TRADITIONAL MIDWIVES UPGRADING GUIDELINES

Ministry of Health & Child Welfare

unicef

MINISTRY OF HEALTH & CHILD WELFARE

TRADITIONAL MIDWIVES UPGRADING GUIDELINES

ZIMBABWE

TABLE OF CONTENTS

ACKNOWLEDGEMENTS

The success in producing the Traditional Midwives Upgrading Guidelines Manual reflects the commitment and dedication of the various interested parties in improving the life of women and their families.

Special recognition is given to the Ministry of Health and Child Welfare and UNICEF for their support financially and technically. We would like to recognise World Health Organization for the reference material.

We also want to thank the many nurses from Provinces, Districts and various institutions that took time to share their ideas and experiences. We are also grateful to the Murewa TMs who participated in the pre-testing of the manual.

Lastly, we would like to thank the secretaries in the Ministry of Health and Child Welfare who typed the script and assisted with graphics. To you all we express our most sincere gratitude.

FOREWORD

Throughout Zimbabwe each year approximately 644 women die due to complications related to pregnancy and child bearing. The maternal mortality rate is 225 per 100 000 live births per year. (National Health Profile, 1999)

The numbers themselves are immense, however numbers do not reveal the personal tragedy experienced by the family that loses a mother, a baby or both.

The majority of these deaths could be prevented or minimised if women themselves understood better how to take care of themselves before, during and after pregnancy or if they recognised early signs of complications and seek modern treatment.

Some researchers have revealed that even where there are resources and commitment, some women still opt to be delivered by traditional midwives. Some communities are far away from Health Centres and with the introduction of resettlement there is need for upgrading of TMs.

Some of these women receive neither Antenatal Care, Perinatal Care nor Family Planning services. This justifies the continuation of traditional midwives upgrading programme in Zimbabwe.

The upgrading of traditional midwives can reduce the risk of mortality and morbidity due to poor midwifery practice.

This can also help to improve positive contributions by traditional midwives in safe motherhood, family planning and other important components of Primary Health Care.

INTRODUCTION

Traditional Midwives (TMs) have existed since time immemorial even in the Bible one reads about their role in caring for women during childbirth.

In Zimbabwe traditional midwives still deliver a significant number, (+-30%) of women particular in rural areas.

Statistics for 1999 showed that institutional deliveries were about 286 045 of women who were delivered whilst home delivery were 60857,(18,9%) deliveries (National Health Profile, 1999).

TMs provide a much-needed service to the community but they lack knowledge of certain important principles of hygiene and basic facts about reproduction and reproductive health.

The upgrading programme for TMs was launched in 1983. The programme aimed at improving the knowledge attitudes and practices of traditional midwives, which would result in making home deliveries cleaner and safer. 1997 had upgraded an estimate of about 15 000 TMs.

From 1997 to current, not much attention at national level has been put to the programme resulting in reduced and different activities throughout the country.

However, with the changes in the health infrastructure and the introduction of modern health care concepts where the communities need to be responsible for their own health, it has become necessary to review the TMs role. It has also been noted that due to the resettlement of people in areas that have no health facilities, the need to upgrade more TMs has become even greater.

ABBREVIATIONS

AIDS	Acquired Immuno Deficiency Syndrome
ANC	Antenatal Care
APH	Ante-partum haemorrhage
EPI	Expanded Programme on Immunisation
HIP	Hypertension in Pregnancy
HIV	Human Immuno Virus
IUD	Intra-Uterine death
IUCD	Intra-Uterine Contraceptive Device
MTCT	Mother to Child Transmission
NNT	Neonatal Tetanus
PNC	Postnatal Care
PPH	Postpartum Haemorrhage
PV	Per vagina
SB	Still birth
STI	Sexually Transmitted Infections
TB	Tuberculosis
TM	Traditional Midwife
VIDCO	Village Development Committee
WCBA	*Women of Child Bearing Age*
WADCO	Ward Development Committee
WHO	World Health Organization

HINTS FOR TRAINER

The Traditional Midwives Upgrading guidelines are meant to assist the trainer with the courses to be covered.

The trainer should:

- Organise a convenient venue for training
- Use this simplified manual
- Prepare Teaching aids
- Always find out the traditional midwives' knowledge, attitudes and practices (KAP) for each lesson
- Encourage the positive practices and find a good approach of discouraging the harmful practices for every topic to be covered.
- Be flexible and accommodate the learning pace of each group.
- Read other reference materials.

1. COMMUNITY SOCIAL MOBILISATION BEFORE UPGRADING

The community should be involved as a whole in all aspects of the programme from the beginning. The following should be informed:

- Rural District Council (RDC)
- Traditional leaders
- Church leaders
- Non-Governmental Organisations (NGOs)
- Political structures
- Government Departments
- Traditional Midwives
- Traditional Healers
- Community members

2. SELECTION CRITERIA

Traditional Midwives to be selected for upgrading should meet the following criteria:

- Mature, accepted and living in that community.
- Someone who has conducted 2 or more deliveries in the past year which are recorded at the Rural Health Centre
- Someone who is trainable, but reading and writing may not be a prerequisite.
- Priority be given to needy areas e.g. Resettlement and far away areas from Rural Health Centres.

