

## Traditional Birth Attendants in Maternal Health Programmes

Despite the tremendous resources invested in training Traditional Birth Attendants (TBA) over the past two decades, scientific evidence from around the world has shown that training TBAs has not reduced maternal mortality. Any improvement observed when TBA training programmes have been introduced was because of the associated supervision and referral systems, and because of the quality of essential obstetric services available at first referral level.

Conversely, evidence from numerous studies has shown reduced maternal and perinatal morbidity and mortality when women have a 'Skilled Attendant' (a qualified health care provider who has midwifery or obstetric skills) present at every birth. Thus national safe motherhood programmes, including Kenya, are now focusing on increasing the number of skilled attendants, whether a woman delivers in a facility or at home.

Since TBAs are highly regarded by their communities, it is critical that they still be encouraged and enabled to play a role in improving maternal health. The Kenya Safe Motherhood Demonstration Project (SMDP) has identified the contributions that TBAs can make, so that they are incorporated into a national plan for maternal and neonatal health during the transition to Skilled Attendance at birth.

Although over 88% of Kenyan women attend an antenatal clinic at least once during each pregnancy, there are regional disparities in where a

woman delivers and who provides support at delivery. In Western Province, TBAs still attend over 34% of deliveries, whereas a skilled attendant delivers 28% of women. In contrast, a TBA delivers only 6% women in Central Province and 70% women deliver with a skilled attendant.

The continued preference for TBAs in Western Province can be attributed to several factors, including the TBAs' proximity to the woman's home, TBAs' respectful attitude for women, regardless of age or parity, and flexible modes of payment. Problems can arise, however, when TBAs delay seeking skilled care for women in difficult labour, and it is estimated that 15% of all pregnant women will experience problems and require access to essential obstetric care. Women may not be aware of the deficiencies in the TBA's skills and the potential risk to both themselves and their baby.

### Improving quality of maternal care

- Where women prefer TBAs to be their birth companion, partnerships should be promoted between Skilled Attendants and TBAs, by encouraging TBAs to escort the women to facilities or the skilled attendant and provide emotional support to women in labour.
- Where TBAs continue to assist at deliveries they should be updated in the importance of identifying and making early referral of obstetric problems. Some midwives in health centres provide a small incentive to TBAs who bring mothers in a timely manner.

- TBAs can make good health educators or change agents for health seeking behaviour on reproductive health and child health issues. TBAs supervised by midwives at Sabatia Health Centre in Vihiga have developed a song/dance to describe the problems a woman can experience during childbirth and when she should deliver in a health facility.
- Strong leadership from District Health Management Teams can change the focus from TBAs to Skilled Attendants and domiciliary care. In Vihiga District the District Public Health Nurse encourages all midwives to carry the necessary equipment to deliver women at home if necessary. The proportion of women delivered by skilled attendants at endline increased significantly from 1% to 9%.
- If the environment within the facilities is improved, there is an increase in the utilisation of the delivery services (e.g. women treated with respect, privacy, and given warm water to bathe in and a hot drink following delivery).
- A flexible pre-payment schemes for delivery fees with skilled attendants was introduced in Matete and Likuyani Health Centres, Lugari District. Women pay the delivery fee in instalments during their antenatal visits. Subsequently the number of deliveries with skilled attendants has increased.
- Birth preparedness plans assist women to understand possible risks and to identify the place and attendant at birth. TBAs in conjunction with other respected women in the community (eg representatives from Maendeleo Ya Wanawake Organisation: a national women's development group) in Lugari District have assisted in distributing birth preparedness plans and creating awareness on possible risks involved during pregnancy and childbirth.
- Where dispensaries and health centres provide 24 hour cover (on call) and back up referral system for essential obstetric care, this improves the physical access and increases the likelihood of utilisation for the TBA and women should the need arise for referral.

### Policy Implications

- The Ministry of Health must implement a transitional strategy towards skilled attendance at birth, backed by a supportive health care system.
- The strategy should gradually replace TBAs with Skilled Attendants through alternative

social support roles for TBAs in reproductive health and child health.

- The strategy must ensure that existing TBAs do not work in isolation and should be part of the wider health system.
- TBAs should be attached to a specific health facility where midwives supervise them.
- The Ministry of Health should assess the current availability of skilled human resources and deploy appropriately.
- The Ministry of Health must identify ways to utilise existing skilled midwives not employed in public facilities (for example retired or out of work midwives can be attached to health facilities).
- The strategy should outline clearly that no new TBAs should be trained unless for example more than 40% deliveries take place with TBA.
- Any training of TBAs must only be done with Ministry of Health, Division of Reproductive Health approval.

### Conclusion

There is lack of consensus on the role of the TBA in Kenya. Women continue to die in childbirth because they do not gain access to Essential Obstetric Care. As long as unsupervised TBAs continue to practice and there continues to be a shortage in allocation of skilled midwives and doctors to provide the necessary care the maternal and peri-natal morbidity and mortality will not reduce.

Evidence from the SMDP and elsewhere has shown that where there is strong leadership, motivated or supported health care providers, and strong partnerships with TBAs, more women seek the quality care services during pregnancy, childbirth and postpartum period. The challenge is now to utilise the TBA more effectively during a transition strategy from TBAs to increased skilled attendance for all women at birth.