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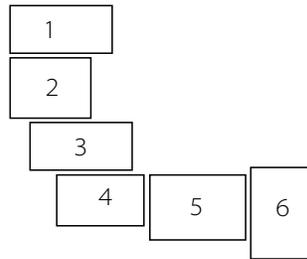
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The first edition of this book was imagined, written, and illustrated by Susan Klein. Sadly, she died before it was published. This new revision is still carried largely by her writing, her drawings, and we hope, her vision — that *A Book For Midwives* would be a tool enabling all those who attend women in childbirth, regardless of their educational background, to exercise independent judgment and to make the best possible decisions at each birth.

This book can be improved with your help. We want to hear about your experiences, traditions and practices. If you have any suggestions for improving this book, or making it better meet the needs of your community, please write to us. Your comments will help make future editions more useful. Thank you for your help.

Thanks

Only with the collaboration of hundreds of advisors, reviewers, writers, artists, and others was it possible to create this book.

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Midwives and community health

For thousands of years, since long before there were doctors or hospitals, midwives have been helping women stay healthy, helping babies into the world, and helping families grow. Ask a woman why she prefers the care of a midwife and she will tell you that midwives are knowledgeable, patient, and respectful of her traditions.



Why are midwives such important and valued health workers?

- Midwives trust in the safety of pregnancy and birth, and have confidence that women can work together to protect their own health.
- Midwives often live in the communities they serve, so the families they help know and trust them.
- Many midwives spend more time with the women they care for than a doctor or clinic worker would. This helps midwives to better understand women's needs, and to see danger signs.
- Most midwives are women. Many women feel more comfortable talking to a woman health worker.
- Midwives charge lower fees than most doctors or hospitals — valuing service to the community over the pursuit of money or power.
- In poor communities where there are few health services, midwives are often the only health workers.

For all these reasons, in most of the world midwives are the first and sometimes the only health workers women go to for help in birth or for any health problem. But midwives face a number of challenges in this important work.

Challenges

Perhaps the biggest struggle for midwives (and for all health workers) is fighting sickness and death in women and their babies. Every year, hundreds of thousands of women die in pregnancy and during labor. Millions more are injured or disabled. Most of these deaths and injuries happen to women who are poor — who do not have enough food, or safe homes, or adequate medical care.

Most of the midwives of the world live in poor communities, and many are themselves not paid a livable wage. The people of each community must show midwives how important their work is by supporting them in the ways that they can. Local governments would also be wise to invest in midwives. These governments rarely provide midwives with adequate education or supplies, yet they rely on midwives to care for the many women who have no access to other medical care.

Along with being underpaid, midwives may struggle to receive the respect they deserve for their work. Doctors and others too often dismiss the contributions of midwives. When midwives are not treated as valued health workers — part of a community of health care providers who all share the same goals — their ability to care for women is hindered. Midwives may actually be locked out of the health system when a woman who has a health emergency is not allowed to bring her midwife with her to the hospital.

I work in a restaurant 6 days a week, and then go home to care for my family. I'm tired all the time and my husband asks me to stop attending births.

But I continue because it is what I am good at, what I love, what I am called to do.



Traditional midwives (sometimes called TBAs) face particular problems. Many professional health workers, including professional midwives, see traditional midwives as incompetent or old-fashioned. These traditional midwives may be very knowledgeable about birth and skilled with plant medicines, gentle massage techniques, or other safe, effective practices. As more people leave their villages for cities, these midwives may be some of the only people preserving the knowledge and customs of their communities. Traditional midwives often work for little or no pay, but instead because of a belief in the importance of their work. Like other midwives, they do their work because they love women and babies, because they want to contribute to their communities, or because they are spiritually called to.

How *A Book for Midwives* can help

Midwives need accurate information to help them protect the health and well-being of women, babies, and families. They need strategies to fight poverty and the unequal treatment of women, and for working together and with other health workers towards health for all. We revised *A Book for Midwives* with these needs in mind. In this edition of *A Book for Midwives*, you will find:

- information needed to care for women and their babies during pregnancy, labor, birth, and in the weeks following birth, because this is the primary work of most midwives.
- skills for protecting a woman's reproductive health throughout her life, because a woman's health needs are important whether or not she is having a baby, and because

a woman's health when she is not pregnant affects how healthy and safe her pregnancies and births will be.



- safe, effective methods from both traditional midwifery and modern, Western-based medicine, because good health care in labor and birth uses the best from both Western medicine and the traditions of midwifery.
- discussion of the ways that poverty and the denial of women's needs affect women's health, and how midwives can work to improve these conditions, because changing these conditions can make a lasting improvement in health.
- suggestions for how midwives can and must work with each other, with other health workers, and with the larger community, because working together strengthens everyone's knowledge and makes action to improve women's health more effective.

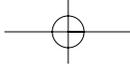
My grandmother is a midwife. She uses plant medicines and massage to help pregnant women.



I went to school in the city to become a midwife myself, and I've been able to teach my grandmother some new ways to sterilize tools, watch for danger signs, and make birth safer.

But I'm still learning the old ways from her. So many of them still work better than the new ways.

The basics of midwifery care will never change. Women and families will always need compassionate and respectful care before, during, and after birth. And because midwives always benefit from learning more, we hope that the expanded and updated information in this book will help midwives everywhere learn new and lifesaving skills, and apply those skills for the good of the women, babies, and families they serve.



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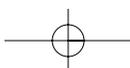
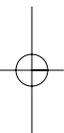
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Words to midwives

CHAPTER

1

To work for the health and well-being of women and babies — that is, to be a midwife — you must be willing to learn, to treat people with respect and compassion, and to work together with others to meet the health needs of the community.

Learning is lifelong

The first step on the path to becoming a midwife — or any kind of health worker — is learning from others. And even the most experienced midwives continue to learn and gain new skills throughout their whole lives.

Midwives learn from experience and from books and classes. Each way of learning is important. All midwives should find a balance between study and practice.

Books and study help midwives understand a broad range of information.

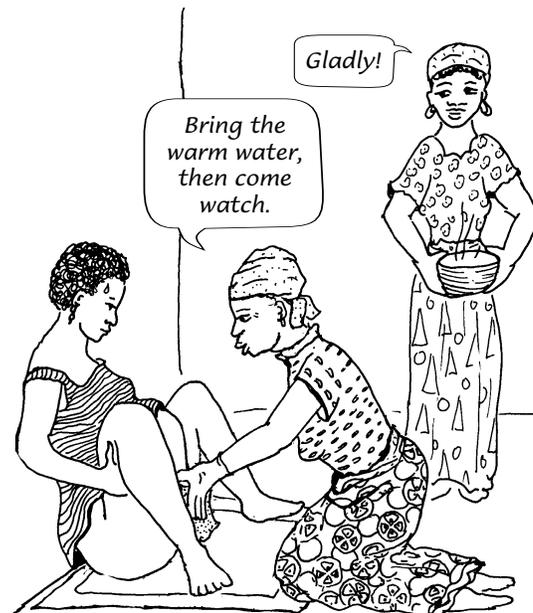
But practice is the only way to learn the skills needed to care for women and babies.



Chapter 1: Words to midwives

Experienced midwives continue to learn

There is always more to know about birth and about health. Every birth is different, medical information changes, and there are new skills to be learned. As long as you are a midwife you can:



- **watch** how other midwives, health workers, and doctors do things.
- **ask** the women and families you work with what they like and do not like about the care that you give.
- **read** books or other written materials. Keep helpful books with you so you can look up information you do not use regularly or remember.
- **learn** new skills. If you can get the training and tools to do new procedures safely, do not be afraid to learn a new skill. This will allow you to help more women in your community and to become a better midwife.