3. UPGRADING OBJECTIVES

- To improve TM knowledge and skills in safe motherhood.
- To assist the TM to recognise patients for referral.
- To strengthen TMs role in reducing maternal and infant morbidity and mortality through improved practice.
- To influence change of behaviour by equipping the TM with IEC skills.

4. UPGRADING PERIOD

The upgrading programme will run as follows:

- Length of the upgrading programme will be fifteen (15) days.
- The first ten (10) days should be full time at clinic or daily attendance or outreach point
- The remaining five (5) days may be continuous or broken down to suit the situation in the district.

5. NUMBER TO BE UPGRADED PER GROUP

In order for the group to be manageable the TMs should be 10 - 15 per group. It is important to choose a group leader right from the beginning of the programme.

6. ORGANISATION OF THE PROGRAMME

6.1 Introductions

Begin by self-introductions. TMs should be given a chance to introduce themselves and share their experiences. The TMs will also express their traditional practices other than deliveries.

6.1.1 Discuss the logistics such as travelling, accommodation and meals. Find out the areas that the TMs would like to cover. Outline the topics you intend to cover. The TMs to express their expectation of the course.

Agree on the days and venue for the training sessions.

6.1.2 Explain the importance of attending all sessions regularly and what constitutes good or poor attendance. Absenteeism should be discouraged.

6.1.3 Explain details of what is to be covered to emphasize the importance of regular attendance. TMs who miss more than three (3) sessions should be requested to join the next group.

6.1.4 Explain the purpose of the course and emphasize the fact that they will not be employed by the clinic, hospital or government. The question of payment for services rendered is between the TM and her client.

NB TMs can form an association within their communities and agree on standard of payment for services rendered.

COURSE ONE

ROLE OF TRADITIONAL MIDWIFE

Aim of the course

To assist the Traditional Midwives (TMs) to understand their role and the importance of a clean safe delivery.

Course Objectives

At the end of the course the TMs should be able to:

- Describe the role of the TM
- Communicate the principles of personal and environmental hygiene
- Identify items necessary to achieve a clean safe delivery

Topics to be covered

- Role of the TM
- Hygiene: Both personal and environmental

Teaching methods

- Participatory/discussion
- Brainstorming
- Demonstration
- Role play
- Songs

Teaching Aids

- Soap
- 2 litres container with water
- Pictorial

Evaluation

- Question and answer
- Return demonstration

Activities

Role of Traditional Midwife

- Mobilise pregnant women to attend Antenatal Care and to deliver in health facility.

- Encourages women to send children for growth monitoring
- Educates women on Family Planning, STI and HIV/AIDS
- Encourages breast-feeding and Kangaroo Care method.
- Educates women to take malaria and anaemia prophylaxes in pregnancy.
- Encourages pregnant women to take balanced diet
- Counsels pregnant women where necessary
- Conducts deliveries in an emergency
- Refers at risk women and complications of labour.
- Records and reports all deliveries to the nearest health centre
- Surveillance for NNT and other EPI diseases
- Escort mothers in labour and after delivery

Hygiene

Demystify myths and misconceptions pertaining to hygiene by brainstorming and discussion

Personal Hygiene

This applies to both the TM and the mother

- Keep nails short
- Handwashing with plenty of running water and soap.
- Keep clothes and body clean
- Discourage nasal snuffing
- Dry clothes in the sun
- Encourage ironing of clothes
- Explain that germs enter the body through fresh wounds e.g. through the cord, perenium and inhalation picture handwashing & running water

Environmental hygiene
(Outside)

- Encourage community to have:
  - Rubbish pits
  - Pot racks
  - Blair toilets/pit latrines
  - Safe water supply
- Sprinkle water before sweeping to avoid dust

(Inside the house)

- Sprinkle water before sweeping where necessary
- Smoothen floors and walls
- Avoid the use of cow dung on floors
- Encourage proper ventilation

COURSE TWO

ANATOMY OF THE REPRODUCTIVE ORGANS

Aim of the course

To assist TMs to appreciate the role of the reproductive organs in relation to pregnancy, labour and minor discomforts during pregnancy.

