



Some unusual approaches

Traditional birth attendants, the first link in the chain in Southern Ethiopia

In Southern Ethiopia the government is working together with a non-governmental organization in one district to provide a service which involves TBAs in a team effort, and which has succeeded in significantly reducing the incidence of ruptured uterus caused by obstructed labour. Trained by the primary health care team — the first rung of



the national health service, which can deal with emergencies like haemorrhage but cannot perform surgery — the TBAs are visited regularly once a month. The TBAs job is to identify all the pregnant women in her village, and to conduct the prenatal clinic together with the visiting midwife. She and the midwife decide who is at risk of a complicated delivery and at what stage this woman should be taken nearer to a hospital for observation.

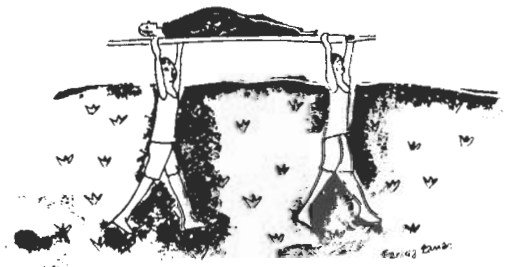
However, not all problems can be anticipated, so the TBA uses a messenger in the village who will run and walk — for anything up to 3 hours — to alert the sisters at the primary health care post in cases of emergency. The sisters then move out with a landrover to pick up the patient from whichever point it can reach; they do whatever they can and take the patient to the first referral level of the health service.

This scheme works because there is support all down the line. Furthermore, the TBA, who already has the trust of the community, can introduce the women to new ideas about pregnancy and childbirth.

An "Obstetric Flying Squad" for Katsina, Nigeria

Staff at a rural hospital in Nigeria observed that the long delay common between the onset of obstetric complications in the home village and arrival at the hospital was causing tragic and unnecessary loss of life.

In response to this situation an "obstetric flying squad" was formed in 1974, consisting of an ambulance with two nursing staff, and a doctor if available, and emergency equipment including oxygen, an intravenous drip, fresh water, soap, sterile dressings and a selection of obstetric instruments. Staff were given a year's training in the emergency management of the three principal causes of maternal death encountered at the hospital: obstructed labour, haemorrhage and eclampsia (convulsions caused by catastrophically high blood pressure). The service was made available on demand, and information was initially given on the radio. In some cases, however, a patient's home was not accessible to the motor vehicle, so the service was augmented by a "rickshaw ambulance" to travel to homes beyond the end of the road.



Early results were encouraging. In the first nine months there were only two deaths out of the 37 patients who used the service, whereas there were 23 deaths among the 119 patients who made their own way to Katsina hospital with problems.

St George, I. The obstetric flying squad.
Tropical Doctor, 5:410 (1975).

“Social marketing” of contraceptives in Mexico

Over 40% of contraceptive users in Mexico get their supplies from shops rather than from family planning clinics. This source of supply has been actively promoted by Mexican businessman, Luis de la Macorra, who started an organisation called PROFAM in 1978.



Macorra saw that whereas nearly everyone has access to a shop supplying the basic necessities of life, not everyone has easy access to a family planning clinic. Family planning is a major social need, and Macorra reckoned that a good deal more of the demand for contraceptive supplies could be satisfied if ordinary marketing channels were used. Today more than 50% of condoms are sold this way. PROFAM, a non-profit making company, tries to tailor its products to meet the different needs of different sectors of the population. Some forms of contraceptives are sold only through drugstores, while others, such as condoms, are sold in supermarkets and foodstores also.

In the long run, the company believes it would be possible to fulfil 80% of the demand for contraception through commercial channels, leaving only 20% for the government's family planning programme.

PROFAM: Selling in the supermarket.
People, 11 (3):21 (1984).

Satellite maternity units in North East Brazil

In North East Brazil, Dr. Galba Araujo, late professor of obstetrics at Fortaleza hospital, has built a bridge between the traditional and modern practices of midwifery. Believing on the one hand that fundamental change cannot be hurried, and on the other that there is too much interference with childbirth in modern obstetric practice in Brazil, Dr. Araujo set out to improve the quality of care given by the TBAs and to provide back-up from the modern health service only where necessary.

Making use of health buildings abandoned through lack of funds, staff or commitment, he created in the early 1970s a series of satellite midwifery units centred on Fortaleza hospital. He gave basic training to the TBAs and got the natural leaders among them to organise 24-hour coverage at the units for local women in labour. Dr. Araujo arranged for the units to be visited by professional nurses several times a week, and he or one of his fellow obstetricians would generally drop in at weekends. Any TBA who wanted to use the unit to deliver one of her patients could do so. The TBAs were paid by the health service, and funds were set aside to pay for transport to the hospital for anyone in trouble.

The hall-mark of the satellite maternity units set up by Dr. Araujo in the 70s is respect for tradition. Professional staff do not interfere unless problems beyond the scope of the TBAs arise. The TBAs are taught to put up an intravenous drip but otherwise there is no reliance on modern drugs or technology. From the start results were encouraging. Out of the first 5,000 deliveries at the satellite maternity units there was not one maternal death.

True to the principle of picking the best from both worlds, helpful traditional practices — particularly those which respect the dignity of the mother and her sense of control over the process of birth — have found their way back to the modern maternity hospital too. Babies are put to their mother's breast before the cord is cut rather than whisked away to be washed and tagged, and the placenta is expelled spontaneously and without interference.

Potts, M. Childbirth in Fortaleza.
Profiles, 4(2):11 (1981).

