

Declaration

I, Lindeka Mangesi declare that this research is my own work. It is being submitted for the degree of Master of Public Health in the School of Public Health, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at this or any other University.

.....

L. Mangesi

19th..... day of July,.....2012

I dedicate my work to my family

My son, who I hope will be inspired by the hard work and sacrifice resulting in the production of this report and my mother, who became a mother when I took time to be a student

ABSTRACT

Background: South Africa has a high Maternal Mortality Ratio (MMR) and is not on track to meet Millennium Development Goal (MDG) 5, target 5A (to reduce by three quarters between 1990 and 2015 the MMR). Along with gathering crucial information about maternal deaths, it is also important to understand the experiences and opinions of those who have almost died during their pregnancy or delivery - termed 'near-misses' in maternal health services - to recommend relevant interventions aimed at bringing down South Africa's MMR.

Aim: The overall aim of the study was to explore patients' experiences and perspectives of maternal near-misses and their opinions of how these could have been prevented.

Methods: Using a case study design, where the case was women who had experienced severe acute maternal morbidity (a near-miss event), in-depth interviews were conducted with near-misses until a point of saturation was reached after the ninth woman. Each woman was interviewed twice on two separate occasions between 1st April and 30th September 2009 about their experiences and opinions of the near-miss event, and access to reproductive health services and the health system more broadly. Their social and economic circumstances were also explored. MAXqda was used for data management and a thematic analysis was carried out on the interview data.

Results: Bureaucracy in accessing reproductive health services, lengthy referral processes, lack of transport and resources in clinics were seen as major health system barriers that contributed in women being near-misses. Inadequate knowledge about reproductive health and warning signs of serious morbidity; although seen as patient factors, were also be attributed to health system factors. The desire to or not to fall pregnant was not the only factor that influenced contraceptive use. Power relations between women and their partners affected most women who were in lower positions of power. Cessation of menstruation as a side effect of contraception resulted in failure to recognize absence of menstruation during pregnancy. Lack of service integration affected women irrespective of their demographic characteristics. Patients are at risk of abuse in health facilities although this is not the norm. Little attention was given to postnatal care of women.

Conclusion: Health systems' issue which according to the AAAQ framework were not satisfactory contributed in women being near-misses. Women's limited knowledge on

reproductive health issues which might be as a result of inadequate information offered at the clinic affected use of reproductive health services. Educating women and their families about obstetric emergencies may result in early recognition of warning signs of obstetric emergencies and prevention of near-misses.

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LIST OF ACCRONYMS

DoH : Department of Health

ELHC : East London Hospital Complex

CEMD : Confidential Enquiries into Maternal Deaths

EMS : Emergency Medical Services

NCCEMD : National Committee on Confidential Enquiries into Maternal Deaths

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