



Helping Midwives *and* Community Health Workers *Save Lives*

PATHS2 is fighting maternal and infant mortality by teaching new skills to birth attendants. Doctors/Matrons in Charge, Midwives and Community Health Extension Workers (CHEWs) in Jigawa, Kano and Kaduna States have been receiving training in Advanced Life-Saving Skills (ALSS) through the programme.

Available statistics show that more than 600,000 women die due to childbirth or pregnancy related complications around the world annually. 10 % of this figure is attributed to Nigeria. The estimated average maternal mortality rate in Nigeria is about 1,000 for every 100,000 births, but this figure varies according to regions of the country. Maternal mortality is much higher in the North Eastern region of Nigeria, accounting for about 75% of the country's maternal deaths compared to the South East and South West regions.

The United States Agency for International Development (USAID) indicates that most of the victims of maternal deaths are women between the ages of 15 and 45. After India, Nigeria has the second highest maternal death rate in the world – about 52,000 Nigerian women die every year. Unsafe practices of childbirth cause on average the death of 144 Nigerian women. This means that

every 10 minutes one Nigerian woman dies due to childbirth and pregnancy related causes.

Esther Joseph teaches at the School of Midwifery, Tudun-Wada, Kaduna, where she reports that ignorance and inadequate skills among CHEWs and even among midwives were a threat to patients before she and her fellow workers received the ALSS training. "We did some things ignorantly before, trying to save the woman's life but actually placing her in danger. With this training we have learnt our limitations. We know what to do and what we cannot do."

The ALSS training covers topics ranging from methods for resuscitating a newborn infant, to recognising when a client needs to deliver by caesarian section and explaining this to the client. Early in the training, CHEWs and midwives learn new skills in areas including infection prevention and active management of labour. CHEWs are the closest to women in labour in communities where the available primary healthcare facilities lack doctors or experienced midwives. They try to save women and children's lives, but their efforts are often imperiled by lack of training and necessary skills.

Dr. Husain Yahya is the Chief Medical Director at Barau Dikko Specialist

Hospital, which is the venue for PATHS2's ALSS training in Kaduna State. "If we want to ensure that women deliver safely," he said, "we will have to train people who may attend these deliveries to ensure that they know what to do at the right time, and that they also know their limitations so that they can refer the patients in a timely manner. Our hospital is training midwives to supervise pregnancy and deliver women safely, and the midwives will in turn train the CHEWs." Deborah Nuwam, a midwife and the principal nursing officer at the hospital, said the ALSS training has been invaluable: "Honestly, there's a great difference. Before I got this training, all I wanted was to see the baby breathe. But with this training, I was told how to do resuscitation following protocols, step by step."

Deborah said that the day before the interview she had resuscitated a newborn using what she had learned in the training, and that if she had used her previous method the baby might not have survived. "The child had a very low Apgar score, 2/10. If I had used the method I knew before, I might have been frightened and transferred the baby from the labour room to the SVU, which is quite a distance. She might have given up on the way. But with this training, I knew I had to stay calm and

follow the resuscitation procedure step by step. "And when I did, the baby was fine. I was the happiest person, because I was able to save a life."

Advanced Life Saving Skills training is an innovation of the PATHS2 training



Fatima Umar
Mohammed

Some health centers in rural and semi-rural areas do not have doctors, trained nurses or midwives. They rely on Community Health Extension Workers (CHEWs). Although the CHEWs have some medical training, their knowledge, skill and experience are not up to the level of nurses or midwives. **Fatima Umar Mohammed** is a CHEW at Rafin Guza, Kawo, Kaduna, who recently benefited from PATHS2's Advanced Life-Saving Skill (ALSS) training. Before being trained, Fatima not only lacked the skills to safely deliver a child; she also saw her clients as subjects with no right to make decisions on how they were attended to.

During the ALSS training, Fatima found herself in a position where she had to apply her newly acquired skills. Her experience is better captured in her own words:

What was the condition of your client when she came?

She came in a confused state, restless, with pain and very weak. And she had a scar from a previous caesarian section. And unfortunately for her she had taken oxytocin at home. So she was disturbed. She knew the outcome

antenatal care capacity- building unit. Midwives are trained in selected hospitals. This training is stepped down to community health extension workers. Building knowledge among health workers is an important factor in achieving Millennium Development

Goals 4 and 5, Reduce Child Mortality and Improve Maternal Health. The ALSS training equips participants with optimism and confidence and a deep sense of satisfaction with their jobs. Deborah says she does not anticipate losing a mother or her baby again.

A Testimonial...

of taking oxytocin on a scarred abdomen. So immediately after I examined her, I found out that her labour had been progressing for the past three hours that she had been with me. So I summoned the doctor and told him everything that I had found, and he said she was a candidate for a caesarian section. When I told her she was going for a caesarian section, she frowned and asked me to pray for her because she didn't want a caesarian section. So we had to talk to her, convince her that CS was the best option, that otherwise we might lose the baby. And later she agreed, and was happy.

How would you have convinced her before the training?

I would have shouted at her and told her, "Are you not in the hospital for us to make decisions for you? You are here for us to decide." Now with the advent of LSS, we don't have to shout at people. Before we took the ALSS training we would not have allowed her to see reasons or realities, or to understand or say "I agree" by herself. We would only make it an authoritative order: "You are going for a caesarian section." The only right she had was to be told that she was going to be delivered via caesarian section. That is all. But with the advent of ALSS, I was able to tell her, "You see, that is the right thing for you that is what will be good for you. Without this, the child might be lost, please understand. If there were other options we would have taken them, but the best option for you is CS."

Our old method wasn't working well—giving orders instead of counseling. With the advent of ALSS, I was able to convince her: "After all, you had a CS the other time, and what happened? Nothing happened. Look at you, you're doing fine and your baby is doing fine. Same with this one. When you deliver this one you will be happy." And behold, when I came in the morning, I said "How are you feeling now?" She said, "Oh, fine, Alhamdulillah." This is what she said, which is impressive. Formerly I wouldn't even have had the time to go back and ask her how she felt. How she felt was not my business.

With your newly acquired skills, can you compare how you'll be attending to people?

We will be attending to them according to ALSS teachings. One more important thing is the idea of bringing a support person into the situation. Formerly, we drove the woman's family as far away as possible. But ALSS training encouraged us to bring in the support person for the client. And actually we are seeing the good work of a support person. The support person will be encouraging her to stand firm, as they belong together.

Consulted Literature

Maternal Mortality in Nigeria: An indicator of women's status; Maya Zozulya (External Consultant for Consultancy Africa Intelligence's Gender Issues Unit)

ABOUT PATHS2

The Partnership for Transforming Health Systems Phase Two (PATHS2) is a six year development initiative that aims to ensure Nigeria achieves important health-related Millennium Development Goals.

Funded by UKaid, PATHS2 is working in partnership with the Government of Nigeria and other stakeholders, to improve the planning, financing and delivery of sustainable health services for those most in need.

Apart from working at the Federal level, PATHS2 is working in the five States of Enugu, Jigawa, Kano, Kaduna and Lagos.

PATHS2 follows the successful PATHS1, which was implemented from 2002 to 2008.

CONTACT

Regina Afiamo
Service Integration Officer
r.afiamo@paths2.org
www.paths2.org



Federal Ministry of Health



...improving pathways to health

