

SURVEY OF COMMUNE MIDWIVES AND T.B.A.S IN MEAN CHEY DISTRICT

Introduction Comment From our Survey

From March to June 1995 I did a small survey of the community midwives and TBAs in the Eastern half of our health district of Mean Chey. This was done through a Khmer midwife translator. Both of us had not produced a survey before, so it was a learning experience but it did produce some significant results regarding their needs in the community and also helped me to understand better some of the Khmer midwifery practices. We also learnt about what they knew of child spacing and of what was available in their communities.

To begin with, we met with the commune leaders and then the village leaders in each of the Khums and villages of Chbaar Ampeou 1 and 2 Nirrouth, and Prek Pra. We explained what we were going to do and the reason why, then gained their approval to meet up with the midwives as a group and then individually. We explained that we were trying to find out about their training, the services they provide and their needs for support. The total number of responses was 18 and 5 of these were TBAs; 13 midwives; 2 of the TBAs were also Kru Khmers; 6 of the midwives were also trained as nurses and 2 as medical assistants. The average length of training was 1.5 years of informal training, usually working alongside a TBA or in a clinic. The average length of formal training was 1.9 years. 13 women had a total of 25 years formal training; 3 women had no formal or informal training (these were all T.B.A.s). One of the TBAs learnt through dreams at the age of 40 years old, and is now 80 years old. (Her husband was a Kru Khmer and did not want her to "follow her dreams". He had since died) (I have since then met a 50 year old Cham TBA who also learnt through dreams). The age range was from 40 to 80 years of age with the average being 52. The length of time that they worked in their community totalled 242 years, the range being from 2 months to 40 years, (these being a TBA who had only recently moved in from the provinces and the 80 year old TBA who had practiced for 40 years since she started having her dreams). The TBAs had an average of 21 years working in the community whereas the midwives had an average of 10.5 years and no midwives had worked for more than 16 years i.e. before 1979. (We can never fully realise the impact of the years of the Khmer Rouge regime).

All 18 women did home deliveries, (but some only went to "spontaneous deliveries") and postnatal care. The older TBAs often expressed the desire to stop work but said that their community kept calling them for deliveries. (I think that this is due to the price of deliveries in the hospital or by a trained midwife at home, and possibly also because of the increased trust that the community has in the more "experienced" women rather than in the theoretical knowledge the trained midwife has). 15 of these women do antenatal care; 9 provide some form of child spacing services and 1 did immunisations which she obtained from the nearby hospital. 3 used some written record system for antenatal care. One out of 14 could explain the white card (7.1%). None used the white card.

We asked them what complications can arise during pregnancy. Of the 18 respondents, 6 knew no complications (33.3%). 12 knew a total of 42 complications and they knew an average of 3.5 complications each.

8 out of 17 (47.1%) could define accurately a high blood pressure. 12 knew how to perform a B/P measurement and 6 had a B/P machine. When separated into TBAs and midwives:

- a) None of the TBAs could define or measure B/P.
- b) 8 of 13 midwives could define an elevated B/P.

12 of 13 midwives could do a B/P

6 of 13 midwives had a B/P cuff.

None had scales to measure the woman's weight but some looked at the weight on the hospital ANC card and one asked the women to use the market scales. None had baby scales.

ANTENATAL CARE

The most common method of determining the gestation was by calculation using the LMP (12 of 17 - 70.6%) if the woman knew her dates. I tried to find out how common it was for women to remember their LMP but the answer was usually "some do, some don't". 3 out of 17 said that they worked out the gestation by fundal height (17.6%). 15 measured fundal height; 10 by hand 4 by tape and 1 by both methods. 3 did not measure at all.

13 out of 17 women asked about previous obstetrical history (76.5%). 10 out of 16 checked eyes for anaemia (62.5%)

7 out of 18 gave some medication during the antenatal period (38.9%) Most (88.%) could determine position of the baby apparently and 64.7% could determine engagement. We had to judge this by how they answered the question as at that time I had no "models" for them to use. We asked about immunisations in order to find out if they knew it was necessary, and 11 out of 17 (64.7%) referred women for this. 10 out of 17 listened to the fetal heart antenatally, although they did not have a fetoscope. 93.3% (14 out of 15) asked about fetal movements antenatally.