Midwives learn from teachers, books, and other midwives and health workers. Mostly they learn safe ways to practice. But as any midwife gains more experience, she will discover that some of what she learned is not the safest or most effective way to care for women.

Midwives must be willing to change their ideas when they learn new ways of practicing so they are always practicing in the best ways they can. Midwives must look honestly at the ways they practice to be sure they are working well — whether they learned these practices from doctors, traditional healers, or anyone else.

Asking “why?”

Asking “why” is important because it helps you do more than just remember what you have been told or what you have read. When you know why, you can make decisions even when there is no person or book to tell you exactly what to do. You can also adapt a treatment or tool to be of use in a way that others may not use it. Finally, asking “why” is important for understanding the causes of problems — to treat problems effectively, and to prevent them from happening again.

Share what you know

Along with learning from books and teachers, midwives learn much of what they know from each other and from the families they care for. And midwives can improve health by sharing what they know with the community.

Share what you know with other health workers and midwives

Midwives can work together to help each other. If one midwife becomes sick or cannot work, another midwife can help the women she was caring for. Midwives can also learn from and teach each other. In some communities, midwives and other health workers share information with each other, talking honestly about their work. Some midwives come together to meet every few months, compare information, and share resources. At midwife meetings you can:

- **take turns telling stories about births you have attended.**

Be sure to share the difficult births and mistakes. Admitting mistakes is difficult, but it is a great gift when there is an opportunity to learn from them. Other midwives can explain what they would have done the same or differently. To protect the mother's privacy, do not share her name.



- **ask other health workers to come meet with your group.** For example, an herbalist could come talk about local plants that can fight infections. Or a midwives group could talk with nurses from a local maternity center about how midwives and nurses can work together.



- **share educational books (including this one!) with other midwives.** If no one has much money, perhaps a group of midwives can put their money together to buy a book to share.

Chapter 1: Words to midwives

- **practice helping women with different problems by acting them out (role play).** For example, one person can pretend to be a pregnant woman who is not eating enough healthy food. Another person can pretend to be her midwife — listening and giving advice. Afterwards, each actor can explain how she felt, and the others in the group can offer suggestions for what they would do differently. Make sure everyone has a chance to play one of the roles.
- **make use of different midwives' skills.** If one midwife knows how to read, she can read aloud from books to the other midwives. A midwife who knows how to sterilize tools can teach the others in the group.



Share what you know with the community

As a midwife, you give advice, treat problems, even save lives. But the overall health of those around you is not in your hands alone. In part, this is because people decide for themselves how to eat, how to do their work, and what choices they make. By teaching and sharing information, midwives can help people to make their own choices more wisely. This is why your first job as a midwife is to teach.

Teaching can happen anywhere and anytime. During a checkup, when you explain to a woman why you are asking each question, you are teaching her. When you show a woman's husband why family planning is his responsibility too, you are teaching him. Even at the market, at a community gathering, or anytime you meet with others, you have the chance to teach.

Teaching classes

There are probably topics that many people in the community could benefit from learning about. If possible, call meetings for pregnant women, families, or other community members to teach about health and birth. You can teach about:

- how the body works.
- how to choose and use family planning.
- how to eat and care for yourself in pregnancy.
- how to have a safer birth.
- how to care for yourself after a birth and how to breastfeed.

Teaching is a skill, and it takes practice. A good place to start is by listening. When you find out what people already know, you can help them build on that knowledge. And when you listen, you will learn from those you are teaching.

Your ears are 2 of your most important tools.



For example, if a group of women wants to learn about sexually transmitted infections (STIs), you can first ask each person to share what she knows about STIs. Women may know about STIs from books or classes, from talking to other women, or from having had infections themselves.

After people have shared their knowledge, find out what questions they have. People in the group may be able to answer each other's questions. You can probably add some important medical information and point out when people have incorrect beliefs too. By encouraging the group to talk, you find out what they really need to know — and help them understand how much knowledge they already have. A person who feels confident that she understands a problem is more able to work to solve it.

Show respect for the people you teach, and be sure that what you say is meaningful to their lives.

- **Sit in a circle with everyone on the same level.** This puts you in the same place as everyone else, and shows that you are not the only one with knowledge.
- **Be prepared.** Think about what you want to share before you start teaching.
- **Use many methods to teach.** People learn differently, and everyone learns better when they learn the same thing in different ways. After you talk with the group about STIs, the group could act out a play about them. Or make posters about STIs to share with the community.



Asking questions will help you understand what people already know, what they want to learn, and what obstacles they face.

Remember, some people are used to speaking up in groups. Others may be afraid. Encourage women, those who have little schooling, or anyone who usually keeps quiet to share his or her thoughts. For more ideas on how to teach so people can truly learn, see *Helping Health Workers Learn*.

Share your knowledge with the people you care for

With accurate information, each woman has the ability to understand her body and to make wise decisions about her health. Each time you meet with a woman during pregnancy or for other care, explain what you are doing and why. Answer any questions the woman has about her body or her health.

Admit what you do not know

No one knows every answer. Some problems have no easy answer! Admit what you do not know, and people will trust the knowledge you do have.

Respectful and compassionate care

Everyone deserves to be treated with respect. As a health worker, the way you treat a woman is particularly important.

Midwives are often trusted authorities. A kind or encouraging word from you can go a long way in giving a woman confidence in her ability to care for herself. An unthinking or cruel remark can cause hurt that lasts many years in a woman.

I worried about you when you did not come last month. Was something wrong?

I'm glad she is not yelling at me. Now I can explain that I missed my checkup because my other child was sick.



Do not judge

Some women are used to being treated disrespectfully. When you begin to work with a woman who is often treated with disrespect because of her age, the work she does, her ethnicity or religion, how much money she has, having a disability, or for other reasons, she may expect you to treat her badly as well. You can only overcome this fear by showing her that you are there to listen and help her — not to judge or criticize.

Follow your own advice

People are more influenced by what you do than what you say. And because midwives are respected by their communities, the things you do may encourage others to care for themselves. If you breastfeed your children, other women in the community may be more likely to breastfeed. If you do not smoke, other women may follow your example and not smoke, or may stop smoking. Live your own life as you would advise others to do.

Help people help themselves

Everyone has the right to decide what happens to her own body. And people can and should take the lead in their own care. In this way, they can become actively responsible for their own health and the health of their communities.

**Listen more than you talk**

A woman often needs someone who will listen to her without judgment. And as she talks, she may find that she has some of the answers to her problems.

Talk openly about difficult subjects

Some women feel shy, ashamed, confused, or private about their problems. This is especially common with family problems and sex. A midwife who talks honestly and openly about these subjects will discover that many women share the same problems. By speaking directly and comfortably to women about their families, sexuality, and sexual health, you will help women feel less alone, and you may help them solve problems that have a large effect on their health.

Keep things private (confidential)

Never tell anyone about someone else's health or care — unless the person says it is OK. And when you talk to women about their health, do it in a private place where others cannot hear.

In particular, respect a woman's privacy about subjects that may be sensitive to her, such as sexually transmitted infections, miscarriages and abortions, and family problems. You should never share this type of information without a woman's permission.

There is only one time when it is OK to share information about someone's health: if another health worker is caring for the woman during an emergency, the health worker will need to know the woman's health history in order to provide safe and effective care.



A midwife must keep what she knows about a woman private.

Work to improve women's health

Midwifery is not just about treating health problems as they arise. Health problems have many causes. Some are physical, some are social, economic, or political. By treating social, economic, and political causes, you can prevent many health problems — and protect more women in the community.

