

CHAPTER 24
Getting medical help

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Getting medical help

CHAPTER
24

Even the most skilled and experienced midwives need help sometimes. For example, severe hemorrhage, eclampsia, or a prolapsed cord cannot be treated at home. These types of health problems can be solved only by using tools and skills available in a medical center or hospital.



This book suggests times you should get medical advice, get medical help, or go to a medical center or hospital. Sometimes you will have to decide for yourself that you need help. For example, there are probably procedures explained in this book that you have not been trained to do. You should get help from someone with experience, instead of trying to learn to do these procedures just from reading about them.

What medical centers and hospitals can provide

Hospitals and medical centers have life-saving tools, equipment, people with advanced training in medical skills, and medicines that you may not be able to get at home. Most hospital procedures are very useful when they are necessary. And sometimes these procedures and tools are the only way to save women's lives.

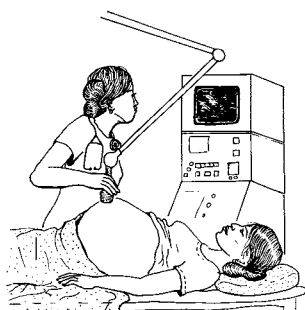
In this chapter, we list some of the types of help you may be able to get at a medical center or hospital. We give ideas for when to get help and how to work with hospital staff and other health workers.

Remember: For most labors, advanced medical tools and procedures are not needed. In many hospitals, these tools are used much more than they should be. For example, pregnant women do not usually need to have a sonogram (a picture of the baby inside the womb). But at many hospitals, every pregnant woman is given one. Hospitals and doctors may do procedures that are not just unnecessary but also dangerous. For example, doctors may do an episiotomy (cut the vaginal opening) at every birth. This is not needed and can cause infection and other problems after the birth.

Lab tests

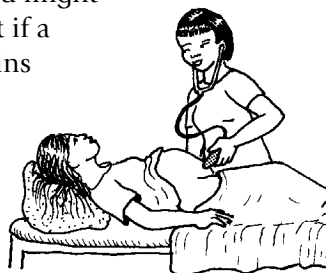
Laboratories have tools, such as microscopes, and people who are trained to test blood, urine, stool, and tissue for sicknesses and other health conditions. Sometimes a lab test is the only sure way to know what is causing a problem. For example, lab tests can show you if a woman has anemia, a bladder infection, or HIV.

Sonograms, Dopplers, and x-rays



Some medical centers have a machine that can take a picture of a baby inside the womb. This is called a sonogram or ultrasound. You might want a sonogram to find out if a woman is pregnant with twins or if her baby is breech.

An ultrasound fetoscope (Doppler) makes the baby's heart easier to hear but does not take a picture.

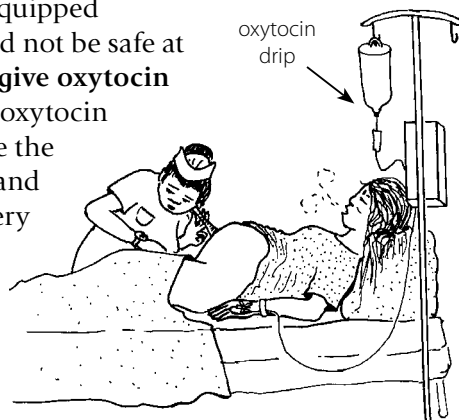


Another machine uses x-rays to take pictures of a person's bones inside of her body. This can show you if a bone is broken. X-rays cause damage to cells inside the body. A few x-rays will probably not cause problems, but being x-rayed many times can lead to cancer. **Pregnant women should never be x-rayed unless it is absolutely necessary.** If a pregnant woman needs an x-ray, her belly must be covered by a lead apron to protect the baby.

