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SA can do more to halt maternity deaths

The mortality rate has fallen by providing support structures for pregnant mothers

Analysis

TEURAI RWAFA

KEY POINTS

- The target date for the UN's Millennium Development Goals (MDGs) is around the corner as we count down
- Sadly, South Africa does not appear to be on target to reach those goals but we cannot lose hope
- Soul City's campaign on the Accelerated Reduction of Maternal and child Mortality seeks Pregnancy with Dignity
- South Africa's high maternal and child death rates make it a critical campaign
- Every pregnant woman is precious and deserves our support and respect

THE target date for the UN's Millennium Development Goals (MDGs) is around the corner as we count down to the New Year.

Key among these 2015 targets is our desire to reduce child deaths by two-thirds and maternal deaths by 75% respectively.

Sadly, South Africa does not appear to be on target to reach those goals, but we cannot lose hope.

There has been an increased focus on interventions that can support the goals, including the launch of Soul City's campaign on the Accelerated Reduction of Maternal and Child Mortality (Carmma) in South Africa.

Carmma was launched on May 7, 2009, during the fourth Session of the Conference of African Union Ministers of Health held in Addis Ababa, Ethiopia.

Soul City's campaign seeks pregnancy with dignity. South Africa's high maternal and child death rates make it a critical campaign. In line with our belief that society, communities and individuals have the right to live their lives in an environment that is safe, supportive and sustainable, Soul City supports the campaign that amplifies the fundamental right to human dignity enshrined in Section 10 of the the Constitution.

Consider, for example, the key contributors to South Africa's high maternal and child death rates. They can be divided into three categories such as a delay in deciding to seek care by the individual or the family, delay in reaching an adequate health care facility and a delay in receiving adequate care at the facility.

Maternal deaths have several consequences in our society with an impact on remaining children's lives, the family, and the community at large. To this end, maternal and child health are part of the re-engineering of primary health care in South Africa and a critical component of a post-2015 development agenda.

We need to reach every woman and child, through the provision of a continuum of care for women before and during pregnancy, as well as after giving birth.

Formative research conducted by Soul City identified four areas of priority to reduce maternal and child deaths in South Africa.

These areas include transport, maternity waiting homes, access to cellphone airtime and an extension of social grants to pregnant women.

The final trip to the clinic for childbirth is often unplanned and left until women are already in labour. Pregnant women and communities should be encouraged to develop transport plans with the help of a clinic committee and community-based monitors.

This plan can either be in the form of a private family – organised transport or the provision of transport vouchers – or a list of transport providers who have been trained and are willing to transport women during labour.

In Nigeria, for example, a project was introduced in collaboration with transport unions where a fuel seed fund was set up and was topped up by users to assist community members with reliable and affordable transport to health facilities.

Drivers were trained on how to relate to patients in terms of the way they talked to them and the general social etiquette when around patients.

For women in inaccessible rural areas, transport alone is not enough. Indeed, the final wait for labour is better done at maternity waiting homes close to or at hospitals or clinics. Women come to the waiting home which resemble dormitories – close to or a end of their pregnancy and once labour st they move to the health facility.

Waiting homes are intended for women live far from hospitals or clinics, who may be able to get to the hospital quickly, as w for women with high-risk pregnancies.

Women often bear the brunt of poverty and hunger – and poor pregnant women a no exception. The government should exte the period of provision for the child suppo grant, to include the pregnancy period, so can prevent these large numbers of mater and child deaths. Maternity and early chil hood support is presently provided in ove countries, generating considerable return child and maternal health and capital.

In Mexico, for example, such support substantially reduced maternal and infan mortality and had notable long-run impac human capacity. Maternity support might reduce poor or vulnerable women's needs termination of pregnancy.

As we all know, pregnancy is unpredict able and women often lack access to fund cellphone airtime. Pregnancy-linked airti can be used in case of emergencies.

These four policy recommendations ad the first two delaying factors that contrib high maternal and child deaths.

We are also aware that there are other areas that may need to be addressed with respect to maternal and child health but t are the only ones we are advocating for d this campaign.

We are mainly concerned about theses four issues because they are part of the s determinants of women and children's he

Pregnancy with dignity means there is shaming of the pregnant woman and that threats to the mother and the baby she is rying are reduced.

Every pregnant woman is precious and deserves our support and respect.

Her safety is integral to the safety of th baby she is carrying. Lest we forget, thes babies are South Africa's future.

Teurai Rwafa is an advocacy coordinator a Soul City Institute. Follow Soul City on Tw @Soulcity_SA