The management of normal birth in Kazakhstan: the expert opinion of obstetricians and midwives

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Abstract: In this study, we examined the opinion of the personnel, who is directly involved in the delivery (obstetricians, midwifes) upon the issue of allocation of responsibilities while managing the normal birth, satisfaction with the professional level of nurse methods were used: a sociological survey, a statistical analysis. The study involved 72 midwifes and 50 obstetricians of delivery departments of the Almaty city.

Keywords: normal birth, midwifes, obstetricians, allocation of responsibilities, professional responsibility

1. Introduction

Maternity care is a priority for the development of the health care system of Kazakhstan. However, despite the progress made in reducing the maternal mortality and transfer to the international standards of care of women during pregnancy, childbirth and postpartum period (introduction of diagnostic and treatment protocols, regionalization of health care, switch to the WHO recommendations in the sphere of intra- and antenatal care, and so on), there remains a number of unresolved issues. One of which is the shortage of personnel in this sector, especially in rural areas. For example, according A. Akanov et al. (1), the difference in indicators of material security of obstetricians per 1,000 urban and rural populations in Kazakhstan (in 2001-2011) constitutes on the average more than 4 times.

At the same time, from year to year, the number of births in Kazakhstan is growing steadily, and according to data of only 2011 it amounted to 378343. (Figure 1) (2)

In this regard, the question remains topical in respect of the competent use of human resources in this sector.

For example, in many countries of the world (3-8) the midwifes bear the main burden and responsibility at the time of normal (physiological) birth. In Kazakhstan, the midwifes are the insufficiently used resource in obstetrics and gynecology, and their involvement in the process of childbirth and pregnancy of women out of the low risk group could reduce the burden on obstetricians and therefore solve the problem of shortage of personnel.

However, the system of distribution of responsibilities between doctors and midwifes, despite the switch to international standards of rendering the medical assistance (clinical protocols), which is in use since the Soviet period, still exists. The midwifes are limited in their freedom on decision-making and management of even easy deliveries, strictly following the instructions of doctors.

2. Material and Methods

We studied the opinions of the personnel, who is directly involved in the process of delivery (obstetricians, midwifes) on the issue of allocation of responsibilities within the process of management of easy deliveries, satisfaction in the midwifes’ professional level and willingness to transfer powers to midwifes to manage the normal birth. The study was conducted in maternity clinics of the city of Almaty, the largest metropolis of Kazakhstan.

The following methods were used: a sociological survey, a statistical analysis.

The study was conducted through the use of a continuous method, all the personnel involved in the process of management of normal birth (midwifes,
obstetricians, resident doctors, interns) took part in the survey. Participation in the study was voluntary and confidential.

Statistical analysis of the received data was carried out in the program SPSS, version 20.0 for Windows.

Comparison of nominal data was performed using the chi-square Pearson. The critical significance of level p for the testing of statistical hypotheses in the above was assumed to be 0.05.

72 nurses - midwifes and 50 obstetrics - gynecologists of delivery departments of the city of Almaty took part in the study.

3. Results

The average age of obstetricians was 31.8 years (Me = 30.0, Q1 = 27.8, Q3 = 31.0 years), the average length of service constituted 7.1 years, (Me = 5.0, Q1 = 5.0, Q3 = 10.3 years). The respondents included - 88% of women, 12% of men( χ² = 28,88 df = 2 p <0.001).

The average age of respondents (midwifes) amounted to 35.41 years (CI 32.92 to 37.9) (StDev 10,59; SE Mean 1,239), the average length of service: 15.14 years (CI 12.76 to 17.12), StDev 10,13; SE Mean 1,194). 100 % of respondents are female midwifes.

To the question of whether the midwifes possess enough knowledge, in their opinion, to manage the uncomplicated delivery on their own, the majority of respondents (more than 68 % (χ² = 16,095 df = 1 p <0.001) also responded positively to the question whether the midwifes possess enough knowledge, in their opinion, to manage the uncomplicated delivery on their own, the majority of respondents (more than 68 % (χ² = 16,095 df = 1 p <0.001) also responded positively. Moreover, 76 % (χ² = 23,636 df = 3 p <0.001) of obstetricians surveyed were satisfied with the professional level of midwifes, they worked with whom.

4. Discussions

The results of the survey showed that despite the fact that most of the asked obstetricians and midwifes are satisfied with the allocation of responsibilities in the process of management of normal birth, where the deliveries are managed by a midwife, however, the primary responsibility and making of decisions are undertook by the obstetricians; the most respondents said that the midwifes are needed more freedom of action. At the same time, a significant portion of obstetricians are in general satisfied with the level of professional training and skills of Kazakhstani midwifes, moreover, in the course of delivery more than half of respondents consulted with a midwife on issues related to health of a woman in childbirth or a child.

The midwifes also believe that they need to be given more responsibility and freedom in making the decisions and autonomy.

Therefore, in Kazakhstan there have been created the preconditions of switch to a new model of intranatal care where the midwifes are provided with the greater freedom in taking actions and decisions, and this model, providing for the increase of responsibility and shift of the accent to the midwifes during the process of childbirth and pregnancy of women out of the low risk group could reduce the burden on obstetricians and hence solve the problem of shortage of personnel, especially in rural areas.

At the same time, the switch to a new form of intranatal care should be consistent and gradual. The long-term training of the personnel, changes in legislation in this area, additional staff training are needed.
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References

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