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STAFFING OF MATERNITY AND CHILD HEALTH SERVICES
AND TRAINING OF THE STAFF

by

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To introduce my subject I feel I must in the first place describe some conditions prevailing in my country, the Sudan. This is to give a true picture of methods of training of staff for maternity and child health services which have proved their success in an underdeveloped country under very difficult conditions.

The Sudan is a vast tropical country of approximately one million square miles populated by about ten million inhabitants. A great number of the inhabitants are nomads who travel seasonally from one area to another in search of water or grazing. Only about 10% of the population are literate but the ratio of literacy among women is very low. Communications as can be expected in such a vast country are undeveloped. All these conditions made the staffing and training of staff for maternity and child health services a really very difficult task.

To staff our maternity and child health services we need a working team including midwives, staff midwives, health visitors, superintendent midwives training and superintendent nursing officers. Of this team the midwife forms the first and strongest link with the people as while she works in the homes she can always advise mothers on matters of cleanliness and simple hygiene and encourage them to make use of the services rendered in maternity and child health centres. About 98% of the deliveries are performed by her in the homes and for this reason home and personal hygiene are constantly taught to and practiced by pupil-midwives in their residential training schools. Their life in these schools is arranged on the lines of the home life of the good class of the people.

Since the beginning of midwifery training in Omdurnan Training School in the year 1921, great difficulty was faced in finding literate girls for midwifery training. Illiterate village candidates have been, and are still, accepted for training as midwives and are most successfully trained in a method specially devised for them. It is a simple practical method by which they are made to learn everything by demonstration and repetition. For example they are taught to recognize their drugs by keeping them in different shaped bottles and by smell, sight or taste and in this way they can easily distinguish the few necessary drugs used by them. Their equipment is simple household items which they will always find around them.

During the first weeks of their training they learn how to use scissors and artery forceps, how to distinguish their drugs, how to keep and use midwifery equipment and how to sterilize them in a method always practicable in their homes. The techniques of scrubbing, stitching and removal of stitches are taught on old rubber tubing, followed by training of how to prepare the room, arrange the bed and the available furniture and how to set the equipment necessary for the delivery. They are also taught how to use drugs, give a simple enema on a dummy and how to take the temperature and read the thermometer. After they have grasped all this then they come to the more important phase of practical training on a phantom doll on which they learn the different types of deliveries. Infant care is taught on a washable doll of as near life size and weight as possible.

When they have proved to be competent of performing deliveries on the phantom doll without making any mistakes, they are then taken out to attend to district cases accompanied by a staff midwife and the town midwife concerned. Here they get practical knowledge and experience on deliveries and apply their technique under close supervision.

The course lasts for eight months and the syllabus covers all aspects of midwifery and care for mother and infant before, during and after birth. Among the important lectures it includes lectures on the hygiene and management of the child, the premature baby, nursing, public health administration and health education. As mentioned before, training depends entirely on demonstration and repetition and is given in only one routine way to avoid complications. A real sense of how to react to emergency is planted and observed in the pupils.

On completion of training, pupils are examined practically and orally by a board of examiners appointed by the Central Midwives Council which is appointed by and is responsible to the Director of the Medical Services, Ministry of Health, for the training and administration of midwives in the country.

This method of training the illiterate midwife is followed in the Central Midwives Training School of Omdurman and in the five provincial training schools which are situated in El Obeid, Malakal, Juba, Wad Medani and Atbara. These five provincial schools are meant to train midwives for their provinces and so they only train district midwives to supply their local needs. But in Omdurman Midwives Training School two other advanced forms of training are applied. One of these is a course in hospital midwifery for illiterate or semi-literate trained nurses to prepare them for staff positions in hospital maternity wards. The lying in wards of the Midwives Training School are used for the practical training. Special stress is put on the hospital aspect of midwifery and special training is given in the hospital wards on nursing care of abnormal cases. This course lasts from eight to twelve months depending on the number of cases available in the wards.

The third course of midwifery training in Omdurman School is an advanced course for literate nurses. They take advanced midwifery theory and are made to take notes, make diagrams and keep records of their cases. As in other courses, they have to deliver thirty cases and do home nursing before they qualify for examination. Their examination contains two written papers.

