

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, midwives) 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 midwives and 50 obstetricians of delivery departments of the Almaty city.

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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)

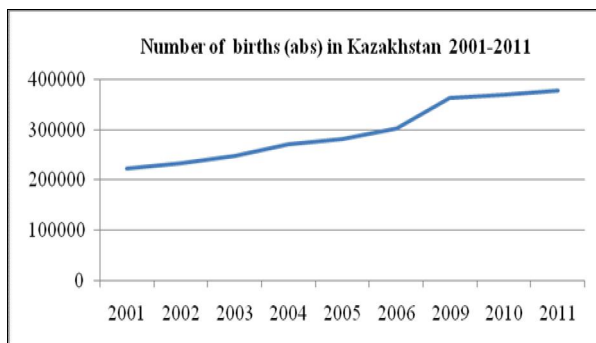


Figure 1. Number of deliveries in Kazakhstan in 2001-2011

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 midwives bear the main burden and responsibility at the time of normal (physiological) birth. In Kazakhstan, the midwives 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 midwives, despite the switch to international standards of rendering the medical assistance (clinical protocols), which is in use since the Soviet period, still exists. The midwives 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, midwives) on the issue of allocation of responsibilities within the process of management of easy deliveries, satisfaction in the midwives' professional level and willingness to transfer powers to midwives 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 (midwives,

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 - midwives 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 ($\chi^2 = 28,88$ df = 2 $p < 0.001$).

The average age of respondents (midwives) 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 17.52), StDev 10,13; SE Mean 1,194). 100 % of respondents are female midwives.

To the question of what share of involvement of the doctor in the process of delivery, 76 % ($\chi^2 = 32,400$ df = 1 $p < 0.001$), the obstetricians answered that they only monitor the process, midwives manage the delivery and only 4 % ($\chi^2 = 32,400$ df = 1 $p < 0.001$) answered that they themselves manage the delivery.

To the question of whether they are satisfied with the allocation of responsibilities between the doctor and the midwife during the process of delivery, 68 % of obstetricians responded positively, 20 % responded negatively ($\chi^2 = 3,364$ df = 2 $p < 0.001$), out of whom 8% think that doctors should undertake more responsibilities and 12 % ($\chi^2 = 3,364$ df = 2 $p < 0.001$) of respondents believe that the main burden must be carried by midwives. More than 57.7% ($\chi^2 = 35,108$ df = 2 $p < 0.001$) of asked nurses - midwives are generally satisfied with the allocation of responsibilities in the maternity clinic in the course of management of normal birth, but at the same time 31 % ($\chi^2 = 35,108$ df = 2 $p < 0.001$) of respondents believe that it is needed to give more powers to the midwives as well as the autonomy in making the decisions. 2.82% ($\chi^2 = 35,108$ df = 2 $p < 0.001$) believe that obstetricians should undertake more responsibilities.

To the question of whether the midwives should be provided with more freedom in their actions, 48 % of physicians responded positively, 36 % -

negatively, the other respondents experienced difficulties to answer this question ($\chi^2 = 0,857$ df = 1 $p = 0.355$). Out of the midwives 59.2% believe that they should be given more freedom to act and made decisions. ($\chi^2 = 12,789$ df = 1 $p < 0.001$)

We also asked the obstetricians if they ask advice of a midwife on issues related to health of mothers or a or child, about 56 % ($\chi^2 = 21,143$ df = 2 $p < 0.001$) responded positively to the question whether the midwives possess enough knowledge, in their opinion, to manage the uncomplicated delivery on their own, the majority of respondents (more than 68 % ($\chi^2 = 16,095$ df = 1 $p < 0.001$)) also responded positively. Moreover, 76 % ($\chi^2 = 23,636$ df = 3 $p < 0.001$) of obstetricians surveyed were satisfied with the professional level of midwives, they worked with whom.

4. Discussions

The results of the survey showed that despite the fact that most of the asked obstetricians and midwives 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 undertaken by the obstetricians; the most respondents said that the midwives 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 midwives, 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 midwives 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 midwives 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 midwives 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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