

Training of Traditional Birth Attendants in Newborn Care

In developing countries, 60-80% births take place outside modern health care facilities(1). Appropriate training of traditional birth attendants (TBAs) can make them agents for active interventions so that new knowledge can be translated into action programmes(2). TBAs can contribute to safe motherhood, family planning, child survival and health for all. Their orientation will not only increase the number of births attended by trained persons but also serve to enhance the linkage between modern health services and the community(1). In this communication we wish to share our experiences in TBA training in newborn care while working for the Rural Neonatal- Care Project started by the Government of Maharashtra in the tribal block of Dahanu(3).

Enumeration of TBAs

A TBA is usually assisted by her close relative, usually her daughter, daughter-in-law or sister. Involving her helpers or assistants in training programme is important as they are the TBAs inmaking. Against the officially registered number of 23 TBAs at the PHC, the number of trainees for our training sessions had increased to 64 after a detailed census which included in trainee TBAs too.

Place of Training

TBAs from some areas will find it difficult to walk long distances to attend training sessions. It is desirable to identify places convenient for them to attend. We realized this when TBAs from the northern part of our PHC area were irregular in attending training sessions at PHC head-quarter situated in the southern half. Therefore, a sub-centre

was identified in the northern half as the training center for TBAs residing in this area. This promptly resulted in improved attendance in the training sessions.

Training Material and Methods

Under Dahanu project, TBAs were expected to: (i) Keep a baby warm; (ii) Resuscitate a depressed baby; (iii) Identify a very small-sized baby; and (iv) Safely transport such a baby to PHC for special care. Thus, the aims were well defined and activities were clearly identified. PHC staff was involved in the task of preparing contents of training material. We used photographic albums and later on transparencies made from these photographs to impart the messages. Training was given by Lady Health Visitor and Auxilliary Nurse Midwives (ANM) by rotation. Photographs were taken in local setting so that a TBA could identify herself in that situation. Messages, contents and comments were designed to fulfill the objectives outlined above. Use of mannequin or an ordinary doll made the training more realistic and enjoyable. Cost of photographic material, maintenance of slide projector and erratic power supply were the limiting factors. Line diagrams proved good substitutes and were used for training Anganwadi Workers (AWW).

Broadening the Base of the Activity

As the programme started finding roots, topics like safe conduct of delivery, antenatal care and detection of high-risk pregnancy were introduced. Later on, immunization, management of diarrhea and referrals in acute respiratory infection were discussed. The training sessions for neonatal care were used for its integration into Maternal and Child Health programme as a whole, thus augmenting traditional function of a TBA. This enhances the utilization of time and energy spent on these sessions.

Similarly, regular participation of AWW and occasional participation of school teachers and village council members ensured community involvement. This made TBA training in neonatal care a broader-based community activity.

Renumeration of TBAs

Under the Dahanu project, a TBA got five rupees for attending a training session and five rupees for registration of a birth with foot print of a baby(3). For first six months, two sessions were held every month and later on, one per month. Elaborate records and tedious paper work were required for making the payments. This may demand significant financial inputs and it is possible for an ANM to train a TBA during routine field visits with modest aims.

Atmosphere During Training Sessions

An informal and friendly atmosphere during training sessions ensured a two-way dialogue. In the very first session when the trainers squatted among the trainees by discarding table and chairs, a right note was struck. Local and familiar words were preferred to technically appropriate but difficult words.

We feel that the following suggestions need emphasis while planning a TBA training programme(4): (i) Training should be task-oriented; (ii) Lessons should be brief. A larger number of smaller sessions are preferable to one long session; (iii) Important points need repetition and review of previous lessons must precede start of a new session; (iv) Demonstration should have important place in training session.

e.g., mouth-to-mouth breathing (for an asphyxiated baby) and rewarming (a cold baby); (v) TBAs need to be encouraged to take part in the discussions as equal partners. They often have more experience of midwifery in village conditions than the trainer; (vi) Presentation of case histories by the trainer and the trainee is useful. Good performance should not be criticized but their correction should be emphasized through encouragement and advice; (vii) Evaluation can be carried out through training activity. Oral questioning on salient points on completed lessons is essential. Formal evaluation is desirable at some stage (unpublished observations).

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