

Midwives in South Africa

Being a midwife in South Africa is tough. But, as [Anne-Line Crochet](#) explains, the midwives' resilience, positivity and resourcefulness in the face of challenges is inspirational.

South Africa has put a lot of effort in the development of mothers' welfare in the past few years. The Society of Midwives of South Africa is firmly resolved to meet the United Nations' Millennium Development Goals to tackle HIV and AIDS and reduce child mortality.

But, even though healthcare is free for pregnant and breastfeeding women and children under six years old, the neonatal mortality ratio stands at 14 per 1000 live births, according to the Health Data Advisory and Co-ordination Committee (2011) report. Practising midwifery remains an everyday challenge with a lack of resources and low rates of breastfeeding being particular problems.

Whether you work in public or private hospitals in South Africa, the first requirement to become a midwife is to have a positive attitude.

Public versus private

There is a huge gap between private and public hospitals in South Africa. Midwives working in the public sector can expect to see a high volume of births. With an average of 90 admissions a day, a positive mindset is much needed by the midwives at the Chris Hani Baragwanath Hospital in Johannesburg. During their shifts, they will sometimes be dealing with women who have not contacted the hospital before going into labour and who have no medical records.

Privacy while giving birth is a privilege in South Africa. In Baragwanath Hospital the labour room comprises of over 20 beds and women are only separated from one another by a curtain. It can be loud, hot, and uncomfortable.

At private hospitals, it is a different story. There, women are given care from the moment they step into the hospital. At Netcare Park Lane Hospital in Johannesburg, which has been awarded the baby friendly status by the Department of Health, women can take advantage of one of the WorldOne VIP rooms with a double bed, lounge, a bathroom, and a baby bath for a fee of a few thousand pounds.

But, even though Netcare is considered a high end hospital, British midwives notice the difference from UK practices.

Last year, RCM chief executive Cathy Warwick led 24 midwives from across the globe on a tour across South Africa, organised by London-based Jon Baines Tours, which runs medical study trips. The group visited Netcare Hospital and noticed that they still use first and second stage rooms.

Outside urban practice, the contrasts are even more stark. The lack of equipment is obvious

in rural hospitals and South African midwives face complicated situations such as breech or obstructed labour using only basic midwifery skills.

It is all the more impressive given the small midwifery workforce and training available. Not only are there an insufficient number being trained but midwifery is not considered to be a specialty so training is one year out of a four-year nursing programme. Thus every midwife is also a nurse and can be assigned either midwifery or nursing tasks. The common denominator between rural areas and urban areas in South Africa is the shortage of midwives.

Cathy says that seeing midwifery in practice is an eye-opening experience. 'UK midwives come back from South Africa humbled by what they have seen,' she says. The common denominator between rural areas and urban areas in South Africa is the shortage of midwives. Not only are there an insufficient number being trained but midwifery is not considered to be a specialty so training is one year out of a four-year nursing programme. Thus every midwife is also a nurse and can be assigned either midwifery or nursing tasks.

Breastfeeding

The challenges do not decrease once the babies are born. Hospitals can only keep mothers up to six hours after the delivery and, if they underwent a Caesarean, they will go home on day two. And, as many hospitals do not have the money to provide new mums with food during their stay, midwives regularly share their lunches with their patients or bring clothes for the newborns.

Many South African women do not believe in breastfeeding anymore following a campaign in the 1970s from the West in which the benefits of formula feeding were promoted.

A 2008 Health Service Research Center (HSRC) report showed that only 8% of the babies are breast fed for the first 6 months of their life. Every day, women put their children at risks by buying expensive top brand formula and over diluting it to save money, depriving their babies of essential nutrients.

The same HSRC survey reported that 22.5% of children aged 0 to six months are exclusively formula fed. And 51.3% of children aged 0 to six months, who are breastfed, are also introduced to other fluids and foods, which is defined as mix feeding. In urban areas bottle-feeding is seen as sophisticated. But formula and mix feeding increase the risk of death from diarrhoea and pneumonia and these are South Africa's biggest killers of infants and children. Every year 58,000 children die before the age of five, according to the, according to the South African National Department of Health.

Unsurprisingly, midwives strongly encourage breastfeeding, mainly through posters and flyers in which formula feeding is depicted as the 'baby killer'.

Ingrid Le Roux, medical director at Philani, a maternal and child health project, admits that it is serious challenge to convince mothers that breast is best.

'There are a lot of underlying issues: mothers are alone, stressed, influenced in a big way by advertising. Some cannot believe that anything they have can be better than what they can buy in the shop,' says Ingrid.

The Future

Even though parts of the South Africa healthcare system need fixing, education must be the key in addressing challenges. By educating women and health workers, the roots of many problems can be tackled.

Next year Jon Baines Tours will sponsor a South African midwife to attend the ICM congress in Prague so she can network and strengthen her expertise, and come back to South Africa to share her knowledge.

And, of course, visits from midwives across the world help to broaden perspectives.

The trip led by Cathy Warwick to South Africa last year was so successful that another has been planned for 2014. She says that, in less than two weeks, participants gain an insight into maternity services and the wider culture of the country.

'It is amazing to see the challenges facing midwives and how well they meet them,' says Cathy. 'South Africa's midwives are brilliant – welcoming, friendly and interested to talk to us.'

jonbainestours.co.uk/midwifery

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