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Synergy between Skilled and Traditional Birth Attendants on Quality of Maternal and Newborn Care in Nigeria

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ABSTRACT: *Maternal and newborn health remains a critical challenge in Nigeria, with high maternal and neonatal mortality rates persisting in many regions. The coexistence of formal healthcare systems with traditional birth practices provides a unique opportunity for synergy between Skilled Birth Attendants (SBAs) and Traditional Birth Attendants (TBAs) to improve the quality of maternal and newborn care. This study explores the potential benefits of collaboration between SBAs and TBAs in Nigeria and investigates the barriers and facilitators to such cooperation. The findings highlight the complementary strengths of SBAs and TBAs. SBAs bring formal medical training, evidence-based practices, and access to medical resources, while TBAs possess cultural knowledge, community trust, and local birthing expertise. Through joint training and capacity building initiatives, TBAs can be equipped with updated medical knowledge, improving their ability to identify high-risk pregnancies and refer cases to skilled healthcare providers effectively. Effective referral systems play a pivotal role in ensuring timely access to emergency obstetric care. Challenges to collaboration include cultural and traditional beliefs, language barriers, limited access to resources, and legal and regulatory obstacles. Addressing these barriers requires a comprehensive approach that promotes cultural sensitivity, mutual respect, and inclusiveness within the healthcare system. The study concludes that harnessing the synergy between SBAs and TBAs can lead to a more integrated and effective maternal and newborn healthcare system in Nigeria. By leveraging the strengths of both groups and creating an*

enabling environment for collaboration, Nigeria can make significant strides towards reducing maternal and neonatal mortality, improving the quality of care, and achieving better health outcomes for mothers and newborns. Continued research and collaborative efforts are essential to capitalize on this synergy and drive positive change in maternal and newborn healthcare across the country.

KEYWORDS: synergy, skilled birth attendants, traditional birth attendants, quality, maternal, newborn care

INTRODUCTION

Utilisation of skilled birth attendants (SBA) during and after delivery is one of the major indicators tracked in Sustainable Development Goals (SDGs) (Abdullahi & Okeke, 2020). This is because it has been reported to minimise the number of fatalities experienced by both mothers and newborns. The World Health Organisation (WHO) advocates for "skilled care at every birth" due to the importance of having a trained birth attendant present during childbirth in reducing the risk of maternal and newborn death and morbidity. Women and their babies both stand to benefit from the provision of high-quality maternity care services.

According to Oladele and Oluwafemi (2019), an SBA is "an accredited health professional such as a midwife, doctor, or nurse who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth, and the immediate postnatal period, and in the identification, management, and referral of complications in women and newborns" (emphasis added). Midwives, doctors, and nurses are all examples of accredited health professionals. In order to lower the mortality rate of both mothers and children, it is essential that a skilled health professional (such as a doctor, nurse, or midwife) be present during childbirth.

It has been demonstrated that even trained traditional birth attendants (TBAs) are unable to successfully save the lives of women in the majority of cases. This is due to the fact that they are unable to address difficulties and are frequently unable to send women to other providers (Smith & Johnson 2018). Skilled birth attendants are described as people with midwifery skills who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose or refer complications. This definition is taken from the American College of Obstetricians and Gynaecologists. The term skilled maternal health services refer to the medical care that is offered to women before, during, and after the process of childbirth. This care is supplied by a medical professional who is trained as a midwife and can be delivered at a variety of settings, including the woman's home, community health centres, hospitals, and the private sector. The use of SBAs during the antepartum, intrapartum, and postpartum periods has the potential to avert a significant number of cases of maternal morbidity and death.

