FOR WOMEN, AROUND THE WORLD

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A PROJECT ON OBSTETRIC PROFESSION, ENVIRONMENTAL AWARENESS AND PROTECTING WOMEN

All For Women Foundation

THE EVENTS OF 2018 - AFRICA

The delegation of our foundation made it to the Seychelle Islands on 27 April 2018 after a long preparation period.
Our work began on Mahé Island, which is also the main island of the island groups. We visited Dr. Cheti's private practice after previous consultation, where the chief obstetrician showed us around the clinic.
This clinic only has an outpatient department. We were introduced to all the different specialty departments of the clinic: ophthalmiatry, internal medicine, paediatrics, gynaecology, and the department for types of IV therapy. There is a lack of obstetricians and gynaecologists on the island, therefore this private clinic can only offer consultations with ob-gyns once a month. In case of an emergency the Victoria Hospital, the largest hospital on the island can take on the patients.

We noticed that there was no ultrasound scan at the clinic. The reason for that, as we found out, was that it is simply not a usual practice to have the foetus examined with an ultrasound during the pregnancy. We were told that it is the obstetrician who does the prenatal care, which includes three mandatory visits during the first 16 weeks of the pregnancy. Everyone delivers their babies in a hospital. We saw in this nice and welcoming clinic that they are far behind Hungary when it comes to the equipment available.

During the next couple of days, we managed to visit other smaller hospitals and healthcare providers in the countryside. We got to know the locals and learnt that there was very little money that goes into healthcare. The largest hospital, the Victoria was partly funded by the Turkish state.
We also noticed that the super modern private healthcare complexes, like the one in the Eden Plaza, which was built by the Arabic sheiks, were sadly not available for the locals. These providers mostly employ European doctors and are used by foreigners.

Our next stop was the Anse Royal Hospital which is quite a compelling institute. Just like in the case of every other healthcare provider, women in labour are transferred to the Victoria Hospital either in an ambulance or by helicopter from this institute as well. The reason for that is that is the fact that Victoria is the only one with a maternity ward.

Victoria Hospital

We had made an appointment with the director of the Victoria Hospital in advance and requested a tour, with a particular focus on the maternity ward. We were welcomed with open hands and the chief obstetrician guided us through the departments, pointing out the idiosyncrasies of the island, explaining the role of women in their society and the competence of obstetricians.

We could not help but notice the long lines of people waiting to see a doctor, and also how patient and calm they were. It was perfectly clear how much medics were respected on the island.

As far as maternity care is concerned, we have learned that there are no home birth policies on the island, so basically every woman gives birth at a hospital. If, however, it takes place outside the institute, the women do it without getting any help.

The hospital is well equipped compared to the conditions generally found Europe, but there is no ultrasound device used as ultrasound diagnostics for fetal ultrasound, and therefore there is a large number of congenital anomalies and relatively high fetal mortality.

In the event of a complication during labor, a very well-equipped operating room is available to perform cesarean section.

Prenatal care and maternity care are done by the midwife autonomously, specialist is present only in extreme cases, only if necessary. The Seychelles cesarean section has a frequency of 5-7%, which is considered extremely low.

After visiting the hospital, we contacted the Minister of Health in advance who directed us to the hospital's director, they were very kind to us. Dolores Paul the director of the hospital told us there's no separate midwife and nurse training in the education system, therefore they have no independent midwife's association. With the help of Dolores, we contacted the senior midwife, Mary Jose. She said that the number of very high number of teenage births is a huge problem, which means that there is a very high birth rate among 15- to 18-year-olds, about 30% of all births on the island.

In the Seychelles abortion can only be performed legally, when there's a life-threatening situation. Around there, it doesn't even occur to women, that they don't want to give birth naturally – the midwife's role is so important and they trust them and their own body so firmly, all of the women want to actually give birth.
For them, the golden hour "skin to skin contact" has great significance. They also place great emphasis on supporting breastfeeding. The parent's room has the motto "silence end safety".

