



Communication and Marketing Department
Isebe loThungelwano neNtengiso
Kommunikasie en Bemerkingsdepartement

Private Bag X3, Rondebosch 7701, South Africa
Welgelegen House, Chapel Road Extension, Rosebank, Cape Town
Tel: +27 (0) 21 650 5427/5428/5674 Fax: +27 (0) 21 650 5628

www.uct.ac.za

16 February 2023

Access to vital form of contraception received by only 50% of women in Cape Town health facilities

Many women receiving antenatal care in public health services in Cape Town choose bilateral tubal ligation as their preferred method of postpartum contraception during their antenatal course. If the sterilisation does not occur immediately, these women are discharged on an alternative form of contraception and, ideally, an interval date for bilateral tubal ligation is arranged.

A new study published in the [South African Medical Journal](#) shows that there are barriers to access to tubal ligation services. Of the 260 women who requested tubal ligation as their choice of contraception, the study found that only half (50%) received the procedure.

"Alternative forms of contraception are widely used and relied upon, but not without risks of recurrent pregnancy. Interval tubal ligation was not easily accessed by those women who were referred for the procedure," said Dr Milica Vorster, the study's lead researcher at the University of Cape Town (UCT).

The team behind the study conducted a cross-sectional observational study collecting data from June 2019 to August 2019. They reviewed maternity case records for deliveries from four facilities. The facilities representing all levels of care were Vanguard Midwife Obstetric Unit, Wesfleur Hospital (district hospital), New Somerset Hospital (regional hospital), Groote Schuur Hospital (tertiary hospital).

Vorster said: "Women's health is a topic that is receiving much interest worldwide. Reproductive health and contraception make up part of women's health. Availability of and access to contraception is a global matter of importance."

Estimated data from low- and middle-income countries, which include South Africa, showed that in 2019, out of 923 million women of reproductive age in these countries who wanted to avoid having a pregnancy, 218 million had an unmet need for modern contraception – that is, they wanted to avoid a pregnancy but were not using a modern method. The proportion of women with unmet need for contraception in 2012 was 53% in Africa, and 17% in southern Africa.

In the study, the team included Vanguard Midwife Obstetric Unit to demonstrate that not all facilities have the infrastructure to provide postpartum tubal ligations. This facility only manages vaginal deliveries and has no theatre facilities onsite. None of the thirteen women

(5% of the study population) who delivered at this facility received a tubal ligation. These women would have required referral to New Somerset Hospital, which offers interval sterilisation services.

While the other facilities included in the study do offer tubal ligation services, only nine women of 102 who had normal vaginal deliveries at Wesfleur Hospital, New Somerset Hospital, and Groote Schuur Hospital received a tubal ligation. This, said Vorster, may be due to limited theatre time, as 58% of deliveries at these facilities are via caesarean section.

“Postpartum tubal ligations are often delayed by hours or even days because of theatres constantly being used for elective and emergency caesarean sections. New Somerset Hospital has a single obstetric operating theatre for elective and emergency caesarean sections. This is the same theatre where postpartum tubal ligations take place. Patients who deliver vaginally are typically discharged from the hospital or midwife obstetric unit within 6 - 24 hours after delivery. The delay in access to theatre often leads to the patients changing their minds regarding tubal ligation,” he said.

Of the nine women who received a tubal ligation following a normal vaginal delivery, the findings shows that four (44%) were of advanced maternal age and three (33%) were grandmultiparous. “Fifty-nine percent (16/27) of grandmultiparous women delivered vaginally, and subsequently the majority of these women (13/16) did not receive a tubal ligation, while we feel that these are the women who should be prioritised for tubal ligations,” said Vorster.

Of the 145 women in the study who delivered via caesarean section, only 120 received tubal ligation at the time of delivery. Many factors could be responsible for this discrepancy, said Vorster. “Factors leading to alternative choice of contraception include patient age, pregnancy outcome, change in fertility desires, and understanding permanence of procedure when taking informed consent for caesarean section and tubal ligation.”

Based on the findings, the team’s suggestions to improve access to postpartum tubal ligations include organising sterilisation drives where doctors working in obstetrics and gynaecology run a dedicated tubal ligation theatre list on a monthly basis. “Access to interval tubal ligations can possibly be improved using appropriate referral systems such as the VULA platform,” they wrote.

The team plan on presenting the findings to local stakeholders to highlight the lack of access and subsequent unplanned pregnancies in a bid to find solutions.

ENDS

Issued by: UCT Communication and Marketing Department

Ridovhona Mbulaheni

Media Liaison Assistant
Communication and Marketing Department
University of Cape Town
Rondebosch
Tel: (021) 650 2333
Cell: (064) 905 3807
Email: ridovhona.mbulaheni@uct.ac.za
Website: www.uct.ac.za