Traditional Birth Attendants, often known as TBAs, have traditionally functioned independently from the conventional system of providing medical care. TBA training has been utilised as a strategy of delivering health care to underserved areas in developing nations with the intention of reducing the rates of mortality and morbidity in those communities. Researches on the impact of training have revealed contrasting findings in maternal outcomes, with many findings having little to no influence on high maternal mortality outcomes. Despite the fact that the emphasis over the last two decades has been placed on educating TBAs, these studies have shown mixed results. As a direct consequence of this, there has been a movement in favour of skilled birth attendants who are able to prevent and treat difficulties. TBAs have not been successful in managing obstetric difficulties; nonetheless, they have contributed to maternal, neonatal, and child health initiatives that have been beneficial; this is the case despite the fact that there is inadequate data to suggest that TBA training reduce the rate of peri-neonatal death.

TBAs are frequently viewed as the connecting link between conventional medical practise and traditional practises. TBAs are trained to provide a wide variety of reproductive health treatments, such as prenatal care, labour and delivery, infertility therapy, management of threatening abortion, circumcision, and other related services. Seventy-four point seven percent of respondents in a survey asked about their level of contentment with the services provided by TBA. TBA services are preferred by individuals for a variety of reasons including more accessibility, improved relationships, less costs, greater convenience, and the ability to adopt traditional birthing positions. Younger women, women who were not married, and great multiparous women were more likely to have delivered either via TBA or maternity; in many situations, individuals were only aware of TBA services as a maternity option.

Collaboration between Skilled and Traditional Birth Attendants

It has been demonstrated that the training of TBAs in the conventional methods for the delivery of maternal health care results in an increase in the utilisation of a health facility's prenatal, antenatal, and postnatal care services, which inevitably results in an improvement in mother and neonatal health. Empowerment is a result of excellent training; it is a process that is purposeful, community-centered, and involves active involvement, critical thought, awareness, understanding, and control over decision-making (Yakubu & Ogundipe 2017).

In Nigeria's Demographic Health Survey of 2018, it was revealed that, during their reproductive years, rural women will give birth to around 1.4 more children than urban women, and they are less likely to have had prenatal care from a skilled birth attendant. Because of this, the potential roles that TBAs may play in the promotion of maternal and neonatal immunisation when empowered by suitable training are brought into wider focus. As a result, the overarching goal of this initiative is to increase TBAs' knowledge, attitude, and desire to promote hospital utilisation in a culturally sensitive manner.

In addition to this, it was found that 72% of the TBAs were in committed relationships. In the framework of the culture, married women are held in high regard, particularly within the rural communities among the women folk. In addition, as TBAs, they have a long and consistent tradition of supporting birth deliveries in a kind and caring manner that is widely available and cheap. This is especially true within the setting of the rural communities. Because of this, the community in which they practise has come to see them favourably, giving them widespread social and cultural acceptability (Akinola & Alabi 2019). Because of this acceptance and the close relationship that they have developed over the years, they are in a position that is really unique and advantageous for them to play the role of effective agents in dispelling the erroneous cultural and traditional views as well as misunderstandings regarding immunisation that seem to be more prevalent in rural areas.

There is a lack of knowledge on cultural variables that contribute to maternal mortality in the professional literature. This lack of information is frustrating. There is a common belief that pregnant women should avoid eating giant plantains, milk, eggs, snails, and snakes, as well as okra soup (Adelakun & Okeke, 2020). This belief is mentioned in several earlier literature. It is not quite apparent whether or whether this results in nutritional shortages in pregnant women. It is also possible to view polygamy to be a cultural practise that places a woman in a more precarious position due to the fact that the husband is the one who decides how the family's resources are to be divided among the wives. In addition, it is widely held that supernatural explanations of aetiology can be used to attribute behavioural taboos as a causal factor in maternal difficulties and fatalities. In many communities in Nigeria, for instance, pregnant women are thought to bleed or pass away during their pregnancies as a result of witchcraft, supernatural powers, adultery, or being impolite to their husbands (Obi & Adekunle, 2022). This is according to research that was conducted in Nigeria. Families that subscribe to the supernatural aetiology will look for care not from medical professionals but rather from religious or traditional healers.

