BOOKS

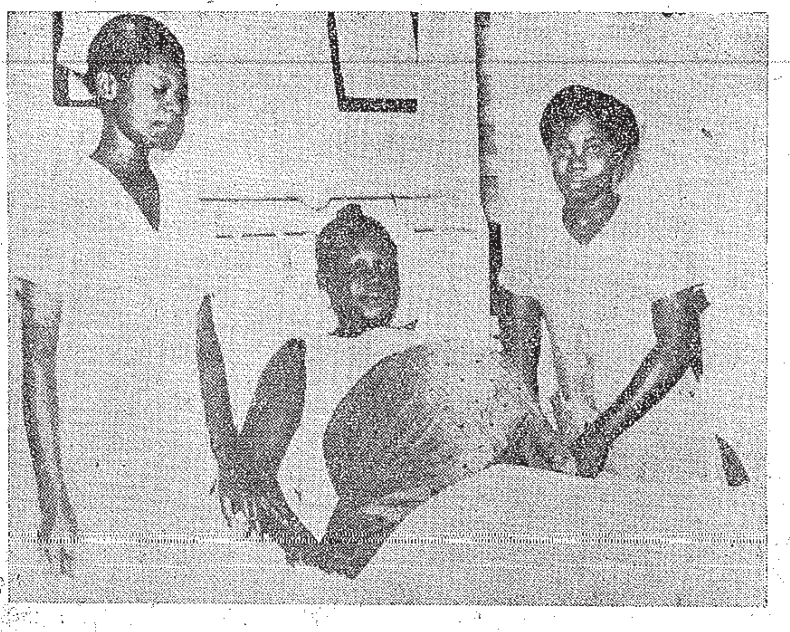
Role of Midwives in the Tropics

O.A. OJO
E. BRIGGS

This is the introduction to *A Textbook for Midwives in the Tropics*, by O.A. Ojo and E. Briggs, published by Edward Arnold and sent to us by the British Council.

OBSTETRIC practice in developing countries differs widely from the practice in the advanced countries of the world. The numerous taboos and superstitions entrenched in the social fabric of many developing countries have long been forgotten by the modern society of developed countries. Although some of these taboos may have their usefulness many of them are grossly incompatible with the practice of modern midwifery. Cardiac failure resulting from severe anaemia, eclampsia arising from untreated or inadequately treated pre-eclampsia or hypertension, ruptured uterus, profound shock and vesico-vaginal fistula resulting from obstructed labour are everyday occurrences in developing countries, but are now events of the past in the advanced countries of the world where the standard of antenatal and intranatal care is very much superior to that available in developing countries. Conditions such as malaria and schistosomiasis, which abound in the tropics, are unknown in the United States of America and most countries of Europe.

Mass illiteracy in the developing countries often precludes the taking of a good history. Many of the women attending the antenatal clinics hardly ever remember the first day of their last menstrual period. Many of them rely on their husbands to record and volunter this information. It is therefore not an easy task to arrive at the expected date of confinement in many of these women. The significance of this is highlighted when planning delivery for a particular date, as in diabetic patients, patients with pre-eclampsia, hypertension or previous caesarean section. Abortions and stillbirths are usually not included in the past obstetric history. Sometimes there is reluctance on the part of the patient to give details of even the living children. There is the tendency to reduce the number of living children because it is believed that one should not count one's own or other people's children. The obstetric and medical histories taken by different midwives from the same patient are usually full of inaccuracies and inconsistencies. This is because not only does the patient not remember every event but there is also a deliberate attempt on her part to give false information. It is against this background of superstition and illiteracy that the midwife has to work and unless she appreciates many of the above points she may be misled by the patient. A patient who was previously delivered by caesarean section may deny having such an operation if she suspects a repeat caesarean section is being planned for her. She may even disappear from the clinic.



In textbooks of midwifery written for practice in Europe and America, the engagement of the foetal head is said to take place at the 38th week in a primigravida. A midwife needs only to practise in some African countries to know that this is not so in Africans. Engagement of the foetal head even in a primigravida is unusual before the onset of labour in the African women.

The haemoglobinopathies with their attendant complications, epidemics of infectious diseases with their deleterious effects on pregnancy, the high perinatal loss, the phenomenal maternal morbidity and mortality, as well as inadequate obstetric services in the developing countries must of necessity put a different slant on the practice of midwifery in these parts of the world. Scant reference is made to such conditions in standard textbooks written for practice in Europe or America. It is therefore obvious that the need for a textbook for use in the tropics is an urgent one. It is for this reason that the authors decided two years ago to attempt to meet this need.