Working to treat social causes and to improve women's health is not something one midwife can do alone. She must work with the whole community. Understanding causes and finding solutions is more possible when people work together. See page 28 for ideas about working with others to make change.

People who affect a woman's health

A woman's health is affected by many people. To care for a woman, you must work with those people too.

Some of the people that affect a woman's health are:

- her husband, children, parents, and other family members.
- the people she works with, or works for.
- her neighbors and friends.
- community leaders — including spiritual leaders, government officials, and village heads.
- other health workers — like traditional healers, doctors, and community health workers.



A woman's health can be protected — or hurt — by the whole community.

Anyone who influences the way a woman works, eats, has sex (or does not have it), or cares for her daily needs has an effect on a woman's health. Sometimes the effect is good — it protects or improves the woman's health. Sometimes it is bad — the woman's health and well-being are endangered.

For example, it may not help to tell a pregnant woman to eat more if her husband always eats first and there is not enough left for her. She herself may believe her husband's and children's hunger is more important than her own. Who else could you involve to try to improve a woman's nutrition, when she does not have enough to eat?

- the woman's husband, who is eating first. Perhaps you could talk to him about how much food a pregnant woman needs.

- the men of the community, who all expect to eat first. The woman's husband may be more likely to change if other men do too. You could have a meeting of men and women and discuss why pregnant women must eat more to be healthy. If one man in the community agrees that women must have as much or more healthy food as men, this opens the door for others.
- children, who will soon grow up to be mothers and fathers. Each time a man eats first and most, and a woman eats last and least, their children see and learn that a man's hunger is more important than a woman's. By talking to groups of schoolchildren or by changing the way your own family eats, the next generation may grow up to value men and women more equally.

Who could you involve to make sure there is enough food for everyone?

Men can care for women's health

Whenever you can, encourage men to be partners in improving women's health. Husbands, fathers, sons, community leaders, spiritual leaders, bosses, and other men all play a role in how healthy women will be. If the men of the community feel responsible for the health of women, the whole community will benefit. Midwives can help men be involved.

Build on the roles and skills that men already have. For example, in many communities men are seen as protectors. Help men learn how to protect the health of women.

Encourage men to share the responsibilities of pregnancy and parenting. Men can care for children in the same ways that women do: comforting, bathing, feeding, teaching, and playing with them.



Invite women and men to community meetings, and encourage women to speak up.

Work with men who are sympathetic to women's needs. They can talk to other men who listen more closely to a man than to a woman.

Give practical suggestions. Men who care very much about the health of women in their lives may not know where to start. For example:

- Tell men how they can get tested and treated for sexually transmitted infections. If only a woman is treated, she will quickly be infected again by her partner.
- Explain to a man that his pregnant wife needs help with her daily work.
- During labor, show a man how and where to rub a woman's back to relieve her pain.

Working together to save lives

When midwives work with the whole community, they can find solutions to help the women they care for — or to help everyone in the community. Here is a true story:

A creative solution

In the small villages of West Africa, when a woman has a problem in labor, it is very hard for her to get to a hospital. Few villagers have cars, and most taxi drivers refuse to take women in labor. When a woman is in danger, there is little her midwife can do.

Some midwives and villagers talked about this problem, and discovered a creative solution. Even though no villagers had cars, they were near a large road. All day and night, trucks drove down the road bringing products to the city. Someone suggested that if a woman needed help in labor, she could ride with a truck driver to the hospital.

For this plan to work, the villagers needed to be sure that truck drivers would agree to stop if they were needed. They talked to someone from the union of truck drivers. The union members were happy to help, and now they have a system that is simple and effective.



When a woman needs to go to the hospital, the midwife puts a yellow flag out near the road. When a passing truck driver sees the flag, he stops and picks up the woman and the midwife, and takes them to the city hospital.

By working together with each other, other villagers, the truck drivers, and their union, these midwives helped save lives.

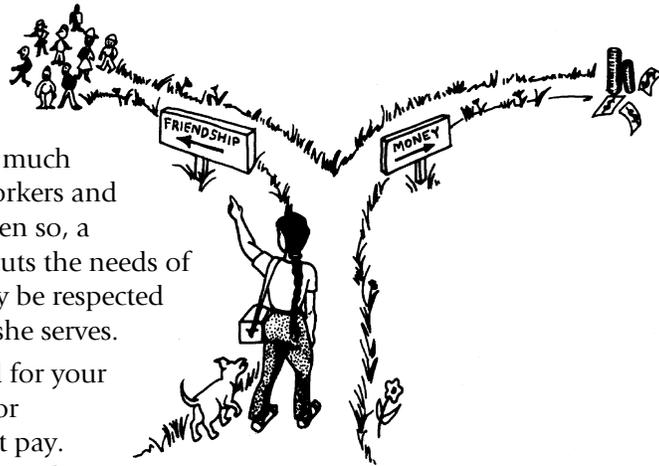
Work for the joy of it

If you want other people to take part in improving their lives and caring for their health, you must enjoy such activities yourself. If not, who will want to follow your example?

Most midwives do their work out of love and as a service to the community. Although their work has great value, midwives are rarely paid much (a sad truth for many health workers and women workers in general). Even so, a midwife who works hard and puts the needs of her community first will usually be respected and appreciated by the people she serves.

You may or may not be paid for your work, but never refuse to care for someone who is poor or cannot pay. Everyone deserves your full care and attention.

The work of a midwife is often difficult. Midwives work long hours, lose sleep, strain their bodies, and challenge their minds. Midwives feel an intense responsibility that can cause stress or deep emotional pain. For most midwives, these challenges are all worth facing, because the work of a midwife is also so rewarding. Teaching women and families about their bodies and health, treating serious health problems, and helping welcome new lives into the world are some of the most important and rewarding tasks anyone can do in their lives. Our world needs the valuable work of midwives because midwives make this world stronger, healthier, and safer.



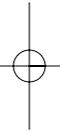
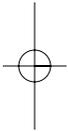


CHAPTER 2

Treating health problems

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Treating health problems



Most of the daily work of a midwife is treating health problems. When a woman you are caring for has a problem, like exhaustion, pain in the belly, or even heavy bleeding, you will need to take these steps to solve it:



1. Find the immediate cause of the problem.
2. Choose the best treatment.
3. Look for the root (underlying) causes of the problem — to fully address the problem or prevent problems from happening again.

Finding the causes of health problems

In this section, we tell how Celeste, a midwife, solves a health problem. The details of this story apply only to Celeste, but the way she thinks about the problem and works to solve it can be used by any midwife for any health problem. We list each step that Celeste uses so that you can use these steps too.

1. **Start with a doubt.** This means start by admitting what you do not know.
2. **Think of all the possible causes.** Most ways of feeling sick can be caused by many different problems.
3. **Look for signs to find the likely cause.** Health problems have signs. You can see these signs in how someone feels, how their body looks and acts, and by taking medical tests.
4. **Decide the most likely cause.**
5. **Make a plan for what to do.** This could be a plan to change a person's habits, change something in their home or environment, or give a medicine.
6. **Look for results.** Find out if your treatment is working. If it is not, start these steps again.



Chapter 2: Treating health problems

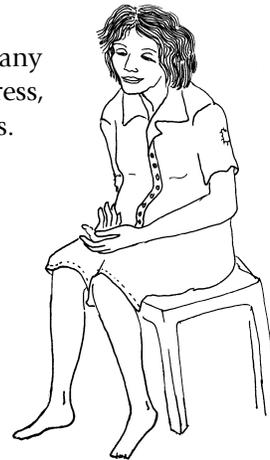
Celeste's steps for finding causes**1. Start with a doubt.**

A young pregnant woman named Elena came to her midwife, Celeste, for care. During the checkup, Elena said that she felt tired all the time.

