

A Book for Midwives

Care for pregnancy, birth,
and women's health

**Susan Klein, Suellen Miller,
and Fiona Thomson**



Berkeley, California, USA

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All health workers have a responsibility to be honest with themselves and the people they care for about the limits of their skills. This means: only perform the procedures you are trained to. Find help from other, more experienced health workers when a woman needs a kind of care that you are not experienced with. Seek the advice of local health workers and medical authorities about the safest ways to practice in your area. This manual can help you learn new skills, but no book can take the place of hands-on training with a skilled and experienced teacher. Keep watching, reading, listening, and learning more whenever you have the chance.

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Hesperian Foundation

1919 Addison Street, #304

Berkeley, California 94704, USA

www.hesperian.org

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.

Credits

Project coordination: Fiona Thomson

Design and production: Sarah Wallis

Cover design: Sarah Wallis

Additional writing and editing:

Darlena David, Todd Jailer,
Jane Maxwell, Susan McCallister,
Sarah Shannon, Kathleen Vickery,
Sarah Wallis

Art coordination: Fiona Thomson
and Sarah Wallis

Additional production: Lora Santiago

Artists: Namrata Bali, Jennifer Barrios,
Sara Boore, Heidi Broner,
May Florence Cadiente, Barbara Carter,
Gil Corral, Elizabeth Cox,
Regina Faul-Doyle, Christine Eber,
Iñaki Fernández de Retana,
Sandy Frank, Deborah Green,
Susie Gunn, Jesse Hamm, Haris Ichwan,
Anna Kallis, Delphine Kenze,
Susan Klein, Joyce Knezevich, Gina Lee,
June Mehra, Naoko Miyamoto,
Jeanne Muller, Mabel Negrete,
Gabriela Núñez, Kate Peatman,
Sara Reilly-Baldeschwieler,
Diana Reiss-Koncar, Petra Röhr-
Rouendaal, Leilani Roosman,
Lucy Sargeant, Mona Sfeir,
Akiko Aoyagi Shurtleff, Chengyu Song,
Fiona Thomson, Dovile Tomkute-
Veleckiene, Sarah Wallis, Lihua Wang,
David Werner, Christine Wong,
Allan Woong, Mary Ann Zapalac

Field-testing and networking: Starr Amrit

Copy editing: Rachel Markowitz

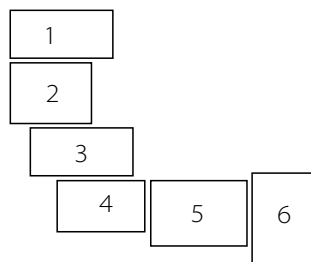
Indexing: Ty Koontz

Proofreading: Sunah Cherwin

Medical review: Ellen Israel, Lisa Keller,
Melissa Smith, Judith Standley

Editorial and production management:
Susan McCallister

Cover photographs:



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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.

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Susan Anderson	Kate Bowland	Barbara Clifford	Maria de la Paz Puebla Alvear
Shoba Arole	Isabel Brabant	David Coady	Barbara de Souza
Leonor Bahena Erazo	Barbara Briggs- Letson	Rani Coelho	David de Leeuw
Alison Bastien	Sandy Buffington	Timothy Coen	Kim Dickson-Tetteh
Naomi Baumslag	Colin Bullough	Jeff Conant	Milka Dinev
Denise Bergez	Raquel Burgos Medina	Peggy Cook	France Donnay
Erik Bergstrom	August Burns	Maureen Corbett	Peg Donovan
Alan Berkman	Pauline Butcher	Antonia Cordova Morales	Carol Downer- Chatham
Ginger Bhakti	Sarah Buttrey	Maricruz Coronado	Jane Drake

J.T. Dunn	Pamela Hunt	Papa Djibril Niang	Irene Sotelo Alvarez
Edith Eddy	Robert Hurst	Sandy Niemann	Jennifer Stonier
Sylvia Estrada-Claudio	Peter Ivey	Besem Obenson	Susan Sykes
Aryn Faur	Nuriya Jans	Deborah Ottenheimer	Michael Tan
Susan Fawcus	Christine Johnson	Lauri Paolinetti	Vijayalaxmi Taskar
Juliet Fleischl	Mary Johnson	Bill Parer	Joe Taylor
Nina Frankel	Ralph Johnson	Juana Payva	Petra ten Hoope-Bender
Carmen Frazier	John Kadyk	Nimal Perera	Carol Thuman
Frances Ganges	Angela Kamara	Lucille Pilling de Lucena	Linda Tietjen
Tracy Gary	Robert Keast	Man Poon	Jan Tritten
Marlene Gerber-Fried	Christie Keith	Jennifer Potts	Greg Troll
Julie Gerk	Beverly Kerr	Paula Quigley	Mina Tulugak
Zafarullah Gill	Mary Kroeger	Sumana Reddy	Laura Turiano
Ruth Goehle	Raven Lang	Mary Ann Reiger	Gilberte Vansintejan
Lisa Gonzalves	B.A. Laris	Marina Rodriguez Palma	Elmar Vinh-Thomas
Nadine Goodman	Brian Linde	Judith Rogers	Donna Vivio
Suzan Goodman	Julie Litwin	Lorraine Rothman	Claire Von Mollendorf
Kristen Graser	David Loeb	Sabala and Kranti	David Werner
James Green	Roxane Lovell	Shelly Sala	Sharon Wilconson
Sadja Greenwood	Ronnie Lovich	Jason Sanders	Judith Winkler
Cindy Haag	Deborah Maine	Shira Saperstein	Merrill Wolf
Barb Hammes	Lorraine Mann	Merrie Schaller	Juliana Yartley
Marcia Hansen	Alan Margolis	Katherine Sear	Karen Zack
Roxanne Henderson	Margaret Marshall	John Sellors	Lisa Ziebel
Griselda Hernandez	Alberto Martinez Polis	Katharine Shapiro	
Kathy Herschderfer	Luyanda Mavuya	Lonny Shavelson	
Sarah Jane Holcombe	Nicky May	Theresa Shaver	
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Nap Hosang	Jose Luis Mendoza	Christine Sienkiewicz	
Jennifer Houston	Elena Metcalf	Jael Silliman	
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How to use this book

