Short Communication

A commentary on the “short communication on the 90th anniversary of Omdurman Midwifery Training School (OMTS)”: where are we now?

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Abstract
On reading the short communication on the 90th Anniversary of Omdurman Midwifery Training School (OMTS) and considering one’s involvement with midwifery care for about forty years, ten years as an obstetrician at Omdurman Maternity Hospital (OMH) between1978-1989, one felt obliged to comment on some aspects of interest in the communication. This is particularly so on considering situations where the life of a healthy woman and her baby are at a stake. One admires the midwife’s commitment, confidence, self-denial, self-respect, dedication, endurance and courage, which some of us may lack. Alternatively, one is distressed by the disinterest, ambivalence and inaction to adequately address midwifery problems. The authors’ of the short communication initiative is acknowledged.

The aims of the commentary
1. To commend the author, a physician, and the editor on publishing the short communication.
2. To highlight the role of midwifery training in setting the stage for the establishment of the local Obstetric and Gynaecological specialty.
3. To describe the progress and current status of midwifery training/services, citing publications, mainly by local authors.
4. To emphasize the need for strengthening midwifery care with support of the Obstetric and Gynaecological Association.

An Arabic abstract
It is worthwhile noting that the short communication was started by an Arabic abstract for non-English speaking health workers, such as health visitors, nurse midwives and partly literate village midwives (VMWS). Hopefully, the journal was distributed to paramedical schools, as well.

The communicator’s initiative
One commends Professor Tarik A ElHadd on his short communication on the 90th anniversary of the (OMTS)(1). He, being a physician rather than an obstetrician or community health consultant, his zeal and interest in midwifery are appreciated, the management and technical aspects of midwifery being the sole functions of the above two specialties. One thus speculates what made a physician become concerned

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with the issue. The publication is rather attractive and appealing to oneself for several reasons, most important of which, is that the commentator was exposed to midwifery as a student, which made him opt for Obstetrics and Gynaecology as a career.

The role of the pioneers
One’s comments also acknowledge the role of pioneers in initiating and developing midwifery and obstetrics and gynaecology services and their contribution to their promotion and the documentation. The leading role of Wolf sisters in establishing midwifery services in Sudan is highly acknowledged. Besides the establishment of the (OMTS) in 1922, they started the first ante-natal clinic (ANC) in 1930. By then, 624 midwives (MWs), 40 nurse midwives (NMWs) and 12 health visitors (HVs) were trained.

Types of midwives
It is important here to distinguish between nurse midwives, who are originally nurses, trained in midwifery at obstetrical and gynaecological units, to work there on graduation. A distinction is also made between village midwives (VMWs), trained at midwifery schools and the traditional birth attendants (TBAs) who are untrained (unskilled) attendants by inheritance, apprenticeship or interest. They are unrecognized officially and are expected to be phased out and replaced by trained VMWs, who may be their daughters.

Historical perspectives and implications
The communication reads: “the OMTS had very much set for a historic and unprecedented venture of training in modern times. It initially targeted training of traditional midwives (Dayat Al Habil) to modern midwives, propagating the concept of midwifery and child health care countrywide”. The latter statement preceded the later global emergence of Maternal and Child health and Family planning concept (MCH/FP) in 1978 as a major component of PHC. The Sudan MCH/FP Project was thus launched in 1979 at OMH. The first revision and updating of the curriculum of HVs was undertaken at the Educational Development Center (EDC), Khartoum in 1982, with guidance by late Professor Abdul Rahman A/Salam, peace be on his soul. That workshop was jointly supported the Ministry of Health, the World Health Organization (WHO) /United Nations Fund for Population Activities (UNFPA), as part of the MCH/FP Programme. Later still, the Federal Ministry of Health issued the HVs and NMWs curricula in 1992.

The population issue was alluded to in the communication on referring to the erection of Makwar Dam and the establishment of the Gezira Scheme after the Mahadia era. The population issue was later globally addressed in the sixties on the advent of contraceptive pill. In the early eighties, a success story by the community medicine department and Columbia University, USA was published, involving VMWs in the delivery of Family Planning services, mainly pill distribution.

Midwifery training and services
Recruitment of midwives and training them, initially for three months, was initiated in 1922 in the three towns of the capital, preceded by the medical assistants training at Port Sudan in 1918. Tutoring and coaching of midwives was the mainstay of teaching. The trainees attended 20 lectures and were to deliver a minimum of 20 cases and see another 20 cases together with another pupil midwife. Practical and oral exams were then conducted at the end of each study course by British Medical Officers from the MSD. Students who passed were given certificates to practice midwifery all over the country. Hygiene, cleanliness and safety were stressed from the start. Today the three cleans: clean hand, clean place and clean equipments are being stressed. Good manners, morals and cleanliness were similarly inculcated. Ethical issues are unfortunately not included in some
current medical school curricula. Village midwives attend antenatal clinics at the health center and may accompany at-risk cases to hospital, to deliver a report on mothers’ condition.

