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Protocol of Traditional Birth Attendance in primary health care clinics in IRAQ

DISCLAIMER

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Introduction

Midwives exist in most developing countries. They meet the community's vital need by helping pregnant women during labor and delivery and in the postpartum period. They provide midwifery to nearly 60 million mothers and children every year. Most community midwives work in midwifery by watching other midwives or through experience. Therefore, the lack of knowledge about some key principles of health and hygiene and some key facts about childbearing leads to serious problems and sometimes leads to the death of the mother and/or her child. Mostly, community midwives are a link between mothers and health services for many women, especially in remote areas. They offer advice on many health and personal problems. Their role even extends to include health education and disease prevention in some countries. The WHO has promoted the training and engagement of community midwives in programs related to maternal and child health, family planning and immunization in order to promote their proper use and increase their potential in reducing morbidity and mortality during pregnancy and childbirth. The training of community midwives is not easy because most of them are illiterate or have a limited education level. Therefore, it is had to change their thoughts, practices and behaviours. The guide aims to provide the best guidance to planners and implementers of community midwives training programs. Community midwives training itself helps to promote maternal and child health by identifying serious and emergency cases and forward them in a timely manner to hospitals and health centers. The skills acquired by community midwives also needs the support of appropriate technology and maintenance including supplies, effective constant supervision and training in order to update the information and correct some wrong health behaviours.

About Midwifery in Iraq

Midwifery in Iraq started since very old ages. Like the rest of the region, the community midwife enjoys a high rank in the society. Some of the experiences midwives were very famous in the society and were requested by name from Iraqi families. In fact, this did not save many mothers from death due to obstructed labor and its complications. However, the midwife continued to provide her services and assume her social role regardless of her education level.

We should highlight some of the educational qualifications for midwives in Iraq, which are classified as follows:

I. Permanent midwife licensed to practice the profession, as follows:

1. University nurse (a nursing college graduate) who participated in a three-month midwifery course organized by the Ministry of health to be qualified to work as a midwife.
2. A graduate of midwifery and delivery prep school.
3. A graduate of a nursing institute who participated in a one-year midwifery course.
4. A graduate of a nursing prep school who participated in a one-year midwifery course.
5. A graduate of a nursing school who participated in a one-year midwifery course.

All of the above categories used to provide a delivery statement, which is no longer applicable according to the Instructions of the Ministry of Health. This has become limited to birth offices.

II. A licensed community midwife, who mostly has no educational qualification, as follows:

1. A community midwife (not from nursing or midwifery angels) who has at least an elementary school degree and participated in a six-month midwifery course. She used to provide a delivery statement (this has been cancelled since 2004)

III. An unlicensed community midwife (TBA). She exists in all Iraqi governorates especially in remote villages and places. This is this subject of this guide. She provides her delivery (birth) services.

The existence of the unlicensed midwife (TBA) and her services in our current society cannot be ignored and the profession cannot be cancelled as well. Therefore, the need to train these midwives has emerged in order to improve and monitor their work.

In a study prepared by the WHO in this field, training midwives to improve the health behaviours and delivery results had a positive result. Training was the most promising intervention to reduce the mortality and

morbidity of the perinatal period in addition to strengthening the ties with the maternal care services and improve its quality.

In the nineties, a program was launched to train community midwives (TBA) in Iraq in coordination with UNICEF. The community midwife was linked to the primary health care centers located within the geographical area of her home (place of residence). This helped to monitor the midwife's performance on a monthly basis in doing a natural birth and learn about births carried out as well as directly monitoring her work. Starting from 2003, many refresher training courses were carried out in order to strengthen the practices of midwives in all Iraqi governorates. During these courses, trainees were given delivery bags. However, this type of support stopped with the beginning of events in 2003.

In a report issued by the maternal and child care division – unlicensed community midwives program / 2003, it included a survey of community midwives (TBA) for ten years during the siege period from 1993 to 2003, which was as follows:

- "The total number of community midwives in Iraq in 10 years was 3917".
- "The number of trained community midwives in 10 years was 3286".
- "The number of associated community midwives within health centers in 10 years was 2454".

The Ministry of Health continued, through its health institutions, to monitor the work of community midwives during the subsequent period. However, many of them cut their links with health centers due to security conditions and, the change in places of residence and internal immigration due to the events.

In order to decrease maternal death, which is the general goal of the Strategy for Maternal and Child Health and Reproductive Health for the years 2010-2014 of the Ministry of Health, and in line with the progress made towards to fifth goal "Improving Maternal Health", from among the Millennium Development Goals, a careful monitoring of community midwives (TBA) was performed in all governorate. The links between the midwife and primary health care centers have been activated in order to supervise her work and make sure which natural birth cases a midwife is allowed to do at home and to tighten controls over cases that are not allowed, such as: Delivery of a primigravida , women pregnant with twins, women with a previous caesarean section, breech birth... etc. Refresher training courses were given to a section of midwives in most governorates. Delivery supplies were given to midwives according to her monthly work in order to strengthen her link with the health center.