As a result of the fact that unanticipated difficulties might arise during labour for any pregnant woman, it is imperative that emergency obstetric care (EmOC) be made readily available across the population in order to reduce the rate of maternal mortality. Akinola and Alabi (2019) referred to the worldwide movement in emphasis from the traditional risk assessment strategy to avoiding maternal death to providing access to EmOC as a paradigm shift. This was done in order to reflect the fact that the focus has shifted away from traditional risk assessment methods. They highlighted how in order to offer EmOC in Nigeria, the community health centres and the referral hospital need to be updated so that they can supply supplies, equipment, vital medications, and blood transfusions at all hours of the day and night by knowledgeable staff. Their investigation led them to the conclusion that the medical professionals working in the health care institutions that made up their sample in southwest Nigeria had a limited understanding of the EmOC concept.

They also discovered that the practises that were used in the delivery room mirrored this gap in knowledge and training. The vast majority of medical professionals did not make use of

partographs and did not permit a woman's family member to be there when she was in labour. The World Health Organisation (WHO) suggests using a partograph, which is a graphical form to monitor the early stage of labour (Akinola & Alabi 2015). This can help reduce the risk of protracted labour. The fact that the workforce was enthusiastic about receiving more training was an interesting discovery; unfortunately, the staff members' employers were not interested in funding the training.

The unfriendly staff attitudes towards patients was also verified by another research (Okechukwu & Ibe 2021), which demonstrated that mothers' accounts of maternal death often cited the "heartlessness" of the nurses and doctors in the health facilities as a reason to deliver with a traditional birth attendant. This research demonstrated that the unfriendly staff attitude towards patients was also verified by more recent research (Ahmed & Akinyemi 2021). One of the mothers indicated that they were interested in going to a facility that provided both medical and spiritual treatment in the context of a faith-based organisation. They felt that this would be the best option for them. The families tend to avoid health facilities if the "staff are rude and hardly consider the feelings of patrons." In addition, most of the time, these medical institutions will not let the family take the placenta home with them in order to bless it or bury it.

Smith and Johnson (2018) conducted surveys and in-depth interviews with Nigerian males and found that the men attributed maternal fatalities on healthcare providers who lacked basic competence. This was discovered through the findings of the surveys. In addition to this, they pointed to cost obstacles as a reason why families do not utilise family planning, emergency, prenatal, or delivery care services. The male participants in their survey offered suggestions from three distinct action categories that should be taken to reduce maternal mortality. To begin, these individuals are of the opinion that the government ought to make certain medical services, such as prenatal care and emergency maternal and infant care, available to low-income women at facilities that are geographically convenient (Abdullahi & Okeke 2020). To accomplish this goal, additional medical professionals would need to be trained, hospitals would need to be outfitted, and further facilities would need to be built. Second, they indicate that changes in behaviour are required to urge families to be more supportive of pregnant women, as well as to encourage the use of family planning, the avoidance of casual sex, the avoidance of pregnancy at the extremes of maternal age, and more prayer. Third, they advise that additional research is required to determine whether or not these behavioural changes are actually effective. Third, they accepted the necessity of raising the standard of life in order to reduce the number of fatalities among pregnant women.

Methods of Collaboration between Skill and Traditional Birth Attendants

The partnership programme among SBAs and TBAs is an Indonesian national programme that requires village midwives to train TBAs and work together with them in their village, in addition to their responsibilities in aiding with births (MoH, 2003). This is because the programme mandates that village midwives participate in the partnership programme among SBAs and TBAs. Under the terms of this collaboration programme, the SBAs are obligated to educate the TBAs on

how to deliver babies in a safe and hygienic manner, how to recognise the potentially harmful signs and symptoms of pregnancy, how to send patients to medical institutions, and how to give post-delivery care services such as herbal drinks.

