



### A RURAL MOTHER'S REALITY

"In 2002 I fell pregnant and was expecting my child on the 5th of August but I had the baby on the 31 of July unexpectedly. My husband called an ambulance early, at around 5am, but the ambulance only arrived at 11am. At the hospital they were so busy with renovations, that the midwife told me they were going to send me to East London to the referral hospital. When the ambulance came, there were three people in it – a lady, who was driving and two men. The two men were drunk, especially the one who was with me in the back. My labour pains were serious and this drunk man was shouting at me not to deliver my baby. I was expecting twins, one boy and one girl. I gave birth in the ambulance. One twin came out, the boy – we were not too far from the hospital. The drunk man cried very loudly and called for the lady to stop driving and come help me. My baby boy was alive: he cried out but later stopped. There was no oxygen in the ambulance and my boy died on the way. When I arrived at hospital, the girl came but I think she was tired. A sister put her on oxygen. I lost the boy I was in need of: he was my first son but I lost him. I will never forget that experience, we really need a safe birth place in our area. Because the hospital is just too far away."

*Bodium resident, Eastern Cape*

BY CAMILLA RANKIN

# Rural women are doing it for themselves

## Busfare babies: hope in the Eastern Cape

**W**hile many of us are contemplating the merits of natural versus c-section births; hospital, birth centre or home birth; or are getting annoyed with the wait for our gynaes, the reality of pregnancy and birth for many women in South Africa is severe. For our rural sisters giving birth can be a scary, humiliating and often fatal experience, but there is hope: Busfare Babies is a charity that is making the world of difference to birthing women in the Eastern Cape.

### THE SCARY TRUTH

In 2011 Human Rights Watch (HRW)

released a damning report on the state of rural maternal health care in South Africa, in particular the Eastern Cape.

Calling the report *Stop Making Excuses: Accountability For Maternal Health Care In South Africa*, it tells stories of rural South African women being told to 'shut-up' in labour, being ridiculed for 'not using condoms', being slapped, shouted at and made to mop up their own blood with nothing more than tissues – to even walk around immediately after birth, bleeding, with their placentas still inside. "I was really shocked at how inhuman, how scary it is," says Agnes Odihambo, author of the report. This sub-standard treatment of labouring women contributes significantly to the rising rate

of maternal death – from 150 to 625 between 1998 and 2007 – as women are too scared to go to their local clinics for check-ups for fear of being treated poorly, so maternal and foetal problems are not diagnosed in time, and post-birth care is sub standard.

“Poor quality and unresponsive care for mothers and health systems devoid of effective accountability to patients are particularly important in shaping (and worsening) maternal-health outcomes,” explains HRW UK Director, David Mepham. The scariest part is that South Africa “has the resources, it has the infrastructure and it has the expertise but at the same time women are dying,” continues Odihambo. So what can be done?

There are many broader picture issues that need to be addressed explains Mepham, such as “proper complaint systems, policies and laws”, but a group of women, under the lead of Midwife Karen Clarke are no longer waiting for the ‘system’ around them to change: they are taking matters into their own hands.

## **INSPIRATIONAL RESPONSE TO THE CRISIS**

Karen opened Busfare Babies, a birthing clinic, almost two years ago. Currently the dwelling consists of two bedrooms and a small check-up room, as well as a kitchen/lounge area and a bathroom, but there are plans to expand. Women come to the clinic for antenatal care, and when the time comes, they can deliver in a warm, supportive and safe environment; one that also has access to transport should emergency hospital care become necessary.

Karen believes that “women who give birth to their babies in a supportive environment without unnecessary interference and with a caring and careful caregiver, walk away from the experience feeling empowered and more able to deal with the demands of motherhood.” This service is invaluable for the women of Bodium and surrounds as the nearest hospital is over 60km away, on a bumpy dirt road.

There is no luxury of routine scans, choosing your caregiver, hospital, or birth centre, let alone second opinions, on the contrary countless women deliver in overcrowded hospitals in informal settlement clinics, wait for over eight hours for an ambulance to come take them to the hospital or give birth unattended at home.

### **BUSFARE BABIES AIMS TO:**

- ✓ Promote healthy pregnancies through sound diets, monitoring of pregnancies and early detection and treatment of complications.
- ✓ Provide high-quality care in a clean, comfortable environment during labour (with follow-up at home for seven days afterwards, and continued contact and care for six weeks).
- ✓ Turn deliveries into a pleasant experience to empower pregnant women to become caring, strong mothers.
- ✓ Act as a node in a referral network in collaboration with hospitals in the area.
- ✓ Facilitate HIV screening including anti-retroviral therapy for women in labour to prevent mother-child transmission.
- ✓ Proactively reduce maternal death and infant mortality.

The Busfare Babies model is simple and easily replicated. “The hope,” says Karen, “is to create more birth centres around South Africa.”

*For more information visit: [busfarebabies.blogspot.com](http://busfarebabies.blogspot.com)*