The Role of Midwives and TBAs in MCH Care in the Developing World

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Women & Girls in the Developing World

- Women & Girls are at risk of dying because there is:
  - Female infanticide
  - Girl neglect
  - Genital cutting
  - Early sex, marriage
  - Early pregnancy and abortion
  - Sex trafficking and rape
  - Domestic violence, dowry killing
  - Seclusion or displacement due to war
  - Rejection of widows
Midwifery and MCH

- Worldwide, midwives assume the primary care of women during their reproductive years.

- Midwives are in a unique position to support healthy behaviors in women and have the skill to prevent maternal and infant death and morbidity in many cases.
What is a midwife?

- **A midwife** is a person with midwifery skills.

- She/he has successfully completed the **prescribed course in midwifery** in an education program recognized in the country where she is located, and is able to give the necessary supervision, care and advice to women during pregnancy, labor and the postpartum period, to conduct deliveries alone, to provide lifesaving obstetric care, and to care for the newborn and the infant.

- **Countries may also have their own specific requirements**
  - Nursing may or may not be a prerequisite
  - Scope of practice may vary
What kind of care does a midwife provide?

- Provides preventive measures
- Detects abnormal conditions in mother and child
- Procures medical assistance if needed
- Executes emergency measures in the absence of medical help.
- Provides health counseling and education, not only for the woman, but also within the family and community.
  - Antenatal education and preparation for parenthood
  - Gynecology, family planning, as well as infant and child care.
What kind of care does a midwife provide?

- She may practice in hospitals, clinics, health units, domiciliary settings or in any other service
Skilled Health Personnel

- **Skilled health personnel** or skilled attendants include doctors (specialist or non-specialist) and/or persons with midwifery skills who can diagnose and manage **obstetrical complications**, as well as normal deliveries.

- Skilled health personnel may also have additional skills related to **family planning** and **gynecology**.
Traditional Birth Attendants (TBA)

- A traditional birth attendant (TBA) initially acquires her abilities by delivering babies herself or through apprenticeship to other TBAs.

- TBAs may not be integrated into the health care system or adhere to defined standards of midwifery care.

- A trained traditional birth attendant has undergone subsequent extensive training and is now integrated into the formal health care system; and has some adherence to midwifery standards, but this varies by country.
TBA and her apprentice in Ethiopia

Teaching TBAs in Njeru, Uganda
Gambian TBAs

Working with Community Midwives
Indian TBA - Dai

TBA in Uganda – Prenatal Care
Midwifery and Maternal Mortality

- The midwife can assist in the prevention of maternal and child mortality and morbidity by providing:
  - Nutritional education
  - Family planning services (birth spacing, safe abortion and post abortion care, contraception)
  - Safe sex information to prevent STDs, HIV/AIDS and cervical cancer
Midwifery and Maternal Mortality

- The midwife can assist in the prevention of maternal and child mortality and morbidity by providing:
  - High quality maternity care including antepartum, intrapartum and postpartum care; timely identification and referral of abnormal conditions & emergency obstetrical care
Midwifery and Maternal Mortality

- **Antepartum Care**
  - Maternal nutrition - Vitamin A, Folic Acid, Protein, Iron – prevention of anemia, congenital anomalies
  - HIV screening/prevention of MTCT
  - Malaria prophylaxis/bed nets
  - Recognition of PIH, other maternal conditions
  - Promotion of breastfeeding
Midwifery and Maternal Mortality

**Intrapartum Care** - Identify problems early and transfer to the next level of care

- Prolonged or obstructed labor – use of partogram
- **Life Saving Skills** for mother – delivery of placenta, management of maternal hemorrhage, oral rehydration, transfer of care
Prevention of Post Partum Hemorrhage Initiative (POPPI)

- [http://www.pphprevention.org/](http://www.pphprevention.org/)

- USAID funded three-year project awarded to a partnership of PATH, RTI International, EngenderHealth, the International Federation of Midwives (ICM) and the International Federation of Gynecology and Obstetrics (FIGO)
POPPI Purposes

- Expand the use of active management of the third stage (placental delivery).
- Make uterotonic drugs and devices available at low cost.
Oral fluids given
Midwifery and Maternal Mortality

**Postpartum Care**
- Early identification of problems with mother
  - Hemorrhage
  - Infection
  - Eclampsia
- Early identification of problems with infant
  - Prematurity
  - Trouble breathing – needs resuscitation
  - Infection
Surviving twin - preterm
Midwifery and Maternal Mortality

- **Postpartum Care**
  - Family planning/child spacing
  - Promotion of breastfeeding
Midwifery and Infant Mortality

- **Infant care**
  - Cutting of umbilical cord
  - Kangaroo care for premature infants
  - Neonatal resuscitation appropriate to a low resource setting
  - Breastfeeding
Kangaroo Care for preterm infants
Midwifery and Maternal Mortality

- **Post abortion care**
  - Many legal and other barriers
  - Training needs are great in this area
  - Need to provide preventive services, as well as safe abortion integrated into reproductive health services, making midwives and other skilled health workers the ideal providers.
Status of Midwifery

- The role of the midwife has been undervalued in many countries and midwives have not been adequately supported or have been eliminated from the health care system in favor of other groups.
- The education & training of midwives may not have kept pace with current practice.
- Few educational updates or CE programs are available for midwives and TBAs.
Key Areas for Action

- Safe motherhood can be advanced through respecting existing human rights, through empowering women to make choices in their reproductive lives with the support of their families and communities.

- The access to and quality of maternal health services needs to be improved. All deliveries should be overseen by skilled attendants and essential care should be available when obstetric complications arise.