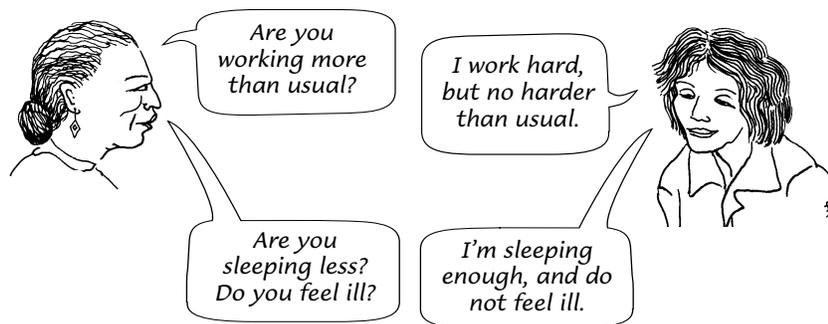
First, Celeste acknowledged that she did not know what was making Elena tired.

2. Think of all the possible causes.

Celeste knew that being tired can be caused by many things. Sickness, hard work, not enough sleep, stress, and anemia are some of the most common causes.

**3. Look for signs to find the likely cause.**

Celeste asked Elena questions to find out more about the tired feeling.



Celeste also asked Elena what she usually ate. Elena said that she mostly ate maize and beans every day. Actually, mostly just maize. Elena complained of the high cost of buying meat.

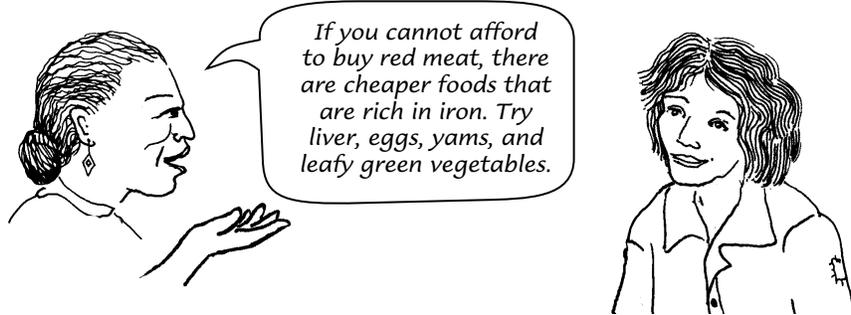
Celeste checked Elena's physical signs. Elena had pale eyelids and gums and a fast, weak pulse — all signs of anemia.

4. Decide the most likely cause.

Celeste could not do a blood test to be sure, because there was no laboratory nearby, but all the other signs showed that Elena probably had anemia.

5. Make a plan for what to do.

Celeste explained to Elena that anemia can cause tiredness and make it hard for a woman to recover after a birth — especially if the woman bleeds heavily. She told Elena that anemia means not enough iron in the blood and that it can usually be cured by eating foods rich in iron and protein or by taking iron pills.

**6. Look for results.**

When Elena came back for her next check up, Celeste checked for signs of anemia. After improving her diet, Elena seemed to be getting better. If Elena had not gotten better, Celeste would have recommended that Elena take iron and folate pills.

These 6 steps will help you solve most health problems.

Note: To “start with a doubt” is very difficult for most health workers. Many health workers are afraid to admit when they do not know an answer. But **to accurately assess a problem, and to treat it appropriately, we must admit what we do not know.**

Finding the best treatment

When you treat any health problem, from anemia to too-long labor to heavy bleeding, you must find the treatment that has the most benefits and the least risk of harm.

Benefits and risks

Any time you make a decision about a medical treatment, you should consider the benefits and risks.

A benefit is the good that an action or treatment might bring. A risk is the harm that it might cause. Each time you make a decision, try to choose the action with the most benefit and the least risk.

Think again about Elena and Celeste:

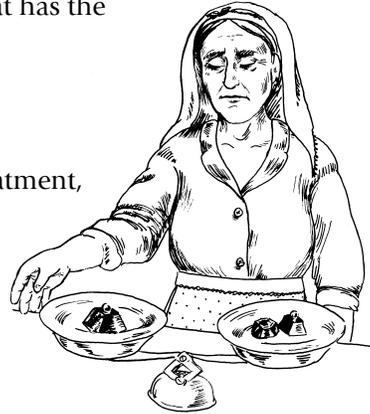
What if Elena's anemia did not go away after eating more iron-rich foods and taking iron pills? She and Celeste would have to make a difficult decision.

Celeste knows that a woman with severe anemia is probably safer giving birth in a well-equipped medical center than at home. This way, if severe bleeding happens, a blood transfusion is immediately available. Without this care, Elena might be very weak after the birth. This weakness will make her more likely to get an infection. It will make it very hard for her to care for her family and herself. And if a baby's mother is not able to care for him well, he may be in danger too.

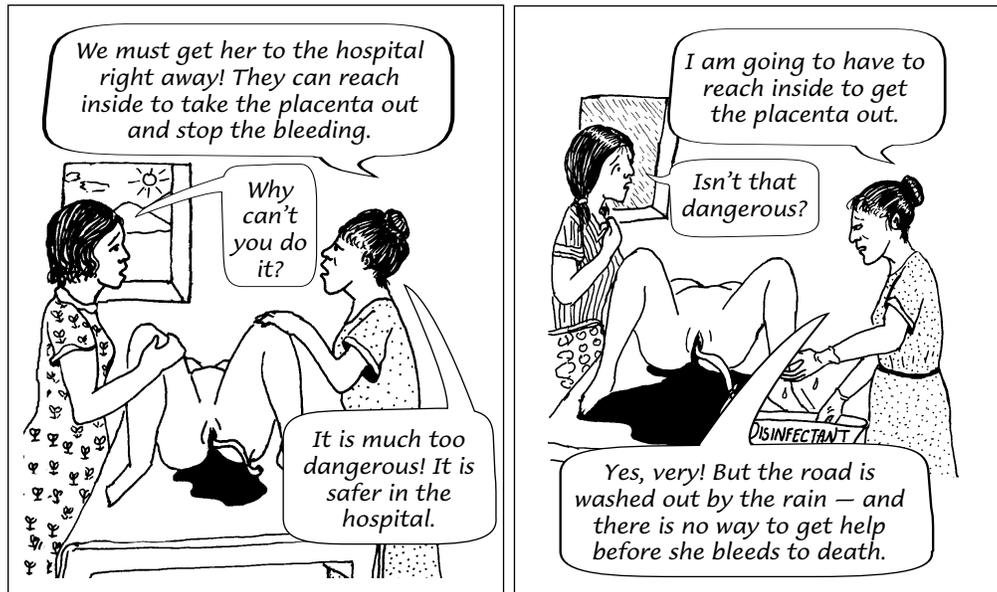
On the other hand, most women in the village have anemia. And most of them will not have serious problems after their births. The hospital is a day's journey away and very expensive. Elena's family would have to spend most or all of their money for her to give birth there.

Staying home and going to the hospital each have benefits and risks. What would you do?

Medicines in particular have both benefits and risks. Even a medicine that is very helpful for treating a health problem may have side effects or dangers. In this book, there are procedures and medicines that have very serious risks. We include them because when they are truly necessary, they can save lives. But before giving any medicine or doing any invasive (inside the body) procedure, including emergency procedures like removing the placenta by hand (page 230) or MVA (page 416), you must decide if you can do it safely — with more benefit than risk.