In the following days, we met the head of ICN, (the International Council of Nurses), we talked about education, they told me they have a major university on the island where standard education was three years for nurses. Students finish university with a high level of practical training and theoretical education.

Midwifery training is based on basic nursing training with an extra two years of highly theoretical and practical tutoring. So, midwives go through a way more specialized training so they get much higher recognition within the hospital.

There is no possibility of advanced medical training at the island, there aren't enough doctors and that's exactly why it is important to use extensive competencies. The concept of gratuity is not known; therefore, doctors do not have the motivation to participate in this process.

Health awareness among islanders

We were curious about the standard of living in the light of general health care. On the island, the most common cause of childbirth-related deaths among women is extensive loss of blood. Generally speaking, cancer and heart attack are not that common in this region. Despite the poor living conditions, people are eating healthy - eating their own homegrown food, eating vegetables and small amounts of meat from the natural possibilities given by the ocean, eating fish, octopus and consuming them fresh.
Unfortunately, the lack of water here has caused most of the local residents to bathe in the ocean and use coconut water to cover their water intake.
The freshwater reserve is very limited, so during the monsoon period every day 600-1200mm of precipitation falls, which will be collected and reused during the rest of the year.

In the Seychelles Islands, we have studied the issue of the quality of life of children. The education system is partly similar to ours, there's an 8-year-old elementary school, a 3-year high school if someone wants to choose higher education, it means another three or four years. Unfortunately, there is a general problem on the island that people do not train themselves. That is why unemployment is very high. It is generally observed that people on the island are poor, although, they are lucky because of the climatic conditions of the region. It is constantly hot, the plants are growing all year round, there is always fruit they can recycle from, they can build a house or hut using trees and leaves.
In addition to health care, we have been looking at the elements of environmental awareness, it was very interesting that stores do not use plastic bags, in the shops you can put the

purchased products into a textile bag. It’s an everyday sight that people gather plastic bottles and aluminium cans to earn some kind of money. They pay attention to selective waste collection. There is no garbage in the island, many bins are placed around public spaces. Our foundation donated several menstrual cups to women on the island, helping to reduce health related waste.

Our next destination was in Tanzania, with the help of ICM, we contacted TAMA's senior midwife, Feddy Mwanga, who took us to several hospitals in the capital, Dar es Salaam, and several rural hospitals as well. Thanks to her, we got a comprehensive picture of Tanzania's health, the situation of women, the work of midwives and the environmental awareness of Tanzanian people.

Structure and operation of the healthcare and obstetric system in Tanzania

Facility health care in Tanzania is provided at various levels ranging from primary facilities (dispensaries and health centers) that are nearest to the community, to district and regional hospitals and to the higher referral and consultant hospitals that provide high level specialized care. The health care system is undergoing changes to respond to the needs of the population and Tanzania's commitment to the United Nations Sustainable Development Goals (SDG).

The majority of the health facilities are government owned, and private facilities play a significant role in health care. All healthcare facilities follow the national guidelines for provision of care. In terms of obstetric care, over 90 per cent of women in Tanzania attend antenatal clinic at least once, but only 63 per cent deliver at health facilities. Those who deliver at home are mainly attended by unskilled people. The Tanzanian government and TAMA are equally focused on expanding the reach of childbirth care as we are on improving the quality of it. Women in urban areas such as Dar es Salaam benefit from a level of choice as to services, not available in all rural areas.

Midwives provide most of the antenatal, delivery and postnatal including care of the newborn. Doctors are called upon when there is complication. Most women who use midwifery services do not require the services of medical care in the obstetric system.

This is in line with the World Health Organization and other research findings that a well-trained and supported midwife can provide up to 87 per cent of life-saving care.

This has led TAMA to focus on ensuring that midwives have the required skills and competencies to provide quality care to women and newborn. This includes assessing and monitoring women during pregnancy including ensuring that women have a birthing plan, and that women are aware of the nutritional requirements during pregnancy. Midwives also monitor women during labor, assess for potential of complications, conduct normal deliveries and care for the woman and newborn postnatally.