LABOUR AND DELIVERY

We asked about the normal duration of labour for a primigravida and a multipara in order to see if they could determine prolonged or obstructed labour. The results were that 9 of the 18 knew the normal duration: 8 out of 13 midwives and 1 out of 5 TBAs. Eight said they listened to the fetal heart in labour (52.9%) and this was usually only once. (One hospital trained midwife said that she listened frequently (i.e. every 5 to 10 minutes) if there were problems in the 2nd stage and referred to hospital)

72.2% (i.e. 13 out of 18) noted the colour of the liquor and of this 61.1% recognised the significance of this observation.

8 out of 18 (44.4%) gave drugs during labour.

Instruments for delivery were bought by themselves or occasionally borrowed from the woman's family. (An exception was the 80 year old TBA who was visited by government hospital staff during the Sihanouk regime and given instruments as "they were happy with her work").

Out of 18- 14 (77.8%) had a pair of scissors

5 (27.8%) had needle holders

0 None had a suction bulb or traction forceps

13 (72.2%) had artery forceps

15 (83.3%) had swabs

2 (11.1%) had a nail brush (Others said they used the family's)

13 (72.2%) had umbilical tape

7 (38.9%) had a container for the instruments

9 (50%) had gloves, all bought by themselves

12 (75%) had alcohol

9 out of the 15 who were asked (60%) could describe how to sterilise instruments adequately.

15 out of 17 (88.2%) performed vaginal examinations during labour.

The main reason was to assess progress in labour. None mentioned to assess the presenting part, after rupture of membranes.

2 out of 17 (11.8%) said they would do it to assess antepartum haemorrhage and one of these said she would then refer her.

7 out of 18 (38.9%) used rubber gloves. Of the other 2 that had gloves one only used them for manual removals and the other did not use hers at all. Of those 7, 1 claimed to use them more than once and did not sterilise them adequately.

The average number of deliveries per month was 4.5 (11 did a total of 49 deliveries in a month)

If the baby had a breathing difficulty, 33.3% (6 out of the 18) would do mouth-to-mouth resuscitation, whereas 13 out of 18 (72.2%) would hang the baby upside down and smack it.

55.5% (10 out of 18) "massaged" the chest with their hand, sometimes using alcohol not C.P.R.

13 out of 18 (72.2%) removed the fluid from the baby's mouth with gauze on their fingers.

4 out of 17 (23.5%) could perform an episiotomy and 7 out of 17 (41.1%) could suture an episiotomy or tear.

IMMEDIATE CARE AFTER DELIVERY

76.5% (13 out of 17) mentioned that they would check for bleeding

50% (8 out of 16) checked the fundus

41% (7 out of 17) put a fire under the bed

37.5% (6 out of 16) routinely manually cleaned out the uterus (2 of these used gloves)

POST NATAL CARE

16 gave medicine postpartum; 4 out of 17 (23.5%) gave Khmer medicine and 14 out of 18 (77.8%) gave modern medicine.

44.4% (8 out of 18) referred women with postpartum hemorrhage. 2 said that they had never seen it; 38.9% (7 out of 18) knew a modern method to treat P.P.H.

Cord Care: 77.8% (14 out of 18) used alcohol to clean the cord

66.7% (12 out of 18) used mecurochrome

The 80 year old TBA did not clean the cord with either

None said they put Khmer medicine on the cord (but we heard reports that at least one does and that there had been incidences of neonatal tetanus.)

82.3% (14 out of 17) could describe how to give an intramuscular injection

94.4% (17 out of 18) visited the woman postnatally at home and the other one had the woman stay at her own home. The average length of visitation was for 3 days but it extended up to 7 days if necessary.

When asked about what they specifically do at these visits of the 18 women:

7 (38.9%) said they checked the fundus

3 (16.7%) checked for fever

11 (61.1%) checked the lochia

8 (44.4%) checked the perineum

3 (16.7%) checked the woman's breasts

They all checked the baby, 17 mentioning that they checked the umbilicus. The woman who didn't was a 65 year old TBA that left the cord uncovered. She said she wanted to stop working but her community would not let her. She did not learn with another TBA but through own delivery experiences.

8 (44.4%) checked how the baby was feeding

1 (5.6%) checked the baby for fever

None checked for irritability.