When the benefits "weigh" more than the risks, an action is worth doing.



Types of medicine

Around the world, people use many different ways of healing:

- **Traditional medicine** (also called folk medicine): These ways of healing have been passed down from older healers to younger ones for many generations. Traditional ways of healing use massage, plant medicines, and communication with the spiritual world.

Traditional medicines, particularly home remedies, can be very effective. They are often the safest, easiest, and least costly treatments for most health problems. And when money runs out, or outside aid groups leave, the plants, massage techniques, and other traditional ways of healing will still be here.

Many traditional medicines have been tested using science. Testing has shown that some traditional medicines work well and others do not, or they only work because people's belief in them is strong. Some traditional medicines are harmful or dangerous.

- **Western medicine:** This system of healing relies on scientific testing, manufactured medicines (drugs), and surgery to treat health problems.
- **Non-Western systems** like acupuncture, ayurveda, or homeopathy: These systems of healing may have been used for thousands of years, are taught in books and schools, and may have been tested using science. Many of these systems also use plant medicines.

One person may use several of these ways of healing.

There is not enough space in this book to fully describe every system of healing. What is important to remember is that each type of healing has benefits, and that any kind of medicine must be used with care.



Chapter 2: Treating health problems

Western medicine

Western medicine, when used correctly, can save lives. And **Western medicine is usually the best treatment for emergencies**. For example, when a woman is bleeding heavily after a birth, there may be plant medicines in your area that can slow her bleeding. But Western medicines often work better and more quickly — they are more sure to save a bleeding woman's life.

Use Western medicines correctly

Most Western medicines have been carefully tested by science. Western medicine is usually very effective at treating problems. But Western remedies are often expensive, some have side effects, and in many cases they are not necessary. Most basic health problems could be treated just as well with traditional or home remedies, or just by waiting.

Using any medicine when it is not necessary, or using too much, can cause serious health problems. For example, some people believe that only an injection will help them when they are sick. These people would usually get better if they did nothing, and in many cases, unnecessary injections have caused abscesses or have passed disease (like HIV/AIDS) when given with unsterilized needles. So although medicines can save lives, they must be used correctly.

Don't you think he needs an injection?



No. All he has is a cold. Let him rest, give him good food and lots to drink. Strong medicine won't help and might even harm him.

Take time to explain why medicines are not needed.

This book is mostly about Western medicine

This book mostly teaches how to use Western methods of healing. There is one main reason for this: Western medicines are available in most parts of the world. We do not know enough, nor do we have enough room to explain how to use the millions of traditional plants and ways of healing that are used around the world. Therefore, please use the back of this book to write down the traditional methods that you use. And if you translate or adapt this book, be sure to include your local ways of healing. It is very important to share these traditional ways of healing so that they are not forgotten!

Choosing a medicine that is safe and helpful

Before you give a medicine (traditional or Western), you should be confident that it is safe and helpful. To know if this is true, think about (and ask others) these questions:

- What is it used for?
- What happens when you use it?
- How often does it help make a problem better?
- What side effects or other problems does it cause?

When you are trying a treatment for the first time, use it alone, not mixed with other treatments. That way you will know if it works, and if it causes problems. See page 463 to learn more about using medicines safely.



Medicine and greed

Sadly, some healers and health workers are motivated by greed. In order to make money, they may recommend a treatment that is not necessary, that does not work, or even one that is dangerous. Some healers rely on the respect others have for them to sell potions or medicines that do not really work.

Some companies that make and sell medicines use their reputations to mislead, too. When drug companies act in this way, whole communities can be put in danger. For example, a US drug company named Eli Lilly used to make a medicine

called **diethylstilbestrol (DES)**. DES was supposed to help prevent miscarriages. In fact, DES did not prevent miscarriages. It caused birth defects and cancer. Eli Lilly knew that the drug might cause these problems but kept selling it anyway. And even after the drug was made illegal in the US, it was still sold in other countries.



Know your limits

Know when to do nothing

In this book, we talk mostly about how to solve health problems. This is important. But in many cases, the best thing to do for a woman in labor is nothing! A woman who is healthy is likely to have a healthy and happy birth. Most births go well.

Doing unnecessary procedures can cause serious problems. Respect the process of birth. **When all is going well, simply watch and wait.**

Know when to get help

No matter how skilled you are, there will be times when you need help. Knowing when to get medical advice, when to enlist the support of another midwife, or when to send a woman to a doctor or medical center, is a skill that every midwife must try to master.

It can be hard to know when to get medical help. Hospitals and medical centers are often expensive or far away. Many women are afraid to go to them. A woman with a small problem may want to stay home. She may not want to go to a medical center unnecessarily. But if she stays at home without help, the problem could get much worse.

If you know a woman is having a problem like hemorrhage, infection, or pre-eclampsia, do not delay — get medical help. The sooner you go, the better her chances of recovery. Sometimes you may have to rush, sometimes you may not. If labor is long, for example, and you live and work very far from a medical center, you must start your journey early, before the problem is serious. If the medical center is only across the road, you have more time.



Deciding when to get help can be difficult. When in doubt — get medical help.

Know when to take action at home

Midwives who work very far from medical care must also sometimes give treatments that are better done in a medical center or hospital — because the woman needs the treatment right away. For example, if a woman in an isolated village has a seizure from pre-eclampsia, her midwife should give her magnesium sulfate, a drug that is not usually safe to give at home. Then the midwife should take the woman to a medical center right away, because both the seizure and the magnesium sulfate are very dangerous.





WARNING! In this book, we explain how to do some procedures that can be dangerous if they are not done correctly, such as: how to do a pelvic exam, how to insert an IUD, or how to sew a tear.

It is not enough to read about these procedures. **Before you do many of the procedures in this book, first watch other experienced health workers doing them. Then practice while someone with experience and training watches and helps you.** Only after you have practiced many times in this way is it safe for you to do these procedures on your own.

Finding root causes of health problems

As a midwife, you must find and treat the immediate causes of health problems. For example, think again about the story of Celeste and Elena. The immediate cause of Elena being tired was her anemia. If she eats more iron-rich foods or perhaps takes iron pills, her anemia will probably get better. By looking at the immediate causes, we can help people feel better or save their lives, especially in emergencies.

Treating the immediate cause is very important. But if we only treat the immediate cause, the problem may not truly be solved. It may come back, or it may affect others in the community. Sickness usually results from a combination of causes — direct causes, like germs or lack of iron, and less direct root causes that may be social, economic, or political. By finding these root causes, you can prevent problems from happening again.

In the case of Elena, there are many root causes of her problem. Celeste could probably figure out some of those causes herself. Better yet, she and Elena could meet with a group of people from the community to help think about the problem, because anemia is not just Elena’s problem, it is a community problem.

*Why was Elena tired?
But why did she have anemia?
But why didn't she eat enough iron-rich foods?
But why else?
But why couldn't she afford meat?
But why do farmers make so little money?*

*Because she had anemia.
Because she did not eat enough foods with iron.
She did not know which foods had iron.

She could not afford meat.
Because she is poor. She and her husband work on a farm and make little money.*

(Some questions do not have a quick and easy answer! A long discussion may follow.)

Chapter 2: Treating health problems

After you have asked everyone “why” in this way for some time, you will find that there are many reasons why Elena had anemia. This exercise also shows why anemia is not just a problem for Elena but for most of the women in the village. Indeed, it is a problem for most women in most villages and poor communities around the world.

