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UCT's Professor Matjila champions maternal health through research and collaboration

Professor Mushi Matjila Photo: Lerato Maduna

Professor Mushi Matjila, head of the Department of Obstetrics and Gynaecology at the University of Cape Town (UCT) and the Groote Schuur Hospital, has been committed to improving maternal health for women and adolescent girls in South Africa and across Africa.

He has dedicated his career to advancing reproductive health by advocating for the dignity of women and the well-being of mothers and newborns.

Delivering his inaugural lecture at UCT's New Learning Centre Lecture Theatre, Anatomy Building recently, Matjila dedicated it to his beloved mother, Mabel Elizabeth Matjila, a focused and determined woman and a source of great strength, wisdom and inspiration.

Ma Mabel sat proudly with other members of Matjila's family, including his wife and children. "To the matriarch, who is now 92 and three-quarters, whose love continues to provide vision, guidance, discipline and focus: with this lecture, I would like to honour you, my dear mother," he said.

The lecture was titled: "Navigating Growth through the Support of Others: From Kiss-ing in the Placental Bed, through to Research, Policy and Placenta-Mediated Disorders".

Affirming a covenant

Welcoming the audience to the event, Professor Thokozani Majozi, UCT's Deputy Vice-Chancellor for Research and Internationalisation, said the occasion was not merely celebrating the conferring of a title. Instead, he said, it was an opportunity to affirm a covenant.

He told Matjila that the title of professor is not necessarily the zenith of a career. But it is a renewed commitment to the "eternal pursuit of truth".

"Knowledge that does not humble us has taught us nothing, and a title that does not deepen our responsibility has honoured us falsely," Majozi said. "May you wear this mantle, not only as affirmation of your scholarship, but as a covenant renewed daily in the classroom, in the laboratory, and in the quiet hours of reflection where true wisdom lies."

Choosing medicine

Matjila's used his time at the podium to share some titbits on his illustrious career which, in fact, started when he was an undergraduate student in UCT's Faculty of Science, where he completed his BSc majoring in biochemistry and microbiology.

He told the audience that he was fascinated by laboratory work, but what he really wanted was a career that involved contact with people. So, he decided to study medicine at the then University of Natal.

Investigating kisspeptin

Years later, Matjila went to Edinburgh to complete his collaborative, laboratory-based doctoral degree. His research was conducted as a joint initiative between UCT and the Medical Research Council (MRC) Human Reproductive Sciences Unit in Edinburgh. He investigated kisspeptin, a naturally occurring peptide produced in the brain that acts as a "master switch" for human reproductive hormones, and the role it plays in regulating the genes involved in placental cell invasion.

"There are different peptides of the KISS gene, and they are all biologically active. What's important to know is that the KISS gene has been studied in most cancers around the body and is over-expressed. So, it's a tumour metastasis suppressor gene and it's over-expressed in most cancer cells," he said.

But what's the link between the placenta and cancer biology? Matjila said there are clear links between the two. "All the molecular sectors and pathways that gather the spread of cancer cells are the same that controls the invasion of placental cells," he said. "So, it's just

that placental cells are well behaved and stop growing when they are supposed to stop. But cancer cells don't do that."

Studying the placenta

Why is it important to study the placenta? Matjila asked. He said ongoing research helps clinicians understand the background mechanism behind placenta-mediated disorders like preeclampsia, growth restriction and preterm birth; and helps them come up with novel therapeutics that target them. In addition, he said, the placenta is important because of placental programming and the idea that mechanisms, such as genes that set metabolism in-utero, are sustained for the first 1 000 days after birth and beyond that are set for life.

"This is known as the developmental region of health and disease and it means that with things like type 2 diabetes and cardiovascular disease, if you can intervene at the level of the placenta, then it's good," he said.

Collaboration is key

Matjila also touched on his work in the Human African Molecular Placental Research Platform, a novel project that seeks to harness modern approaches and technologies to understand placental development and function.

The project aims to develop a transdisciplinary intra-African network by training African basic science and clinical postgraduate students to improve maternal and perinatal health in their countries and across the continent. He said his department has embarked on a consultative path and is working hard to achieve mass care delivery that involves continuous consultations.

"We need implementation. We need human resources. We need infrastructure across local and subdistricts and across all levels of care," he said.

"And we need to embrace novel innovations like artificial intelligence and digital technology. We need to collaborate. We need to cooperate and integrate service delivery into teaching, training and research, rather than letting it be an individual science."

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