Defining the Roles and Responsibilities of Skilled Birth Attendants in India: An Overview

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Abstract

This paper is to explore the roles and responsibilities of skilled birth attendants (SBA) for the delivery. It also explores how the traditional birth attendants (TBA) earlier serves for the maternal health care services and got replaced as a result of the launch of National Rural Health Mission. Literatures were reviewed to identify the trends, situation, service, roles, and responsibilities of both SBA's and TBA's. The literature suggests that there are various factors which play an important role in defining the roles and responsibilities of SBA's like demographic factors, proper training, availability of resources, transportation, communication, financial resources and so on. It is also been found that there are more of quantitative studies than qualitative studies, were done which focus on the duties of skilled birth attendants in order to render maternal health care services. Findings of quantitative studies show the trends and situations, roles, responsibilities etc, but they did not discuss about what should be the defined roles of skilled birth attendants and how to make SBA's more trained in order to achieve the targets set for maternal health like institutional deliveries, child care and so on. It is thus suggested that there is need of more of qualitative studies in order to explore the issues related to delivery care by SBA's.

Keywords: Maternal Health, Skilled Birth Attendant, Traditional Birth Attendant, Roles

Introduction

With about 77,000 women dying every year during pregnancy and post partum period, maternal mortality in India continues to remain unacceptably high. To effectively reduce Maternal Mortality provision has to be made for providing basic and emergency obstetric care to every pregnant woman.

Every woman should be cared for by a skilled birth attendant (SBA) during pregnancy, childbirth and the postpartum period. The SBA is a person who can handle obstetric emergencies and is also aware when the situation reaches a point beyond his/her capability, and hence needs to refer the woman to a higher centre. Therefore, the presence of an SBA at every delivery, along with the availability of an effective referral system, can help reduce the maternal morbidity and mortality to a considerable extent.[1]

In India, the continuum of skilled attendance has a number of providers in the absence of a formal midwifery cadre including auxiliary nurse midwives (ANM), lady health visitors (LHV), staff nurses, and doctors. The National Rural Health Mission (NRHM) envisions that safe delivery services should be available at the community level which is not widely available to date and at primary and referral facilities. India's safe delivery rates have been increasing, with a reported 71.8% of rural deliveries having a skilled birth attendant available, either as an institutional delivery or at home with a skilled attendant (CES 2009). Reducing Maternal Mortality and providing Skilled Attendance at every Birth has been envisioned in Reproductive and Child Health Programme, under the umbrella of National Rural Health Mission (NRHM), which has been launched by the Government of India in April 2005, in order to improve the availability and access to quality reproductive health care services throughout the country.

Under NRHM, there is a commitment to establish Public Private Partnership to involve private providers in the government health programs. With this in view a guideline for accreditation private health facilities for providing SBA Training have been prepared, through which private providers will train health personnel as SBA, whose services can then be utilized at Government Health Facilities for delivering quality obstetric care services.

To achieve the above goals, there is a commitment for operationalising of all CHCs as First Referral Units for comprehensive obstetric care services and at least 50% of all PHCs to 24 X 7 centers to become proficient in providing basic RCH obstetric care services. To achieve this health workers at these facilities should be proficient in timely identification and management of basic complications during pregnancy and child birth i.e. they should be trained as Skilled birth Attendant.[1]

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What is a Skilled Birth Attendant?

The World Health Organisations defines a skilled attendant as: "an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns". History and research have shown that, although all women and babies need pregnancy care, care in childbirth is most important for the survival of pregnant women and their babies since timely treatment of complications is critical. Traditional birth attendants, who are not formally trained, do not meet the definition of skilled birth attendants.[2]

In September 2000 the members of the United Nations (UN) adopted the Millennium Declaration and set eight millennium development goals, one of which is reducing maternal mortality. Delivery by SBAs serves as an indicator of progress towards reducing maternal mortality worldwide and is the fifth Millennium Development Goal (MDG). Use of SBAs during pregnancy, labour and delivery during the postpartum period could prevent many instances of maternal morbidity and mortality. Unfortunately, qualified midwives, nurses and doctors are often not available in the rural areas of many developing countries where most women are delivered. Although all women and babies need pregnancy care, care in childbirth is most important for the survival of pregnant women. However, around the world, one third of births take place at home without the assistance of a skilled attendant. The WHO strongly advocates for "skilled care at every birth" to reduce the global burden of 536, 000 maternal deaths every year. There are still 3 million stillbirths and 3.7 million newborn deaths each year.[3]

Methods

The main aim of this paper is to review the available literature to identify the issues associated roles and responsibilities of skilled birth attendants (SBA) for the maternal health care services. Published and unpublished studies produced and other reports related to the issue were searched. WHO websites and Health Ministry of India websites were also searched and hand searching of relevant reference including international papers was also included in the review and related to the Indian context.