- Women need to be able to choose if and when to become pregnant, through ensured access to voluntary family planning information and services.
Midwifery

- **Midwifery care is key** – skilled birth attendants who can conduct safe, clean deliveries, recognize complications and manage obstetric complications (either themselves or through referral)
- Trained TBAs from the community
- Partnerships with women and communities
TBAs with Certificates after a training session in Njeru, Uganda
Traditional birth attendants (TBAs) may be women's only source of care in many places. They can be a source of culturally appropriate care and provide a first-line link with the health care system.
However, we know that the training of TBAs or skilled birth attendants alone is ineffective.

Back-up from a functioning referral system and support from professionally trained health workers is also needed to effectively reduce maternal and neonatal mortality.

Pathway to Survival

- Where TBA training is undertaken, it should be part of a **broader strategy** that includes a built-in mechanism for referral, supervision, and evaluation.
Pathway to Survival

<table>
<thead>
<tr>
<th>PROBLEM</th>
<th>Recognize Problem</th>
<th>Give First Aid Care</th>
<th>Decide to Seek Care</th>
<th>Seek Care</th>
<th>Get Quality Emergency Care</th>
<th>SURVIVAL</th>
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<tr>
<th>Home &amp; Community Context (HBLSS)</th>
<th>Referral Site (LSS)</th>
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A community partnership model for saving lives

- **LSS (Basic)**
  - Trainers
  - Referral facility staff

- **LSS (Advanced)**
  - Trainers
  - Referral facility staff

- **Community Mobilization**
  - Health promotion
  - Referral linkages
  - Support to TBAs & others

- **HBLSS**
  - Women, families
  - Home birth attendants
  - TBAs
HBLSS Developed and Field Tested by ACNM

- In collaboration with:
  - Ethiopian Ministry of Health
  - Save the Children
  - USAID
  - American College of Nurse-Midwives
  - NGO Networks for Health
Home Based Life Saving Skills

- A family, woman, community focused, competency based program

Goals of HBLSS

- Reduction of maternal & newborn mortality
- Increased access to basic life saving measures within the home and community
- Decreased delays in reaching referral facilities, where obstetrical emergency care is available
HBLSS - Objectives

- Increase access to life-saving measures within home & community
- Decrease delays in referral
- Increase use of postpartum & post abortion family planning
HBLSS – Intended Audience

- Pregnant women & family caregivers
- Home birth attendants, TBAs
Community Partnership

- **Community Self Assessment** is used to initiate the process of community mobilization
  - Obtain information about local norms surrounding childbirth
  - Discuss perceptions of causes of maternal and newborn death
  - Identify birth attendants, healers, wise men & women to guide the process
Community Partnership

- In depth analysis of maternal and neonatal mortality, routines of pregnancy care, available resources, health seeking behaviors, birth preparedness, problem recognition, first aid applied, referral decisions and utilization.
Community meetings play an important role in HBLSS

- Involves all community leaders interested in health promotion in decision-making
- Identifies the participants for HBLSS
- Encourages participation of women and families
- Community resources may be available to assist
Home Based Life Saving Skills

- **HBLSS** is unique in its audience, focus and approach
  - The audience includes those likely to be in attendance at a birth - the woman herself, family care givers, and birth attendants.
  - The curriculum is modular and focuses on prevention, recognition and initial home management of life threatening complications for mother and newborn and referral where possible.
Core Topics
- Introduction *
- Woman & baby problems *
- Preventing problems
- Referral *

Mother Topics
- Too much bleeding *
- Sickness with pain & fever *
- Birth delay
- Pregnancy swelling & fits
- Too many children

Baby Topics
- Trouble breathing at birth
- Born too small
- Baby falls sick *

* Topic covered
Example-- *Take Action Card*
‘Too Much Bleeding After Birth’

**Problem side**

**Action Side**
Learning how to do bimanual compression
Field trials completed in Ethiopia, India and Vietnam suggest that it increases access to basic life saving care in the home and community, decreases delays in women reaching referral facilities and supports the communities efforts to decrease maternal and infant death.

Further evaluations are planned.

Complete training materials are available at: http://www.acnm.org
HBLSS Does Not Stand Alone

- HBLSS is an integral part of a larger community partnership model, which has the potential for added community supported interventions
  - Emergency transportation
  - Orientation of the general community and referral facilities to HBLSS
  - Development of a simple monitoring system for pregnancy outcomes
Safe motherhood may begin, but does not end at home

- If needed, the community partnership model can include **LSS training** to enhance emergency obstetric care at referral facilities.
LSS - Objectives

- Increase trained health workers skills in managing complications

- Increase referral facilities ability to provide emergency obstetrical care.
LSS - Audience

- Trained health workers in referral facilities
  - Hospitals
  - Health centers
LSS - Focus

- A comprehensive training program and series of manuals designed to help reduce maternal mortality through skill acquisition appropriate for low resource settings.

- Modules include: Antenatal Care, Labor Progress, Episiotomies, Hemorrhage, Resuscitation, Sepsis, Rehydration, Vacuum Extraction and Other Emergencies.
LSS

- Competency based training programs that equip midwives and physicians with the skills to intervene in the top five life threatening maternal conditions including obstetrical hemorrhage, obstructed labor, obstetric sepsis, hypertensive disorders and complications of unsafe abortion.

- Involves classroom and clinical training.
LSS

- LSS manual is translated into French, Spanish, Vietnamese, Bahasa Indonesian.

- Experience in Ghana, Uganda, Indonesia, Nigeria and Vietnam suggest that it is sustainable and effective.
Community Partnership Model

- HBLSS and LSS training within the Community Partnership Model strengthen the entire continuum of mother-baby care in the community and have great potential for the reduction of maternal and neonatal mortality.
References