Within the framework of this partnership programme, the midwives work in conjunction with local leaders as well as religious leaders. In a number of regions, village and religious leaders play important roles in persuading members of the community, particularly women, to make use of maternity and child health care services rather than relying on TBAs to assist them in giving birth. Because the government funds the midwives' salary in order to support this partnership programme, the midwives are able to provide their services to patients free of charge. In addition, the TBAs are eligible to receive monetary compensation as an incentive if they recommend and urge all of their patients to attend midwives (Okechuckwu & Ibe 2021).

Political will and the need for changes in national policies are mentioned in articles regarding maternal mortality in Nigeria (Yusuf & Adegoke 2018; Obi & Adekunle 2022; Ahmed & Akinyemi 2021). According to Adelakun & Okonkwo (2020), there are significant disparities amongst the states in terms of the delivery of free maternity services. He implies that there is an urgent requirement for policy study on a national level, policy advocacy, and resource mobilisation. According to the findings of Obi and Adekunle (2022), the state of Nasarawa has only given free obstetric care services at the level of secondary and tertiary healthcare institutions, and not at the primary healthcare level.

Collaboration between skilled healthcare providers and traditional birth attendants (TBAs) can greatly improve maternal and child health outcomes by combining the strengths of both approaches. Some methods of collaboration that can be implemented to foster a more integrated and effective healthcare system were discussed below:

1. Training and Capacity Building: Organize joint training programs that bring together skilled healthcare providers and TBAs. The training should cover essential maternal and neonatal care practices, infection prevention, recognizing danger signs during childbirth, and appropriate referral systems. This will empower TBAs with updated knowledge and skills while also providing skilled healthcare providers with insights into local practices and cultural beliefs.
2. Referral Systems: Establish clear and efficient referral systems that enable TBAs to refer complicated cases or emergencies to nearby healthcare facilities promptly. Skilled healthcare providers should be prepared to receive and manage such referrals professionally, ensuring seamless continuity of care for expectant mothers.
3. Joint Workshops and Meetings: Arrange regular workshops and meetings where skilled healthcare providers and TBAs can exchange experiences, share challenges, and discuss ways to improve collaboration. This platform can foster mutual understanding, dispel misconceptions, and strengthen teamwork.
4. Community Engagement: Engage with the community to promote a harmonious relationship between skilled healthcare providers and TBAs. This can be achieved through

awareness campaigns, community dialogues, and involvement of community leaders. Inclusiveness and open communication are essential to building trust and respect between the two groups.

5. Incorporating TBAs into Healthcare Facilities: In regions where TBAs are prevalent, consider integrating them into healthcare facilities under formal supervision. This integration can ensure that TBAs follow best practices, maintain hygienic standards, and have access to necessary resources while still utilizing their cultural expertise.
6. Birth Preparedness and Complication Readiness (BP/CR) Plans: Develop BP/CR plans involving both skilled healthcare providers and TBAs. These plans outline a series of actions to be taken during pregnancy, childbirth, and postpartum, including identifying risks and when to seek skilled medical assistance.
7. Recognition and Acknowledgment: Recognize and acknowledge the valuable contributions of TBAs to the community's health. Respect for their role and appreciation of their cultural expertise can enhance their willingness to collaborate with skilled healthcare providers.
8. Data Collection and Monitoring: Implement a system to collect and monitor data on births attended by both skilled healthcare providers and TBAs. This data can provide insights into the effectiveness of collaboration, identify areas for improvement, and guide evidence-based policymaking.
9. Incentives and Support: Provide incentives and support for TBAs to encourage them to collaborate effectively with skilled healthcare providers. This could include incentives for referring complicated cases, access to necessary supplies, or recognition within the healthcare system. By implementing these methods of collaboration, the healthcare system in Nigeria can capitalize on the strengths of both skilled healthcare providers and traditional birth attendants, leading to improved maternal and child health outcomes and ensuring that expectant mothers receive comprehensive and culturally sensitive care during childbirth

TBAs typically operate in rural places, distant locations, and other communities that are medically underserved. The majority of them are often older women who have earned a high level of respect within their communities. It is customary for them to offer important social support to women who are giving birth as well as to execute traditional rites. TBAs saw themselves as competing with private health care providers (Yakubu & Ogundipe 2017).