Medicines

A careful and well-trained doctor in a well-equipped medical center can give medicines that would not be safe at home. For example, midwives should **never give oxytocin at home to start or strengthen a labor.** But oxytocin can be given safely in a medical center where the mother and baby can be monitored closely, and where the baby can be born quickly by surgery if something goes wrong. If a woman has been in labor for too long (see page 186), oxytocin given at a medical center may help her deliver the baby.

At a medical center or hospital, you may also be able to get medicines for a sick baby. Medicines are often too dangerous or difficult to give to a baby at home.



With careful monitoring and access to surgery, oxytocin can be safely given in an IV.

Tools for labor and birth emergencies

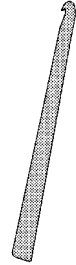
We explain some procedures here that may be used in a medical center to hasten labor or get the baby out quickly. These procedures save the lives of babies who are in distress, and of mothers who have been laboring for many, many hours, or who are at risk of infection.

Breaking the bag of waters

When a woman has been in labor for many hours but she is not making progress, some doctors (and midwives) use a sterile tool to break the bag of waters. This will often bring the baby's head down hard on the cervix and speed labor.

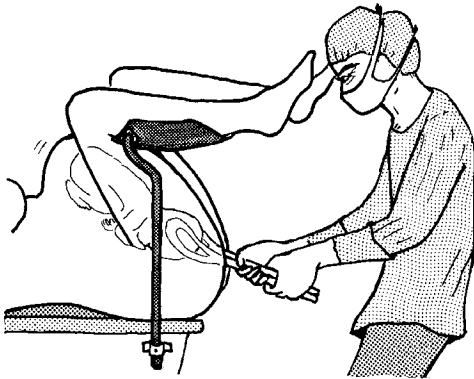
Breaking the bag of waters increases the chance of infection and can stall a labor if the head comes down fast in the wrong position.

amniohook —
a tool for
breaking the
bag of waters



Instrument birth

A baby who is stuck in the vagina can often be pulled out using forceps or a vacuum extractor.



Forceps are used to grab a baby's head and pull him out of his mother's body.

A vacuum extractor attaches to the baby's head and uses suction to pull the baby out of the vagina.

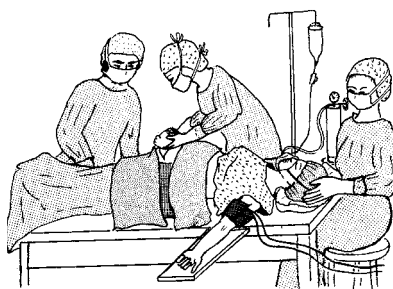


Forceps and vacuum extractors are rarely necessary and are much too dangerous to use at home. But if a baby is at risk of dying (and in some other emergencies), these tools are the best and fastest way to help a baby be born.

Note: Instruments should be avoided with a woman who has HIV. Using them increases the risk of HIV infection for the baby.

Cesarean surgery (cesarean section)

Rarely, to save the life of a baby or mother, a baby must be born by surgery. For example, if the baby is in an impossible birth position, surgery is the only way to get the baby out. Surgery is also necessary when a baby and mother are in immediate danger, like when there is a detached placenta or a prolapsed cord.



cesarean surgery

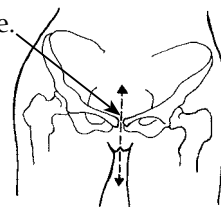
Surgery is sometimes used to deliver the baby of a mother with HIV. Being born by surgery makes it less likely the baby will be infected with HIV during birth.

However, cesarean surgery can cause serious problems. For example, the woman may have an allergic reaction to anesthetic. The cut in her belly may not heal easily or may get infected. The woman may have trouble breastfeeding or caring for her baby because recovering from surgery is more difficult. A woman who has a cesarean birth needs extra rest, care, and help.

