

Transport during Childbirth: A death trap for South African mothers and babies



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RMCH is committed to helping reduce the high number of avoidable maternal and child deaths in South Africa by strengthening the primary health care system. The programme provides technical assistance to the South African National Department of Health (NDoH) and the Districts to improve the quality of, and access to, reproductive, maternal and child health services for women and children living in poorer, underserved areas in South Africa.

Progress to reducing maternal mortality in South Africa is hindered by distance and access to health care services, including lack of, or poor transport from home to health care facilities. To increase timely access to health care services, the Soul City Institute recommends the development and approval of a transport plan for every pregnant woman who visits a health facility for antenatal care. This plan should be supported and overseen by community based structures such as the clinic committee or community based monitors (CBMs).

Issue for consideration

Women's access to health care services in South Africa is poor¹. Ninety percent of South Africans live within a 7 km radius of the nearest public health facility, and only two-thirds live less than 2km away¹. However, women giving birth before reaching a healthcare facility remains a problem². The lack of reliable and efficient transport from home to a health care facility when experiencing pregnancy complications or when in labour, and poor access to emergency services during labour were identified as key reasons for the high maternal and child deaths and disability in Soul City's formative research³.

I had my cousin who began labour pains at night. When we called the ambulance we did not get any response. We did not have the money to hire private transport. We had to journey into the route towards the clinic. However, we realised that our cousin had ignored the labour pains until it was late. Before we had walked much distance she said that she could not proceed anymore...we realised then that her water had broken and we had to assist her to deliver on the road...

(FGD participant, Fezile Dabi)

The number of ambulances available and the length of time it takes to reach patients are factors in the transport problem. For example, a research study by the Community Agency for Social Enquiry (CASE) found that a community health service centre in Fezile Dabi district in Kroonstad, Free State Province had only three ambulances available and that it takes a maximum of two hours for the ambulance to reach patients after being requested.

Provincial and community level commitment to addressing transport challenges can have an impact on maternal health outcomes. In the Free State, the use of dedicated inter-facility maternity ambulances to transfer women in labour to an appropriate health care facility resulted in a significant reduction of approximately 20% of maternal deaths in 2012. The initiative achieved this by reducing lengthy waiting periods for an ambulance to be dispatched to transfer a pregnant woman in labour to an appropriate facility². Other African countries such as Sierra Leone, Rwanda and Nigeria have also managed to reduce their maternal deaths through implementing improved transport interventions.

Legal Framework

There are legal frameworks in South Africa, such as Section 27 of the Constitution and the Bill of Rights, which guarantee equality to women and the right to access reproductive health services. This gives women the right to expect accessibility to health care during pregnancy and labour.

Recommendations to improve transport for pregnant women to health care facilities

Soul City recommends immediate action to improve transport for women who are pregnant or in labour to access health care facilities. This includes access to antenatal care and emergency transport in case of complications during pregnancy.

Specific interventions to improve transport include:

- Ensure provincial level policies are in place that supports the transportation of pregnant women to health care facilities when they need it.
- Develop and implement a district level transport plan that puts in place the necessary mechanisms to ensure that every pregnant woman can visit a health care facility for antenatal and postnatal services, to give birth and to access treatment, if needed, in a timely manner.
- Engage various community level stakeholders to support implementation of the transport plan, for example private family-organised transport, taxi drivers, providing transport vouchers and creating a list of available transport providers.
- Ensure that those engaged to provide transport for pregnant women are trained to engage with pregnant women. This will help to make the service more appealing to use.
- Support community structures such as clinic committees or community based monitoring teams to work closely with health care facilities to map ways to address the transport problems and implement locally developed solutions. These structures can exercise oversight and monitor that there are transport plans in place and that they are implemented. They can also be used to monitor the response times of emergency obstetric services at health facilities and report to the next level any misnomers.



Case Study

Community members addressing transport challenges, Ugu District, KwaZulu-Natal

I will talk on the transport one. For example we have got a place called Thonjeni or KwaKhalanyonini where there is no transport and the Inkosi and Indunas and the clinic staff are coming together having meetings of improving transport. We are seeing those community members who have cars using their cars to transport people to the clinics and vice versa. In the other places we are talking to the taxi owners to help take the patients to the clinics.

(District Health Official, Ugu)



References

1. MCLAREN, Z., ARDINGTON, C. & LEIBBRANDT, M. 2013. *Distance as a barrier to health care access in South Africa*.
2. SCHOON 2013. Impact of inter-facility transport on maternal mortality in the Free State *South African Medical Journal* 103, 534-537.
3. Soul City Institute. 2014. Formative Research Report: Findings from the fieldwork for the Campaign for Accelerated Reduction of Maternal and Child Mortality.