Look deeply to prevent more problems

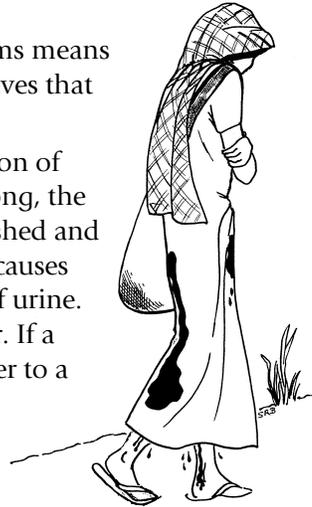
Finding the many root causes of health problems means looking hard at the different parts of people’s lives that contribute to the problem.

For example: A fistula is a terrible complication of some births. When a labor goes on much too long, the tissue inside a woman’s vagina can become crushed and break open, leaving a hole to her bladder. This causes serious health problems and constant leaking of urine. To prevent a fistula, simply prevent a long labor. If a woman is in labor for more than a day, bring her to a medical center or hospital.

But by looking more deeply at the many causes of a long labor, we can do more to prevent fistula and other related problems.

- Young girls who do not eat well often grow up to have small bones (including small pelvises). An abnormally small pelvis can cause a long labor. Some young girls do not eat enough because their families cannot afford food. Some are not fed enough because they are not considered as important as boys.
- Some girls have children too young. Young girls have long, complicated labors because their bodies have not fully grown. Girls might marry and have children early because it is the custom of their communities or because their parents are poor and cannot care for them. Or both.
- Women in bad health are more likely to have long, complicated labors. Anyone can have health problems, but those who do not have access to basic health care are in the greatest danger.
- Rural and poor women cannot easily get medical help in an emergency.

To prevent fistulas, must we simply get women to hospitals faster, or can we also work to change the conditions that cause long labors, like poor nutrition of young girls and too-early marriage and childbirth? How can we work to stop the root causes of these problems — poverty and unfair treatment of women and girls?



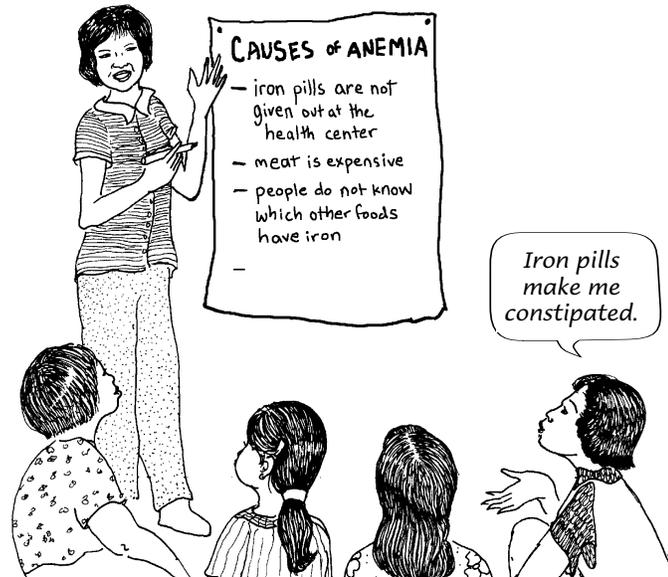
Make change in your community to prevent health problems

Most deaths and injuries from pregnancy and childbirth can be prevented by looking at and treating root causes. But to do so, a community must look beyond the experiences of individual women. Look at the common dangers that affect all women in pregnancy and birth. And use the skills of every community member to protect women's health.

Midwives, who are most experienced with birth, can tell others in the community why women are dying and being injured during birth. Families, midwives, and other health workers and community members can work together to make changes, small and large, to improve health for all. When everyone in the community becomes involved with health, we can do much more than one midwife alone.

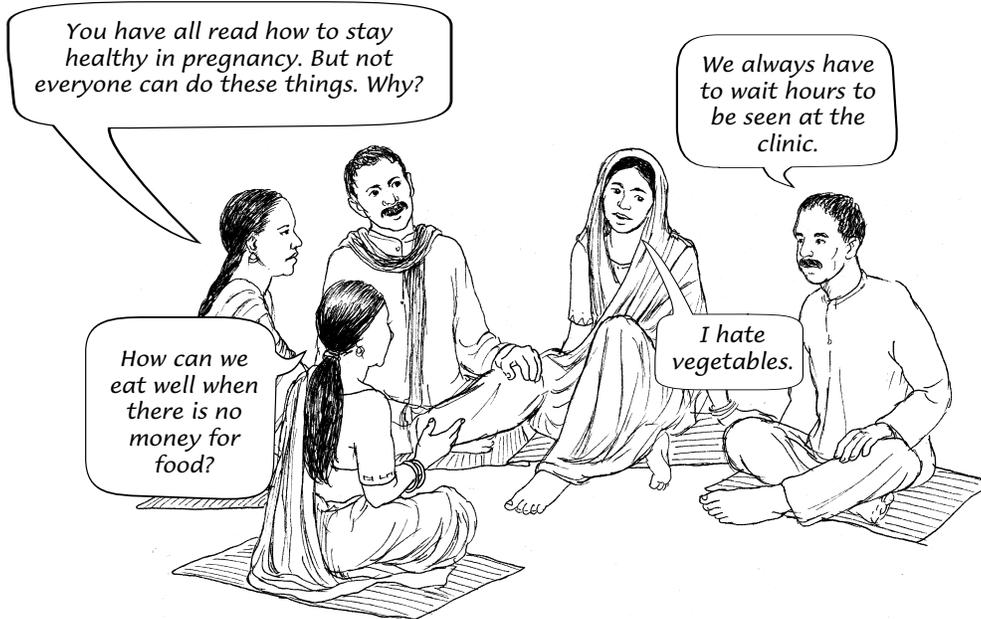
How to start

Lack of healthy food, dirty drinking water, lack of transportation in emergencies, and alcohol abuse are a few of the problems that contribute to serious health problems for women. These can all be addressed when they are not considered individual problems and when the whole community works together for change. But it can be difficult to know where to start. A good first step is to meet with community members to talk. If you teach birth classes to pregnant women, meet with other midwives, or are a member of a social or church group, you can use that group to solve problems.

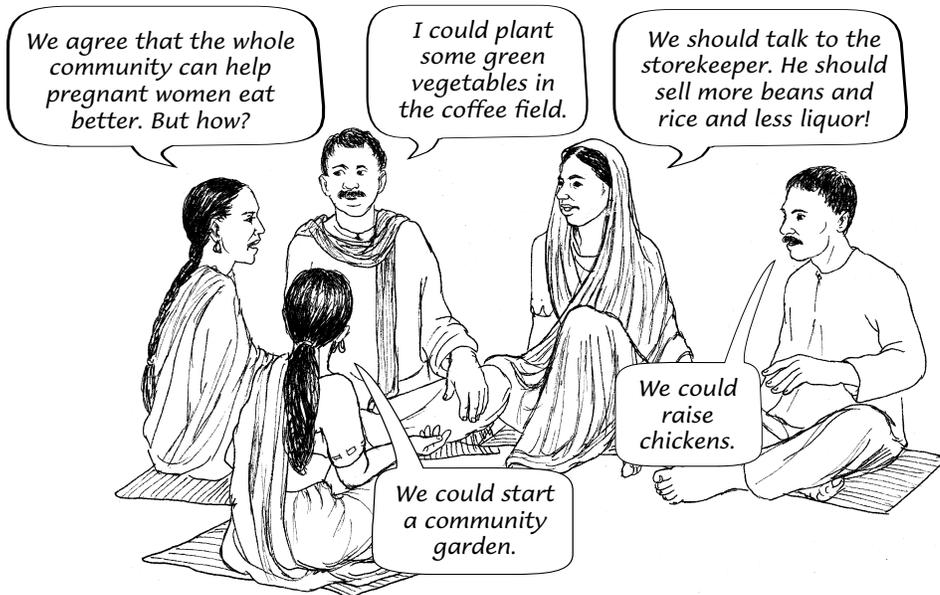


Chapter 2: Treating health problems

First, name the problems you are facing.