Note: Cesarean surgery is used too often! Some doctors prefer cesarean surgery because they can choose the time of birth themselves, or because they charge more money for it. In some places, most women have babies by surgery. But **cesarean surgery should only be used if it is needed for the health of the mother or baby.**

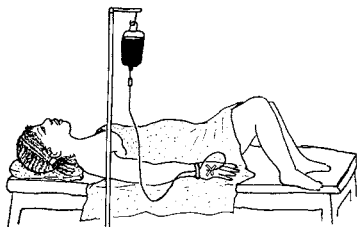
Symphysiotomy

Symphysiotomy is a cut in the middle of the mother's pubic bone. It is used to open a pelvis that is very small so a baby can be born vaginally. It is easier to do than a cesarean, but it is only done in a few places in the world because it does not always work. It can also cause problems, including a cut in the bladder or lifetime disability.



Transfusion (giving blood through an IV)

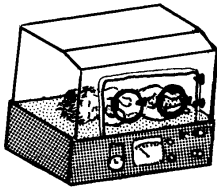
A woman who bleeds heavily after a birth or from other problems (like an unsafe abortion) may need to be given blood through an IV. In some places you must bring a family member who may be able to give blood for her.



When a woman has lost a lot of blood, a transfusion may save her life.

Transfusions should only be used in emergencies, because blood may carry infections like hepatitis and HIV. If a woman gets blood from someone with an infection, she is likely to get that infection too. In most places, blood is tested for serious illnesses, but there is always a small chance of getting sick from a transfusion.

Tools for helping sick babies



incubator

In places where there are few medical services, many babies who are born sick cannot get help. But a well-equipped hospital will have some resources for helping sick, small, or early babies.

An **incubator** is a box to keep a small or sick baby warm. Like many medical tools, it can be used too often. Most babies are best kept warm in their mother's arms, next to their mother's skin.

An **oxygen tent** or oxygen hood gives the baby extra oxygen. This can help a baby who is having trouble breathing.



respirator



feeding tube

A **respirator** helps a very sick baby breathe.

A **feeding tube** runs down a baby's nose and into her stomach. This is used when a baby is too weak to breastfeed. The hospital may give the baby formula through the tube, but usually breast milk removed by hand is better (see page 285).



heart monitor

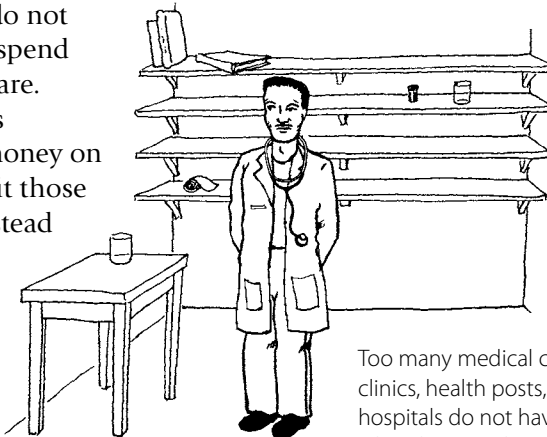
Heart monitors and other measuring devices stick to the baby's body to measure heart rate and other health signs.

Medical centers need community support

Every community should have a medical center with adequate supplies. At the least, a medical center should have skilled health workers and some basic tools for saving lives, including oxygen, certain medicines, and sterile equipment for doing basic surgeries. But sadly, most hospitals and health clinics do not have all the supplies they need.

Some communities do not have enough money to spend on hospitals or health care. And many communities choose to spend their money on making war or to benefit those who are already rich instead of meeting the basic health needs of the people.

Is there anything that midwives can do to change this?



Too many medical centers, clinics, health posts, and hospitals do not have what they need to provide basic health care.

Getting to a medical center

A woman with a serious health problem, or at risk for one, needs medical help right away. When a woman is in danger, her family or her midwife may believe there is no hope. This is not true. **Getting medical help fast can save a woman's life.**



For village women, the closest medical center might be days away. Some women take buses or walk for miles to get medical help. Even women who live close to a hospital may not get there because of lack of money or transportation. Together with each family and with the whole community, plan how you can bring a woman to medical help **before** there is an emergency. See page 106 for ideas about making a transport plan.