Course objectives

At the end of the course the TMs should be able to:

- Name the anatomy of the reproductive organs
- Explain the role of the pelvis and cervix in the process of child bearing
- List signs and symptoms of pregnancy
- Enumerate minor discomforts of pregnancy
- Identify complications of pregnancy
- Demystify myths and misconceptions

Topics to be covered

- Simple anatomy of the male and female reproductive organs
- Signs and symptoms of pregnancy
- Minor discomforts of pregnancy
- Complications of pregnancy
- Myths and misconceptions of pregnancy

Teaching Methods

- Discussions
- Role Play
- Songs
- Brain storm

Teaching Aids

- Pictorials
- Models
- Posters
- Pamphlets

Evaluation

- Question and answer
- Role play
- Songs

Activities

- Name and explain the following female reproductive organs:
  - External genitalia
  - Vagina
  - Cervix
  - Uterus
  - Fallopian tubes
  - Ovaries
  - Pelvis

Picture on pg 19
in training manual

- Explain the following male reproductive organs
  - Penis
  - Testis
  - Urethra
  - Spermatic cords
  - Epididymus

Picture of
male reproductive org.l

- Signs and symptoms of pregnancy
  - Amenorrhoea
  - Morning sickness
  - Breast-fullness and secreting
  - Abdominal enlargement
  - Fetal movements
  - Weight gain
  - Skin changes

- Minor discomforts of pregnancy
  - Heart burn
  - Constipation
  - Frequency of micturation
  - Craving for foods
  - Excessive salivation
  - Morning sickness
  - Tiredness

➢ Complications of pregnancy
- Bleeding
- Severe headache
- Severe oedema
- Pallor
- Excessive vomiting
- Excessive or diminished fetal movements
- Severe cramps
- Haemorrhoids
- Varicose veins

➢ Demystify myths and misconceptions

➢ Management of minor discomforts of pregnancy
- Educate, counsel or refer

➢ Management of complications of pregnancy
- Refer all complications

COURSE THREE

ANTENATAL CARE

Aim of the Course

To assist TMs to encourage pregnant mothers to book for ANC early and to be able to identify at risk clients during pregnancy and refer

Course objectives

At the end of the course TMs should be able to:

- Explain the importance of Antenatal Care
- Identify the at risk clients and refer
- State the emergency preparedness strategy for referral
- Explain the importance of nutrition in pregnancy and promote use of locally available nutritious foods
- Encourage pregnant women to comply with prophylaxis
- Explain the importance of exercise during pregnancy.

Topics to be covered

- Antenatal Care
  - At risk factors
  - Emergency preparedness
  - Nutrition in pregnancy
  - Exercises
- Myths and misconceptions

Teaching methods

- Brain storming
- Discussions
- Role play
- Demonstrations
- Songs
- Drama

Teaching Aids

- Charts
- Real objects
- Pictorials

Evaluation

- Questions and answers
- Role play
- Songs
- Return demonstration

Activities

- Antenatal Care

Early booking encouraged at Rural Health Centre to:

- Ensure TT is given as appropriate
- Ensure chloroquine for malaria prophylaxis is given as chloroquine course, then 2 tablets weekly till end of Post natal period.
- Ensure iron supplement is given as follows:
  - Folic Acid 1 tablet weekly till end of postnatal period
  - Ferrous Sulphate 1 tablet daily till end of postnatal period
- Ensure screening for syphilis is done and treatment given as appropriate

- History taking

Medical history to exclude chronic illnesses such as:

- TB
- Cardiac diseases
- Asthma
- Diabetes mellitus
- Epilepsy
- Mental illness
- Hypertension

- Surgical History

- Previous operations

- Obstetric history
- Previous instrumental deliveries
- Previous caesarian sections
- Previous Still Births
- Previous history, post – partum Haemorrhage
- Ante-partum Haemorrhage
- Hypertension in Pregnancy

General appearance

e.g. Short stature

- General appearance of abdomen
- Give information on palpitation
- Explain what happens in subsequent visits

➢ At risk groups:

Refer the following:

- Primigravida
- Grandmultiparous
- Teenage pregnancy
- Large/small for dates
- Previous PPH,
- Previous Caesarian section
- Hypertension in Pregnancy
- Malpresentation
- APH and anything written in red on the mother's ANC card.

➢ Nutrition in pregnancy

- Identify locally available foods e.g. green vegetables, groundnuts, roundnuts, mice, madora, locusts, sadza and wild fruits
- Put them in their food square Picture of food
- Explain the functions of each square in food square
- Discuss maternal under-nutrition as cause of low birth weight babies
- Demystify myths and misconception

➢ Emergency preparedness

- Highlight the importance of community participation
- Identification of possible local means of transport
- Acquaint yourself with communication network in the village/resettlement
- TM to encourage pregnant women to be prepared for emergency delivery to have the following:
  - cord ties
  - New razor blades
  - Baby layette
- TM to have a delivery kit
- Be able to provide first aid management

➢ Exercises

- Encourage household chores during pregnancy
- Discourage heavy strenuous duties

COURSE FOUR

STI, HIV/AIDS, COUNSELLING AND GENDER IN REPRODUCTIVE HEALTH

Aim of the Course

To impart knowledge to TMs on STI/HIV/AIDS, in relation to, reproductive health and gender issues.

