

A transport policy is essential for mothers-to-be



Analysis

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IMAGINE you are nine months pregnant when your waters break during a summer storm and the road to the hospital is impassable.

You are stuck, alone, in labour.

And, when the rain subsides, you are told there is no ambulance to fetch you.

These scenarios, while terrifying, are real.

An Amnesty International report released at the beginning of October revealed that transport remains a major problem, with roads in some areas in such poor condition that they cannot be used when it rains.

According to the report, when women and girls found themselves in labour the ambulance shortage was so profound they were told to make their own arrangements to get to the hospital.

The numbers of women who die while pregnant – shortly after giving birth or within 42 days of terminating a pregnancy – and newborn babies who die during the first 28 days of their lives are a serious public health problem in South Africa.

It is estimated that about three women die for every 1000 live deliveries.

This ratio is very high compared to other countries with a similar socioeconomic status.

Despite free healthcare for pregnant women and children as well as increased efforts to improve child and maternal health, South Africa is lagging behind the 2015 Millennium Development Goal (MDG-5) target of less than one woman dying for every 1000 deliveries of live babies and one neonatal death for every 100 live births.

According to the Department of Health, administrative problems such as a lack of transport, is one of the factors contributing to South Africa's failure to reduce its maternal mortality rate and reaching the MDG-5 target.

A lack of transport is the predominant reason why pregnant women do not reach a health facility in time or for antenatal care visits.

The availability of transport for pregnant women from home to a healthcare facility like a clinic, or from a health facility to another referral health facility, like a hospital, will enable them to receive timely treatment.

Having pregnant women die due to lack of transport is unacceptable – because of this administrative problem – and avoidable.

According to the Department of Epidemiology and population health at the London School of Hygiene and Tropical Medicine, transport costs are likely to be a great deter-



CHECK-UPS: Pregnant women receive prenatal care at a clinic. However, sometimes not being able to reach a clinic or hospital in time could result in the death of the baby and/or the mother. PICTURE: GETTY IMAGES

rent in seeking emergency care.

Amnesty International confirms this and says that transport costs for a trip to the hospital can range between R500 and R1000.

In an attempt to reduce maternal and newborn deaths in South Africa, Soul City Institute recommends that every pregnant woman has a transport plan that a clinic committee or community-based monitor oversees.

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

This should be part of every pregnant woman's birth preparedness and complication-readiness plan.

South Africa does not have a policy in place for the provision of transport for pregnant women, besides provision of ambulatory services, which are not always effective or efficient. Whereas countries such as Bolivia, Brazil, China, Egypt, Morocco, and Peru have made good progress toward achieving MDG-5.

These governments have implemented successful programmes that focus on reducing maternal mortality and also stress the importance of empowering and educating women.

Many have also focused on the infrastructure of their country by improving roads and providing transport to health facilities.

It is imperative that we do not wait for a problem to arise before we think about how to get medical help for pregnant women.

Rather plan before birth as this allows the

woman, her family, the nurse, and her community to make a transport plan that can save the life of the woman and her baby.

In South Africa, the recommended number of antenatal care visits for an uncomplicated pregnancy is five, but 35% of pregnant women may require more than this – up to ten visits per pregnancy.

Soul City suggests that the transport voucher be a standard "average" amount per woman, allowing for a trip of up to 100km.

A one-way trip is estimated at a cost of R12, based on an average distance of 25km for households who take 15-29 minutes to get to the health facility, amounting to R144 per woman.

For all return trips other than the one to and from delivery, we assume that most women

KEY POINTS

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» Having pregnant women die due to lack of transport is unacceptable

will be able to use public transport.

A private taxi might be required for delivery. And, assume a cost of 25 x 2 (for trips to and from) at R10 per km, giving a total voucher cost of R500 per woman.

If such vouchers are provided to all women without private health insurance, the total cost of the vouchers would be R649m, made up of R145m for the antenatal visits and R504m for the delivery.

If the transport assistance is not given to 33.2% of women who live within 15 minutes of the nearest health facility, the cost falls to R353 083.

The funding could be made available by the Department of Transport, at national or district level. These funds can be used to reimburse taxi drivers for the vouchers pregnant women would have used to be transported to a health facility.

Communities should also be encouraged to assist in finding a solution for transport funding for pregnant women. Nigeria, for example, launched its emergency transport scheme in collaboration with transport unions.

This scheme sees taxi drivers as volunteer ambulance drivers, using their own vehicles to get pregnant women to a hospital or clinic during an obstetric emergency.

Nigeria also set up a fuel seed fund, which is topped up by users to assist community members with reliable and affordable transport to health facilities.

Transport might be taken for granted in many households throughout South Africa, but for those who rely on public transport there is a very different reality.

If women are to lead the fulfilled lives they deserve, then protecting their health and well being, particularly through their years of bearing children, is essential.

Concerted efforts around transport are a good start towards improving the situation. *Teurai Rwafo is advocacy coordinator (maternal and child health) at the Soul City Institute*