Supplement to: Travel of pregnant women in emergency situations to hospital and maternal mortality in Lagos, Nigeria: a retrospective cohort study

## **Definitions**

Table S1: Definitions of terms used in the study

Terminology	Definition and source
Maternal death	the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes
	World Health Organization <a href="https://www.who.int/classifications/icd/ICD10Volume2">https://www.who.int/classifications/icd/ICD10Volume2</a> en 2010.pdf
Emergency obstetric care (EmOC)	These are services rendered for the treatment of complications that arise during pregnancy and childbirth.
Maternal complica	ations
No maternal	Women who had no complication of their own but complications with their fetus(es) was
complication	the reason they presented with an obstetric emergency
Obstructed labour	Prolonged or obstructed labour (dystocia, abnormal labour) (any of the following)  • prolonged established first stage of labour (> 12 h)
labour	prolonged established first stage of labour (> 12 fi)     prolonged second stage of labour (>1h)
	cephalo-pelvic disproportion, including scarred uterus
	•malpresentation: transverse, brow or face presentation
	WHO, UNFPA, UNICEF
	https://apps.who.int/iris/bitstream/handle/10665/44121/9789241547734_eng.pdf?sequ
	ence=1&isAllowed=y
Haemorrhage (ante-partum	Antepartum: severe bleeding before and during labour: placenta praevia, placental abruption
and post- partum)	Postpartum: (any of the following)  • bleeding that requires treatment (e.g., provision of intravenous fluids, uterotonic drugs or blood)
	• retained placenta
	• severe bleeding from lacerations (vaginal or cervical)
	<ul> <li>vaginal bleeding more than 500 ml after childbirth</li> <li>more than one pad soaked in blood in 5 minutes</li> </ul>
	more than one pad source in blood in 5 minutes
	WHO, UNFPA, UNICEF <a href="https://apps.who.int/iris/bitstream/handle/10665/44121/9789241547734">https://apps.who.int/iris/bitstream/handle/10665/44121/9789241547734</a> eng.pdf?sequence=1&isAllowed=y
Pre- eclampsia/eclam psia	Severe pre-eclampsia: Diastolic blood pressure $\geq 110$ mm Hg or proteinuria $\geq 3$ after 20 weeks' gestation. Various signs and symptoms: headache, hyperflexia, blurred vision, oliguria, epigastric pain, pulmonary oedema
	Eclampsia: Convulsions; diastolic blood pressure ≥ 90 mm Hg after 20 weeks' gestation or proteinuria ≥ 2. Signs and symptoms of severe pre-eclampsia may be present
	WHO, UNFPA, UNICEF <a href="https://apps.who.int/iris/bitstream/handle/10665/44121/9789241547734">https://apps.who.int/iris/bitstream/handle/10665/44121/9789241547734</a> eng.pdf?sequence=1&isAllowed=y

Sepsis

A temperature of 38°C or higher more than 24h after delivery (with at least two readings, as labour alone can cause some fever) and any one of the following signs and symptoms: lower abdominal pain, purulent, offensive vaginal discharge (lochia), tender uterus, uterus not well contracted, history of heavy vaginal bleeding. (Rule out malaria)

WHO, UNFPA, UNICEF

https://apps.who.int/iris/bitstream/handle/10665/44121/9789241547734\_eng.pdf?sequence=1&isAllowed=y

Abortion

Abortion in our study include voluntary and spontaneous abortions of all forms (missed abortions, inevitable miscarriage and incomplete miscarriage).

Voluntary abortion refers to an intervention to terminate an unwanted, mistimed, or unplanned pregnancy. The persons, skills and medical standards considered safe in the provision of abortion are different for medical and surgical abortion and depend on the duration of the pregnancy.