Course objectives

By the end of the course the participants should be able to:

- Identify the signs and symptoms of STI/HIV/AIDS and risks involved
- Describe measures that can be taken to prevent STI/HIV/AIDS
- Equip the TMs with counseling and communication skills
- Explain Reproductive Health in relation to gender
- Educate the community to participate actively on issues related to reproductive Health and gender

Topics to be covered

- STI/HIV/AIDS
- Counseling
- Gender and Reproductive Health
- Myths and misconceptions

Teaching methods

- Discussions
- Role play
- Songs
- Brainstorming
- Demonstration
- Drama

Teaching Aids

- Charts
- Videos

Evaluation

- Role play (post test)
- Question and answer
- Return demonstration

Activities

Introduce by pre-testing using role play or drama

- STI/HIV/AIDS
- Types of STI
- Sores and discharges

- Mode of transmission
- Infected instrument e.g. razor blades
- Sexually and body fluids
- MTCT – Mother to Child Transmission

- Signs and symptoms
- Pain or mucturition
- Sores near or on private parts
- Pus in urine
- Discharge from both male and female reproductive organs
- Pain in the lower abdomen
- Demystify myths and misconceptions

- Risk of Sexually Transmitted Infection

The risks are greater for women and new-born babies

- Can cause abortions and infertility
- Baby can be born with deformities or blindness
- IUD
- Congenital syphilis
- Still born
- Failure to thrive
- Mother can have tabes dorsalis
- Neurosyphillis

- Management
- Refer for treatment

- Prevention
- Have sexual intercourse with one faithful partner
- Use of condoms
- TM to use gloves and wash hands thoroughly after handling blood
  *NB never use bare hands to deliver
- Demystify myths and misconceptions

- Counselling
- Equip the TM with communication and counselling skills
- Emphasise the importance of good communication
- Refer complicated cases needing further counselling
- Counsel the following:
  - Primigravida
  - Grandimultiparous
  - Mothers with breast-feeding difficulties
  - Clients with STI/HIV/AIDS

- Gender

- Explain the development and life span of the girl child
- Discuss psycho-Social implications
- Mention the legal right of a human being
- Talk about:
  - Inheritance
  - Age of majority
  - Child abuse
- Discuss the intervention
- Demystify myths and misconceptions

COURSE FIVE

LABOUR AND IMMEDIATE CARE OF MOTHER AND BABY

Aim of the course

The course is designed to orient TMs on improved methods of preparing and conducting a safe delivery.

Course objectives

By the end of the course, TMs should be able to:

- Recognise the signs and symptoms of 1st, 2nd and 3rd stages of labour
- Prepare for a safe delivery
- Conduct a safe delivery
- Examine the placenta for completeness
- Control bleeding after delivery
- Demonstrate competence in caring for the mother and baby immediately after delivery

Topics to be covered

- Birth process: labour 1st, 2nd and 3rd stages
- Control of bleeding
- Immediate care of the mother and baby

Teaching methods

- Discussions
- Demonstration
- Brainstorming
- Role play
- Observing a delivery

Teaching Aids

- Delivery models
- Doll with placenta
- Plastic uterus

Evaluation

- Return demonstration
- Question and answer
- Role play
- Drama

Activities

Labour

First stage

- Explain the movement of the baby from the uterus through the birth canal
- Determine when a woman is in true labour
- Explain the signs of the beginning of true labour like:
  - Contractions – irregular at the beginning but become regular with time and increase in frequency.
  - Pain on the back radiating to the front
  - The womb becomes hard during the pains
  - Show appears
- Explain the signs of false labour
- Pains are erratic, prolonged and irregular.

DOs AND DONT's

- Do not perform vaginal examination
- Do perineum observations to rule out oedema, draining meconium stained liquor, sores and genital warts and refer if present
- Encourage mobility unless the bag of waters has broken
- Give the mother something to eat and drink to maintain her strength
- Encourage frequent emptying of the bladder
- Keep the woman clean and maintain her clothes.

- Complications of first stage

- A tired woman
- Meconium stained liqour
- Prolonged labour which lasts for more than 18 hours (the sun should not set twice)
- PV bleeding
- Fits

- Management
- Refer all the above urgently

Second stage

➢ Signs of progress of labour
- Pains become stronger and more frequent
- The bag of waters rupture
- Gapping and stretching of perineum
- Bulging of anus
- Appearance of the presenting part
- Urge to push.

