



A Co-relational Study of Community Midwife and Maternal Health Care System: A Questionnaire Survey in Rural Areas of Pakistan

Hafiza Fouzia TABBASSAM¹, *Rashid MENHAS²

1. *Dept. of Sociology, Government College University for Women Faisalabad, Pakistan*
2. *Dept. of Sociology, Pir Mebr Ali Shab Arid Agriculture University Rawalpindi, Pakistan*

***Corresponding Author:** Email: rashidminhas33@gmail.com

(Received 12 Oct 2014; accepted 26 Oct 2014)

Dear Editor in Chief

Community midwife is a character in the community who assists the mother during childbirth and primary maternity care (1). In public health, midwife is playing a positive role, promotes health care system for mother and child, and brings the good change in the maternal health conditions and newborn baby (2). Community midwife have a multipurpose role in maternal health, public health. In all these process, communication is very important. Empirical evidence shows that relationship between infant and primary health care taker has significant impact on maternal health and baby health (3). The role of a midwife also includes working independently to promote normal birth, identifying deviations from the normal, carrying out emergency processes when compulsory, providing counselling and education for the woman and her family throughout pregnancy and childbirth, and promoting health in the wider community (4). Midwife and maternal health has a strong relationship, which is a positive sign. Community midwife needs in community respect because she is very responsive. With encouragement and support, she can perform health-relating services efficiently and smoothly.

At present, midwife has become a necessary and vital part in primary health care system (5). In Pakistan, childbirth cases are assisted by un-trained community midwives (CMW). In urban areas of

Pakistan, people can afford expensive medical services about maternal health but in rural areas where 70% populations are, living situation is worst. In rural areas basic health units are present but no woman doctors and nurses are available. Mostly people get medical services from untrained quacks and traditional community midwife. It is suggested that if government provide proper training to community midwife then maternal death rate can be decreased. Rural women feel hesitation from getting treatment by male doctors. Mostly community midwives are natives and preferred for treatment by female (6).

To conclude, community midwives (CMWs) assist critical roles by facilitating education, health care and resources for women of childbearing age. The traditional role of birth attendant, a community midwife also functions in a variety of other roles related to women. They perform routine women's health checkups, educate women on prenatal health and nutrition, provide birth education classes and assist women with breastfeeding and infant care. As labor and birth attendants, midwives provide coaching and comfort.

Acknowledgement

The authors declare that there is no conflict of interests.

References

1. WHO (2005). World Health Report. Make Every Mother and Child Count. Geneva.
2. ICM Council (2005). *International Confederation of Midwives*, Netherlands.
3. Hatem M, Sandall J, Devane, D (2008). Midwife-led versus other models of care for childbearing women. *Cochrane Database Syst Rev*. 2008 Oct 8;(4):CD004667. doi: 10.1002/14651858.CD004667.pub2.
4. Bowlby J (2009). Maternal care and mental health. Geneva: World Health Organization [http://whqlibdoc.who.int/monograph/WHO.MONO.2_\(part1\).pdf](http://whqlibdoc.who.int/monograph/WHO.MONO.2_(part1).pdf) [Accessed 05 May 2009].
5. Carty R Al-Zayer W Arietti L and Lester A (2004). International rural health needs and service research: a nursing and midwifery response. *J Prof Nurs*, 2004 Jul-Aug;20(4):251-9.
6. Fatmi Z (2005). Maternal and newborn care: Practices and beliefs of traditional birth attendants in Sindh, Pakistan. *East Mediterr Health J*, 11(1-2):226-34.