• **The training package consists of:**

- **Training the trainers guide: This includes general guidelines that describe the process of training and background on the training content, a general technique for training, referral, follow-up and evaluation of results. It also includes an identification of the basic training points, techniques or methods of teaching and learning as well as support materials for training and evaluation for each topic.**

• **The Illustrated Guide for Community Midwives:** It helps with multiple functions and purposes in one or more of the illustrations. The trainer uses these in training to enhance their own learning process.

The whole package (Trainer's Guide for Community Midwives) aims to help in the training and benefit from community midwives in order to provide a better quality health care to the mother and child.

This guide has been developed to enable community midwives to:

1. Know the limits of her practice of midwifery.
 2. Give safe care to women during pregnancy and delivery and to newborns.
 3. Encourage family organization and keeping a space between each pregnancy, according to the needs and desires of husbands and wives.
 4. Participate in protective activities and provide health care according to the local national policies.
- Therefore, an effective supportive system must be developed for supervision and referral.
5. A full understanding of the risks resulted by improper practices used in midwifery.
 6. Work as a key link between the community and health care providers.

A- The General Framework

1- Community Midwife

• Who is the Midwife? What is her Role?

A community midwife is the person who helps women during pregnancy, labor, delivery, postpartum and newborn care. Mostly, she is female, and performs the functions of the trained midwife without doing any formal training. In many countries, they hardly can read and write, or have a very limited education level. She learns the skills from an older midwife or through experience. Community midwives are likely to perform up to 95% of births in rural areas and 70% of births in urban areas in the developing countries.

Why Training Community Midwives?

To decrease and prevent wrong practices during the delivery and postpartum process, since she does not know what is right or wrong in the midwifery practice.

There are correct practices that should be taken into account, promoted and respected. Therefore, the existence of the community midwife will continue especially in rural and remote areas until there are qualified midwives or until health institutions start to provide birth services.

The community and mother usually welcome skilled community midwives since they have good communication with the community. These midwives are asked for advice more than nurses, [trained] midwives, health visitors or even doctors. Community midwives who understand health practices may be a

source to support health workers or home visits teams. Community midwives are family friends and are like a passport to most houses and local communities in the developing countries.

2- Community midwives trainer

Community midwives trainer is generally a midwife. In most countries, she provides clinical services in addition to her tasks in training community midwives.

Professional Qualifications: A trained registered midwife who has at least a diploma in midwifery. She must be:

- ❖ A midwife nurse
- ❖ A health visitor
- ❖ A community health nurse
- ❖ A holder of diploma certificate in midwifery or a certificate in training

Professional Experience: _The midwife trainer should:

- ❖ Have five years of experience, at least two of which should be in Obstetrics and Gynecology units and the birth room in primary health care centers that have birth rooms
- ❖ Have experience in providing home midwifery services
- ❖ Have experience in teaching health workers.

Midwife Trainer Requirements

- Females of over 35 years (big difference in midwife age might reduce the trainer's acceptance)
- Should speak a local language which will be used in the training.
- Should be really interested in maternal and child health.
- Should be in a good health condition.
- Should be interested in working in the community.
- Should be willing to participate in a training course to prepare herself as a trainer for community midwives.
- Should understand the local beliefs and practices.

3. The Master Trainer

Generally, trainers are officials from the Ministry of Health and from the administrative positions that take decisions on all training areas related to midwives and their trainers. In general, they are also responsible for providing training materials, full monitoring, supervision and management of the midwives training program. They might have additional responsibilities.

Midwives Training:

Bases of training include:

- ❖ **Assumption that midwives can be trained**
- ❖ **Confidence that the midwife will be able to acquire the necessary skills to train midwives**
- ❖ **Conviction that the training of midwives will improve maternal and child health**
- ❖ **Understanding that the training of community midwives is a potential challenge many experiences have proven that community midwives can learn new skills and concepts.**
- ❖ **The expectation that if training/learning activities are planned in order to achieve specific goals and clear tasks to be implemented in a simple way will help the community midwife to make positive changes in knowledge, trends and practices.**

General goals of community midwives training program

The training program aims to reduce morbidity and mortality of mothers and newborns through appropriate training of midwives, especially in rural and remote areas. Therefore, training should focus on the following areas:

- A. Safe maternal practices**
- B. Improving maternal and child health standards**
- C. Reducing the frequency of pregnancy.**

3- Special Objectives of the Community Midwives Training Program

The special objectives of the community midwives training program help the midwife to:

- ❖ **Develop an overview of the importance of the good health concept and understand its role in health care**
- ❖ **Communicate with the society in her region in a way that is based on knowledge and understanding, in addition to her traditional role, in order to help her live a good health life.**
- ❖ **To improve the knowledge and skills required to perform safe deliveries**
- ❖ **Identify and correct wrong midwifery practices**
- ❖ **Learning about abnormal cases during pregnancy, labor and postpartum and referring sick mothers or mother at risk to appropriate health institutions**
- ❖ **To give advice on proper nutrition for mothers during pregnancy and lactation**

C- The Role of Midwives Trainer

1- Main Tasks:

- ❖ **To help the main trainer in choosing midwives for training**
- ❖ **To help in developing a job description for midwives after training**
- ❖ **To help the master trainer in evaluating midwives training needs The master trainer may use the methods suggested in the trainer's guide and adapt it according to the roles expected from midwives after training**
- ❖ **To identify the training content and the practical experience needed to train community midwives**
- ❖ **To follow the training specified plans, provide learning materials, identify and provide a list of human resources names and identify the training location**
- ❖ **To use the training and calendar lists prepared to be used in evaluation during and after training**
- ❖ **To evaluate training results**
- ❖ **To cooperate with people in the community who work in relevant health care activities who could participate in the training**
- ❖ **To supervise midwives performance after the training**
- ❖ **To do any other tasks that could improve midwives training standards**

2- Other tasks

- ❖ **To encourage the community to provide support to community midwives in doing their jobs**
- ❖ **To participate in any community activities related to maternal and child health**
- ❖ **To do any tasks that could contribute to the improvement of community midwives conditions**

3- Challenges Facing Trainers

Community midwives training is not an easy task, since most of them could hardly read and write. What they learned was from observation and practice. They might find it difficult to understand things that can not be seen or touched. Also, there are unclear concepts and terminology, complicated language and images behind their understanding. The trainer's responsibility is to translate unclear concepts into reality. The trainer should be familiar with midwives language and communicate with them in their own language. He/she should provide images that are consistent with the reality and real situations that emerged or have been used sometimes as alternatives.

Trainer's Guide

This guide aims to help community midwives trainers, especially those who do not have any past experience, in implementing the new methods of training community midwives.

The purpose of the guide is:

- ❖ To help trainers in the training of community midwives
- ❖ To help community midwives trainers in learning the necessary skills to train community midwives
- ❖ To ensure the standards of community midwives training

Chapter Two

Training Phases

Tasks expected from community midwives after the completion of the training

*Main Tasks

1- Prenatal Care

A- Early detection of pregnancy

B- To give advice to pregnant women on nutritional system, hygiene, comfort, breast care and the benefits of health care for pregnant women

C- To learn about common pregnancy issues, advice, referral to health institutions when necessary

D- To learn about pregnancy complications and risks as well as referral to health institutions.

D- The referral of pregnant women to health institutions to get vaccination against tetanus.

E- To prepare a place for deliver and preparing for delivery.

2- Labor and Pregnancy

A- Identifying the beginning of labor

B- Monitoring real labor and real delivery

C- Identifying problems that happen during labor or delivery and referral to health institutions

3- Neonatal Care

A- To provide care to newborns including breathing, umbilical cord care, body temperature, hygiene and the weight of a newborn baby.

B- To check newborns for birth defects and referring them to health institutions if necessary.

C- To help in starting breastfeeding.

D- To advise mothers on their children vaccination according to the new schedule and to regularly take their children for checking at the nearest health center.

D- To monitor newborns weight loss and promote special home care or provide advice on referral based on the weight at birth.

4- Postnatal Care

A- To supervise puerperal normal case (2 weeks after birth) for mother who need special care.

B- To identify the complications that affect women or infants during the postnatal period (six weeks after birth) and referral to health institutions if necessary.

C- To provide advice to mothers on hygiene, breastfeeding, balanced diet, care about the umbilical cord and heating the newborn.

5- Child Care

A- To offer advice to mothers on continuing breastfeeding for two years and the appropriate time to give supplementary food.

B- To offer advice to mothers on the importance of referring to health institutions to vaccinate on different diseases.

C- To offer advice to mothers on the importance of hygiene and environmental sanitation.

D- To offer advice to mothers on the use of available home solutions and teaching them how to prepare and use oral perfusion medicines in cases of diarrhea / vomiting.

E- To offer advice to mothers on other children diseases such as acute respiratory infections, diarrhea, skin infections, and inflammation of the eyes.