A key component of TAMA priorities is the timely and successful determination that a referral to a medical officer is required. This is a key focus of TAMA training. It is also an area of the obstetrics system that continues to need improvement, as 'step-up' care may be difficult to access.

Education System of Midwifery system in Africa

Each African country has its own system of midwifery education. For example, the Democratic Republic of Congo, follows the French model of stand-alone midwifery, with clearly delineated roles and responsibilities.

In Tanzania, the education system is British based which used an integrated nursing and midwifery model. This model has made it difficult to separate midwifery from nursing, and TAMA continues to advocate for standalone midwifery profession. More than 80 per cent of all midwives in Tanzania are trained as nurses and midwives. The training ranges 2-4 years, after successfully completing secondary school education either at “A” or “O” Level.

The nursing and midwifery training in Tanzania is undergoing changes following the advocacy, especially by TAMA, to strengthen the training and to separate midwifery from nursing. TAMA is currently working with the Tanzania Nursing and Midwifery Council and academic communities to ensure that the curricula they offer related to midwifery reflects the International Confederation of Midwives Council (ICM) core competencies, which are internationally accepted standards.

There is no doubt that midwives are graduating with inadequate skills and competencies, and that the curriculum needs updating. In order to ensure that midwives acquire the competencies, TAMA with support from a few donors especially the Canadian Government, has been conducting in-service training, focusing mainly on midwifery emergency skills. These trainings have been very beneficial, and changes such as increased facility deliveries, reduced number of referrals and reduce maternal deaths have been observed in facilities where midwives have been trained. However, the number of trained midwives is very few compared to the actual need.

Breastfeeding Support

In terms of medical facilities roles in breastfeeding support, all midwives – including those who are based in major medical facilities - deliver a standard post-natal discharge package to mothers, that includes training on effective breastfeeding, hygiene and maternal nutrition. It should be noted that all service providers – midwives, doctors, nurses – all promote breastfeeding as the optimal method to promote infant health and growth.

TAMA routinely updates its skill-base on breastfeeding training. Most recently, midwives have been oriented on how to support women with breastfeeding, especially first time mothers. Advice and support from midwives to the mothers can increase successful and exclusive breastfeeding for six months spontaneously. TAMA also provide training on how to express breast milk to midwives so that they can share this knowledge and skills with mothers. This is useful in cases where the baby is unable to feed from the breast or to give a mother relief from engorgement.

The Story and operation of TAMA

TAMA started in 1992, and has been continuously operational since that time. (In 2012 it established a partnership with the Canadian Association of Midwives (CAM), that allowed it to expand its reach, increase membership, expand training and play a bigger role in government decision making.

TAMA has 4000+ members, representing more than 10 per cent of all trained nurse-midwives, it has 20 branches countrywide. In its current strategic plan (2019 -2024), TAMA is actively initiating a membership drive to reach trained midwives in rural areas, who may not have access to the benefits of membership yet. This effort has a cost implication because it involves travelling and Tanzania is a very big country. TAMA relies on external funding sources to achieve the goal.

TAMA's use of intervention in obstetric care

TAMA follows the principle that childbirth is a normal process and if not, in the vast majority of cases, a medical procedure, requiring any medical intervention may be used. In Tanzania midwives are trained to perform vacuum extraction, but in Tanzania we no longer use forceps delivery. A woman who requires Caesarean section is referred to obstetrician. Doctors only deliver a small percentage of all babies in Tanzania.

National healthcare guidelines around inducing labour are clear. In Tanzania, doctors prescribe the induction, but the midwife administers the prescribed oxytocic drug and monitors progress of labour. Medical doctors follow the same guidelines regarding inducing labour in limited circumstances, and only when the mother's or baby's health is at risk.

The rate of Caesarean sections in Tanzania is around six per cent, with only 2 per cent of those elective caesareans. The vast majority are determined to be required during the course of labour as complications arise with a few been elective. Only 117 (23%) of the total 5.513 health perform Caesarean section services.