We asked if they had ever seen Neonatal Tetanus and 6 had (33.3%). None of the TBAs reported having seen neonatal tetanus. 9 out of 18 (50%) knew how tetanus is spread. When asked how tetanus can be prevented: 5 (27.8%) answered tetanus could be prevented with cord hygiene. 1 out of 17 (6%) mentioned that tetanus could be prevented with immunisation.

BREAST FEEDING

None encouraged breast feeding immediately after birth but 38.9% (7 out of 18) encouraged feeding within the first day. None of the TBAs encouraged feeding within the first day compared to 7 out of 13 midwives. The other 61.1% encouraged feeding after the first day. The usual reason they gave was because they waited for the fluid in the mouth of the baby to drain away. One said that she did it that way because "that is the way she was taught" by a hospital midwife.

CHILD SPACING SERVICES

44.6% (8 out of 18) provided some form of child spacing. None of the TBAs provided child spacing service.

Of these 8 women:

- 7 (38.9%) provided education
- 1 (5.6%) provided the oral contraceptive pill
- 5 (27.8%) provided Depoprovera
- 2 (11.1%) provided IUCD
- 3 (16.7%) provided natural methods

None said they did abortions or gave Khmer medicines. I occasionally asked about abortions specifically, but I now know that at least one provides this service.

66.7% (12 out of 18 I asked) were interested in providing birth spacing services.

LITERACY

44.4% (8 out of 18) could read Khmer well. None of the TBAs could read Khmer well.

2 could read a little

3 were illiterate

16.7% (3 out of 18) could read only Vietnamese well

22.2% (4 out of 18) could read a little Khmer

33.3% (6 out of 18) were illiterate

77.8% (14 out of these 18) were interested in further teaching but of these only 5 have come to the informal teaching sessions I have set up in Daem Sleng village.

HIV AND AIDS

88.9% (16 out of 18) had heard of HIV and AIDS but only 5 (27.8%) knew of 2 or more ways it is spread.

MIDWIFERY SURVEY

DESCRIPTION OF RESPONDERS

TBAs	5	2 of these Khru Khmer
Midwives	13	7 of these nurse/M.A.

LITERACY

Literacy	TBAs (n=5)	Midwives (n=13)	All Group (n=18)
Illiterate	3	3	6 (33.3%)
Partly literate	2	2	4 (22.2%)
Literate	0	8	8 (44.4%)

DURATION WORKING AS TBA/MIDWIFE

	TBA (n=5)	Midwife (n=13)	All Group (n=18)
Duration	2-40 yrs av. 21yrs	4-16 yrs av. 10 yrs	av. 13yrs

IMMUNISATIONS, USE OF WHITE CARD

	TBA (n=5)	Midwives (n=13)	All Group
Refers for immun-isation	2	9	1 (n=17)
Uses white card	0	0	0 (n=17)
Under-stands white card	0	1	1 (n=14)

SERVICES PROVIDED

Service	TBAs (n=5)	Midwives (n=13)	All Group (n=18)
Antenatal care	4	11	18
Home deliveries	5	13	18
Births/ month			0-5 (av. 2)
Postnatal care	5	13	18
Child spacing	0	9	9

SKILLS AND KNOWLEDGE

	TBAs	Midwives	All Group
Know any complications of pregnancy	2	10	12 (n=18)
No. known	1-3	2-8	av. 3.5
Defines high B.P.	0	8	8 (n=17)
Able to take B.P	0	12	12 (n=17)
Measures fundal ht			(n=17)
-by hand	4	7	11
-by tape	0	5	5
Measures weight	0	0	0 (n=18)
Obstetric History	3	10.5	13.5 (n=17)

Skills and knowledge continued	TBAs	Midwives	All Group
Calculates gestation by fundal ht +/- LMP	3	12	15 (n=17)
Listens to FH			(n=17)
- ANC	0	10	10
- labour	0	8	8

EQUIPMENT

	TBAs	Midwives	All Group
Scissors	3	11	14
Container	0	7	7
Needle holders	0	5	5
Suction bulb	0	0	0
Artery forceps	1	12	13
Swabs	3	12	15
Nail brush	0	2	2
Umb tape	2	11	13
Gloves	2	7	9
Alcohol	3	9	12
Describes how to sterilise	2	7	9