Decide quickly to get help

If you see a risk sign at any time, do not wait. If you can treat the problem at home, do so quickly. If you cannot treat it yourself, or if you have been trying to treat a problem that is not getting better — it is time to get medical help!

The more quickly you get help, the better able the health workers at the medical center or hospital will be to help the woman and her baby.

Working with medical centers and doctors

Midwives, nurses, doctors, and other health workers must all work together for the health of women and families.

Midwives need medical centers and doctors. When a woman is having a medical emergency, a wise midwife knows that a medical center is probably the best place for her to be.

Sadly, many doctors do not realize how much they need midwives. Doctors are trained to look for emergencies, and many treat every birth as an emergency. But midwives are experts on normal, healthy birth. They often have more of the patience and trust that a woman in labor needs to give birth. Many midwives know how to use plant medicines, how to use massage, how to turn a baby safely, or have other knowledge that is not taught in medical schools.

Doctors may not appreciate a midwife's special skills. Traditional midwives in particular may be looked down on and considered uneducated or not competent. It can be very difficult for a midwife to work with a medical center for the good of pregnant women.



Because of these challenges, it is important to build a relationship with medical centers and doctors **before** an emergency happens. This way, when you need help, you are more likely to be treated with respect. Try talking to just one doctor who seems to understand how important midwives are. Talk about the ways you would like to work with the hospital. If possible, a meeting between a group of midwives and a group of doctors can help everyone work together.

When midwives and hospitals work together, everyone benefits. If midwives refer women at risk more quickly, doctors can do more to prevent problems. And a midwife who is treated with respect will more readily bring a woman to the hospital. Here is a true story:

A midwife who would not give up

Neusa, a tiny farmwoman, is a health worker in Brazil. Laura, one of Neusa's patients, had been pregnant 3 times before but had lost each baby because of high blood pressure followed by convulsions during the last month of her pregnancy. Laura was a sad woman, quiet and resigned to her fate of never having children. Neusa talked with Laura about her health, and gave her vitamins and encouragement about her pregnancy, care she had never received before. Laura looked forward to Neusa's visits. One day in her 8th month, Laura woke up with a terrible headache and swollen legs. Laura had no mirror in her hut to see her face, but when Neusa arrived, she was shocked to see how swollen Laura's face was. Neusa knew that without help, Laura would once more lose her baby and possibly her own life!

Since it was the week before Christmas, the hospital had only a few doctors and nurses working. They did not want to take more patients, so they gave Laura an injection and told her to go home and wait until her baby was ready to be born. Neusa would not accept this and went to the hospital director's office to explain Laura's situation and past problems. But even after seeing her badge and hearing that she was a health worker, he told her there was "no room at the inn" and that Neusa must take Laura home and wait.