➢ Prepare the woman for delivery
- Allow the woman to be in a position she feels comfortable
- Prepare the delivery kit
- Encourage pushing only during the pain

➢ Delivering the baby
- Deliver the head slowly to avoid tearing the vaginal walls and the perineum
- Feel for the cord around the neck
- Deliver the shoulders and the body slowly
- Tie and cut the cord with a new razor blade and leave middle size finger stump
- Remember to tie the maternal end of cord as well
- Clear the baby's mouth and airways and clean its eyes with a clean cloth
- Dry the baby and cover with dry cloth
- Put the baby to the mother's breast to suckle

Third stage of labour

Begins after the baby is born and ends when the placenta is delivered (15 – 30 minutes)

➢ Watch for signs and separation of the placenta
  - The cord lengthens
  - There is a gush of blood
  - Uterus rises to umbilicus
➢ Wait for the uterus to contract then deliver the placenta by maternal effort

*TM must not pull the cord

➢ Examine the placenta and membranes for completeness
➢ Ensure the woman is not bleeding much
➢ Inspect the placenta and membranes for completeness.
➢ Put the baby to the breast and see that it suckles
➢ Ask the mother to pass urine
➢ If placenta not yet delivered after 1 hour – refer patient

Immediate care of the mother and baby

Mother

- Clean the vulva
- If there is a small tear, apply pressure with a clean cloth
- If bleeding does not stop, refer
- Change the bed clothes and make a clean dry bed for the mother
- Give her a clean pad or clean sanitary towel
- Observe the mother for severe bleeding, fits or any change of condition and refer if these are present

Care of the baby and resuscitation

- Clear the mouth and airways to help the baby breathe well
- Clean baby's eyes
- Examine the whole body for any abnormalities like cleft palate, extra digits, club foot etc.
- Keep the baby warm always and next to the mother
- Ensure clean cord to prevent neonatal tetanus
- Tie the cord tightly in two places to prevent bleeding

DOs AND DONTs

- Do not apply cow dung
- Do not give porridge or herbs to the neonate
- Do not dress or cover the cord
- Keep the baby warm, do not bath the baby for the next three days but do top and tail
- Clean the cord with methylated spirit

- Identify newborn babies who require special care and refer, e.g. pre-term babies, babies who do not cry at birth

- Demystify myths and misconceptions

Control of Bleeding

- Observe woman for severe bleeding and any change of condition and refer
- Encourage her to pass urine
- Encourage her to put baby to breast to aid uterine contraction
- Refer retained placenta
- Do not pack the birth canal with cloth or cotton wool to control bleeding

COURSE SIX

DELIVERY AND CORD CARE KITS

Aim of the Course

This course is to assist TMs to collect and prepare a delivery and cord care kit

Course Objectives

At the end of the course the TM should be able to:

- List items to be used in a
  - Delivery pack
  - Cord care kit
- Prepare the kits

Topics to be covered

- Delivery kit/pack
- Cord Care kit

Teaching methods

- Demonstration
- Discussion
- Brainstorming
- Role play

Teaching Aids

- Real objects

Activities:

- Demonstrate on contents of delivery pack
- Suggested contents of Delivery pack
- 1 large plastic sheet
- 8 pieces of clean cloth
  - 2 big ones – 1 for the mother, 1 for the baby
  - 6 small ones (handkerchief's size) for cleaning mother and baby

- 2 small plastic sheets (empty mealie-meal bags)
  - 1 for clean cloths
  - 1 for placenta

- Gloves and methylated spirit

➢ Suggested contents for Cord kit

- New razor blade
- 4 sterilised cord ties (locally available ties)
- Extra pack of cord ties for incidentals
- Gloves
- Methylated spirit
- Cotton wool

➢ Accessory

- 2 litres water container
- A piece of soap
- Equipment for boiling the cord ties
- Pen and note book

COURSE SEVEN

POSTNATAL CARE AND FAMILY PLANNING

Aim of Course

To assist TMs in understanding the importance of Postnatal care and Family Planning

Course objectives

At the end of the course TMs should be able to:-

- Encourage mothers to attend Postnatal care
- Explain the importance of Postnatal care to mother and baby
- List methods of Family Planning
- Encourage mothers to use modern Family Planning methods available
- Demystify myths and misconceptions

Topics to be covered

- Postnatal Care
- Family Planning
- Myths and misconceptions

Teaching methods

- Discussions
- Demonstrations
- Drama
- Songs
- Role play

Teaching aids

- Real objects
- Pictorials
- Models

Evaluation

- Return demonstrations
- Songs
- Question and answer

Activities

Postnatal Care

Explain activities done at the Rural Health centre such as

- Examining mothers to exclude complications e.g.
  - High or Low BP
  - Anaemia
  - Breast problems
  - Nutritional problems
  - Perineal infections
  - Bleeding
  - Gaping suture line
  - Uninvoluted uterus
- Examining the baby to exclude abnormalities e.g:
  - Septic stump
  - Big head

Refer babies for weighing, BCG scar checking, and relevant health education.