 $\frac{https://www.gfmer.ch/SRH-Course-2018/adolescent-health/pdf/WHO-compilation-tool-abortion-section-2018.pdf}{}$ 

Ectopic pregnancy

Internal bleeding from a pregnancy outside the uterus; lower abdominal pain and shock possible from internal bleeding; delayed menses or positive pregnancy test

WHO, UNFPA, UNICEF

https://apps.who.int/iris/bitstream/handle/10665/44121/9789241547734\_eng.pdf?sequence=1&isAllowed=y

Ruptured Uterus

Uterine rupture with a history of prolonged or obstructed labour when uterine contractions suddenly stopped. Painful abdomen (pain may decrease after rupture of uterus). Patient may be in shock from internal or vaginal bleeding

WHO, UNFPA, UNICEF

https://apps.who.int/iris/bitstream/handle/10665/44121/9789241547734\_eng.pdf?sequence=1&isAllowed=y

Others

This includes premature rupture of membranes, oligohydramnios, retained placenta, malpresentation and malposition at term, previous caesarean section, post-dated pregnancies, anaemia in pregnancy and non-obstetric complications (cardiomyopathy in pregnancy, gestational diabetes, asthma in pregnancy) and any other recorded complication that did not fit into the categorized complications above.

## Other variables

Booked at hospital of care

Clinical records indicating that patient was booked for antenatal care at facility where patient gave birth and records were retrieved on travel to delivery care.

Referral

a process in which a health worker at a level of the health system (initiating facility), having insufficient resources (drugs, equipment, skills) to manage a clinical condition, seeks the assistance of a better or differently resourced facility at the same or higher level (receiving facility) to assist in, or take over the management of, the client's case.

WHO

https://www.who.int/management/Referralnotes.doc

Initial point of care

This is the initial provider of care, which could have been another hospital (public), another hospital (private), clinic (public or private), primary health centre, traditional birth attendant, nursing/maternity home or some non-formal referral

b

Table S2a: Components/Signal Functions of Comprehensive Emergency Obstetric Care

S/No.	Signal function
1.	Administer parenteral antibiotics
2.	Administer parenteral uterotonic drugs (i.e., parenteral oxytocin)
3	Administer anticonvulsants (i.e., magnesium sulphate)
4	Manual removal of placenta
5	Removal of retained products (e.g., manual vacuum extraction or dilation and curettage)
6	Perform assisted vaginal delivery (e.g., vacuum extraction or forceps delivery)
7	Perform basic neonatal resuscitation (e.g., with bag and mask)
8	Perform surgery (e.g., caesarean section)
9	Perform blood transfusion

Note: 1-7 are basic services, 8-9 are comprehensive services. A Comprehensive Emergency Obstetric Care facility is one that performs all nine signal functions.

Table S2b: Components/Signal Functions and related obstetric complications

Major obstetric complication	Signal Function
Haemorrhage	Antepartum:
	Perform blood transfusion
	Perform surgery (e.g., caesarean for placenta praevia)
	Postpartum:
	Administer uterotonic drugs
	Perform blood transfusion
	Perform manual removal of placenta
	Perform removal of retained products
	Perform surgery (hysterectomy) for uterine rupture
Prolonged or obstructed labour	Perform assisted vaginal delivery
	Perform surgery (caesarean section)
	Administer uterotonic drugs
	Perform neonatal resuscitation
Postpartum sepsis	Administer parenteral antibiotics
·	Remove retained products
	Perform surgery for pelvic abscess
Complications of abortion	For haemorrhage:
·	Perform blood transfusion
	Remove retained products
	For sepsis:
	Administer parenteral antibiotics
	Remove retained products
	For intra-abdominal injury:
	Administer parenteral antibiotics
	Perform blood transfusion
Pre-eclampsia or eclampsia	Administer parenteral anticonvulsants
	Perform neonatal resuscitation
	Perform surgery (caesarean section)
Ectopic pregnancy	Perform surgery
, , - ,	Perform blood transfusion
Ruptured uterus	Perform surgery
·	Perform blood transfusion
	Administer parenteral antibiotics
Newborn distress (intrapartum)	Perform newborn resuscitation
	Perform surgery (caesarean)

Source: WHO, UNFPA, UNICEF

https://apps.who.int/iris/bitstream/handle/10665/44121/9789241547734 eng.pdf?sequence=1&isAllowed=y

Table S3: Geographical characteristics of area principally served by public hospitals offering comprehensive EmOC in Lagos State