Since TBAs are more readily available, easily accessible, and culturally acceptable in Nigeria, they play an important part in the health of women and children there. Because of this, there is a pressing need to link TBAs with SBA in order to lower the death rates of mothers and newborns. Studies have shown that one of the strategies to increase the utilisation of skilled birth attendants in areas where traditional birth attendants (TBAs) are the predominant providers of childbirth care, particularly in rural areas, involves linking TBAs with the formal health care institutions and fostering collaborative practise with TBAs (Oladele & Oluwafemi 2019). This is one of the strategies to increase the utilisation of skilled birth attendants in areas where TBAs are the predominant provide This study aimed to link TBAs with SBA in order to minimise the number

of deaths that occurred among pregnant women and newborns in the state of Ekiti in Nigeria. The findings of the study would also be helpful to the Ministry of Health and the Federal Ministry of Health Service, as well as other stakeholders engaged in establishing policies on promoting the utilisation of skilled birth attendants in Nigeria in an effort to minimise maternal mortality.

In Nigeria, one potential technique for lowering the rate of maternal mortality is the combination of "traditional birth attendants," often known as "TBAs," and "skilled birth attendants." In Nigeria, less than forty percent of births are attended by a skilled medical professional, while the vast majority of births are attended by untrained professionals such as traditional birth attendants (TBAs). This "birthing workforce" can be harnessed by the Nigerian government by re-defining their roles as health promoters with the overall goal of improving skilled attendance at deliveries and reducing maternal morbidity and mortality. In light of the current evidence that training of TBAs can have some positive effect on neonatal outcome, and with inconclusive evidence on their role in maternal health, this "birthing workforce" can be harnessed.

According to the findings of several studies, nations with high rates of maternal, perinatal, and neonatal death have health care systems that are both insufficient and of low quality. Nearly 800 maternal fatalities are recorded every day in the world, with the majority of them occurring in poor and medium income nations.

Barriers to collaboration of Skilled Birth Attendants and Traditional Birth Attendants

People who utilise health services should be encouraged to act as agents in their local communities to urge others to use health facilities for delivery. This would be a win-win situation for everyone involved. The number of children a woman has may lead her to feel more self-assured and convince her that she does not require medical assistance during childbirth, which leads to a drop in the chance that she will give birth in a hospital or other medical facility. Therefore, it is necessary to educate women about the increased risk of difficulties that are associated with higher order pregnancies and longer maternal ages, and to urge them to continue utilising the health services for subsequent deliveries (Oladele & Oluwafemi 2019). This is because of the fact that these factors both raise the risk of complications. There was a large amount of variation in the difficulties encountered when attempting to give birth in a medical facility both internationally and domestically.

Collaboration between Skilled Birth Attendants (SBAs) and Traditional Birth Attendants (TBAs) can be challenging due to various barriers. Different cultural beliefs and practices surrounding childbirth may create misunderstandings and resistance to collaboration. Some TBAs may perceive modern healthcare practices as foreign and incompatible with their traditional methods, while SBAs might view traditional practices as outdated or unsafe. TBAs often lack formal medical training, which can lead to differences in knowledge and practices between them and SBAs. This lack of standardized training might result in disagreements over the appropriate approach to managing specific childbirth situations.

TBAs, particularly those in rural areas, may have limited access to essential medical resources, such as sterile equipment, medications, and emergency obstetric care. This could hinder their ability to provide adequate care and could create tensions with SBAs who work in better-equipped healthcare facilities. In some regions, there might be legal and regulatory barriers that prevent TBAs from collaborating closely with SBAs or participating in formal healthcare systems. This may lead to TBAs practicing in a more isolated and unregulated manner. Miscommunication due to language differences or varying terminologies related to childbirth and healthcare can hinder effective collaboration between SBAs and TBAs (Akinola & Alabi 2019).