Family Planning Activities

- Giving advantages of Family Planning to mother, father, baby and family
- List types of Family Planning methods such as:
  - The pill
  - Injectables
  - Barrier methods
  - Implants
  - Permanent methods
  - IUCD
- Discuss traditional methods and compare with the modern methods.
- Refer clients with Family Planning problems
- Discuss myths and misconceptions

COURSE EIGHT

GROWTH MONITORING AND IMMUNISATIONS AND NEONATAL TETANUS

Aim of the course

To assist Traditional Midwives to encourage parents to take their children for growth monitoring, immunisation and also educate on immunisable diseases with special emphasis on NNT.

Course objectives

By the end of the lesson TMs should be able to :

- Educate parents on growth monitoring
- Explain the importance of immunisation
- Explain on Neonatal Tetanus
- Demystify myths and misconceptions

Topics to be covered

- Growth monitoring
- Immunisation
- Neonatal Tetanus
- Myths and misconceptions

Teaching Methods

- Discussion
- Brainstorming
- Demonstration
- Songs
- Role play

Teaching Aids

- Real objects
- Pictorials

Evaluation

- Role play
- Songs
- Question and answer

Activities

➢ Growth monitoring

- Discuss signs and symptoms of malnutrition
- Refer malnourished babies e.g.
  - Failure to thrive
  - Delayed milestones
  - Over weight
- Health educate on importance of breast feeding and growth monitoring
- Counsel clients with nutrition problems

➢ Immunisations
- Discuss vaccines and ages of vaccination
- Educate on immunisable conditions which include:
  - Poliomyelitis
  - TB – Tuberculosis
  - Tetanus
  - Diphtheria
  - Pertusis
  - Hepatitis B
  - Measles

➢ Demystify myths and misconceptions

Immunisable conditions: Neonatal Tetanus (NNT)

Definition:

Tetanus is an acute disease which, follows the infection of wounds, cuts and burns with tetanus spores. In newborns the infection usually occurs through the umbilical stump. The incubation period ranges from 3 to 28 days, with an average of 6 days.

Mode of transmission:

Through wounds e.g. umbilical stump

Predisposing factors
➢ Use of rat droppings on wet cord stump
➢ Use of cowdung on wound and on floors
➢ Unhygienic environment
➢ Use of unsterile equipment e.g. razor blade

Signs and symptoms

- Initially baby sucks well from breast followed by
- Refusal of the breast or refusal to suck
- The baby's mouth is clenched and it appears to be smiling when it has tetanus
- Spasms in which the body becomes stiff and arched like a bow.

Management

- Refer to health facility
- Report any neonatal deaths to the health facility

Prevention

- Immunisation of mother against tetanus during ANC and women of child bearing age.
- In an outbreak all women of child bearing age to be immunised against tetanus in that catchment area.
- Conducting clean and safe delivery
- Use of new razor blade and boiled cord ties.

NB For more information on NNT trainer to refer to Measles, NNT and Poliomylities Surveillance and Control Module, 1997.

COURSE NINE

BREAST FEEDING AND KANGAROO CARE

Aim of the Course

To assist TMs to promote Breast feeding as well as Kangaroo care for pre-term babies.

Course objectives

By the end of the course the TMs should be able to:-

- List advantages of breast-feeding
- Help the mother initiate breast feeding soon after delivery
- Assist in positioning and attachment of baby during breast-feeding
- Identify breast feeding problems and refer
- Equip the TMs with information on HIV and breast feeding
- Recognise pre-term babies for kangaroo care and refer
- Impart knowledge to mothers on kangaroo care method

Topics to be covered

- Breast feeding
- Kangaroo care
- Myths and misconceptions

Teaching methods

- Demonstrations
- Discussions
- Brainstorming
- Songs
- Drama
- Role play

Teaching aids

- Real objects
- Pictorials
- Videos
- Doll

Evaluation

- Return demonstration
- Role play
- Questions and answers
- Songs

Activities

Breast-feeding

- List the advantages of breast-feeding e.g.
  - Breast feeding promotes bonding
  - Free from germs
  - Always available
  - Has all nutrients needed by the baby

- Demonstrate positioning and attachment of baby to breast
  - Assist mother to breast feed soon after delivery

- Management:
  - Identify breast engorgement and manage
  - Identify cracked nipples and breast abscess and refer

- Management of breast engorgement
  - Encourage frequent suckling and emptying of breast
  - Cold compress
  - Refer if no improvement

- Discuss infant feeding in relation to HIV/AIDS

- Demystify myths and misconceptions

Kangaroo Care Method

- Identify premature features such as
  - Too small baby
  - Reddish skin
  - Hairy skin
  - Soft head
  - Plenty of vernix casseosa

- Assist with kangaroo care method and refer

- Demystify myths and misconceptions

COURSE TEN

INFORMATION, EDUCATION AND COMMUNICATION (IEC)

Aim of the Course

To impart knowledge to Traditional Midwives on Information, Education and Communication skills.