S/N	Facility name	Local Government Area	Population density	Water body	Settlement type	Slum population	Access to facility
1	Agbowa General Hospital	Epe	Sparse	No	Town	Non-slum	Easy
2	Ajeromi Ifelodun General Hospital	Ajeromi-Ifelodun	Dense	No	Suburb	Slum	Difficult
3	Alimosho General Hospital	Alimosho	Dense	No	Suburb	Non-slum	Difficult
4	Amuwo-Odofin MCC	Amuwo-odofin	Dense	Yes	Suburb	Non-slum	Easy
5	Apapa General Hospital	Apapa	Sparse	No	Suburb	Non-slum	Difficult
6	Badagry General Hospital	Badagry	Sparse	Yes	Town	Non-slum	Easy
7	Epe General Hospital	Epe	Sparse	Yes	Town	Non-slum	Easy
8	Eti-Osa MCC*	Eti-Osa	Sparse	Yes	Suburb	Non-slum	Easy
9	FMC Ebute-Metta	Lagos Mainland	Dense	No	Suburb	Non-slum	Difficult
10	Gbagada General Hospital	Somolu	Dense	No	Suburb	Non-slum	Easy
11	Harvey Road Health Centre	Mainland	Dense	No	Suburb	Non-slum	Easy
12	Ibeju-Lekki General Hospital	Ibeju-Lekki	Sparse	Yes	Town	Non-slum	Easy
13	Ifako-Ijaiye MCC	Ifako-Ijaiye	Dense	No	Suburb	Non-slum	Easy
14	Ijede Health Care Centre	Ikorodu	Sparse	No	Town	Non-slum	Easy
15	Ikorodu MCC	Ikorodu	Sparse	Yes	Town	Non-slum	Easy
16	Institute of Maternal and Child Health - Àyìnkę House*	Ikeja	Dense	No	Suburb	Non-slum	Easy
17	Isolo MCC	Oshodi-Isolo	Sparse	No	Suburb	Non-slum	Easy
18	Lagos Island Maternity Hospital	Lagos Island	Very dense	No	City	Non-slum	Easy
19	Lagos University Teaching Hospital	Mushin	Very dense	No	City	Non-slum	Easy
20	Mushin General Hospital	Mushin	Very dense	No	Suburb	Slum	Easy
21	Onikan Health Care Centre	Lagos Island	Very dense	No	Suburb	Slum	Easy
22	Orile Agege General Hospital	Agege	Dense	No	City	Non-slum	Easy
23	Randle General Hospital (Gbaja-Surulere MCC)	Surulere	Dense	No	Suburb	Slum	Easy
24	Somolu General Hospital	Somolu	Dense	No	Suburb	Non-slum	Easy

Note: Facilities in towns are in the rural parts of Lagos. Those situated in suburbs and the city are in the urban parts of Lagos (Lagos metropolis).

