnosis and care in this high risk condition.

Learn more about Prof Ouerdiane's research:
<https://pubmed.ncbi.nlm.nih.gov/?term=nadia+ouerdiane&sort=date>

Bazirete Oliva | Rwanda

Bazirete Oliva is an Associate Professor of Midwifery and Dean of the School of Nursing and Midwifery. She brings over 22 years of academic experience, alongside earlier clinical work in Rwandan hospital settings. Her expertise spans maternal and newborn health, sexual and reproductive health, and midwifery research. She contributes to several advisory platforms, including a committee at the World Health Organization. Through her leadership and scholarship, she continues to strengthen midwifery education and research across the region.

Learn more about Prof Oliva's research:
<https://pubmed.ncbi.nlm.nih.gov/?term=bazirete+oliva&sort=date&page=1>

BENCH TO BEDSIDE

Translational Perspectives in Placental Science

In this issue, our Research Spotlight is on Professor Priya Soma-Pillay, who has made significant contributions in clinical leadership, maternal health research, and global policy impact.



Professor Priya Soma-Pillay

Clinical Leadership in Maternal and Fetal Medicine

Professor Priya Soma-Pillay is the head of the Department of Obstetrics and Gynaecology at the University of Pretoria and Steve Biko Academic Hospital. In addition, she currently holds the position of Deputy Dean for Stakeholder Relations in the Faculty of Health Sciences at the University of Pretoria. Prof. Soma-Pillay is a maternal and fetal medicine subspecialist with a strong clinical focus on high-risk pregnancies, maternal morbidity, and maternal mortality. Working in the South African public health system has provided her with deep insight into the challenges faced by women in resource-constrained settings. These experiences have shaped her commitment to improving maternal and perinatal outcomes through clinical care, research, and training.

Research and Maternal Health Systems

Prof. Soma-Pillay has authored more than 80 peer-reviewed publications and contributes to several collaborative research initiatives focused on maternal health. Her recent work examines women who experience severe maternal morbidity during pregnancy. Evidence shows that these women face a higher risk of developing chronic disease later in life, particularly cardiovascular disease, if their conditions are not managed after pregnancy. In addition, Prof. Soma-Pillay's research highlights the importance of recognizing pregnancy complications such as hypertensive disorders of pregnancy as early indicators of future health risk. Improving follow-up care after complicated pregnancies may help reduce long-term morbidity and improve health outcomes for mothers and families.

Global Leadership and Policy

Prof. Soma-Pillay was recently elected Vice-President of the International Federation of Gynecology and Obstetrics (FIGO). Through this role she contributes to efforts aimed at strengthening clinical training, translating research into practice, and improving maternal health policies across different health systems. Prof. Soma-Pillay is also actively involved in national maternal death review committees and global maternal health initiatives. These roles support the development of policies and programmes that improve maternal and newborn outcomes.

Insights from Prof Priya Soma-Pillay

1. Congratulations on your recent election as Vice-President of the International Federation of Gynecology and Obstetrics (FIGO). What priorities will you focus on in this role to advance women's health globally, particularly in low- and middle-income countries?

I am honoured to serve as Vice-President of the International Federation of Gynecology and Obstetrics (FIGO). In this role, I will prioritise strengthening education, capacity building, and collaboration to improve women's health outcomes globally, particularly in low- and middle-income countries.

A key focus will be expanding access to high-quality, context-appropriate education for clinicians through initiatives such as the FIGO Knowledge Hub, which provides accessible learning resources and continuing professional development opportunities. Strengthening "train-the-trainer" programmes will also be essential to address the shortage of skilled educators in many regions and to ensure sustainable local expertise.

In addition, I aim to strengthen partnerships with national societies and global health organisations so that education, research, and advocacy efforts are better aligned. By empowering health professionals with practical skills and leadership capacity, FIGO can support meaningful and lasting improvements in the health and wellbeing of women and girls worldwide.

2. Teenage pregnancy remains a major challenge globally and in South Africa, where it is further complicated by high HIV prevalence and social inequality. In your view, what coordinated actions across health, education, and communities are most urgently needed to improve outcomes for young mothers?