Skilled attendants at birth

Situation and trends

Most obstetric complications could be prevented or managed if women had access to a skilled birth attendant – doctor, nurse, midwife – during childbirth. Globally coverage of skilled attendant during childbirth increased from 61% in 2000 to 78% in 2016. However, despite steady improvement globally and within regions, millions of births were not assisted by a midwife, a doctor or a trained nurse. In Sub-Saharan Africa approximately only half of all live births were delivered with the assistance of skilled birth attendant in 2016.

Improvements in the coverage of the proportion of births attended by skilled health personnel and their provision of care may have contributed to declines in maternal mortality between 1990 and 2015. However, the estimated coverage of births attended by skilled health personnel in 2016 shows inequality between WHO regions as only half of the births in the sub-Saharan Africa Region, where maternal mortality is highest, are attended by skilled health personal whereas in the other WHO regions over 70% to 99% of all births are attended by skilled health personnel

It is being increasingly recognized that TBAs may have also plays a role in improving health outcomes in developing countries because of their access to communities and the relationships they share with women in local communities, especially if women are unable to access skilled care.[3]

The National Rural Health Mission (NRHM) is the largest government health programme in the country, seeking to bring life-saving services and preventive health education to our citizens in rural areas. Improving Maternal and Child Health among the rural poor is among the principal goals of NRHM. However the emphasis on universal institutional delivery, as a key strategy has not only marginalised the role of the Traditional Birth Attendants (TBA - dai) in delivery but in all forms of health care provision. This abrupt shift has raised various questions relating to the role and significance of the thousands of birth attendants who were trained under various programmes, including by government agencies and international technical organizations till recently.[4] The objectives of the consultation were to share experience and evidence on the role and functions performed by dais (Traditional

Birth Attendants) in different parts of the country in the current context of NRHM and promotion of institutional delivery through the Janani Suraksha Yojana. From experiences shared from across the country it emerged that:

- Dais continue to play an important role both in home and in institutional deliveries in different parts of the country.
- Where institutional deliveries were on the rise, the dais were involved in providing timely referral, accompanying pregnant women to the hospital and staying with her, and providing post-natal care and advice.
- Dais are already playing a broader role as health workers in many states. They are involved in mobilizing communities for health education, immunization, family planning, tuberculosis and HIV/AIDs control and awareness, and for health insurance to mention a few. They also link local people with government health programmes. †
- Communities prefer dais over ASHAs in many places for taking pregnant women to institutions †
- New training curricula had been developed where dais were trained to perform various social mobilizing roles related to maternal and neonatal health care as well as in other areas like TB control (DOTS providers), immunisation promoters and so on.
- Conflict was emerging between ASHA and the dai due to the financial incentive provided through Janani Suraksha Yojana.

Roles and Responsibilities:

The role of the dai should not only be seen in the context of conducting childbirth. Her role in maternal health should be seen in the context of continuum of care and support of maternal and new born health: both at homes and in institutions. In the context of institutions she should be seen as a birth companion, providing psychosocial and emotional support even in institutional deliveries. She should be seen as a part of a team of providers along with the SBA, in hospitals or homes wherever safe delivery services are provided. Dais can fulfill a large range of functions based on the context. This can include mobilization of drop outs and hard to reach groups for Family Planning, immunisation, child health, nutrition, health insurance, disease control programmes and

so on. She can be entrusted with the responsibility of social mobilization, especially to reach the socially excluded. Dais are already playing this role in many places. Dais should be included as an official member of primary health care team at the village level. This team should comprise of the Dai / ASHA / ANM / Anganwadi Worker & Village Health and Sanitation Committee. Dais should be represented in monthly review meetings at the PHC and block levels. Dais should be given preference for selection as ASHAs. Literacy related criteria should be waived or reduced for dais. There must be evidence building and research on the good practices within the traditional birthing procedures followed by the dais and sharing the reports with the government, media, nurses and doctors.

India has a complex healthcare system due to mixed ownership patterns, different types of providers and different systems of medicine. Unfortunately, the distribution of healthcare is uneven, where bulk of the service is available in urban areas and is dominated by the private sector. Indian policies and programs constantly revisit and revise the focus areas to improve the state of maternal and child health; though the importance and role of health service providers is largely neglected. Most strategies focus on building cadres or waiting for educational institutions to yield trained human resources.

Uttar Pradesh is one of the most populous states in India with a population of 199 million and one of the highest maternal mortality ratio (MMR), i.e. 359, about 1.7 times the national average. In Uttar Pradesh, about 78% deliveries happen at home, less than one third receive ante natal care and less than 15% receive post natal care through the public health system. Hence, it is essential to understand the kind of providers that are being accessed for maternal health. It is also important to understand the providers' perspective of their own position/role in addressing the issue of health human workforce.[6]

A number of studies have shown a correlation between an increased proportion of births attended by SBA and a reduced maternal mortality ratio. Much of the work to link the availability of SBA and reduction on maternal morbidity and mortality has been guided by observational studies and historical analysis.

