

**CASTELLAN AFRICAN TRUST
NOVEMBER - 2015.
TRADITIONAL BIRTHING ASSISTANTS (TBAs)
A SCIENTIFIC RESEARCH PROJECT**



There are those who have seldom heard the distant wail of a passenger train without wishing they were upon it.

Hands Up ! I am one of them.

Others, often the same poor sufferers, on hearing of heroic expeditions or about teams of volunteers striving to achieve noble and life changing objectives cannot but wish they were a part of the squad. Well, I'm one of them too !

So I thank my lucky stars to be a bit player in an extraordinary research project the origins of which began two years ago when Dr. Beatrice Knight, Bea, a research midwife, revealed an ambition to work with TBAs or Traditional Birthing Assistants in remote villages in Africa.

Bea put a team together to train TBAs and make it a scientific study to measure how effective a well planned, low cost, easily reproduced training program might be.

Two years of planning, visiting and obtaining the agreement of Gambian medical professionals, identifying villages, meeting with village elders and the village women who try to help their sisters, often in dreadful circumstances with pregnancy and child-birth.

Two years of fund-raising and support by The Castellan African Trust, (CAT) its many friends and volunteers and CAT's magnificent and loyal membership.

THE TBA TRAINING PROJECT

Essentially to devise a training workshop to teach untrained village women, usually post-menopausal women, how to assist safely with normal pregnancy and child-birth in a rural village environment without running water or electricity. Also, importantly, train them to identify life-threatening problems at an early stage and refer them to a clinic or hospital and measure it scientifically.

In struggling parts of the world, particularly in sub-Saharan Africa, there lurks a killer of women and girls that no vaccine can prevent. It is the agonising, sudden death in pregnancy or childbirth that, worldwide, takes the lives, often needlessly, of more than half a million women a year.

Gambian women have a life-time risk of 1 in 39 dying in childbirth.

Maternal mortality

must be fought, not in the medical laboratories of rich countries but in the smallest villages of the poorest places by local people. They need skilled birth attendants for the rudimentary clinics on which the poor depend and trained TBAs to identify pregnant women at risk.



THE TBA TEAM (clockwise from top left)
David, Marianne, Andrea, Beatrice,
Sue and Jewel. November 2015.

**NOVEMBER 2015
THE PROJECT BEGINS**

And so, after two years in the planning our TBA team set out from Devon for Africa. A not inconsiderable journey preceded by an unwelcome drive to Birmingham Airport. White Horse Motors of Exeter helped us with this, bless them.

Dr Knight, whom we have met already, was accompanied by the very able and indefatigable co-trainer Andrea a senior midwife, both of them from the Royal Devon & Exeter Hospital, Their back up minute secretary and administrator Sue being the third member of the UK team that were to train the TBAs and Jewel who would be helping generally.

Part of the job was also to train the trainers, the Gambian medical professionals who must pick up the baton. They had never undertaken any form of training before.

As pathfinders I had travelled there a week previously together with Marianne, an Obs & Gynae. surgeon, also from RD & Exeter Hospital. Apart from her medical skills she has worked with Médecins Sans Frontières in far flung places and more recently in Sierra Leone. No tenderfoot then I told myself.

The course was scheduled to begin at 09.30 hrs on Monday

16th November 2015 and the TBAs had arrived the night before. They were staying, all 20 of them, two to a room for the week, full board at Bwiam Lodge. A room was D 400 a night, about £7.00 and it has yet to feature on Tripadvisor..

Not being involved in the course itself I busied myself with making sure the catering turned up on time (inevitably it didn't) and making sure the team's Land Rover transport ran without a hitch. (inevitably it didn't either)

I called into the lecture room from time to time and from Day 1 the bonhomie and good nature was palpable punctuated with gales of laughter. Things seemed to be going swimmingly, but there are always snags.



We also were learning fast.

It came as a real shock, half way through the week, to learn that the Gambian Medical midwifery and nursing staff were expecting us to pay them a weeks wages for attending the workshop on top of their normal salary as they were on duty at the hospital anyway!

Our team of unpaid volunteers, after travelling thousands of miles mainly at their own expense were outraged. There was quite a scene and the UK team dug their heels in and refused point blank to pay them.



CHECKING OUT THE CONTENTS OF A TBA FIELD KIT WITH SAFIATTOU THE SENIOR NURSE ON THE LABOUR WARD..

We called a meeting and the hospitals CEO told us the practise is quite normal throughout Africa. We won the day and the hospital decided to pay to keep their staff happy **Why?**

This an example of the African dependency culture we hear so much about. Some believe it was a sad day when the West

Beatrice and Andrea were so impressed by the TBAs.

“These village women are wonderful and desperate to obtain knowledge. They are soaking up the training like a sponge”

Bea told me near the end of the course.

“Even if our work stopped here we have made such a difference already”.

Africa in the first place. For it is human nature that what starts out as gratitude quickly becomes dependency and ends up as entitlement. If our project achieves long term success this will be a problem for other funders as we are only attempting to provide a template. Moving on.....

The research project now has 12 months of data gathering ahead of it until December 2016 to provide for analysis and conclusions.