Supervisory tours were made to satellite training schools countrywide and to midwives by an HV or even an obstetrician, to follow-up the performance of MWs and have feedback from local communities. The visit might include selecting new recruits. Antenatal, infant and child welfare clinics were established and are continuing till the present time.

The midwifery training activity, no doubt, set the stage for training medical students, as well as, registrars of obstetrics and gynaecology later on. Medical students, till recently, were required to conduct 20 normal deliveries, including home deliveries, at the end of fifth year, reported as a student’s book.

### Developments in midwifery

The number of village midwifery schools now had reached to 40. Health visitors are responsible for village midwifery training and for providing MCH services at health centers. The history of establishing VM schools countrywide was presented to an earlier congress of obstetrics and gynaecology in 2003\(^{[4]}\). Assistant HVs, originally literate VMWs, were later introduced by Dr Shallabi at the province of Atbra in the seventies, as a new cadre, to extend HVs services to rural areas and be a career pathway for VMWs.

### Personal perspectives

In 1965, as a medical student, one conducted the required 20 deliveries at El Obeid midwifery school, Al Rahad, Um Ruaba, Ashana, coached by a VWF. The late Sit El Taya was the principal of El Obeid Midwifery School. Later on, she worked under oneself as Director of Maternal and Child Health in the Ministry. One could not dare to object to any of her views. Mentioning the establishment of midwifery schools, El Obeid one was opened in 1940, rather of interest to the commentator, being born on 11th December 1940. The delivery was assisted by a VMW called Bit ElSharif.

### The role of obstetricians and gynaecologists

The Obstetrical and Gynaecological Society, being challenged by the high maternal mortality ratio (MMR) and realizing the role of midwifery in reducing it, has made the future of midwifery services its main theme for the forthcoming Obstetrics and Gynaecology mid-term symposium, to be held in February 2012.

### Publications on midwifery, local and abroad

Midwifery in Sudan was the subject for many publications by nationals as books, articles and conference papers and agency reports. The Internet has limited citations on midwifery in Sudan. As early as the seventies Professor Bayoumi highlighted midwifery services\(^{[5]}\). He later studied the outcomes of Maternal and Child Health services at a Nuba Mountains’ communities, published locally\(^{[5]}\). Replacing TBAs by VMWs described TBAs in countries was published by WHO\(^{[6]}\). Professor Bella published his PhD thesis on the Sudanese VMW, obtained from London University in 1984\(^{[7]}\).

The role of VMs in ANC services was studied by interviewing mothers and midwives and was published. A total of 130 mothers delivered within six months were responders. Seventy per cent of pregnant mothers contacted a VM at least once during pregnancy, the average number of visits being 3.6 times per mother. Half of the mothers were seen at the MWS own home, while 20% were seen at their mothers home. Seventy six per cent of the deliveries were attended by the VMW and 11% by a TBA and remainder at hospital. The VMWs had reasonable knowledge and competence, including referral. However, there was lack of support, supervision and supplies\(^{[8]}\). Seventeen nurse-midwives from Khartoum and Omdurman hospital played a role in infibulation and
Reinfibulation\(^{(9a, 9b)}\).

In the US, obstetricians feel midwives could alleviate some pressure. Family physicians deliver babies when there are no complications. When there is shortage of physicians, midwives help in this situation, doing most of the normal deliveries. The need for the obstetrician is 30%, to do forceps and caesarean sections (CSs), the rest is done by the midwife, in the absence of family physicians. Most physicians do not oppose midwives. “A creative solution regarding lack of obstetricians is to develop a midwifery program for midwives to work in hospitals, where they can handle the uncomplicated births”\(^{(10)}\).

**Where are we now?**

A situational assessment of midwifery services was provided by the Family Health Survey results in 2006. The road-map for reducing maternal and newborn mortality in Sudan, 2009 gave the coverage of villages by VMWs of 54.6%; home deliveries were 79.5% \(^{(11)}\). The Annual Health Report for 2009 is another source, but less accurate.

The role of MWs in risk-detection was published\(^{(12)}\). The Sudanese midwives receive great attention from the international community\(^{(13, 14, 15, 16)}\).

**What may be needed?**

Specific information needed includes the current number of VMWs, literate or illiterate, HVs, A/HVs and their distribution, taking into consideration the new Sudan. The number of midwifery schools, their distributions, their requirements entails an accreditation process. Vital rates of births or deaths of mothers and their babies provide an indirect assessment of the quality of maternity care services, midwifery being at the frontline. Organization of midwifery services involves ensuring improving the quality of midwifery services through accurately implementing midwifery standards and indicators. This requires good supportive supervisory services, follow-up monitoring and evaluation. Referral and transfer services require ambulance services. Updating the information on midwifery services will require revising and updating the statistical system.

The Head of State issued a decree in support of midwifery care\(^{(17)}\). At present, some states are enrolling midwives in the official service examples are Khartoum and Gedarif.

**Recent developments of midwifery care**

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