Course objectives

By the end of the session TMs should be able to:
- Spell out qualities of a good communicator
- Select appropriate information for a specific target group
- Use appropriate educational materials relevant to the topic

Topics to be covered

- Information Education and Communication

Teaching methods

- Brainstorming
- Discussion
- Role play
- Games
- Demonstrations
- Drama

Teaching Aids

- Charts
- Video

Evaluation

- Return demonstration
- Role play
- Question and answers

Activities

- Spell out the following qualities of a good communicator
  - Good listener
  - Non judgemental
  - Respectful

- Know the target group
- Learn about their norms and values
- Address them in their local language
- Have knowledge of the subject to be covered
- Demystify myths and misconceptions

PREREQUISITE FOR TMs GRADUATION

The following issues should be taken into consideration when planning for a graduation ceremony.

- The supervisor should be consulted to assess how the course is progressing before the end of the training programme.

- The trainer in collaboration with the TMs and the Community Leaders should plan on when to hold the graduation ceremony.

REVISION AND ASSESSING THE TRADITIONAL MIDWIVES KNOWLEDGE

Each TM needs to be clear about the following:

- Reasons why it is important to be hygienic

- Demonstrate the use of both delivery and cord kits

- Describe the at risk clients during pregnancy labour and puerperium

- Demonstrate how to conduct a clean safe delivery and immediate care of mother and baby

- Demonstrate the kangaroo care method

- Describe the management of retained placenta and PPH

- Explain the importance of immunisation

- Explain the means by which clients could be transferred to a Health facility

NB: The traditional midwife will qualify for graduation provided she has satisfied the assessors by:
  - Having attended at least 12 lessons
  - Displayed complete delivery and cord care kits
  - Displayed good knowledge during the practical sessions

Graduation ceremony

The identification of the venue and organisation of the programme is the responsibility of the trainers and supervisors in collaboration with the traditional midwives and community leaders.

Invitees

The trainers to refer to the initial list on Community Social Mobilisation topic of this manual.

Presentation of badges

The traditional midwives will be presented with badges as the community celebrates the event. The badges should be written the name of the TM, Province and Traditional Midwife or Mbuya Nyamukuta.

Graduation ceremonies are regarded as big community events to be enjoyed by every member of society.

FOLLOW UP OF UPGRADED TRADITIONAL MIDWIVES

The aim of following up of upgraded TMs:

- To provide technical and material support.
- To evaluate the impact of the programme
- To identify problem areas and recommend possible solutions.

Follow-up strategies

- Regular Home visits and record-keeping
- Quarterly meetings
- TMs reports and review
- Update TMs knowledge

Some of the areas to be covered

- TM's report
- TM's deliveries
- Maternal and perinatal deaths
- Feed-back from the clinic for example antenatal attendance, Deliveries, Immunisation, referred cases and postnatal attendance
- Discuss problem areas and possible solutions.
- Revision of the topics covered during upgrading.

Follow-up activities

- Meeting every three to four months

It will take very little time to organise four meetings a year for your upgraded TMs but this can make all the difference between success and failure for your programme.

Here are some activities that we suggest you do at each of these meetings, but you might want to add other things yourself: it is only a suggestion to get you going.

- Traditional Midwives report

TMs should report on what they have been doing during the last three months and any problems they have faced.

Discuss together what can be done about these problems.

- Discuss

If there have been misfortunes such as local maternal or perinatal deaths, discuss these with the TMs and see how they can help to prevent such accidents.

- Review one of the subjects

For these three monthly meetings you should not have more than thirty TMs at a time. When you have trained more than two groups of TMs hold separate meetings.

If a TM does not come for two consecutive meetings (six months) try to find out the reason. We suggest that if she continues to be absent you go to her home as a follow-up. You could request the VIDCO, WADCO or District Councillor to encourage the particular TM to attend.

It might be a good idea for the TMs to elect a chairman and Secretary each year who can help to organise these meetings. In order to keep up the interest of the TMs, organise some special events together from time to time, such as inviting them to a graduation ceremony for new TMs, introducing them at special events or rallies in your area; choosing two or three to represent the TMs on the Ward Health Sub-Committee or Team; and even holding an annual party for all the TMs.

HOW TO SUPERVISE AND SUPPORT TRADITIONAL MIDWIVES

a) Asking them to report each home delivery

Shortly after she has done a delivery, each TM should come to your clinic to inform you about it. Remember that most of the TMs do not deliver more than three to four mothers in a year, so it is not too much to ask them to come to your clinic after each delivery, except for the ones who are living far away.

A good way to do this is for them to come with the mother and the baby to the Health centre soon after the delivery or as soon as the mother can manage to get to the Health centre. This will enable you to:

- Check whether the mother and the baby are well
- Discuss any problems and the possible solutions
- Weigh the baby, do the BCG immunisation, give the "Child Health" Card and give the "Birth Record" Form.

You should have a special register where you enter all the home-deliveries conducted by trained TMs as well as transfers to clinic during labour by a TM.

