

Training to Save Africa's Future



**Voices of midwifery
students**



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Training Midwives, the Hope of African Mothers

AMREF believes in a future where no woman dies giving birth, a future where African women have access to quality care during pregnancy and childbirth. To make this future come true, AMREF is running the international Stand Up for African Mothers campaign. One of the goals of the campaign is to train 15,000 midwives by 2015 to reduce maternal deaths in sub-Saharan Africa and to bridge the gap in meeting the Millennium Development Goals.

Africa's health and wealth is largely dependent on African women. Yet every year, about 162,000 mothers die on the continent as a result of complications during pregnancy and childbirth. Women in sub-Saharan Africa face an adult lifetime risk of 1 in 39 of dying from pregnancy or childbirth-related causes, compared with a low risk of 1 in 3,800 for developed countries. AMREF is deeply concerned about these needless deaths, most of which could be prevented by midwives with good training and basic equipment. One midwife can look after 500 women every year, and safely deliver 100 children.

Through the Stand Up for African Mothers campaign, AMREF aims to train 15,000 additional African midwives by 2015. Once trained, we expect these midwives to be able to provide health education and services to over seven million women each year.

The training of midwives under this campaign will be conducted in Angola, Burundi, Ethiopia, Kenya, Lesotho, Malawi, Mozambique, Rwanda, Senegal, South Sudan, Tanzania, Uganda and Zambia. The training includes a mix of upgrading and initial training to be achieved by diverse methods, including e-Learning and classroom training. The numbers to be trained in each country have been established in partnership with the respective ministries of health. Reaching these goals will depend on funds raised in the Stand Up for African Mothers campaign.

In this booklet you will meet some of the midwifery students in Ethiopia, Kenya and South Sudan, where training has begun. The training will expand to other countries as more funds are raised. To make a donation or learn more about the Stand Up for African Mothers campaign, go to www.standupforafricanmothers.com.

Dr Teguest Guerma
Director General, AMREF
January 2013



Keraya Esimeal, 25

Midwifery student, Semera Health Science College, Afar, Ethiopia

I come from the Afari community in Ethiopia. There are many health problems in my community, especially among the women. Many women die because of issues related to pregnancy and labour. It makes me very sad.

I have always wanted to be a health worker. When I finished high school in August 2009, I trained for six months as a frontline health worker. I was able to provide a few services, like family planning, dressing wounds and giving injections. I also had a few midwifery skills, but not enough. I did not know what to do with women with complicated deliveries, yet there were many of them. That is why I joined the Semera Health Science College in February 2010. I wanted to become more qualified and knowledgeable so that I could improve the quality of services for my community. Already I have learnt a great deal and I have even had a lot of practice at the hospital, particularly in antenatal and postnatal care, delivery, caring for newborns and managing obstructed labour.

One of the biggest issues in Afar is female genital mutilation. I myself was circumcised when I was a little girl, I had a very difficult time when giving birth. Because the vaginal opening is sewn up during circumcision, many women tear during delivery as the baby tries to get out, causing heavy bleeding. This is a widespread problem, and many mothers bleed to death. It is also common for traditional birth attendants to use knives to widen the opening so that the baby can pass, but this injures the mother and many times the baby too, especially in the eyes.

Another very common problem is fistula. A lot of Afari women suffer from this condition because they get pregnant very early, before their bodies are properly developed to have babies. Traditionally, girls in my community get married at 14 or 15 years old. If the baby is unable to get out for long, this is obstructed labour, and it leads to an abnormal passage between the vagina and the rectum or between the vagina and the bladder. It causes a lot of suffering to the women because they cannot control their urine or stool. They become outcasts in their families.

Afari women rarely go to have babies in hospital. They say it is not a disease, so why go there? Others refuse to go because the midwife they find is a man; they prefer the traditional birth attendants because they are women. To make it worse, the midwives employed in the clinics are not from Afar, so they do not understand our language and culture.

I am happy because I know all this is going to change. With the training I am getting here, I want to make a difference in my community. We have many problems, but we can solve them if we ourselves get involved. AMREF is sponsoring many students from Afar to train as midwives, so our health centres will be staffed by people who understand the Afari culture. As for me, I want to encourage my people to adopt health-seeking behaviour. After I finish the course, I will not just sit at a health facility and wait for the mothers to come. It is better to reach out to them in their homes and create awareness there. I am getting all the knowledge and skills that I will need, so I know that when I go out there, many women will start using the health facilities. That way, I will be able to save many lives.



Amina Bedru, 20

Midwifery Student, Semera Health Science College, Afar, Ethiopia

I have a deep concern for mothers and women. That is why I want to become a midwife. I joined the midwifery course here in Semera after I completed my high school education. It will give me a great deal of satisfaction to be able to care for the women in my community and to empower them with knowledge so that they can improve their health and the health of their families.