After you have named some of the problems in the community, **choose what to work on first**. It might be the problem that is the most common, the problem that causes the most serious harm, or the problem that can be most easily solved. List every idea the group can think of to work on this problem. Then focus on solutions that someone in the group can make happen.



Finding root causes of health problems

Make a plan. You will need to decide who will do each task, what they will need to do it, and when they will do it.

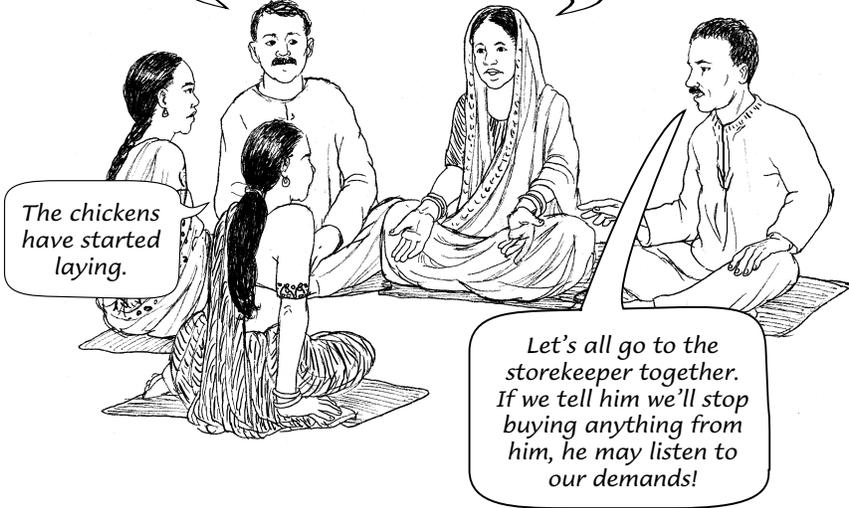
I can pay for the seeds, but we all must work together to plant and care for them.



Be sure to **meet again** to talk about how the plan is going.

The seedlings are coming up well. And everyone has been taking turns watering them

I talked to the storekeeper, and he said he will not sell beans — they don't make enough money for him.



The chickens have started laying.

Let's all go to the storekeeper together. If we tell him we'll stop buying anything from him, he may listen to our demands!

Midwives can make change

Midwives and the women they serve may face any kind of health problem, from simple ones like nausea to serious ones like a bad hemorrhage. But when midwives work carefully to discover causes, and use wise judgment and support from the community, they can solve nearly any problem, even many of the most difficult ones.

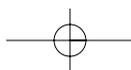
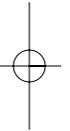
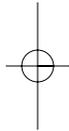


CHAPTER 3

A woman's body in pregnancy

In this chapter:

A woman's sexual and reproductive parts.....	27
How women become pregnant	29
How the baby grows	30
Menopause	31
Infertility	30



A woman's body in pregnancy

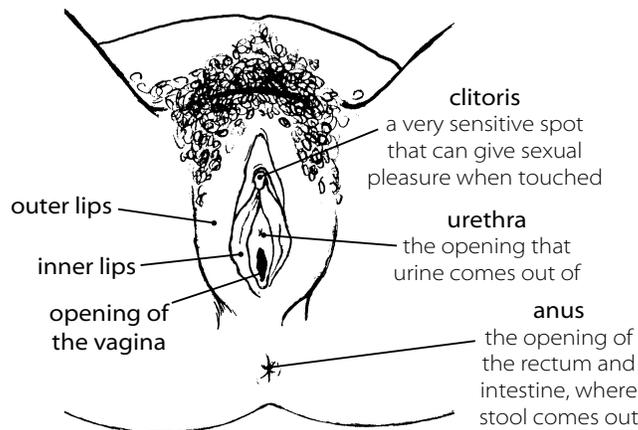
CHAPTER 3

In this chapter, we describe the parts of a woman's body that are most affected by sex, pregnancy, and birth. We call these parts sexual or reproductive parts. We also explain how pregnancy happens, and how a woman's body changes during pregnancy.

staying well

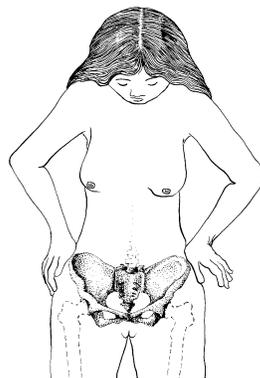
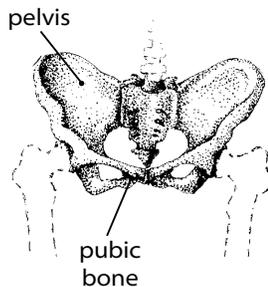
A woman's sexual and reproductive parts

A woman's genitals (vulva)

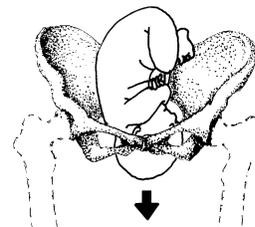


The pelvis

The bones below the belly are called the pelvis.



The pelvis is shaped like a bowl with a hole in the bottom.

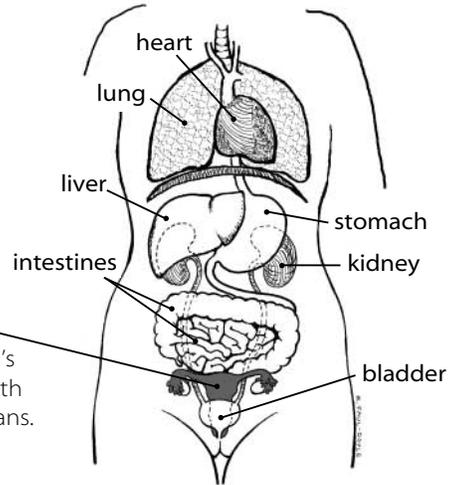
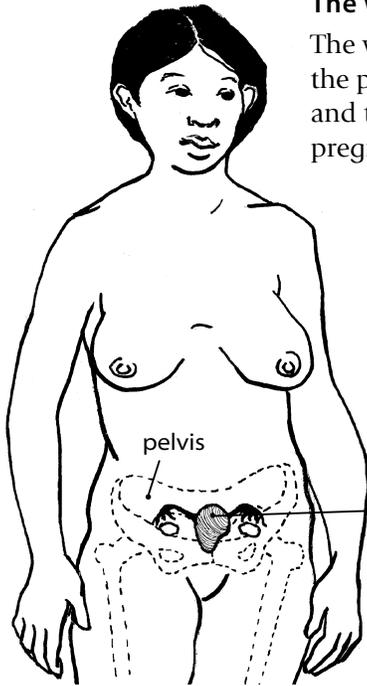


During birth, the baby passes through the hole to get out.