Skilled attendance in rural India

Seventy percent of India's population still live in rural area and most of these populations are yet far away to access basic health facility.

NFHS-3 report shows that only 38% women are going for institutional delivery in India and remaining deliveries being conducted at home. These deliveries still depend on traditional health provider or skill birth attendant. Many studies have shown that delivery conducted by SBA reduces probability of maternal and child death during delivery because almost all obstetric complications happen around the time of delivery. In rural settings, and among some ethnics groups most women prefer to have a Traditional Birth Attendant (TBA) at the delivery. Pregnancy and child birth are still perceived as a natural phenomenon, not requiring formal health services.

Skilled Birth Attendants and Millennium Development Goals

Maternal mortality has declined by nearly half since 1990. While progress falls short of achieving MDG 5 by the 2015 deadline, all regions have made important gains. Globally, the ratio declined from 400 maternal deaths per 100,000 live births in 1990 to 210 in 2010. Still, meeting the MDG target of reducing maternal mortality by three-quarters will require accelerated efforts and stronger political backing for women and children.[7]

Births attended by skilled health personnel have increased; however, disparities in progress within countries and populations groups persist. In 1990, just 44 per cent of deliveries in rural areas and 75 per cent in urban areas of developing countries were attended by skilled personnel. By 2011, coverage by skilled birth attendants increased to 53 per cent for rural births and 84 per cent of urban births. Globally, 47 million babies were delivered without skilled care in 2011. Maternal mortality tends to be lower in countries where levels of contraceptive use and skilled attendance at birth are relatively high.[8]

Cash transfers attract women to safely deliver in health centres in India. More than two-thirds of all maternal deaths in India occur in just a handful of impoverished states, and the inability to get medical care in time is one of the major factors contributing to this tragedy. UNICEF and its partners are working to avoid these preventable maternal deaths through innovative schemes such as a conditional cash transfer programme for women who deliver in health facilities.

It is estimated that, if there were SBAs at all deliveries, maternal mortality could be reduced by 13-33%.18 There are sound clinical reasons

for a focus on skilled attendants. Globally, some 80% of maternal deaths are due to the direct obstetric complications but most could be prevented if women could access an SBA and necessary back up support around the birth and shortly thereafter. The remaining 20% of deaths are due to indirect causes like severe Anaemia, Tuberculosis, Malaria and HIV/AIDS. These also require the assistance of SBAs during pregnancy[9]

Lack of skilled birth attendants

The worldwide shortage of skilled birth attendants has been widely recognized for several years, but the problem persists. In 2010, the Global Strategy for Women's and Children's Health noted that an additional 3.5 million health workers were required to improve the health of women and children substantially in the 49 lowest-income countries. In 2006, the World Health Report estimated the global shortage at 4.3 million. In 2005, WHO said an additional 334,000 midwives would be needed over 10 years to achieve 72% coverage of skilled birth attendance in 75 countries. WHO recommends one skilled birth attendant for every 175 pregnant women, but countries like Rwanda have only 1 midwife per 8,600 births. The global shortage of midwives is compounded by inequitable and inefficient distribution. Although most people in developing countries live in rural areas, most of their health workers are located in urban areas.[10]

Conclusion

Skilled attendance for all births is the only way to ensure emergency obstetric care for all pregnancies with complications. It has been found that different socio cultural, religious, financial and demographic factors have a significant role for uptake of SBAs for delivery. Available literature shows that there is very little known about how and why these determinants are responsible for the uptake of skilled birth attendants for delivery. As a result, there are methodological gaps in exploring women's choices and issues on using maternal health services. Several studies from many countries show that presence of skilled birth attendant (SBA) at birth can effectively decrease maternal mortality. Government of India has a dedicated programme under NRHM/RCH to ensure widespread coverage of all births with skilled attendance both in the institution and at community level and to provide access to emergency obstetric care services and neonatal care services

for women and the new born. For full filling this purpose, skilled birth attendant training for ANMs/LHVs/SNs has been carried out in all the State of India to equip ANMs and Staff Nurses for controlling normal deliveries, identify complications, basic management and then refer at the earliest to higher health facilities thereby empowering them to save the life of both the mother and new born.

It is known that from the literature review utilisation of the maternal health services is influenced by the characteristics of the available health system, such as quality of services, cost, conveniences, accessibility and availability of services and its use. Characteristics of the health delivery system are not the only explanatory factors in addressing the women's choices in uptake of maternity care services. Communities, family members and women must all be taught the difference and benefit SBA services bring to maternal healthcare. Thus, it is necessary to do more qualitative research to address the issues and problems for developing appropriate health care services for uptake of SBAs for delivery

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