Teenage pregnancy remains a complex challenge that requires coordinated action across health systems, schools, families, and communities. A key priority should be reducing the teenage pregnancy rate through comprehensive sexual and reproductive health education delivered in schools, as well as through community and faith-based platforms such as churches. Providing young people with accurate information and life skills enables them to make informed decisions about their health and futures.

Equally important is expanding structured after-school programmes, particularly sport and cultural activities, especially in township schools. These initiatives provide safe environments, mentorship, and constructive opportunities that can help reduce risky behaviours.

Improving access to contraception is also critical. Clinics should extend services beyond standard hours, including evenings and weekends, to ensure adolescents can access confidential and youth-friendly care.

Finally, strong support systems must be in place for girls who are already pregnant. These young mothers should receive social, educational, and health support that enables them to continue and complete their schooling, helping to break cycles of poverty and inequality.

3. Your research has highlighted the long-term health risks following severe maternal morbidity. Based on your experience, what lessons would your team recommend for improving follow-up and long-term care for women after complicated pregnancies?

Yes, our research on severe maternal morbidity shows that the impact of pregnancy complications often extends well beyond the immediate postpartum period. Women who experience complications such as severe pre-eclampsia, haemorrhage, sepsis, or critical illness during pregnancy are not only at increased risk of long-term cardiovascular and renal disease, but many also experience a poorer quality of life after pregnancy. Physical limitations, psychological distress, and the social consequences of a complicated pregnancy can affect women and their families for years. Based on our experience, several lessons are important for improving follow-up and long-term care.

First, there needs to be a structured postpartum follow-up system for women who experience severe maternal morbidity. Many women are discharged after recovery from the acute event but are not routinely followed for long-term health risks. Establishing dedicated postpartum or "post-complication" clinics within obstetric services would allow clinicians to monitor blood pressure, metabolic risk factors, and mental health in the months and years following pregnancy.

Second, improved integration between obstetric, primary care, and specialist services is essential. Obstetric complications should be recognised as early markers of future non-communicable disease. Clear referral pathways to primary care physicians, cardiologists, nephrologists, and mental health professionals can help ensure that women receive ongoing risk assessment and preventive care.

Third, patient education is critical. Women need to understand that complications in pregnancy may have implications for their long-term health and wellbeing. Providing counselling before discharge and clear information about symptoms, future pregnancy planning, and lifestyle modification can empower women to seek appropriate care.

Importantly, mental health and psychosocial support services must be strengthened. Women who survive severe complications often experience anxiety, depression, post-traumatic stress, and difficulties adjusting to motherhood after a traumatic pregnancy experience. Access to counselling, psychological support, and community-based support services can play an important role in improving recovery and quality of life.

4. South Africa is known for strong hands-on clinical training in obstetrics and gynaecology. Your department has hosted trainees from countries including Sudan and Gaza and maintains collaborations with institutions in Europe and Australia. What value do you see in these international partnerships for training the next generation of clinician-scientists?

International partnerships play an important role in strengthening both clinical training and academic collaboration. South Africa, and particularly institutions such as the University of Pretoria, offer strong hands-on clinical training with exposure to a wide spectrum of clinical conditions. This creates a valuable learning environment not only for local trainees but also for colleagues from other parts of the world.

In recent years, we have had the opportunity to host trainees from countries such as Sudan and Gaza, where conflict has disrupted medical education and training programmes. Facilitating training opportunities for these students is important on humanitarian grounds. Supporting colleagues whose education has been interrupted by war reflects the broader responsibility of academic institutions to contribute to global solidarity and capacity building in health care.

At the same time, these exchanges are mutually beneficial. International trainees bring different perspectives, experiences, and insights into health systems and clinical practice in their own countries. This enriches the learning environment for our local students and encourages broader thinking about global health challenges.

Partnerships with institutions in Europe and Australia further strengthen training opportunities for the next generation of clinician-scientists. These collaborations promote shared research initiatives, academic exchange, and mentorship, helping trainees develop both strong clinical skills and research capacity.

HOW TO REACH US

We'd love to hear from you! Whether you're interested in collaborating, learning more about our work, or joining our research community, feel free to reach out.



CONNECT WITH US

Africa's scientific landscape is evolving rapidly, and placental research is no exception. As new tools, technologies, and research capacities emerge across the continent, APRN is committed to ensuring that African scientists remain connected, supported, and represented at regional and global levels.

We look forward to building this network with you.

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