Finding information

To find information, use the Contents, the Index, or the Tabs.

The **Contents** at the beginning of this book list the name of each chapter in the order in which it appears. Contents of each chapter are also listed at the beginning of that chapter.

The **Index**, or the yellow pages at the back of this book, lists all the topics covered in this book in the order of the alphabet (a, b, c, d...).


Each page in this book has a number at the bottom. To find a chapter or topic in this book, find it in the contents or index, and then turn to the page number listed next to it.

Tabs on the right-hand pages separate most of the book into 5 sections. You can quickly find the information on staying healthy, infection prevention, pregnancy, labor and birth (including postpartum), and on other health skills, by turning to the sections labeled with those tabs.

Warnings, medicines, and notes

Warnings, medicines, and notes are separate from the main text.

Warning boxes show very important information. When you see this kind of box, you must take action to avoid danger.




WARNING! Do not insert an IUD for a woman who has signs of infection. The infection can spread to the womb.

Medicine boxes show how to give medicines. Read these boxes very carefully, and always look in the green medicines pages starting on page 463 before giving a medicine.

These pictures show how the medicines in the box are given — in this case as tablets.

To lower a fever

- give 500 to 1000 mg paracetamolby mouth, every 4 to 6 hours.



Notes show information that is useful, but not directly connected with the information around it.

Note: Clean hands do not stay clean for long. If you touch anything other than the mother's genitals, you must wash again.

Understanding pictures of the body

How we show the outside of the body

When we draw a person, we try to draw her whole body. If we do not have enough room, we only show part of her body.

This picture shows a mother pushing her baby out of her vagina.



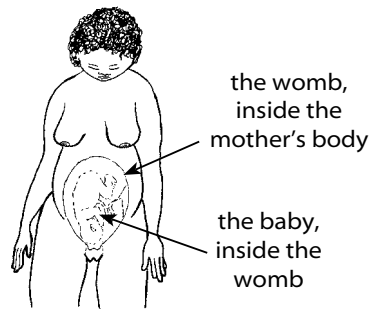
If it is important to see the baby's head and the vagina more clearly, we will show only that part of the body, so we can make the picture bigger.



How we show the inside of the body

Sometimes we need to show what is happening inside a woman's body. So we include pictures that show what a woman's body would look like if you could see inside of her.

Usually, we use thick lines to show the outside of a woman's body, and thin lines or dotted lines to show what is happening on the inside.



A note on language

Medical and technical words Throughout this book, we try to use easily understood words for parts of the body and things that the body does. We also explain the medical words we use. If there is a medical or technical word you do not understand, you can look it up in the index and see if it is explained in the book. Or you can look in the glossary on page 503, which lists some medical and technical words that are useful to know.

He and she When talking about babies, we did not want to say "he or she" each time because it can be awkward. So sometimes we say "she," and sometimes we say "he."

Getting help

The information in this book is not always enough to help you solve a health problem. When this happens, get help! Depending on the problem, you should:

Get medical advice. A skilled health worker or doctor should be able to help you decide what to do. This is not usually an emergency.

Get medical help. The woman or her baby need to see a skilled health worker or doctor for tests or treatment as soon as possible.

Go to a medical center or hospital. There is an emergency. Take the woman or her baby to a hospital right away for surgery or other immediate help.

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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.

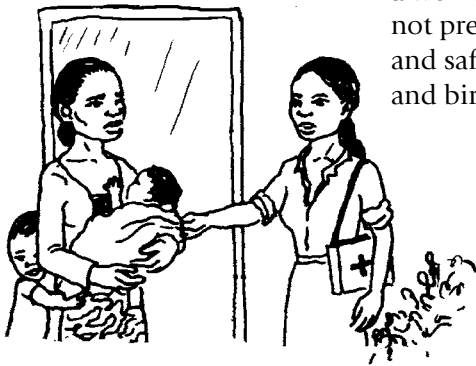


Traditional midwives (sometimes called TBAs) face particular problems. Many professional health workers, including professional midwives, see traditional midwives as incompetent or old-fashioned. These traditional midwives may be very knowledgeable about birth and skilled with plant medicines, gentle 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.