



## A profile of midwifery in Paraguay

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### ABSTRACT

**Objective:** the goal of this study was to provide a descriptive profile of midwifery in Paraguay.

**Design:** the study involved three components: background research from official documents and key informant interviews to complete questionnaires, qualitative interviews with Paraguayan midwives and obstetricians, and participant observation. Data from official documents and questionnaires were tabulated using descriptive statistics. Individual interviews and small-group interviews of midwives, student midwives, and obstetricians were conducted in five health departments of Paraguay.

**Setting:** the research took place in the capital of Paraguay, Asunción, and four additional health departments: Central, Cordillera, Guira, and Misiones.

**Participants:** Twenty-two midwives, nine student midwives, nine obstetricians, and five leaders of professional health organisations in Paraguay participated in this study.

**Findings:** three salient themes were identified throughout the interviews. First was the understanding of the changing role of the midwife in the health system, particularly in and around the capital city of Asunción. Second, midwives and obstetricians both reported that women were not sufficiently prepared for labour and birth during the antenatal period. Limited antenatal education and childbirth classes existed and midwives felt that this was a major barrier to vaginal birth. Finally, access to midwife-provided antenatal care is perceived to be limited. A major barrier to accessing midwifery care for women in the capital is related to the midwives' changing role in practice. Obstetricians are now providing antenatal care more often than they used to, and in some public hospitals they also attend vaginal deliveries.

**Key conclusions and implications:** limiting the utilisation of midwives may well be a major contributor to the rising rates of caesarean sections. Women are not prepared for labour and birth in the antenatal period, or are scheduled for elective caesarean sections antenatally. Midwives are not fulfilling their potential to prepare women for labour and birth, despite their high-level professional training. Midwives have the potential to improve antenatal preparation for low-intervention birth. This transition in care provision would be a more effective use of human resources for both obstetricians and midwives.

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### Introduction

The 2005 report, *Profiling Midwifery Services in the Americas: Models of Childbirth Care*, concluded that midwifery is underdeveloped in all regions of the Americas except for the non-Latin Caribbean, and birth is physician-dominated and medicalised with high rates of caesarean sections (Pan American Health Organization (PAHO), 2005). Also, a high percentage of skilled attendance at birth does not necessarily guarantee a reduction

of maternal and perinatal mortality, and often substandard institutional care can be an important risk factor in these countries (PAHO, 2005). Finally, the report concluded that medicalisation of maternal care seems to create inequality in access to care among groups within a population.

The International Confederation of Midwives (ICM) defines a midwife as:

A person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the ICM *Essential Competencies for Basic Midwifery Practice* and the framework of the ICM *Global Standards for Midwifery Education*; who has acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and who

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demonstrates competency in the practice of midwifery ([International Confederation of Midwives, 2011](#)).

At the 2011 ICM Triennial Congress in Durban, South Africa, The United Nations Population Fund (UNFPA) released *The State of The World's Midwifery: Delivering Health, Saving Lives*. That report focused on assessing women's access to quality midwifery services around the world and provided the first comprehensive analysis of global midwifery issues. The report profiled 58 countries with high rates of maternal, fetal, and newborn mortality, where needs were greatest. The Republic of Paraguay was not profiled in the report; limited information on the midwifery workforce or access to midwifery care in Paraguay has been published. This paper reports the findings of a 2011 study that assessed the role of midwives in the Paraguayan health system, including how that role, as currently enacted, affects the care of women during pregnancy, labour, and birth.

### Paraguay

Paraguay is one of two land-locked countries of South America, and is part of the Southern Cone region, along with Chile, Argentina, and Uruguay. It is a country of nearly 6.5 million people ([United States Central Intelligence Agency \(US CIA\), 2012](#)), almost two million of whom live in greater Asunción, in what is considered Department Central, which includes the capital of the country, Asunción, and surrounding areas ([Ministerio de Salud Pública y Bienestar Social \(MSPyBS\), Paraguay, 2010a; US CIA, 2012](#)). The remainder of the population lives in more rural areas of the country, also known as the *interior*. Paraguay is made up of 17 departments, or administrative subdivisions, and one capital district, each of which has a corresponding health district. According to the [World Bank, 2013](#), Paraguay is considered a lower middle-income country, but one characterised by inequities in the economic, social, and political systems, all of which influence public health. The Gini Index of Paraguay is 53.2, making it the 14th most inequitable country in the 140-country ranking ([US CIA, 2012](#)).