N.B. Use clinic delivery register, starting from the back to record TM deliveries. Indicate whether delivered by an upgraded TM or not.

Those TMs that live too far to report each delivery (or has not had time to come) ask her at least to report them to you at the time of your three monthly meetings. Before the meeting have a separate discussion with those with special problems.

b) **Talking with mothers**

Each time a mother who delivered at home comes with a new born baby but without her TM to your clinic, inquire about the TM who delivered her and the outcome of the delivery. But do that in a friendly unsuspicious manner.

If the delivery was done by a TM enter it in your register if it is not yet recorded.

c) **Going to visit TMs**

If you have got a bicycle and some free time or if you go somewhere for outreach, go and visit some of your TMs at their homes. They will certainly be very pleased to see you, and you might find that they talk much more easily in their own environment.

d) **Refresher Course**

Review one of the subjects from the training. Perhaps you can get one or two of the TMs to do the "teaching" this time, using their own experience. TM refresher courses to be done annually.

SHARING PROBLEMS

When a TM faces a serious problem it will be good if she comes to talk about it with you. Encourage individual visits from your TMs to you at any time.

Help them understand that it is very important to report still-births, Neonatal deaths and maternal deaths. Make clear to them that these unfortunate deaths can happen anywhere and to anybody (doctors, nurses or TMs) and that no action will be taken against them. Discuss with them what has been happening and what could be done to try to avoid such accidents in the future.

Do not forget to enter deliveries in your register.

THE TRADITIONAL MIDWIVES CAN HELP YOU

Collaboration must work in both directions and if you ask the TMs to help you they will really feel that they are part of a team. Here are just a few ideas on how they can help you.

- Try to refer some special problems or cases from their village to them, if possible. For example ask them to talk to a woman who is reluctant to come to the clinic or hospital, or ask them to advise and help a woman with a problem that you found at an antenatal clinic (like previous premature deliveries or an anaemic mother).

- Ask interested TMs to come (one or two at a time) to a meeting of your new group under training to help you with the meeting.

- As a group, the TMs could be very useful in disseminating information about other health programmes. For example you could ask them to help you do an education campaign with all mothers on Childhood illness, or talk with all the young women in your area individually about HIV/AIDS.

Appendix 1

TRADITIONAL MIDWIVE'S FOLLOW UP REGISTER

Name of supervisor: .....

Name of Traditional Midwife: .....

Date visited: .....

Name of village: .....

Number of deliveries conducted: .....

Delivery register available: .....

Outcome of delivery: .....

Nearest Health facility: .....

Comments on delivery place: .....

.....

General comments: .....

.....

.....

.....

Appendix 2

TRADITIONAL MIDWIFE'S DELIVERY NOTE BOOK

Name of TM: .....

Village: .....

NAME OF MOTHER	DATE OF DELIVERY	PARITY	DELIVERY METHOD	SEX	CONDITION OF BABY	COMMENTS

Appendix 3

FOLLOW UP CHECKLIST FOR THE TRAINERS

District: .....
Name of Supervisor: .....
Date of Visit: .....
Health Facility: .....
Name of trainer: .....

TRAINING ACTIVITIES

Lesson content: .....
Training method: .....
Objectives Achieved .....
Teaching aids (Including upgrading manual) .....
.....
Innovativeness : .....
Sequence: .....
Audience Participation: .....
Response to questions: .....
Networking: .....
Community participation: .....
Comments: .....
.....
.....
.....

Signature of trainer: .....

Signature of Supervisor: .....

REFERENCES

Traditional Midwives Training Guidelines Manual: WHO, 1997

Training of Traditional Birth Attendants (TBAs) A Guide for Master Trainers: 1992, WHO, Geneva

Training of traditional Birth Attendants (TBAs) A Guide for TBA Trainers: 1992 WHO, Geneva

Training of Traditional Birth Attendance (TBAs) An Illustrated Guide for TBAs: 1992 WHO Geneva

Expanded Programme on Immunisation: Measles, Neonatal Tetanus and poliomylitis Surveillance and Control. Revised 1997 version

Appendix 5

LIST OF CONTRIBUTORS

Ms M Nyandoro	Reproductive Health Coordinator	MOHCW
Mrs Masangwi	Provincial Nursing Officer	Mash East
Ms C Machena	Community Based Intervention Off.	MOHCW
J D Gwatidzo	District nursing officer	Masvingo
C Maposa	Sr-in-Charge Community	Gokwe Dist.
P Mlilo	Sr-in-Charge Community (A/DNO)	Lupane
G Sithole	Sr-in-Charge Maternity	Plumtree
F Manomano	Sr-in-Charge Matenity	Murewa
Z D Zinyemba	Community Health Nurse	Kariba Dist.
G Musoni	Senior Sister (A/Sr-in-Charge)	Guruve Dist.
A Mwedzi	SCN/SCMN	Marange R. Hosp