From this last group, selection of pupil staff midwives and pupil health visitors is made. To become staff midwives, candidates take a course of 18 months and must pass an examination in the end. Their course includes, among other lectures, teaching and supervision of midwives and administration of schools. The health visitors course lasts for eight months and includes lectures on public health and hygiene including visits for demonstrations, on diseases of infancy and childhood with clinical demonstration, on infectious diseases including tuberculosis, on social welfare including structure of central and local Government, on child welfare including development of the normal child, nutrition, infant feeding, weaning and home visiting. As it is considered to be a most important part of the health visitor's work to be able to give general health education to mothers in her clinic

as well as in their homes, so much weight is put on mothercraft and health education and the lectures are given by the staff of the School of Public Health and Hygiene. Lectures on Central and Local Government are given by executive officers of the Local Government Council. Specialists of the different medical departments give lectures on their subjects. The course also includes some lessons on general management, supervision of the midwives work and administration of ante-natal clinics and Child Health Centres.

Thus the staff midwife and the health visitor both have three courses, a general nursing course, a midwifery course and an advanced course in their profession. From the staff midwives and health visitors cadre emerge the more senior staff, the superintendent midwives training and the superintendent nursing officer. These are selected for promotion according to seniority and merit. There are also posts of senior staff midwife and senior health visitor to which they are promoted.

The responsibilities of the staff midwife and the health visitor in the Sudan are comparable to such work in England. There is the inspection and the supervision of a midwife working in a province or a district of a province, the checking of their records, watching them at work and in seeing that they are giving true midwifery services to the community in which they live. Staff midwives are also posted to training schools for teaching purposes - there is always a staff midwife for every four pupil-midwives. Health visitors are normally in charge of welfare and child health centres; they conduct ante-natal clinics and do home visiting advising on general home management and general health education and care of mother and infant. Cases of illness requiring medical treatment are normally referred by them to the hospital or the concerned doctor if any.

The health visitor must always be on constant touch with the local government authority. These authorities take much concern over ante-natal clinics and welfare centres. They provide the premises and the staff houses and maintain them. They pay for the clerks and farasheen in these clinics and centres and in many places they provide funds or materials to be used for demonstration in these clinics so as to help in advancing the general health education of their people. The health visitor therefore has a duty towards these local authorities and must always approach them to assure them of the well running of her work and to seek their advice on local problems.

The superintendent midwives training has a wider range of responsibility in many ways. The school organization, catering and general administration take up much time. She has under her the staff midwives whose duties are mainly concerned with the actual teaching, and she must see that the candidates attend their lectures and cases and carry out all parts of their training in a satisfactory manner. She must control ante-natal clinics and supervise the work of the district midwives. She takes part with the superintendent nursing officer in the final selection of midwifery candidates for her school.

The superintendent nursing officer of the province is responsible, among other duties, for the supervision of the whole system of midwifery and maternity and child health in her province. Much of her time is spent on tour, but she and the superintendent midwives training must always work together, knowing the midwives, the trainees and the special problems of the area.

It will have been observed that I described in some detail the course of training for illiterate midwives. This is because they form the back-bone in our maternity and child health services and also because the course being simple and practical it can be adopted in countries who face the same problems as ours. Our district midwives who have been trained in this way continued to practice since as far back as 1921, and with continual inspection and supervision have proved that in the absence of better qualified staff they can always render valuable services in the field of midwifery and maternity and child health. It is because they work all the time in homes that they can be of such tremendous value.

It is worth mentioning that these midwives are not government employees; they work as private practitioners who receive their payment from their patients. Their boxes, equipment and drugs are however issued to them free by the medical authorities of the Ministry of Health. They are always encouraged to work in local dispensaries with medical assistants in order to carry out ante-natal and post-natal sessions; they are given subvention for such work. But although they are private practitioners, they quite understand that they are a part of a national health service. In this capacity they have a real duty to their patients to use all the facilities of that service where and when possible. These responsibilities are constantly brought home to them by the medical assistant who issues their drugs and by the inspecting staff.