S/N	Facility name	Latitude (x)	Longitude (y)	Facility type	Type of referral facility	Year of establishment	Number of deliveries in 2018
1	Agbowa General Hospital	6.645643	3.712914	General Hospital	Non-apex referral	2003	157
2	Ajeromi Ifelodun General Hospital	6.455283	3.33362	Maternal and Childcare Centre	Non-apex referral	1983	825
3	Alimosho General Hospital	6.561196	3.250662	Maternal and Childcare Centre	Non-apex referral	2006	2,484
4	Amuwo-Odofin MCC	6.461779	3.301963	Maternal and Childcare Centre	Non-apex referral	2014	2,484
5	Apapa General Hospital	6.441943	3.368962	General Hospital	Non-apex referral	1964	120
6	Badagry General Hospital	6.413752	2.900374	General Hospital	Non-apex referral	1957	973
7	Epe General Hospital	6.586945	3.971665	General Hospital	Non-apex referral	1954	883
8	Eti-Osa MCC*	6.465421	3.585173	Maternal and Childcare Centre	Non-apex referral	2019	-
9	FMC Ebute-Metta	6.484271	3.380194	Tertiary Hospital	Apex Referral	1964	890
10	Gbagada General Hospital	6.551919	3.387304	General Hospital	Non-apex referral	1983	1,729
11	Harvey Road Health Centre	6.50935	3.372629	General Hospital	Non-apex referral	1962	717
12	Ibeju-Lekki General Hospital	6.439312	3.934335	General Hospital	Non-apex referral	2006	982
13	Ifako-Ijaiye MCC	6.680364	3.291382	Maternal and Childcare Centre	Non-apex referral	2006	2,916
14	Ijede Health Care Centre	6.564649	3.596596	General Hospital	Non-apex referral	1983	869
15	Ikorodu MCC	6.608265	3.499394	Maternal and Childcare Centre	Non-apex referral	1983	2,820
16	Institute of Maternal and Child Health - Àyìnkę House*	6.590868	3.34092	Tertiary Hospital	Apex Referral	1955	-
17	Isolo MCC	6.527787	3.318979	Maternal and Childcare Centre	Non-apex referral	1975	2,147
18	Lagos Island Maternity Hospital	6.448543	3.397417	Tertiary Hospital	Apex Referral	1960	3,681
19	Lagos University Teaching Hospital	6.517803	3.353786	Tertiary Hospital	Apex Referral	1962	2,011
20	Mushin General Hospital	6.531566	3.348531	General Hospital	Non-apex referral	1954	524
21	Onikan Health Care Centre	6.444656	3.405436	General Hospital	Non-apex referral	1971	544
22	Orile Agege General Hospital	6.635353	3.303379	General Hospital	Non-apex referral	1982	1,677
23	Randle General Hospital (Gbaja-Surulere MCC)	6.50433	3.359574	Maternal and Childcare Centre	Non-apex referral	1960	2,056
24	Somolu General Hospital	6.536461	3.372251	General Hospital	Non-apex referral	2006	619

<sup>\*</sup>Facilities not running in 2018. As such no details available on number of deliveries.

Supplemental material

Table S5: Full description of models

Model	Description
Model 1	This model includes socio-demographic factors, pregnancy related factors, distance and time variables, and variables describing characteristics of facility of birth. Each variable in the model was adjusted for by all other variables in the same model.
Model 2 A (Sub-group analysis of women who travelled from home directly to a health facility)	This model is restricted to all women who travelled directly from home to a health facility and includes socio-demographic factors, pregnancy related factors, distance and time variables, and variables describing characteristics of facility of birth. Each variable in the model was adjusted for by all other variables in the same model.
Model 2 B (Sub-group analysis of women who were referred to a health facility)	This model is restricted to all women who were referred in their journey from home to a health facility and includes socio-demographic factors, pregnancy related factors, distance and time variables, and variables describing characteristics of facility of birth. Each variable in the model was adjusted for by all other variables in the same model.

Table S6a: Distance in kilometres by maternal outcome and obstetric complication for mothers with traceable journeys

Variable	N	Total (N=3,590)		Mother alive (n=3,430)		Mother dead (n=160)	
Obstetric complication		Median (IQR)	Mean	Median (IQR)	Mean	Median (IQR)	Mean
All women	3,590			7.6 (3.4, 18)	13.7	8.3 (5.0, 16.6)	13.9
No maternal complications	122	7.2 (3.5, 20.7)	15.7	7.0 (3.2, 20.7)	15.3	16.2 (6.8, 33.7)	23.3
Prolonged/obstructed labour	883	6.0 (2.9, 15.0)	12.0	6.0 (2.9, 15.0)	12.0	10.2 (2.6, 22.4)	11.9
Ante-partum/post- partum haemorrhage	604	8.5 (4.1, 18.5)	14.2	8.5 (4.1, 19.0)	14.4	8.4 (4.3, 14.1)	10.5
Pre-eclampsia/Eclampsia	802	8.4 (3.9, 20.4)	15.3	8.5 (3.8, 20.6)	15.4	7.7 (4.9, 14.8)	12.9
Sepsis	145	5.8 (2.5, 13.4)	11.1	5.5 (2.4, 13.3)	10.8	7.8 (7.3, 22.1)	19.2
Abortion	535	7.4 (3.4, 16.0)	12.2	7.4 (3.2, 16.0)	12.0	7.7 (4.8, 18.9)	14.4
Ectopic pregnancy	209	9.3 (4.7, 21.0)	15.1	8.9 (4.7, 20.7)	14.9	12.1 (6.2, 23.9)	16.1
Others	290	8.7 (3.9, 21.4)	15.4	8.7 (3.8, 21.7)	15.5	6.9 (5.6, 11.5)	9.3

