

Evidence Update

Summary of a Cochrane Review

Maternal Health Series

Does training for traditional birth attendants benefit pregnant women and their babies?

Traditional birth attendant training can improve outcomes of pregnancy when combined with improved health services.

Background

In areas where skilled birth attendants are not always available, women may be attended by traditional birth attendants (TBAs), without biomedical training. Improving the knowledge and skills of TBAs may improve outcomes for mothers and babies.

Inclusion criteria

Studies:

Randomized controlled trials (RCTs), controlled before and after studies and interrupted time series studies.

Participants:

Trained and untrained TBAs.
Mothers and babies cared for or living in areas served by trained and untrained TBAs.

Intervention:

Training for TBAs.

Selected outcomes:

In mothers: prolonged or obstructed labour, haemorrhage, puerperal sepsis, death.

In babies: perinatal and neonatal death.

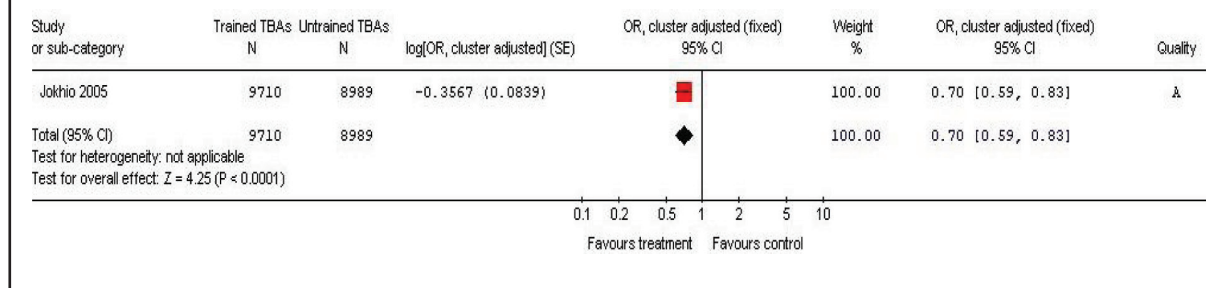
In TBAs: use of hygienic delivery practices, advising on feeding, referrals to specialist services, correct identification of complications of pregnancy and labour.

Results

- Four studies were included; a large cluster RCT from Pakistan, two smaller RCTs from Malawi and Bangladesh, and a controlled before and after study from Guatemala. All were in rural settings. Allocation concealment was adequate in one trial.
- In one large trial comparing care by trained and untrained TBAs, the group cared for by trained TBAs had:
 - ◊ Fewer cases of haemorrhage (odds ratio 0.61, 95% confidence interval 0.47 to 0.79) or puerperal sepsis (OR 0.17, 95% CI 0.13 to 0.23), but more obstructed labour (OR 1.26, 95% CI 1.03 to 1.54).
 - ◊ Fewer perinatal deaths (OR 0.70, 95% CI 0.59 to 0.83), but no significant difference in maternal deaths (OR 0.74, 95% CI 0.45 to 1.22) due to the small sample size.
 - ◊ More women referred to health facilities due to complications (OR 1.50, 95% CI 1.18 to 1.90).
- In smaller trials, there were no significant differences between trained and untrained TBAs in: advising immediate breastfeeding; timely referral for obstetric complications; or correct identification of selected complications.
- Seven months after the training, more trained than untrained TBAs advised mothers to introduce complementary foods after five months of age (OR 2.07, 95% CI 1.10 to 3.90; 165 TBAs).

Adapted from Sibley LM, Sipe TA, Brown CM, Diallo MM, McNatt K, Habarta N. Traditional birth attendant training for improving health behaviours and pregnancy outcomes. *Cochrane Database of Systematic Reviews* 2007, Issue 3. Art. No.: CD005460. DOI: 10.1002/14651858.CD005460.pub2. [New search June 2008] *Evidence Update* published in May 2010.

Care by trained vs untrained traditional birth attendants: perinatal deaths



Authors' conclusions

Implications for practice:

Traditional birth attendant training can improve outcomes of pregnancy when combined with improved health services.

Implications for research:

Future research should concentrate on optimising TBA training in the context of overall improvement of maternal health services, in particular the development of referral systems between the TBAs and health facilities. Sample sizes should be large enough to detect important differences in the incidence of common complications of pregnancy and childbirth.



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