

The Role of Midwives in the First Level Of Health Care System

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Research Article

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ABSTRACT

Since the beginning of human history the process of childbirth has been acknowledged as a life event involving bio-physiological as well as socio-cultural and psychological aspects. All cultures throughout history have had strategies to assist and accompany women during labor and birth, being the image of a midwife present in current and past societies. In Argentina, as in many countries of Latin America, the official discourses assign on midwifery a key role in primary health care. However, the absence of midwives in the first level of health care leaves pregnancy, labor and postpartum controls under other professionals or under a hospital level care. In this paper we mention some successful experiences that were able to reduce maternal and child risk indicators only through the inclusion of midwives in the primary care health staff. The profile and attitude of midwife's care during pregnancy, delivery and assistance of pregnant women during gestational period cannot be replaced by other professionals.

INTRODUCTION

Since the beginning of human history the process of childbirth has been acknowledged as a life event involving bio-physiological as well as socio-cultural and psychological aspects. All cultures throughout history have had strategies to assist and accompany women during labor and birth, being the image of a midwife present in current and past societies. Throughout the centuries the activities of midwives have been related to women's and families support in pregnancy, labor and the postpartum process. However, from the twentieth century on, the ways in which human reproduction was controlled and regulated changed significantly; new control policies were developed and spread, making different moments of the female cycle objects of medical concern. In ancient times, midwives' activity took place in the woman's home, however, as time passes it became a matter of the public health concern, where physicians consolidated their own role as legitimate professionals to take part in these processes. Considering care during pregnancy, labor and the postpartum period, in Latin America the process of medicalization consolidated and redefined the objects and fields of the professional intervention. State policies introduced the "occidental scientific monopoly" at the expense of other knowledge regarding care during the health and disease processes. This relates to the influence of hygienic precepts in all human activities, including sexuality and reproduction. In this context, the medical science consolidated as a profession that held the legitimate and hegemonic knowledge, leading empiric midwives -who were formerly in charge of providing care to pregnant women and women in labor- to become certified professional midwives and conceptualizing labor as the object of medical intervention^[1]. At the "International conference on primary health care in Alma Ata", the concept of Primary Health Care (PHC) became a suitable strategy to improve health quality for all countries and from that moment on, many other documents like "WHO-Fortaleza Declaration" in 1985, reinforced this view.

ROLE OF MID WIVES

Since 1995 the role of Argentine's midwives went beyond the delivery room and the assistance to medical professionals during pregnancy, labor and the postpartum processes, at least in the official declaration of health's authorities, recognizing the need to promote among midwives a professional training either for normal pregnancy, labor and the postpartum period care.^[2]

The importance in the training of midwives to promote health care and early prevention of pathologies in pregnant women became a relevant matter for international organisms such as the International Confederation of Midwives WHO UNICEF .^[3] Midwives were defined as “the most suitable health professionals to provide care to women in the fertile age” and as agents of fundamental changes in the health system to ensure high quality maternal and antenatal health care . At the beginning of the XXI century , States member of the United Nations committed themselves to attaining the goals included in the 8 Millennium Development Goals (MDG),^[4] determining a number of indicators that should be attained before the end of 2015. Four out of the eight goals involve the midwives: (MDG3) promote gender equality and empower women, (MDG 4) reduce child mortality, (MDG 5) improve maternal health and (MDG 6), combat HIV/AIDS, paludism and other diseases^[5]. It is in this sense that both the United Nations Fund for Population Activity (UNFPA) and the ICM recognize the major importance of midwives in the health programs, policies and budgets:” “The UNFPA and ICM point out that well-trained midwives reduced 90% of maternal deaths during pregnancy, labor and postpartum period . Midwives play a critical role in offering family planning counseling, and preventing mother-to-child transmission of HIV^[6] . In Argentina, activities of midwives are regulated under competencies granted by higher education and provincial and national legislation, recognizing that these professionals are trained to provide care to women during low risk pregnancy, labor and postpartum period .To date, National Maternal and Child care Department highlights the remarkable role of midwives^[7] in the First Level Health Attention which includes woman support, family planning and provision of health’s information. Midwives are considered as allied professionals for provision of the best health care in low risk pregnancy, early detection of pregnancy, antenatal care,–provision of puerperal care and lactation counseling. However^[8], despite these declarations, hospitals continue to be the most common workplace for midwives, and the delivery room of these institutions, the work setting to carry out their activity. Definitive incorporation of midwives to First Level Health team is still to come, and it is not consolidated yet in many countries in South America, such as Argentina^[9] . The Maternal and Childhood Program was created in Buenos Aires during 1995 with the initial purpose of reducing the maternal and infant morbidity and mortality rates .It includes midwives in the Primary Health Care in a theoretical form. One hundred and fifty midwives were incorporated to the Health Centers to deal with preventive and promotion aspects regarding health care during pregnancy, labor and the postpartum period.^[10] Incorporation of midwives was based on an approach that goes beyond the biological determinants and that includes the psychological, socio-economic y environmental aspects of the health-disease process. However, these professionals continued to work in hospitals overtime. In 2007 an official survey conducted by our research group determined that the participation of midwives in the total number of the staff officially assigned to the 1867 Primary Health Care Centers in Buenos Aires^[11] was only 5%, and the number of midwives was 0.21 per 1000 inhabitants.

In a work experience (Programa MABES) conducted during 2009 in La Plata the capital city Buenos Aires State midwives were incorporated to all PHC teams. They were assigned a nominal responsibility in order to follow up 7000 pregnant women. After 12 months, the results of the program showed a reduction in the number of preterm labors and in pregnancy complications, higher weight birth and reduction in maternal and neonatal mortality. Therefore,^[12-14] we can highlight that over the last few decades provincial, national and international organisms have claimed, in a theoretical form, the importance of midwives in the First Level Health Attention and their relevant role in the PHC strategy. Our data suggested that these professionals should go beyond the walls of the delivery room, becoming essential members of the interdisciplinary health staffs to accomplish the guiding principles of health policies regarding mother and child^[15]. However, according to the official data, it is clear that at least in Buenos Aires-Argentina, hospitals continue to be the most common setting for midwives and that PHC teams still lack of midwives members.

CONCLUSION

It is necessary to consolidate the presence of midwives in the PHC Centers. To this end, the first step will be to make these professionals be more conscious of their relevant role in PHC and raise these competencies of pregnancy care to the same level of labor process. Finally, as mentioned above, for several decades now , health’s indicators regarding maternal care continue to be dreadful. Therefore, health policies managers should analyze work experiences such as those mentioned in the present paper, which indicate that the incorporation of midwives to the health staff might significantly contribute to the improvement of several mother and child health indicators, including reduction of maternal mortality. These aspects should lead health authorities in several countries of Latin America that share Argentina’s reality to guarantee midwives inclusion in all Primary Health Care staffs.

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