



Patient population movement in a Cape Town obstetric service

To the Editor: Recent funding constraints in the Western Cape coupled with an increased workload at our institution prompted us to conduct an exit survey of our patients, with particular emphasis on their province of origin and movements.

The question of movement was prompted by concerns regarding the provision of formula for patients in the PMTCT programme (prevention of mother-to-child transmission of HIV). The survey was conducted by contract workers in the patients' mother tongue using pro forma pilot-tested questionnaires. Delivered patients were surveyed at discharge over a 2-month period at Mowbray Maternity Hospital and over a 1-month period at Khayelitsha Midwife Obstetric Unit, in the latter part of 2002 (Table I).

During the last week of data collection the contract workers were asked to collect comments from patients.

The majority of women who had lived in Cape Town for more than 1 year but less than 10 years commented that they did not consider it their home. They returned to their places of origin for holidays, and many lived in informal settlements while in Cape Town.

One of the main reasons given for coming to Cape Town was inadequate health facilities in the place of origin. Students attending school, technikon or university were likely to be in town for 2 - 6 years. Babies born to these women were sent to relatives in the Eastern Cape while they remained to complete their studies, returning 'home' for breaks. On qualifying the women often returned home or went wherever they could find work.

Women also commented that they preferred to spend their pregnancies in Cape Town and to stay there for the duration of their babies' immunisations. They would return 'home' between pregnancies or after their childbearing years.

Less than half the hospital patients had always lived in the Western Cape, and the origin of the majority was the Eastern Cape. Seventeen per cent of all women (hospital plus midwife unit) had been resident in the Western Cape for less than 1 year (Table I).

Our study suggests that the Western Cape is the preferred health care provider for many obstetric patients from the Eastern Cape. Although we did not directly study the reasons in depth, this preference may be the result of a perceived deterioration of the health services in the Eastern Cape and the availability of an organised PMTCT service in the Western Cape.

Our study highlights the mobility of certain parts of the population. This has clinical implications in terms of basic

Table I. Results of exit interview survey (%)

	Hospital (N = 439)	Midwife unit (N = 184)
Always lived in Cape Town	186 (42)	9 (5)
Origin Eastern Cape	234 (53)	169 (92)
Resident in Cape Town < 1 year	57 (13)	33 (18)
Resident in Cape Town < 1 year returning < 6 mo.	43/57 (74)	17/33 (51)
Reason for visiting Cape Town		
Study	79 (18)	60 (33)
Work	82 (19)	57 (31)
Medical	13 (3)	12 (7)
Unspecified visit	87 (20)	57 (31)

understanding of the current culture, follow-up care, particularly PMTCT, and the choice mothers make in terms of formula feeding or exclusive breast-feeding.

Our findings also have administrative and financial implications. Funding has been diverted from the Western Cape to the Eastern Cape in terms of provincial equity based on population, yet the patient flow is in the reverse direction. Funding of Western Cape health services must be maintained to prevent their collapse from overload until such time as the Eastern Cape health services are sufficiently developed and inspire confidence in the local population. Failure to do so will result in suboptimal care to mothers and babies in both provinces.

I Human
M Kroon
N Bergman
S Fawcus

*Mowbray Maternity Hospital
Cape Town*

B Ntwana

*Khayelitsha Midwife Obstetric Unit
Cape Town*

Israel, Iraq, Zimbabwe — should we care?

To the Editor: Professor Ncayiyana's editorial in the April *SAMJ*¹ clearly illustrates the dangers of medical journals dealing with political questions. Presumably health issues relating to political conflicts should be of primary concern to medical specialists, yet it seems that Professor Ncayiyana is more interested in using the forum to expound his political views. This is illustrated by his editorial, which devotes five paragraphs to the Israel/Palestine question and three sentences to Africa and Zimbabwe in particular.