



Midwifery Practice: Botswana Perspective

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ABSTRACT: Midwifery practice is a health service provided to the childbearing families. The discipline aims to ensure best possible well-being of child-bearing women and their families to lower the maternal, perinatal, and neonatal morbidities and mortalities. It has existed as long as human existence. In the old days, the elderly women were key players in the provision of care during pregnancy, labour, childbirth and postpartum. They were no formal training, instead their practices were based on experience and orientation to cultural practice. The history of midwifery is based as follows: 1. Informal and formal training of midwives 2. Regulations of midwifery practice 3. Scope of midwifery practice 4. Successes of midwifery practice. The challenges faced by the midwifery practice were identified as 1. Increasing maternal mortality ratio 2. Shortage of resources. 3. Lack of midwifery professional association and 4. Professional restrictions on midwives' private practice. Implications for midwifery practice: This calls for Paucity of research related to midwifery practice and Review policy for training of midwives.

KEY WORDS: Midwifery, Midwifery practice, Midwifery practice in Botswana, Midwives in Botswana

INTRODUCTION

This paper discusses midwifery practice in Botswana and is intended to share the experiences of the writers in relation to this practice. It is also envisioned to arouse some discussions concerning such practices not only about midwives, but citizens, the health care and the political system of Botswana.

Midwifery practice is a health service provided to the childbearing families (Scoloveno et al. 2015). The aim of Midwifery practice is to ensure best possible well-being of child-bearing women and their families to lower the maternal and neonatal morbidities and mortalities. A midwife is a person who has undergone midwifery training in a recognized midwifery training institution, duly recognized and accredited by the country and acquired the necessary competence (International Confederations of Midwives ICM, 2015).

History of midwifery in Botswana

Midwifery practice has existed as long as human existence. Genesis 35:17, Exodus 1:16 reveal that midwifery practice was in existence back then. In the olden days traditional birth attendants, mostly the oldies "bonkuku" and other elderly people were key players in the provision of care related to pregnancy, childbirth, post-partum and neonates. They did not have any formal training hence based their practice on experience and orientation to cultural practices.

Informal midwifery training

In Botswana, the vocational training of midwifery started in 1926 at Molepolole facilitated by London Missionary Society (LMS) Agents. The Missionaries opened a midwifery clinic in Molepolole and it was staffed by a midwife. Since the midwife could not function alone, it became necessary to train midwives in Botswana. Before the introduction of formal midwifery practice or education, women learned midwifery practice from their mothers, especially grandmothers. This was a professional training received for women only (Kupe, 1993).

While the cultural practice was reserved for women only, culturally it could not be taken by those who had never given birth as they were perceived to be inexperienced. Based on their inexperience, they were segregated from assisting deliveries. Those who were allowed to assist deliveries, worked under supervision by Ms Taylor, who was one of the LMS agents.

In 1932, Midwifery education was introduced and the Serowe Maternal and Child Health Clinic was opened. Ms Evelyn Haile, one of the LMS commenced training of midwives who could function with minimal supervision. Haile's midwifery trainees were independent, self-directed and could run the clinic during her absence (Kupe, 1993). The length of training was two years, and the training included the following: antenatal care (hygiene), which included-the concept of client teaching, adjusted clients' needs,



process of labour, baby bathing, care of preterm infants and the importance of immunisations to protect the under-five children against childhood diseases.. Teaching aids such as the pelvic models were utilised for training. The programme had written examination and the external examiner would set the questions, examined the students, and progress was based on her assessment.

There were no midwifery certificates awarded for those who completed the programme because this was a policy under the colonial government. In 1936, Maun Maternity Centre Midwifery School was opened by a White Missionary by the name of Ms Violet Taylor. There is little said about this school. There was no written curriculum in relation to the midwifery schools until 1937. According to Mogobe and Ncube (2005), the period between 1945-1957 marked a time when there was no progress in relation to midwifery education as a result of World War II. Most of the funds were diverted and used during the war to treat soldiers with different ailments. In 1945, chiefs demanded that there be regulatory bodies to control nursing and midwifery education and practice in order to protect the public. This led to formation of the first legislation in 1945. They further revealed that the formation of the High Commission Territories Council marked the beginning of the regulation of midwifery education.

Formal training of midwifery

Over a period of time, institutional development centers were established. A South African nurse had to visit Bechuanaland by then to determine whether the various hospitals had adequate resources to train midwives. In 1952, Kanye opened a hospital to train nurses and midwives. In 1963, the high Commission Territories Nursing council identified Maun and Jubilee Hospital in Francistown as training schools. Scottish Livingstone Hospital was recognized as a midwifery school in 1964. The entry requirements for the midwifery training were upgraded to certificates level (Kupe, 1993). The hours of teaching in the classroom were very little, three quarter of their time was spent in the clinical area. The Council changed its name to the Nursing Council of Botswana (Nurses and Midwives Act, 1967). The council was empowered to register all practicing midwives. The National Health Institute, now Institute of Health Sciences, was established in 1973 and this improved the nature of midwifery training, with a more organized midwifery education. In 1970, midwifery was compulsory as a post basic programme. The midwifery content was outlined with formal lecturers conducted by midwifery Tutors in the maternity units (Mogobe & Ncube, 2005).