**“LOCKED AND LOADED”
THE UK & GAMBIAN TBA TRAINING TEAMS**

David Goss CAT

IMPROVING LOCAL ACCESS TO SKILLED MATERNITY CARE IN THE GAMBIA –A pilot study

The maternal mortality rate (MMR) is the annual number of female deaths per 100,000 live births from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes). In the UK this figure is 8 - with each one a catastrophe for the woman's family and friends. In the Gambia this figure rises to 430, with a widespread impact on families, communities and the local economy.

Gambian women have a lifetime risk of 1 in 39 of dying in childbirth. This is too high.

While the Government of the Gambia are keen to place maternal and child health at the centre of their health agenda, they are crippled by lack of resources, both in monetary terms, and in the availability of trained skilled personnel. Evidence-based, sustainable, low cost interventions are limited. Our pilot/feasibility study is the initial stage in the development of such an intervention.

We have established close links with the Sulayman Junkung General Hospital, situated in Bwiam in the Foni Kansala District of the Gambia. This hospital serves the local and surrounding population of 100,000. We have worked closely with the maternity staff to develop a five day teaching programme to enable local village women to become trained Traditional Birth Attendants (TBAs). These women have been identified by their Village Development Council (VDC's), as fulfilling the criteria for the community to become their TBA: "resident, could keep confidentiality, age over 40yrs, do not need to be literate as just have to tally, and have standing in community". By providing training and basic equipment our initial main aim is to identify if we can improve rates of referral for early pregnancy screening and for referral to hospital for delivery in high risk mothers (first baby, problems in previous pregnancies). We will also assess if increasing the knowledge and skills of the TBA will also enable improved levels of care for those women who do not wish or may not need specialist care.

We have identified a group of 20 villages similar in population size, distance from the main road, economic status, and socio-cultural factors. One group of 10 villages will receive the training and one group of 10 villages will act as our control (current standard local care only). Over a one year period following the training data will be collected from each village on: the number of pregnancies identified, gestation at "diagnosis", number of referrals for routine screening, number referred to hospital for delivery, number of women delivered in the village, and problems associated with delivery. These figures will be collected by the local Public health Nurse and then comparisons made between each group.

The project team consists of experienced Maternity Unit Clinicians from the Royal Devon and Exeter NHS Foundation Trust (UK) and Gambian Maternity Clinicians. It has been developed with the approval of the local Gambian Healthcare Authorities with input from existing TBAs and those who seek to be taught. Ethical approval for the study will be provided by the University of Exeter's Medical School Ethics Committee.

Should our study identify a positive impact from the training programme it is envisaged that the next phase will focus on "training the trainers" enabling local Midwives to deliver the programme to other villages. Ultimately we would like to be able to identify a sustainable, low cost evidence-based intervention to improve the care for vulnerable populations.

Dr. B. Knight. PhD. MSc. RGN. RM. RN

*CAT is a "kitchen table" registered charity, founded 18 years ago by a group of well wishers.
We have no employees just members and volunteers.*

TRADITIONAL BIRTHING ASSISTANTS (TBA) TRAINING RESEARCH PROJECT

Approximately 99% of maternal deaths occur in the world's poorest countries and most of these occur in rural areas, miles from any professional ante or post natal care. A TBA is an older post-menopausal village woman who has the job of helping younger mothers in pregnancy & childbirth on account of her own personal experience!

TBAs are "at the coalface" in rural villages. They are in a position to give direct care to their sisters and identify potential threats to a normal delivery and vitally refer them to the nearest clinic for advice and treatment.

But data shows that less than two thirds (62%)** of women in developing countries receive assistance from a skilled health worker when giving birth. This means that four million home deliveries each year are **not** assisted by skilled personnel. There are many reasons why women do not receive the care they need

before, during and after childbirth. They don't receive the help because there are no services where they live, or they cannot afford the services or even the cost of travelling to reach them. Further, cultural beliefs like FGM or even a woman's low status in society can prevent a pregnant woman from getting the care she needs.

To improve maternal health, gaps in the capacity and quality of health systems and barriers to accessing health services must be identified and tackled at all levels, throughout rural communities.

In The Gambia there has been no formal training of TBAs for over 11 years for lack of funding.

** Proportion of births attended by a skilled health worker – 2008 updates. Geneva, W.H.O. 2011 (http://www.who.int/productive_health/global_monitoring/data.html, accessed 14 Aug. 2011).



DR ISATOU TOURAY
A FORMIDABLE anti-FGM
CAMPAIGNER WITH BEA & ANDREA

Now a team from the RD&E Exeter NHS Foundation Trust led by a research midwife-scientist and a senior community midwife (both of them CAT members),



DATA GATHERING & EMPATHISING WITH LOCAL VILLAGE WOMEN - ESSENTIAL



Maya Angelou had it right (may she rest in peace)
"Life is not measured by the number of breaths we take but by the moments that take our breath away."

together with Sue their co-ordinator (chief cook & bottle washer) have embarked on a scientific research project to train TBAs from rural villages. **It has started**, this November 2015 with a specialised training course which will be evaluated over the next 12 months and the outcome published. The project is also being scrutinised by Exeter University and if successful it is intended to use the results to appeal for major funding. The object being to enable the program to be rolled out across the country.

FOR MORE INFORMATION, TO JOIN US, OR TO FIND OUT HOW YOU CAN HELP CHECK OUR WEBSITE AT

www.castellanafricantrust.org.uk

OR E.MAIL YOUR QUERY TO
tjdgoss@gmail.com