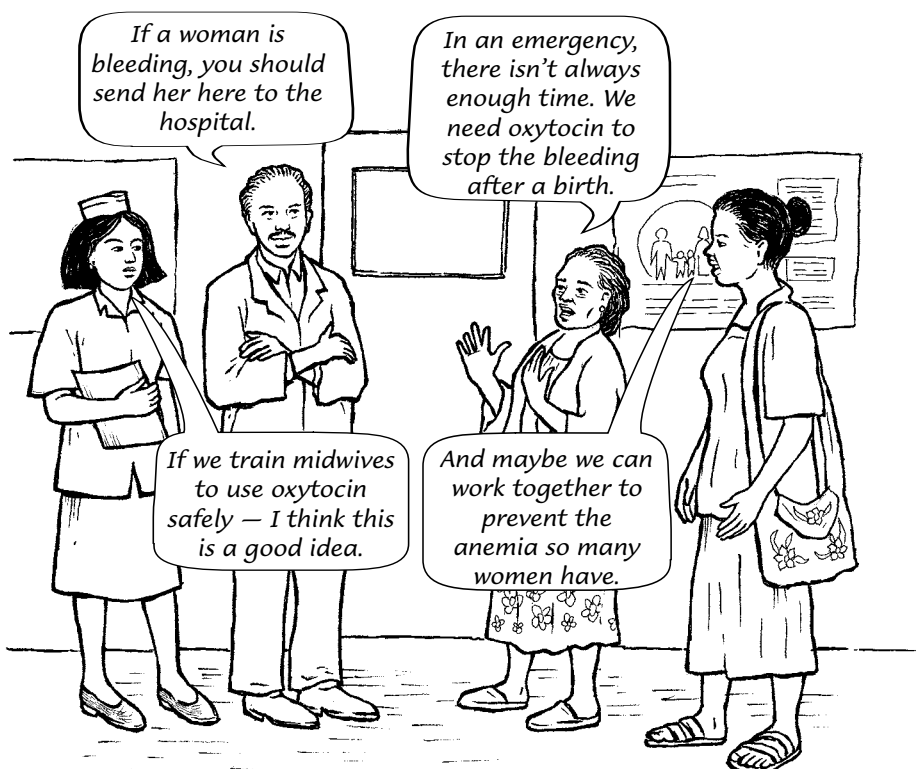
But Neusa would not give up. She knew that Laura's condition was too dangerous to return home. Instead, she took Laura to the police station. There Neusa made a ruckus. She may be a tiny woman, but she has a voice and a gleam in her eye that is unforgettable. When she is "in battle," she is not easily ignored!

Finally, a police car took Neusa and Laura to a hospital an hour away from Neusa's village. By the time they arrived, Laura's blood pressure was very high, so the doctors did a cesarean and Laura gave birth to a healthy baby boy. Neusa's health knowledge, determination, and love for her work saved this baby's life — and perhaps his mother's too!



In a health system that works well, midwives and doctors work together.

- When a midwife brings a woman to a medical center in an emergency, she should be able to stay with the woman throughout the birth. This will make the woman more willing to get medical help in an emergency, because she will feel more safe and calm. It also will allow the midwife to learn by watching how the medical center treats emergencies.
- Midwives, doctors, and other health workers should talk to each other about the common health problems in the community, and about how each of them can work to solve those problems.
- Midwives should be able to ask doctors medical questions, and doctors should freely answer them. Doctors and medical centers can provide training and equipment to midwives.



At the medical center

Medical centers and hospitals have their own rules and procedures. These will feel unfamiliar until you have experience with them.

If you are able to come to the medical center with a woman who is having a health problem, you can **learn** about these procedures and skills and **explain** them to the woman and her family. Perhaps you can even help **change** procedures that are not necessary.

Learn from medical centers

Watch everything that is done at the medical center. When you can, ask questions.



Explain what is happening

Let the woman and her family know why each procedure is happening. Make sure the woman understands and agrees to the treatment.

Work to change unnecessary, disrespectful, or harmful practices

Some hospital practices are not necessary. They may cause a woman discomfort for no good reason. For example, there is no need to shave a woman's pubic hair before a normal birth. This is an unnecessary but common hospital practice. Another common medical practice that can cause problems is episiotomy (cutting the vaginal opening) before every birth to be sure there will be enough room. This is not necessary. It can cause deeper tears into the rectum and may not heal as well as a small tear.

If you have a good relationship with a medical center, you may be able to suggest a few changes. You will probably have the most success if you suggest only one change at a time. Here are a few things that you might focus on:

- Procedures should be clearly explained to anyone who is receiving care.
- Women should be able to eat and drink during labor.
- Women should be allowed (and encouraged!) to sit, stand, or walk during labor.
- Women should be allowed to give birth sitting, squatting, or standing.
- Unnecessary procedures and surgery (like routine episiotomy or cesarean surgery) should be avoided.
- Women should be allowed to hold their new babies right after the birth. They should be encouraged to breastfeed right away.
- Babies should be kept by their mothers, not in a nursery unless there is an emergency.