Currently Midwifery training at Diploma level is offered by Health training Institutions, this started as a nine (9) months programme which later became 18 months after the review to incorporate community midwifery care and the concept of safe motherhood into the curriculum. The review of the 18 months curricula borne the current four semesterised curriculum training and the last semester mainly focuses on internship, the whole training is done in a period of 2 years (four semesters).

None of the formal health training institutions in Botswana offers a midwifery program at degree level. This is a gap along the continuum of midwifery training. Midwifery program at Maters level is offered only by the University of Botswana.

Regulations of midwifery practice

Midwifery practice is regulated by Nursing and Midwifery Council of Botswana (NMCB) which was established in 1995. The mandate of the council is to regulate nursing and midwifery. Among other functions of the NMCB are to ensure and maintain a high standard of nursing and midwifery education in Botswana and to establish a safe and effective practice of nursing and midwifery, and to keep a register for midwives and student midwives. It is mandatory for midwives to renew practicing licenses on yearly basis.

Scope of midwifery practice

The scope of midwifery practice is determined by the type of training one undergoes. The midwifery practice differs from country to country, and it is determined by the curricula for training. In comparison to other developed countries like UK and USA midwifery practice is dominated by doctors, the midwives monitor labour and the doctor takes over second stage of delivery. In Botswana a midwife is a primary caretaker of a client in labour. The midwife is responsible for provision of care from admission, monitoring of labour and delivery and post-partum care. The midwife summons for assistance of the medical officer whenever a problem is encountered or in case of managing a high risk client.

Successes of midwifery practice

Training of Midwives

Botswana has successfully sustained midwifery practice and continues to produce midwives for the country. Up to date, the country has --- midwives (Nursing and Midwifery Council of Botswana). Upon completion, the midwives are posted, deployed to different levels of Primary Health Care system and settings countrywide. They are assigned to work as staff



members of maternity units and sometimes as heads of units. Their role includes providing comprehensive sexual and reproductive health services (Magowe, Seboni & Rapinyana, 2016).

In an endeavour to support midwifery practice, The Ministry of Health and Wellness has published several documents to guide independent practice by midwives. Some of the developed guidelines and reports are as outlined below:

- i. The Safe Motherhood Initiative (SMI): national guidelines for antenatal care and the management of obstetric emergencies and prevention of mother to child transmission of HIV in Botswana, 1994 revised 2005
- ii. In 1996: A Situation Analysis of the Maternal and Child Health/Family Planning (MCH/FP) Program in Botswana was compiled
- iii. 1997: Reproductive Health Problems of Teenage Childbearing in Botswana
- iv. 2007: Monitoring Maternity Mortality in Botswana
- v. 2017: Emergency Obstetric and Newborn Care

Challenges of midwifery practice

Increasing maternal mortality ratio

Maternal mortality ratio is the number of maternal deaths occurring per 100 000 deaths (WHO, 2015; Botswana Statistics, 2018). The WHO fact sheet (2019) reported world-wide maternal mortality of 295,000 in 2017; with roughly two-thirds (196 000) of maternal deaths recorded from Sub-Saharan Africa alone (WHO, 2019). Botswana, like other countries has not been spared from maternal mortality ratio. Botswana maternal mortality ratio recorded is 166.7, a rise from 133.7 in 2018 (Statistics Botswana, 2019). According to the report, the most common direct causes were other immediate postpartum haemorrhage 28%, puerperal sepsis 24.7% and hypertension 17 % .The MMR has increased by 35% due to COVID-19 pandemic. About 110 MDs due to COVID-19 (Ministry of Health & Wellness Report, 2021) It is greatly disheartening to note that these deaths occur in health facilities where such clients are attended to by skilled personnel. According to Ministry of Health & Wellness, Botswana (2016), MMR problems occur because of unresourced health facilities in terms of equipment and manpower. Madzimbamuto, Mogobe et al (2014); Moller, Petzold , Chou & Say(2017) reports some system factors such as equipment and drug shortages, barriers to accessing emergency healthcare services, a dysfunctional referral system and disjointed use of available expertise as some of the factors that contributes to maternal morbidity in Botswana. Botswana subscribes to the Agenda 2030 Sustainable Development Goals which aims at reducing maternal mortality ratio to 70/100000 (Maternal Health Tas, 2017). This can be achieved through training of midwives at an advanced level. Botswana did not meet most of the MDGs, especially MDG 5 on Maternal health target of reaching 82 per 100 000 by 2015 (Botswana Status Report, Millennium Development Goal 2015).