 Table S6b:
 Time in minutes by maternal outcome and obstetric complication for mothers with traceable journeys

Variable	N	Total (N=3,590)		Mother alive (n=3,430)		Mother dead (n=160)	
		Median (IQR)	Mean	Median (IQR)	Mean	Median (IQR)	Mean
All women	3,590			26 (12, 51)	38.6	28 (17, 43)	37.5
No maternal complication	122	30 (12, 65)	47.5	30 (12, 65)	46.5	44 (28, 67)	66.2
Prolonged/obstructed labour	883	20 (10, 45)	33.0	20 (10, 45)	33.0	30 (9, 61)	36.8
Ante-partum/post-partum haemorrhage	604	27 (14, 55)	39.3	27 (14, 55)	39.6	28 (18, 46)	32.9
Pre-eclampsia/Eclampsia	802	30 (14, 58)	43.7	30 (14, 60)	44.0	24 (16, 38)	34.6
Sepsis	145	20 (9, 45)	31.7	19 (8, 45)	31.2	28 (26, 45)	40.4
Abortion	535	24 (12, 45)	34.3	23 (11, 45)	33.8	28 (16, 43)	37.8
Ectopic pregnancy	209	30 (16, 55)	43.3	30 (16, 55)	43.6	29 (18, 53)	40.9
Others	290	30 (14, 58)	43.6	30 (14, 60)	44.2	21 (17, 30)	23.5

**Table S6c:** Distance in kilometres and time of travel in min to facility of care by facility of referral for all mothers with traceable journeys

Variable	N	N Distance travelled		Time of travel		
Facility type		Median (IQR)	Mean	Median (IQR)	Mean	
All women referred	612	15.6 (7.6 – 29.7)	23.1	54 (28 – 91)	68.0	
Another hospital (public)	143	23.4 (9.7 – 40.6)	31.7	80 (51 – 128)	95.0	
Another hospital (private	99	15.5 (8.9 – 27.7)	21.1	52 (30 – 95)	70.0	
Clinic (public or private)	17	19.2 (8.3 – 31.1)	19.2	51 (26 – 93)	62.6	
Primary health centre	337	13.2 (6.3 – 23.8)	20.1	45 (22 – 77)	56.3	
Traditional birth attendant	13	15 (6.1 – 19)	20.2	41 (28 – 58)	50.9	
Nursing/maternity home	2	36.1 (9.3 – 62.8)	36.1	98 (40 – 155)	97.5	
Non-formal referral	2	32.0 (8.5 – 55.4)	32.0	116 (21 – 210)	115.5	

Table S7: Logistic regression showing association between maternal death and the selected independent variables