My home is Gachane in Argoba Special District, in Afar Region. I have seen women in my community facing a lot of problems, particularly during delivery and afterwards. Too many mothers bleed heavily when they are having babies. There are numerous cases of obstructed labour that could have been avoided if the women knew how to prevent them, and if they sought professional services at a health centre.

Unfortunately, even when women go to the health centres there is a shortage of health workers, especially midwives, so they do not get the attention that they want. They also complain that in the health centres, there is no privacy for mothers. They prefer to give birth at home, where they can go through labour and delivery in the privacy and comfort of their homes.

I am hopeful that all this will change as more midwives and other health professionals are posted to the health centres, and the facilities improve so that mothers can be comfortable. I am determined to play my part to make things better. I am committed to and I respect my calling. I believe that health education is important. I want to teach my community at health centres and by going house to house, so that I can reach as many mothers as possible.

“Even though I work in very difficult circumstances, I know I do an important job. Besides the training I got in nursing school, AMREF has given me knowledge and skills in additional areas such as how to handle severe malaria in pregnancy, post-abortal care, immunisation and complications in delivery. I am happy because I have saved very many mothers with the skills that I have. We need many more skilled midwives like me all over Africa so that we can save the lives of others and their children.”

**Ugandan Midwife Esther Madudu, AMREF
nominee for Nobel Peace Prize 2015**



Nalumu Scovia Duku, 24

Registered Midwifery Student, National Health Training Institute, Maridi, South Sudan

I became interested in midwifery when my aunt died during childbirth. My home is in Kangappu Payam in Kajokeji County, Central Equatoria. When my aunt went into labour, her parents insisted that she should have the baby at home with the help of a traditional birth attendant. But it was a complicated delivery. She bled heavily and died before she could have the baby. Another reason why I wanted to be a midwife is because of my own experience. When I became pregnant in 2008 and it was time to have my baby, I went to a health centre where I was treated very badly by the midwives. They were so harsh and uncaring that I decided I would become a midwife myself so that I could treat mothers properly.

I first trained to be a community midwife. Now I am upgrading to become a registered midwife. It is important for our country to have more skilled midwives. Too many women die in my country from complications that could have been avoided if there was a qualified person to help them. With this training, I will be able to make a great impact in my community and my country to reduce the deaths of mothers. Most women deliver with the help of TBAs. The TBAs help, but their knowledge and skills are limited. When they are faced with complications, they do not know what to do.

I am very grateful to AMREF for giving me this chance for training. There are some challenges, like lack of enough tutors, which means that each tutor has to teach many units, making it difficult to finish the curriculum on time. There is also a shortage of clinical instructors to support us when we go on hospital rotation at the Maridi Hospital.

Nevertheless, I have learnt a great deal. I am also keenly aware that delay in decision making is one of the reasons very many women die. If my aunt had been taken to the health centre when she went into labour, she could have been saved. When I go back to my village, I will encourage women to deliver at the health centre so that if there are complications, they can be arrested in time.

“Ensuring that every woman and her newborn have access to quality midwifery services demands that we take bold steps to build on what we have achieved so far across communities, countries, regions and the world. Our responsibility is clear: we must safeguard each woman and child so they may live to their full potential. The results will reverberate far beyond the lives of those directly affected, fostering a better world for all.”

Ban Ki-moon, Secretary-General of the United Nations



Deliver hope, train a midwife

Maternal mortality remains a heavy burden in sub-Saharan Africa where:

- In 2010, about 162 000 women died during pregnancy and childbirth, representing 56 per cent of the global total
- Women face an adult lifetime risk of 1 in 39 of dying from pregnancy or childbirth related causes, compared with a low risk of 1 in 3,800 for developed countries
- Over 80 per cent of these deaths are as a result of complications that could be taken care of in facilities with basic emergency obstetric care services

One trained midwife can care for 500 mothers every year, and safely deliver 100 babies. AMREF wants to train 15,000 midwives by 2015.

Log on to www.standupforafricanmothers.com and see how you can help.



Benneth Marona Elia, 25

Enrolled midwifery student, National Health Training Institute, Maridi, South Sudan

I developed the passionate to become a midwife when I saw my cousin suffering during delivery. I also want to change the perception in my community that men can never be good midwives. Midwifery is a profession like any other. One has to be qualified, passionate and good at what they do.



Benneth Catherine, 23

Registered midwifery student, National Health Training Institute, Maridi, South Sudan

My interest in midwifery began when I saw mothers in my village suffering. It was very painful to see a mother dying when giving life. So when I heard about the midwifery course in Maridi, I jumped at the opportunity to learn how to save mothers' lives. I want to work in the community to help those who are not able to reach the hospital.

