New Life and New Hope – Training Midwives in Ethiopia (7 min read) [1]

System Capacity Building [2]

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In the 32 years that Sister Yewubdar has been a midwife in Addis Ababa, Ethiopia, she has delivered more babies than she can count. Even so, some moments stand out: “I had a pregnant woman come to me at 30 weeks, at least seven weeks before she was due. Her cervix was already eight centimeters dilated. She had no extra clothes with her – she didn’t realize that maybe in a few hours, or maybe within minutes, she would give birth. And I discovered she was carrying twins.”

Premature births are an urgent medical issue anywhere. Happening here, it was an emergency. Sister Yewubdar’s medical clinic did not have a Neo-Natal Intensive Care Unit (NICU). In fact, the medical clinic did not have incubators.
Ethiopia: The Ethiopian government has set ambitious goals to lower maternal mortality rates. With skilled birth attendance, the arrival of twins can offer twice the joy. Credit: Paolo Patruno

“I made a decision,” Sister Yewubdar says. “The parents would hold the babies to keep them warm. One baby would go to the arms of the mother. The other baby to the father. Then I would get them all to the hospital.” She pauses for some time. “The babies are alive today.”

Goodbyes
The odds against this happy outcome were enormous. An article on midwiferytoday.com [3] states, "In Africa, women who are starting labor say goodbye to loved ones, just in case they don’t survive the process". While giving birth is a major medical event anywhere, women in developing nations face unparalleled risk. Ninety nine percent of maternal deaths worldwide occur in developing countries, with the majority in sub-Saharan Africa[1].

**Better Care for Mothers**

Reducing maternal mortality

About **40 million** births are unattended every year. Nine out of ten of these are in South Asia and sub-Saharan Africa.

Maternal mortality – the death of a woman during pregnancy, childbirth or six weeks after birth – can be caused by a number of factors. The World Health Organization cites severe bleeding, infections (such as sepsis), obstructed labor and high blood pressure during pregnancy (pre-eclampsia and eclampsia) as leading causes [4]. According to medical experts, all of these are preventable or treatable. However, childbirth remains a risk in regions where there are too few midwives to provide comprehensive prenatal care, and to assist during and after delivery.

In the case of Ethiopia, around 80 percent of mothers deliver in their homes, mostly in rural areas. Many women are alone during childbirth, or have only a sister or neighbor to assist. There is no support in case something goes wrong. Even at nearby health centers, medical necessities are lacking, and there is often no one who can assist in basic delivery[2].
Sub-Saharan Africa: Parts of the continent have the highest maternal mortality rates in the developing world. Mothers need access to skilled midwives and equipped medical facilities. Credit: Anthony ASAEL/HOA-QUI/laif

WHO recommends a ratio of one midwife for every 5,000 people. Statistics from the Ethiopia Midwifery Database reveal that in 2012, Ethiopia had an estimated 4,725 midwives for a population of 85 million. This means there was only one midwife per roughly every 18,000 people. The most recent estimates state the population has grown to 102 million, making the need for midwives even greater.

Changing the Pattern

These numbers are cause for alarm. Recently, however, programs have been initiated to improve the situation. In 2015, Ethiopia welcomed the New Life & New Hope program [5].
Conducted in cooperation with the Ethiopian Midwives Association (EMwA), the Ethiopian Ministry of Health (MoH), and with the assistance of Sandoz, this program provides established and would-be midwives with training in BEmOC – basic emergency obstetric care. Eight training courses have been held in four regions of the country: Addis Ababa, Somali, Benishangul Gumuz and Gambella. These trainings contribute to Ethiopia’s commitment to improve maternal health outcomes under the Millennium Development Goals 4 and 5.

Being a woman in Ethiopia is very hard. I saw with my own eyes what it means delivering alone or with little assistance. Having a baby should be a joyful experience and not a life-threatening one.

**Ludmilla Reina**, Sandoz Country Head Ethiopia

The program’s major goal is to save the lives of women and newborns in Ethiopia by improving obstetric knowledge among midwives - and this knowledge is much needed. Of the almost 5,000 midwives currently in Ethiopia, it is estimated that almost one-third are practicing without formal training or licensure. To actively change this, the New Life & New Hope program will train and professionalize another 180 midwives in the area.

Michael Awoke, a Marketing & Communication manager with Sandoz, visited a local health clinic where BEmOC training has been given and was amazed to see the immediate health benefit that this education service provides: “A midwife told us she was unable, previously, to do deliveries by herself, but after the training she was able to do this. Also, that health center was now able to accommodate mothers, whereas in previous times it was not. This midwife also feels she is capable, more skilled, and very happy that she can now better help mothers, and other women.”
New Life & New Hope Program, Addis Ababa: With practical experience and professionalization, 180 area midwives will receive training. Credit: New Life and New Hope

Supporting Midwives and Mothers Even Sister Yewubdar – with a bachelor degree in nursing and 32 years of midwife experience in Addis Ababa – was eager to attend the BEmOC training. “I want to decrease mortality in my community. I want to provide quality care,” she says. It is skilled midwives like her who strongly increase the chance of survival for both mothers and infants.

And with additional, professional training that New Life & New Hope provides, midwives like her ensure that more women in this region can see giving birth as hopeful experience - not one of saying goodbye, but of saying “hello,” to new members of the family.
During the past twelve years, I had the chance to visit most hospitals and health centers throughout Ethiopia. Some of the challenges with these facilities were shortage of trained professionals especially in the maternal and child health areas. I am proud to be part of the training support program that is contributing to the lives of mothers and children.

**Zeleke Alemu**, Field Manager, Sandoz


Credit lead image: Paolo Patruno


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