The rate of episiotomies in Tanzania is difficult to capture. However, anecdotal information suggests that very few of all births assisted by trained midwives involve episiotomies. Following WHO guidelines, routine episiotomies for premature and prim gravida women are no longer performed.

The role of the women in African society

The role of women differs widely among Africa's 54 countries. Within Tanzania itself there are significant variances in practices, depending on education level, location (urban v rural), religion and background. However, gender issues that undermine women and girls remain a challenge in Tanzania.

Male involvement in pregnancy and child birth care is still very limited. Men do not routinely attend antenatal clinics and birth with their wives, although this is now being encouraged, where possible. Currently male involvement in the pre-natal visits is being emphasized so as to ensure that men are educated about the dietary needs and care of pregnant women, joint planning for child birth, post-natal care of the woman and the baby, family planning, and the demands of a breastfeeding mother and tested for HIV for those attending for the first time..

Traditionally, women were responsible for all aspects of child-raising and of the nutritional demands of families, paying for school fees etc.

Women and Environmental Awareness

On the issue of the environment, women's role is key as they use available fuel, which includes primarily charcoal and wood to prepare food. The need for wood to cook has contributed to deforestation, which has contributed to problems with accessible potable water in rural areas.

Women also have primary responsibility for farming, and rely heavily on the female children to help them meet their many competing family responsibilities.

Improving environmental awareness of women is possible through training, however, the conditions for using alternative, eco-friendly cooking fuels are limited. It is preferable to introduce theory when practice can soon follow. Food insecurity generally is a much bigger issue. Having said that, nothing prevents the introduction of concepts regarding sustainable methods of farming, crop extraction and food preparation.

The healthcare system in Tanzania

The health care system in Tanzania includes a high number of community health workers whose job it is to inform and educate the public about the elements of good health for women of childbearing age. It is these workers that connect women to midwives, and inform them of the risks of not having trained midwifery care throughout their pregnancy. These workers are employed by the Ministry of Health. Doctors in hospitals treat only a fraction of all patients, and where they do, they do so with the active participation of a midwife, who is responsible for taking blood, ultrasounds.

The maternal mortality rate in Tanzania is unexceptionally high at 556 deaths per 100,000 live births. Tanzania is among the countries that did not achieve the MDG 4 target of reducing maternal mortality. The causes of maternal deaths are Haemorrhage (28%), Eclampsia (17%), and Post abortion complications (19%), obstructed labor (11%), Sepsis (11%) others (14%).

64% of deliveries are assisted by midwives with a target of 80% by 2020. The target of Tanzania is to reduce maternal deaths to 292 per 100,000 live births.

The total population of Tanzania is 54 Million, with a population increase of 2.7 per year and average number of children per woman as 5.2.

Maasai traditions surrounding family and childbirth

Maasai culture, traditions, lifestyle and health seeking behaviour have undergone changes in the past few years due to their interaction with modernised communities. For delivery, Maasai attend antenatal clinics and deliver in health facilities more than before when they mainly used traditional health services. Traditional nomads, Maasai still follow the practices of using traditional birth attendants. Maasai child rearing remains largely segregated along gender lines with young boys assuming work-related pastoral duties at a young age and girls supporting their mothers in the household.

Maasai culture and practices especially those that are related to pregnancy and child birth is an area of research

Our next destination was Zanzibar, where midwifery co-operation is also very strong. Hamida Mollel, the leading midwife helped us map out the maternity care of this extremely poor area.
We faced deep poverty during our journey. Zanzibar women usually have up to 10 children during their lives. They do not protect themselves against unwanted pregnancies, there is no ultrasound examination in this area. Numerous sick children are born.
Unemployment and shortage of water is significant. For many people the only source of income is tourism and the sale of hand-made small items.

Our delegation and the leaders of the Zanzibar Midwives Association

Local bus in Zanzibar – technically, this is the only means of public transportation.

Our foundation has a meeting with Zanzibar's largest hospital discussing the possibilities of further cooperation.

The most important thing we have done during our journey is that the All For Women Foundation wants to continue to help these areas. Mainly by donating ultrasound devices and by ultrasound training of professionals.