MOTEC-LIFE UK
The Practice of Midwifery in Ghana

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Midwifery; what is it?

- Many definitions; but WHO defines it as:
- *Midwifery* is the care of women during pregnancy, labour, and the postpartum period, as well as care of the new-born.

- The Midwife is a specially trained person, typically a woman, to assist and take care of women throughout the process of midwifery.

When does midwifery care start in Ghana?

- In Ghana, midwifery care starts, ideally, as soon as the woman realises that she is pregnant and she goes to see the midwife who does these services:
  - **Antenatal care**
  - **Perinatal care**
  - **Postnatal care**

Antenatal care (ANC)

- 1st ANC Visit
  - Usually the advice to the women is to seek healthcare as soon as they observe that the y are pregnant
  - At what time do majority present?

Antenatal care

- **During the visit the following are Checked:**
  - Vital signs- BP, Pulse, Respiration
  - HB Levels
  - MPs
  - Body weight

Then moves into a Palpation to be examined

Antenatal care

- If pregnancy is advanced they will check

  Foetal Heart (FH)=
  - Is it present?
  - What is the height
  - Pelvic Cavity examination
  - Head to toe examination for any abnormality

  Note: they use both manual and electronic foetoscope- Dopler

Counselling

- Patients are routinely tested for Sexually Transmitted infections:- HIV, Syphilis & Hep B with to view to preventing mother to child transmission (MTCT)
- For that reason pregnant mothers are taken through pre-test couselling and post-test counselling

Counselling

- They then go the Lab where the following test are done:
- Urine R/E for:
  - Urine Sugar
  - Urine Albumin
- Blood samples for HBs, Hep B, MPs, sickling and Syphilis

Note: these are done as the baseline and then continue to monitor from there

Education

- Morning prayers or service is done at the clinic; then
- General education about the setting or housekeeping information for them to know their movements in the clinic
- General health education:
  - Hygiene in pregnancy
  - Nutrition in pregnancy
  - Vaccination
  - Subsequent visit – at least 4 times before delivery
  - Initially they come monthly, 2 weekly from 8 months and then weekly from the 9 month

Health Education

- In the education they use talks and video clips in some areas about:
  - Women in labour
  - Preparation for CS (in case there comes a need for it)
  - Delivery instruments
  - Staff Dressing during delivery
- Some areas have started introducing spouses into
  - Antenatal clinics
  - A few areas where the facility allows, men have been encouraged to support their accompany their spouses Incentives are given to such men who accompany wives for instance seeing them first

Labour

- The woman will be monitored throughout the 3 stages of labour
- In Ghana every pregnant woman carries her ANC Record card
- This help the receiving facility know some information about the woman, if she is new to the facility.
- This is very handy in emergency situations.

Monitoring in Labour

- During labour mothers are reminded of what they had been taught
- There is a lying in and labour ward
- 1st stage
- On arrival
- Examination is done:
  - Foetal heart
  - Fundal Height
  - Check if single or multiple (in some cases with the help of scan, this would have been known already)

Monitoring in Labour

- Assess the pelvic brim to see if baby is ok for vaginal delivery or CS using the BISHOP SCORE
- Check the presentation of the baby:
  - Cephalic
  - Oblique
  - Breach
  - Transverse
- Check fundal height to see if it corresponds with gestational age
- Orientation to the ward and staff (this is done very well in elective cases/situations) where there is time but not well in emergencies

Monitoring in Labour

- FH
- Contractions, every 30 minutes – intervals and strength
- Vaginal examination – 4 hourly to:
  - Detect dilatation and condition of cervix
  - Detect if waters have broken
  - Check if there is any cord prolapse
  - Descent of the baby
  - Monitoring continues until when patient is fully dilated and then moved into labour ward

Monitoring in Labour

2nd Stage- Monitoring still continues

- Dilation has advanced and mother feels the urge to push the baby and so midwives encourages mother to push
- Midwives guards the perineum to avoid any accidental tear of the perineum using a pad to give a pressure to the perineum to support it
- When you realise there is a possibility of tear give episiotomy as a guarded tear