### Methods

The goal of this study was to provide a descriptive profile of midwifery in Paraguay. The study had three components: background research from official documents and key informant interviews to complete questionnaires, qualitative interviews with Paraguayan midwives and obstetricians, and participant observation, which will not be reported in this paper. The study was facilitated by the long-term collaboration with the primary investigator's university and various institutions in Paraguay; one of the co-authors has been involved in research and public health education in Paraguay for almost a decade. This project was conducted in association with the Instituto Nacional de Salud (INS) and the Instituto Doctor Andrés Barbero of the Universidad Nacional de Asunción (UNA), in partial fulfilment of the primary investigator's Master of Public Health degree. The primary investigator is a nurse and was in the process of completing a university midwifery and public health programme while conducting the study.

In the United States, Institutional Review Boards (IRB) are ethics committees established by law to review and monitor biomedical and behavioural research involving human subjects. The University's IRB reviewed the study prior to data collection and provided a letter of non-research determination; because the study was largely descriptive and specific to the national context of Paraguay. Therefore, the study did not meet the U.S. federal definition of research as producing generalisable knowledge.

Nevertheless, participants were informed that involvement was voluntary and that data would be kept confidential. Verbal informed consent was obtained from all participants.

For the background portion of the study, we obtained permission to use the same questionnaires the United Nations Population Fund used to compile data for the *State of the World's Midwifery* in order to create a similar report for Paraguay. The primary investigator worked with the Paraguayan Ministry of Health, the Instituto Nacional de Salud, the Universidad Nacional de Asunción, the National Midwifery Association known as Asociación de Obstetras del Paraguay (AOP), and the Pan American Health Organization – World Health Organization Regional Office to Paraguay to complete the questionnaires. The Department of Biostatistics at the Ministry of Health provided additional demographic and health data to complete questionnaires and create the report. The primary investigator reviewed documents, attended presentations, and conducted interviews with representatives from these various organisations to collect data for the UNFPA questionnaires. The most current information was used to complete the questionnaires.

The qualitative portion of the study concentrated on the experiences of midwives working in public hospitals in Paraguay. Because Paraguayan midwives who work in private hospitals usually work in the role of a nurse and not as a midwife, they were not included in the study. The primary investigator gained access to six public hospitals in five different health departments including Capital (greater Asunción), Central, Cordillera, Guaira, and Misiones. One-on-one and small-group interviews were conducted to assess the role of midwives in promoting and providing low-intervention delivery services in Paraguay. The final sample consisted of 22 midwives, nine student midwives, and nine obstetricians (eight attending obstetricians and one second-year obstetrical resident). Half of the midwives participated in one-on-one interviews and half in small-group interviews. The student midwives participated in two different small-group interviews, and the obstetricians were interviewed individually. Additional key informant interviews were conducted with two officials from the Ministry of Health, a leader in a humanised birth NGO (Parto Humanizado Paraguay-Humanised Birth in Paraguay), the president of the Asociación de Obstetras del Paraguay (Association of Midwives of Paraguay), and a prominent obstetrician and maternal child health advisor in Paraguay.

### Recruitment and inclusion criteria

Professors of midwifery at Universidad Nacional de Asunción assisted in the recruitment of midwives and midwifery students. Midwives and obstetricians were also recruited from the public hospitals where participant observation took place. Inclusion criteria for participation was restricted to direct-entry midwives or nurse-midwives, both of which are recognised in Paraguay, currently working in the labour and delivery unit of a public hospital. Midwifery students were eligible to participate if they were in their fourth and final year of the programme at the Universidad Nacional de Asunción, the largest public midwifery training programme in the country. Finally, obstetricians were eligible to participate if they worked with midwives in the labour and delivery unit of a public hospital. In total, 33 midwives were invited to participate and 22 agreed. One midwife declined to participate after the introductory questions. Twelve midwifery students were invited to participate through the midwifery professor; nine of these agreed to interviews. One obstetrician was recruited through the midwifery professor and the remainder (eight) were recruited on-site at participating public hospitals.

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