Shortage of resources (midwives, equipment)

Shortage of resources in health facilities is a common phenomenon across the developing countries, Africa and sub-Saharan included. Botswana as a middle upper income country, is equally faced with critical shortages of health resources which negatively affect midwifery practice. Shortage of resources discussed in this paper are human, resource and equipment.

Shortage of midwives

In Botswana, Midwifery practice is predominantly led and influenced by midwives. However there significant shortage of midwives and, this compromises health care. World Health Report estimated 4.3 million shortage of doctors, midwives, nurses and support workers worldwide and mostly experienced in poorest countries especially in sub-Saharan Africa where they were largely in demand (WHO, 2006). Shortage of midwives is also a concern in Botswana. Despite the efforts made by the Health Training Institutions in producing midwives year after year, shortage of midwives is still experienced in the country. Currently there are 19 registered midwifery specialists in Botswana and most of them are in Health Training Institutions. The state of midwifery report 2014-2017 examined the midwifery land scape in low- and middle-income countries and called for urgent investment in midwives with higher qualification.

Shortage is further exacerbated by inappropriate allocation of midwives to staff the midwifery units; shortage of midwives is still a prevailing problem in Botswana. The shortage is due to improper deployment of midwives in the units within the health facility such as allocation of midwives to general wards other than to midwifery related units. Irrational allocation of midwives to non-midwifery related units negatively affects



midwifery practice in the sense that it creates shortages. Such shortage often leads to midwives being handicapped during the provision of midwifery care. In more occasions, midwives quite often find themselves attending to a client alone, and more than one midwife is required to attend to a client especially during delivery. International Confederation of Midwives and WHO recommends safe midwifery practices.

Limited other resources e.g. delivery instruments, transport

Botswana being a middle-income country, still experiences financial limitations. As such, the health care system remains challenged as well. There is a remarkable shortage of health-related resources. Midwifery practice is also affected by such shortages like delivery instrumentations. Instruments are enablers in midwifery practice as they facilitate midwives and other health care providers to successfully deliver services. On the contrary, limitations of instruments hampers efficiency and effective delivery of midwifery services hence negative contribution towards the realization of achievement of the midwifery practice.

Transportation is yet another impediment in midwifery practice. Botswana is a vast county with scattered health care facilities linked by tarred and untarred roads. Quite often, transportation plays a major constraint in the delivery of midwifery services. Absence of ambulances and poor road infrastructure all lead to the negative experiences of midwifery

Lack of midwifery professional association.

Botswana Nurses Union (BONU) is the only organ that currently serves as representation for nurses and midwives in Botswana. BONU addresses both nurses and midwives issues. Midwives association is of paramount importance for local midwives. Such an association accords midwives an opportunity to congregate and freely interrogate issues pertaining to midwives and midwifery practice. The mission of the International Confederation of Midwives (ICM) is “to strengthen Midwives’ Associations and to advance the profession of midwifery globally by promoting autonomous midwives” (ICM news, 2019)

Professional restrictions on midwives’ private practice

Midwives are independent practitioners whose practice is autonomous. However, private practice by midwives is not yet allowed by the Government of Botswana. Taking into consideration the congestion encountered by the public in government health facilities, is it not time to allow private practice for midwives to relieve the congestion in the health facilities?

Implications for midwifery practice

a. Paucity of research related to midwifery practice

Research across multidisciplinary fields cannot be overemphasised. Engaging in research related to midwifery practice is of paramount importance. Research can be used as an instrument to investigate and seek unanswered questions to midwifery practice. The current nursing research focusses on among others, patients’ health care needs and their experiences, nursing interventions and the provision of nursing care to clients (Parahoo, 2016). Similarly, clinical research in midwifery could to identification of problems related to midwifery practice, solutions and reveal new important information which could otherwise be utilized in the improvement of the midwifery practice.

However, there is paucity of research and literature related to midwifery practice in Botswana. Research related to midwifery education, practice and midwifery clients is under researched. As such, issues of concern related to midwifery practice are not fully understood. Lack of understanding of these issues often leads to their inappropriate handling and mitigations of the outstanding problems. Integration of research into midwifery research could improve and promote midwifery practice. It is therefore important for the midwives, the health care system and stakeholders to actively take the lead in midwifery related research with the aim of improving midwifery practice.

b. Review policy for training midwives

Research related to midwifery practice assists in the review of the existing policies, guidelines and protocols and the development of new ones in response to the prevailing needs as dictated by the current situation. Botswana, does not have a direct entry in midwifery as such one becomes a nurse first before becoming a midwife. This is time consuming, the length of training for diploma and bachelor’s degree in nursing is three (3) and four (4) years respectively. One must



undergo a further two (2) year training of diploma in midwifery. Furthermore, one could specialize as a midwife at master's level for a period of two to three years. It is high time that the Government of Botswana focusses its health training policy to the needs of the country. The need for midwives is on the increase to combat the challenges experienced in midwifery practice such as the fluctuating rates of both the maternal and neonatal morbidity and mortality rates. Direct entry into midwifery could be considered to alleviate shortage of midwives in the country.

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