Monitoring in Labour

- When the head is out, midwife delivers the anterior shoulder 1st, the posterior shoulder 2nd and the whole body follows
- Baby care:
  - When the baby is delivered it is put on the mother as soon as possible before the cord is even cut to establish bonding
  - Baby is checked for crying, breathing to determine the strength of baby
  - If everything is ok then cord is cut- 3-5cm away from the baby and clamped
  - Check temperature of baby 90 mins post delivery

During Delivery

- Position: which positions used in delivery?
- Supine/lithoyomy
- Squatting –TBAs and in the North
- Birth in Water – a private facility

The act/skill or style of delivery

- Care of the baby during delivery
  - Cord care

Post delivery care

- 3rd Stage:
- Oxytocin 10 units is given to help deliver the placenta after the baby is born
- While taking care of the baby and the midwife monitors the cord to check if it is elongating to indicate separation of the placenta
- Monitor post delivery bleeding; slight bleeding also indicate separation of placenta
- When you see the above signs indicating separation of placenta, use Controlled Cord Traction to deliver the placenta

Post Delivery Care

- When the placenta is out you examine it:
  - Completeness
  - Any abnormalities and if any left in appropriate action is taken
- Post placental delivery and examination, rub and press the abdomen to bring down any clots in the uterus
- Mother is given antibiotic prophylaxis of Amoxicillin and Metronidazole

Immediate baby care

- Usually 2 staff- midwives or a midwife & care assistant, do the delivery- to attend to the mother and baby
- The baby care includes
- Eye Care: cleaning & eye dropping with C'phenicol
- Measurement of baby:
  - The length of the body
  - The head circumference
  - Body weight
  - Any abnormality observed
  - Feeding the baby usually within 30 minutes of delivery
  - When everything done, mother is transferred to ward

Discharge

- When everything is observed to be NORMAL with mother and baby both are discharged home 24 hours post delivery
- Before discharge, both mother and baby are checked:
  - Baby: Body weight, temp, respiration, pulse and if child is breastfeeding well
  - Mother: BP, body weight, Temp, Pulse, Respiration, Lochia, Fundal height
- Baby is given vaccination- BCG, 1st Polio, Hep B (if mother is a known carrier. Note: Mother is informed of her status during ANC so that she buys and brings along the hep B vaccine to be given at birth before discharge

Postnatal Review/care

- 1st Postnatal Review:

  Care 24 hours after delivery as above before discharge

  Note: After the 24 hour review the mother is discharged into the care of the Community Health Nurses

- 2nd Postnatal Review:

  Care during 7 days Postnatal to review baby and mother for any progress or issues- health education continues

- 3rd Post natal review:

  6 weeks postnatal visit- mother and baby is reviewed, health education, baby's growth is checked (weight) and and examined, appropriate vaccination.

  Mother is also checked as mentioned earlier on

Common issues of complications

- Eclampsia
- PPH
- Retained placenta
- Pre-term or pre-mature delivery

Challenges of Practice

- Late presentation to ANC and late presentation to labour
- Difficulty in transferring cases when required due to:
  - Lack of vehicles (Ambulances) to transport difficult cases
  - Where there transport, either rarely ambulance or private commercial vehicle (most cases taxis), the roads are bad or impassable, especially in the rural areas
  - Poverty resulting in non payment of the transport fare makes the drivers reluctant to transport people

Issues/Problems

- Issues with medical facilities/equipment like incubators, pregnancy monitors- Dopplers. They are not usually available and where they are available, like incubators, they are sometimes shared – ? a cause of cross infection

- Unreliable source of electricity- this has improved but still a problem in rural facilities (sometimes midwives use lanterns and torchlights in delivery)

- Inadequate water supply in some facilities; mostly in rural facilities. In some cases staff have to fetch water and keep in drums for use when required.

- This can pose a problem with good handwashing and so the use Veronica bucket system

Summary

- The practice of midwifery is not and should not be different from anywhere else
- However, due local circumstances the practice may change
- Some areas are well resourced and therefore standards will be up to an expected level
- Standards however may be below standards; and in some cases the facility may lack some basic requirements
- The “working word” therefore is appropriate technology, ie. making the best use of whatever resource is available to the best of your ability and knowledge to ensure safe delivery without cause harm to mother and baby and staff.