

Safe Motherhood Program research shows biases against abortion impacts women's access to emergency transport in Zambia

The [Safe Motherhood Program](#) at UCSF is pleased to announce that the newest paper by Amy Penn, Elizabeth Butrick and colleagues, "[Access to transport for women with hypovolemic shock differs according to weeks of pregnancy](#)" has been published in the [International Journal of Gynecology and Obstetrics](#) (FIGO).

The paper finds that women at serious risk of death from abortion complications experience systemic barriers in care, due in part to unequal access to emergency transport. This research prompts many new questions about the cause of this inequality, such as whether it originates from a lack of local knowledge of hemorrhagic shock from complications of abortion or even social stigma surrounding abortion.

In Africa, hemorrhage and unsafe abortion account for 37% of all maternal deaths. A key factor associated with maternal mortality is the delays in seeking treatment, and previous studies show that women with abortion complications may delay seeking care because of fear of judgment from their community or healthcare providers.

The paper finds that women experiencing severe hypovolemic shock in Zambia are transported differently from primary care centers to referral hospitals depending upon weeks of pregnancy and the etiology of hemorrhage. The majority of the women in this study < 24 weeks gestation had abortion complications. None of the women with a gestation period of ≥ 24 weeks had abortion complications.

The paper reported on 616 women, 93% of the 445 women ≥ 24 weeks pregnant were transported from the primary health care center to the referral hospital by ambulance, while only 66.7% of the 171 women < 24 weeks received ambulance transport. Surprisingly, even when women were in severe shock (n=106), the transport gave preferential access to one group; 93% of women in severe shock ≥ 24 weeks used ambulance transport versus only 52% of women in severe shock < 24 weeks.

This research by the Safe Motherhood Program reveals an inequity in access to the type of transport women experiencing hypovolemic shock receive based upon weeks pregnant. The authors conclude that women with abortion complications ought to receive the same level of care as women with term pregnancy complications if preventable maternal mortality is to be eliminated.

The newest paper by the Safe Motherhood Program can be found [here](#).

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