The National Health Training Institute Maridi is good and I appreciate everything I have been taught. However, the tutors are very few, so we are often forced to postpone some units to the following semester. This makes the workload heavy.



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Agnes Nzomo, 37

Kenya Registered Community Health Nurse Student, AMREF Virtual Training School

I work at St Theresa's Mission Hospital in Meru, Central Kenya. It saddens me that too many mothers get complications during pregnancy and delivery, complications that could easily have been avoided. There are some who do not attend antenatal clinic at all, so we never get a chance to help them. But there are others who come for check-up but do not follow the advice they are given at the clinic either because of ignorance of the gravity of their condition or due to lack of funds for hospital expenses such as admission.

Teenage pregnancy is another common problem. Because the girls' bodies are not properly developed for bearing children, they are prone to complications like obstructed labour. But many times their parents are unwilling or unable to pay for hospital care.

Every month, we receive an average of 350 mothers in the maternity ward at the St Theresa's Hospital. However, we do not have enough qualified personnel to care for these mothers. The ward is staffed by community health nurses who have only a basic knowledge of midwifery, so they cannot competently handle emergencies.

I enrolled in AMREF's eLearning upgrading course in September 2011 and I expect to graduate as a registered community health nurse in 2014. The knowledge I have gained so far has been very useful for my work and I am able to handle my patients much better, since I know exactly what to do. I have learnt how to handle mothers with high blood pressure, to manage antenatal and post-delivery bleeding, and to resuscitate newborn babies who have problems with breathing. I also share what I learn with my colleagues. I have prepared posters to guide them during emergencies, and these posters are used by both nurses and doctors.

I am always very busy at work, so finding time to study is a very big challenge. Practical internship also presents a challenge, considering that my employer is a private hospital yet I am expected to intern in a government hospital. Unfortunately, the government hospital is not well equipped, patient care is poor, and we end up mentoring the staff there instead of them mentoring us.

Nevertheless AMREF's course is of very high quality. The tutors are knowledgeable and are always prompt to respond to students' questions, either on phone or on email. Using eLearning has also opened up my mind since I am able to get a lot of new information on the internet.



Samuel Irungu, 32

Kenya Registered Community Health Student Nurse, AMREF Virtual Training School

I am an Enrolled Nurse working at the Naivasha District Hospital in Kenya's Rift Valley Province. I am studying to be a Registered Nurse through AMREF's eLearning course.

A major challenge in improving maternal health in this district is long distances to health facilities and poor infrastructure, which hinder many women from seeking professional help, especially for delivery. Another challenge is created by cultural religious beliefs that prohibit use of conventional medical services, including antenatal and maternity services for women and immunisation for children. They choose to give birth at home on their own or helped by their mothers-in-law. When they realise that there are complications they are sometimes brought to the hospital, which is often too late for the baby or the mother or both.

We have done a lot of community health education together with the provincial administration to change the people's mindset. Cultural change comes slowly but I hope it will eventually. Delays in making decisions on whether to go to hospital also cause problems because complications are not taken care of in time, resulting in serious injury or death for the mother and baby.

When I give health talks to mothers at the antenatal clinic, I emphasise the importance of birth plans. This means that the mother and her family should prepare in anticipation of the delivery by putting aside money for transport and making arrangements for her to be taken quickly to hospital when labour starts. For complicated deliveries, I advise the mothers to come to the hospital early to avoid situations where they are unable to get to the hospital on time to be assisted.

I have learnt a great deal beyond the basic training that I had. One important skill I have gained is how to handle the placenta after delivery so that the umbilical cord is not severed, which can endanger the life of the baby. Another important skill is to care for mothers during labour and to avoid overstimulating the uterus so as to prevent bleeding after delivery.

Recently, a mother started bleeding heavily after delivery but the nurse who was handling her did not know what to do. I intervened and using my new skills, I managed to control the bleeding. I was very happy to have been able to do that because that mother would very likely have died. I am confident that I am going to be able to save many more mothers.





The African Medical and Research Foundation (AMREF) is an international African organisation founded in 1957 and headquartered in Nairobi, Kenya. AMREF works with the most vulnerable African communities to achieve lasting health change. AMREF believes that the power to transform Africa's health lies within her communities and supports those at the heart of the communities, particularly women and children, to help transform Africa's health from within. In the last 50 years, AMREF has trained over 500,000 health workers of all cadres, including midwives. However, many more need to be trained if the high death rate of Africa mothers is to be reversed.

www.amref.org



Stand up for
African
mothers

To find out how you can play a part in saving a life in Africa visit :

www.amref.org

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