Factor	Model 2A (95% CI)	Model 2B (95% CI)
Age	· · · · · · · · · · · · · · · · · · ·	,,
12-19	1.60 (0.63 – 4.06)	(empty)
20-34	1.00	1.00
35-60	1.27 (0.82 – 1.97)	1.47 (0.58 – 3.75)
Marital status	1.27 (0.02 1.57)	1.17 (0.30 3.73)
Single	0.87 (0.45 – 1.69)	1.66 (0.27 – 10.01)
Married	1.00	1.00 (0.27 10.01)
Obstetric complications in previous pregnancy	1.00	1.00
No	1.00	1.00
Yes	0.39 (0.19 – 0.80) *	0.42 (0.10 – 1.70)
	0.39 (0.19 – 0.80)	0.42 (0.10 – 1.70)
Booking status at hospital of care	1.00	1.00
Un-booked	1.00	1.00
Booked	0.22 (0.11 – 0.43) ***	(empty)
Maternal complications		
No maternal complication	1.00	1.00
Obstructed labour	0.18 (0.04 – 0.72) *	0.62 (0.04 – 8.74)
Haemorrhage	0.62 (0.21 – 1.85)	0.95 (0.10 – 9.30)
Hypertension	0.77 (0.26 – 2.24)	0.85 (0.08 – 9.20)
Sepsis	0.74 (0.18 – 3.05)	1.56 (0.07 – 36.69)
Abortion	1.82 (0.64 – 5.20)	2.98 (0.05 – 23.12)
Ectopic pregnancy	1.33 (0.43 – 4.10)	1.81 (0.12 – 28.43)
Others	0.85 (0.25 – 2.95)	1.06 (0.12 – 28.43)
Mode of birth		
Spontaneous vaginal birth	1.00	1.00
Assisted vaginal birth	3.17 (1.52-6.62) **	14. 58 (2.02-105.29) **
Caesarean birth	0.49 (0.24-0.97) *	0.27 (0.08-0.88) *
Uterine evacuation	(omitted)	(omitted)
Total traceable distance for all women whose journeys were		
traceable (N=3,590 <sup>†‡*</sup> )		
Within 5 Km	1.00	1.00
5 – 10 Km	1.57 (0.90-2.76)	1.66 (0.33-8.39)
>10 – 15 Km	2.48 (1.18–5.23) *	2.12 (0.24–19.08)
>15 – 25 Km	1.43 (0.53–3.84)	3.28 (0.32–33.31)
>25 – 35 Km	0.95 (0.25–3.54)	21.40 (1.24–36.72) *
>35 Km	0.52 (0.10–2.77)	49.63 (2.39–103.05) *
Total traceable time for all women whose journeys were	0.32 (0.10 2.77)	13.03 (2.33 103.03)
traceable (N=3,590 <sup>†‡*</sup> )		
0 – 9 minutes	1.00	1.00
10 – 29 minutes	1.59 (0.79–3.17)	184.23 (5.14–608.51) **
30 – 59 minutes	1.13 (0.45–2.84)	74.82 (3.42–163.79) **
	1.15 (0.43–2.84)	13.83 (1.11–171.51) *
60 – 119 minutes	'	13.83 (1.11–1/1.51)
120 – 480 minutes	7.05 (1.10–45.32) *	
Facility type	0.54/0.24 1.20	2 22 (0 42 25 01)
Non-apex referral	0.54 (0.24–1.20)	3.33 (0.42–25.91)
Apex referral	1.00	1.00
Principal settlement type served by hospital	1.00	1.00
Urban	1.00	1.00
Suburban	3.07 (1.27–7.44) *	7.77 (0.54–112.37)
Rural	3.03 (1.13-8.08) *	0.34 (0.01–11.59)
Majority population type served in facility catchment area		
Non-slum	1.00	1.00
Slum	1.77 (1.08 – 2.90) *	0.79 (0.29 – 2.15)

Footnote: \*\*\* $p \le 0.001$ ; \*\* $p \le 0.010$ ; \* $p \le 0.050$ ; OR Odds Ratio, CI Confidence Interval

Footnote: Model description: For Model 2A: sub-group analysis for all women who travelled from home directly to a health facility (Total maternal deaths: 140), Model 2B: sub-group analysis for all women who were referred in their journey from home to a health facility (Total maternal deaths: 42). Number of deaths per distance category for referred women: Within 5 Km (4 deaths), 5-10 Km (7), >10-15 Km (4); Number of deaths per distance category for non-referred women: Within 5 Km (37 deaths), 5-10 Km (6), >25-35 Km (4), >10-15 Km (13), >25-35 Km (7), >35 Km (8); Number of deaths per travel time category for referred women: Within 0-9mins (0 death), 10-29mins (9), 10-29mins (11), 10-29mins (12), 10-29mins (13), 10-29mins (14), 10-29mins (15), 10-29mins (15), 10-29mins (15), 10-29mins (16), 10-29mins (17), 10-29mins (18), 10-29mins (19), 10-29m

<sup>†:</sup> Excludes women whose referral journey could not be traced (n=415)

<sup>†:</sup> Excludes women whose journey to hospital could not be determined (n=166)

<sup>\*:</sup> Excludes ten missing values