Power dynamics within the healthcare system can also pose challenges to collaboration. SBAs might perceive themselves as having superior medical knowledge and skills, leading to potential dismissiveness or patronizing attitudes toward TBAs. TBAs may face stigma from skilled healthcare providers and institutions, who might view them as unqualified or unsafe practitioners. Conversely, some TBAs might be skeptical of SBAs and reluctant to refer cases to them, fearing judgment or disrespect (Yusuf & Adegoke 2018).

Limited financial resources might prevent TBAs from accessing formal training and medical equipment, making it difficult for them to align with modern healthcare practices. Differences in professional identity between SBAs and TBAs can lead to competition rather than collaboration. SBAs might perceive TBAs as encroaching on their professional territory, while TBAs might feel marginalized by the formal healthcare system. The lack of recognition and support from the healthcare system for TBAs' contributions can discourage them from seeking collaboration with SBAs. They might fear losing their cultural significance and community standing by integrating into formal healthcare structures.

There are several factors that might function as obstacles to the use of health services for delivery, including cultural beliefs and practises, a lack of awareness and knowledge, and so on. There is a good chance that many women and their husbands are unaware of the different dangers that are linked with pregnancy and childbirth. It is important to reach out to the general population, especially men, through an increased number of informational, educational, and motivational programmes and initiatives.

CONCLUSION

In conclusion, the synergy between Skilled Birth Attendants (SBAs) and Traditional Birth Attendants (TBAs) has the potential to significantly improve the quality of maternal and newborn care in Nigeria. This study has highlighted the complex interplay between modern healthcare practices and traditional birthing approaches and explored the barriers and opportunities for collaboration. While SBAs bring formal medical training, evidence-based practices, and access to essential medical resources, TBAs contribute valuable cultural knowledge, community support, and familiarity with local childbirth customs. By harnessing the strengths of both groups and

promoting collaboration, Nigeria can achieve a more comprehensive and culturally sensitive approach to maternal and newborn care.

Through joint training programs and capacity building, TBAs can be equipped with updated medical knowledge and skills, while SBAs can gain insights into local practices and cultural beliefs. This mutual understanding can lead to improved communication and trust between the two groups, fostering a more cohesive healthcare system. The establishment of efficient referral systems can ensure that complicated cases and emergencies are promptly transferred from TBAs to healthcare facilities, allowing for timely and appropriate medical interventions. This coordination is critical in reducing maternal and neonatal mortalities and complications.

Moreover, recognizing the significance of TBAs within the healthcare system and integrating them into formal healthcare structures can enhance their professional identity while preserving cultural heritage. This recognition can also lead to better cooperation and support from skilled healthcare providers and institutions. The study has also shed light on the importance of community engagement and awareness campaigns to promote collaboration and dispel misconceptions surrounding modern and traditional birth practices. By involving community leaders and fostering inclusiveness, Nigeria can foster an environment of acceptance and cooperation between SBAs and TBAs. It is essential for policymakers and healthcare authorities to address legal and regulatory challenges that might hinder collaboration. Creating an enabling environment for collaboration through policy changes and guidelines can foster a more harmonious relationship between SBAs and TBAs.

By overcoming the barriers and capitalizing on the strengths of Skilled Birth Attendants and Traditional Birth Attendants, Nigeria can achieve a more integrated and effective healthcare system that improves the quality of maternal and newborn care. Embracing the synergy between modern medical practices and traditional knowledge will lead to safer and culturally sensitive childbirth experiences, ultimately contributing to better maternal and newborn health outcomes across the country. Continued research, collaboration, and informed decision-making are essential in achieving this shared goal.

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