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THE TRADITIONAL BIRTH ATTENDANT AS AN EXAMPLE  
OF A PRIMARY HEALTH WORKER

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Primary Health Care should be considered as that care provided by a person who sees the "patient" first, whatever the level of training. In considering maternal and child care one finds that the midwife provides a varying amount of primary health care according to the area in which she works and the rules and regulations (if any) under which she is allowed to practice.

A well qualified midwife/nurse - midwife in this Region is only available to a small percentage of mothers. Who provides the primary care to the majority of mothers and children? Rather than get tied up with the different words of the Region to mean the same thing, she will be called a TBA (Traditional Birth Attendant). Whether one likes it or not, it is a fact of life that the TBA carries out the largest part of primary maternal and child health care. In the light of today's scientific knowledge, the practices of the TBA are far from satisfactory, to say the least. Many incidences of the tragic results of such practices, can no doubt be recited here, but what proportion of the total, cared for by TBA, are being referred to? There is probably another proportion, which does not come to the attention of the authorities, but, when one considers the population of the rural areas and when one considers population explosions, one must admit that the largest proportion of mothers are not amongst the tragedies.

Since it has not yet been possible to supply better primary care, one has to agree to "mend" the TBA if one is really interested in supplying the best available care at this point in time.

One very big advantage of the TBA is that she is of the area, accepted by the people and is very unlikely to move from the area. TBAs exist in communities because the community needs them and no "better" person exists there. Even if we put a "better" person there, there is no guarantee that she will be accepted to do the work. A newly qualified young midwife does not command the confidence of people who are used to a familiar older person of their own choosing.

The theme of the meeting is "Nurse's role in Primary Health Care". Some nurses, with their varying degrees of education are inclined to forget their origins. Education seems to make them feel that as they move upwards, what they leave behind are "lower grades" of workers. How often does one create problems by wrong management, in dealing with those essential to good health service?

Nurses are in a position of being aware of the necessity of all classes of workers. If one only does a little arithmetic in the field of one's work, then one has to realize that only a fraction of the population is receiving care. By using a realistic approach to solving problems, nurses can, by fully supporting programmes for utilization and training of the various categories of proposed primary health care workers, and accepting the need for them, do much to alleviate existing problems due to lack of Health Manpower.

Nurses have a big responsibility to accept their role as teachers, trainers, supervisors, supporters of any such workers under their jurisdiction, e.g. a Public Health Nurse working in the field must be aware of the lack of sufficient numbers of qualified midwives to deal with the caseload of her area. She can do a great deal if she accepts the necessity of utilizing any capable person in her area to do various aspects of the primary health care of her community. And the TBA is an available person who can, with proper training, become capable. It is up to the individual - in this case the Public Health Nurse - to see that she gets the best assistance available under varying conditions.

Much of the TBAs' primary health care will be at village/home level, working not only with the mothers and children, but with the remainder of the families, the communities, other associated health workers.

What can a TBA do that is important in the delivery of primary care to mothers and children?

She can use her tongue:

She can use her eyes:

She can use her ears:

She can use her hands:

She can use her nose:

Tongue-speech: TBAs without any sophisticated training or education can do much with this organ. But first one must be sure that she is converted to beliefs which can rightly be expected that she pass on to the community:

- a) Need for ante-natal care, either by herself or at nearest health facility
- b) Need for family planning
- c) Need for simple hygiene
- d) Need for simple nutrition re-orientation
- e) Taking a history of nutrition

So as part of the "mending" process one has a very good start here.

Tongue-taste: In one area, even this sense is used, to identify the contents of bottle of saline used for eyes of newborn.

Eyes: Much can be discovered by the use of the eyes:

- a) Pallor
- b) Oedema
- c) Skin lesions
- d) Deformities
- e) Gross abdominal enlargement
- f) Colour of discharge
- g) Colour of Gentian violet, if given for use
- h) Identify albumin in urine
- i) Passage of urine and meconium in the newborn

If she is taught and accepts the significance of these she is covering a wide area of care.

Ears: Here not so much to be discovered but of importance:

- a) Listening to foetal heart
- b) Noting type of respirations especially in newborn
- c) Listening to comments, problems, etc. of mothers and others

Hands: A good pair of clean hands, well used are of importance to mother and child:

- a) Palpation
- b) Delivery
- c) Care of child

In some areas she also does household chores.

Nose: One is not always conscious of the nose as a necessity in one's work, but it is often used:

Smell of offensive discharge

Smell of liquor )  
Smell of urine ) Differential diagnosis

If antiseptics and alcohol are used a TBA would be able to identify the contents of the container.

One can think of many more procedures, which require very little "training" and yet which in themselves cover a wide area especially in prevention.

None of the things mentioned here are in the least sophisticated. Yet when one analyses the possible results of just of a few of the procedures here, one can realize the possible end results for a mother or child, e.g. mother with rickets being referred in time instead of waiting for signs of obstruction, mother with gross anaemia being treated early, etc.

According to reaction and results of doing just this very basic education one can then build on this foundation and increase the skills and proficiency of a TBA and thereby establish a network of provision of primary health care. One does not have to create a TBA. She already exists. There will be many problems, but just an understanding of simple human behaviour, is necessary. If one would only stop and consider "how one would feel under the same circumstances" much better results of many plans would be seen.

The TBA can also work at health centre level assisting with ante-natal care, referring mothers and children for preventive and curative care. In some areas it might be possible to have deliveries carried out at centres where an individual TBA would deliver her "patient" at the centre and continue care of the mother afterwards at home. Here one would have a possibly cleaner environment with better facilities and with more qualified personnel more readily available. The mother and neonate would be introduced to the Health Centre.

Thus with the training and utilization of a TBA one immediately provides primary health care for a number of individuals. A nurse by accepting this concept and assisting in its propagation will herself, by training and utilizing TBAs, be providing primary health care for more people than she could on her own. Let it not be forgotten that in many urban areas a large percentage of mothers are delivered by TBA, for whatever reason.

One must not be an advocate of TBA just for the sake of it, but one must be realistic and realize that until such time as they can be replaced by better trained workers we must improve the care they give to the mothers under their care.