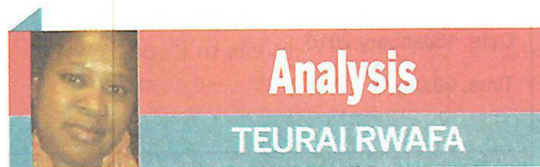


Maternity waiting homes a policy worth birthing

THOKO Mandisa's cousin went into labour late at night. Their emergency call to the ambulance went unanswered. Without money for a taxi, the family began the long walk to the rural clinic.

"We realised that our cousin had ignored the labour pains until it was too late. Before we had walked far she said that she could not proceed any more. We realised then that her water had broken and we had to assist her to deliver on the road," Mandisa (not her real name) recalled during focus group discussions with Soul City researchers in the Eastern Cape.

South Africa, one of the most developed countries on the continent, is lagging behind the 2015 Millennium Development Goals (MDG) 5 target of 38 maternal deaths per 100 000 live births. Poor access to maternal health services is a major contributor to maternal deaths. In South Africa, poor, uninsured, black Africans and rural groups have inequitable access to the health system. The maternal mortality rate (MMR) in South Africa varies considerably between provinces.



Recent estimates indicate that there are 84.9 maternal deaths per 100 000 live births in the Western Cape as opposed to 289.1 maternal deaths per 100 000 live births in the Free State Province. In five of the 52 districts in the country, the MMR is 300 or more, while it is below 100 in 10 other districts.

Yet, since 2011, the country has been on track to meet most of its MDG 4 targets to reduce under-five and infant mortality rates by two thirds between 1990 and 2015.

The Department of Health attributes the recent acceleration in these reductions to the introduction of the prevention of mother to child transmission programme as well as the pneumococcus and rotavirus vaccines. It is a success which shows what can be achieved.

How can we serve mothers better? Soul City Institute is recommending a policy on

KEY POINTS

- » South Africa, one of the most developed countries on the continent, is lagging behind the 2015 Millennium Development Goals (MDG) 5 target of 38 maternal deaths per 100 000 live births
- » Poor access to maternal health services is a major contributor to maternal deaths.
- » In South Africa, poor, uninsured, black Africans and rural groups have inequitable access to the health system
- » How can we serve mothers better?
- » Maternity waiting homes will also provide opportunities for health education and counselling for the woman and her family on a host of related pregnancy, delivery, and newborn care issues

provision of maternity waiting homes be put in place in South Africa. The campaign of the accelerated reduction of maternal and child mortality in Africa advocates for maternity waiting homes for pregnant women.

The recommendations have been tested and found to work in the Eastern Cape. Maternity waiting homes have many advantages including reducing the barrier of distance between women and facilities, encouraging mothers to deliver at a healthcare facility, enhanced ability to monitor and treat pregnancy-related emergencies and other complications.

Maternity waiting homes will also provide opportunities for health education and counselling for the woman and her family on a host of related pregnancy, delivery, and newborn care issues. Such a policy would benefit an estimated 25 000 women annually – about 2.5% of all women who are not covered by private health insurance. This small intervention would have a dramatic impact on the maternal mortality rate. The national Department of Health has advised provinces to use existing facilities such as empty wards to house pregnant women. It is a policy worth giving birth sooner rather than later.

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