Chapter 3: A woman's body in pregnancy

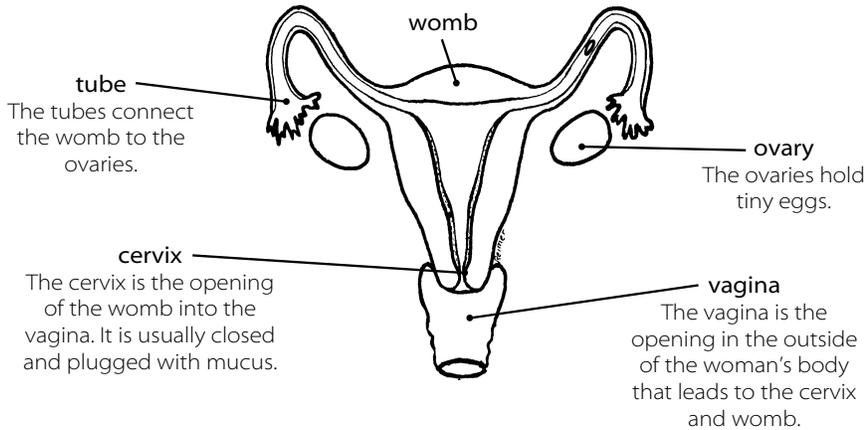
The womb, tubes, and ovaries

The womb (uterus) is a hollow muscle. It sits inside the pelvis. Monthly bleeding comes from the womb, and the womb is where the baby grows during pregnancy.



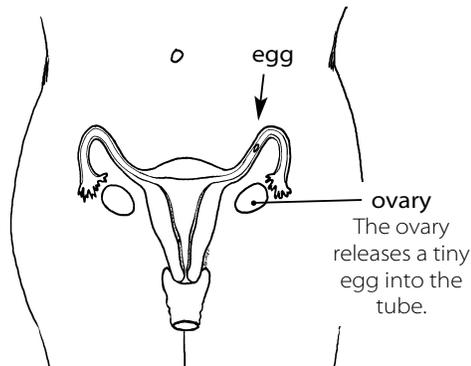
The **womb** is in the woman's belly along with her other organs.

If you could see the womb inside a woman's belly, it would look like this:

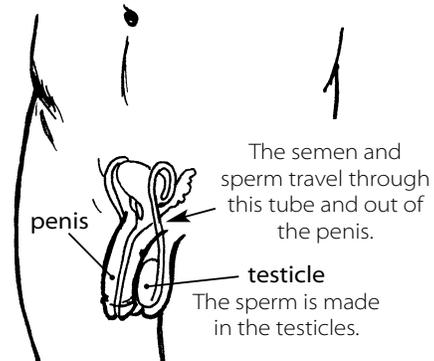


How women become pregnant

About once a month, a woman's ovary releases a tiny egg. The egg moves down the tube and into the womb.

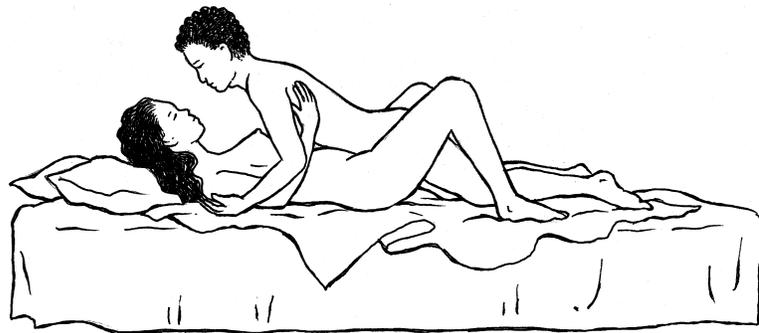


Men make tiny cells called sperm inside of their testicles. When a man ejaculates (comes), a fluid called semen comes out of his penis. Millions of sperm cells come out in that fluid.



If a man ejaculates inside a woman's vagina during sexual intercourse, his sperm cells can travel through her vagina, through her womb, and into her tubes.

If the woman and man have sexual intercourse near the time of the month that the woman's egg is moving down her tube, one of the man's sperm cells may meet her egg. The egg may then plant itself in the lining of the womb. If this happens, the woman becomes pregnant.



Every month that the woman does not become pregnant, the bloody lining of her womb comes out about two weeks after she releases the egg. We call this monthly bleeding, or menstruation.

Chapter 3: A woman's body in pregnancy

How the baby grows

After a sperm and egg join inside a woman's womb, they combine to become one group of cells that multiply and grow into a baby.

The mother's blood contains oxygen from the air she breathes and nutrition from the food she eats. Her blood then passes air and food to the baby through the cord and placenta.

During the first 3 months of pregnancy, it is hard to see much happening from the outside. But inside the womb, the baby is forming organs, bones, and other body parts. During these early months, it is especially important that a pregnant woman avoid poisonous chemicals, unnecessary medicines, and alcohol, which can all harm the developing baby. As the baby grows, so does the womb. The mother can see her belly growing and can feel the womb by putting a hand on her belly.

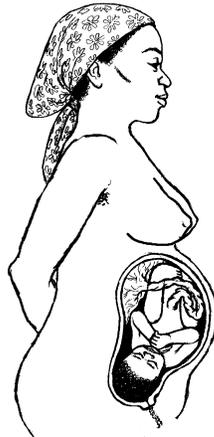


When a woman is about 5 months pregnant, she can feel the top of her womb at her bellybutton.



When a woman is 9 months pregnant, she can feel the top of her womb just below her ribs.

This is what you would see if you could look inside a pregnant woman's womb.



Inside the womb, the baby floats in a bag of fluid called amniotic fluid (the bag of waters). The baby is connected to the placenta (afterbirth) by a cord, and the placenta is attached to the inside of the mother's womb.

Infertility

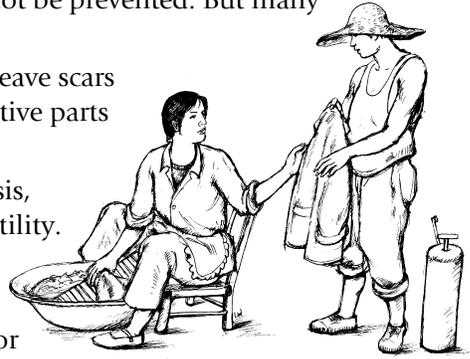
When a person has difficulty having a child, he or she is infertile. For a couple that wants to have children, infertility can bring sadness, anger, or shame.

Often the woman is blamed when she does not become pregnant. Even if the couple gets medical help, many doctors will check only the woman for fertility problems. But often the man is the one who is infertile. Neither men nor women should be blamed for infertility. And both need support during this difficult time.



Infertility has many causes. Some cannot be prevented. But many causes of infertility are preventable.

- Sexually transmitted infections can leave scars inside a man's or woman's reproductive parts that prevent pregnancy.
- Illnesses such as diabetes, tuberculosis, malaria, and mumps can cause infertility.
- Dangerous chemicals from pesticides, cleaning products, or factories can get into the air, water, or food. These chemicals can make it difficult for a woman to get pregnant, or can harm the growing baby.
- Smoking, chewing tobacco, drinking a lot of alcohol or using drugs can all harm fertility.



Even washing clothes that have dangerous chemicals on them can harm fertility.

There are other causes of infertility that are not preventable. To learn more, look at a general health book like *Where Women Have No Doctor*.

staying well

Menopause

When women grow older, they stop bleeding each month (menopause). They also stop producing eggs and lose the ability to become pregnant. This may happen suddenly, or slowly over 1 or 2 years. For most women, menopause happens when they are between 45 and 55 years old.



During menopause, many women have some of these signs:

- changes in monthly bleeding before it stops completely
- suddenly feeling very hot and sweaty (hot flashes)
- vagina becomes smaller and more dry
- sudden changes in feelings

Many women are relieved when they do not have to worry about pregnancy anymore. As elders, women can share the wisdom of their years of life experience.

Men make sperm through most of their lives, even when they are very old.