***To advise mothers on the prevention of children diarrhea and the use of oral perfusion solutions**

- 1- To encourage the mother to vaccinate their children
- 2- To encourage correct practices of breastfeeding
- 3- To motivate pregnant women to get a vaccination against tetanus where possible
- 4- To help women in the fertility period to understand the need to reduce pregnancy frequency, through the use of the available contraceptives
- 5- To work as a link between health workers and the community
- 6- To provide awareness and health care in her region

6- Family Organization

A- To offer advice to mothers in all stages of motherhood on the benefits of keeping a space between the periods of pregnancy and about the available methods of contraception.

B- To refer to health institutions to provide advice and prepare contraceptives.

C- To continue preparing contraceptives according to the national health policy.

6 The above mentioned areas are the heart of the pivotal or main areas of the functions of community midwives

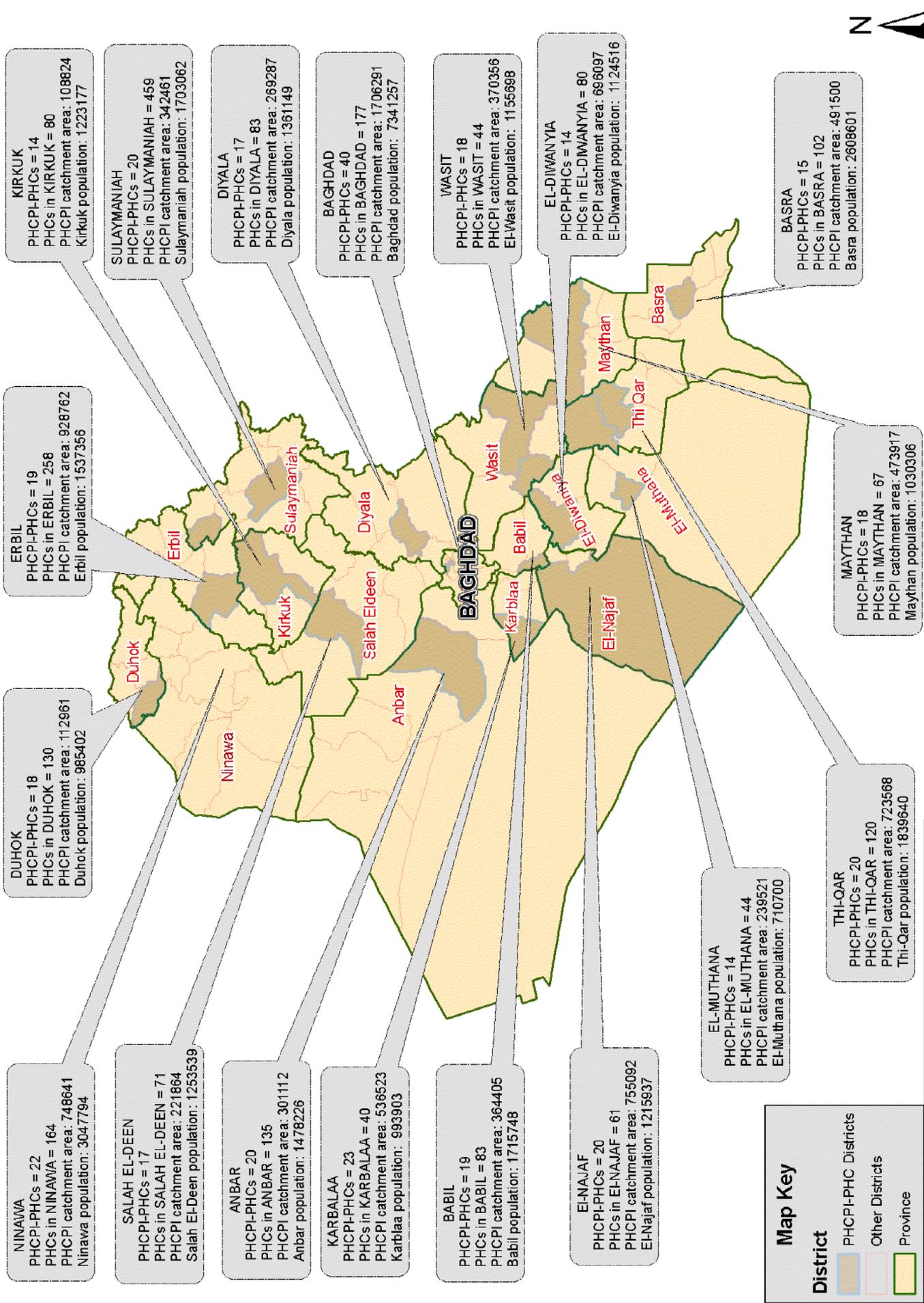
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- 1- Community Midwives Training Program (WHO – Geneva 1992)
- 2- Annual Report of the Ministry of Health in Iraq - 2012

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PHCPI-PHCs population mapped to IRAQ population



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