Research Article

Nursing & Primary Care

Improving Afghanistan Midwifery - Midwifery Care during Childbirth and Postpartum Period in Afghanistan: Based on the Results of the Interviews Conducted in Estonia

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Received: 24 May 2018; **Accepted**: 17 June 2018

Citation: Merits M, Sildver K, Bartels I, et al. Improving Afghanistan Midwifery - Midwifery Care during Childbirth and Postpartum Period in Afghanistan: Based on the Results of the Interviews Conducted in Estonia. Nur Primary Care. 2018; 2(3): 1-7.

ABSTRACT

The current scientific article is about midwifery care during childbirth and postpartum period, incl. newborn care in Afghanistan: based on the results of the interviews conducted in Estonia. Nine midwives and/or teachers of midwifery from Afghanistan were in Estonia from May 2015 to June 2015 under the development cooperation project. Improving the quality of vocational education for women in the fields of health care and information technology in the provinces of Herat, Balkh, Nangarhar and Faryab in Afghanistan (From August 2014 to August 2016). "They took part in continuing professional training organised by the Department of Midwifery of Tallinn Health Care College to improve their professional knowledge and information technology skills. Under the project mentioned above, the Afghan midwives were interviewed with the aim to find out, what is the essence of midwifery care in Afghanistan, in order to teach the midwives participating in the continuing training the specific knowledge and skills they could implement in their home country, in order to improve the quality of midwifery care.

Introduction: *The health indicators of the Afghan women are significantly different from the global standards. Many deaths are caused by lack of trained midwives and limited accessibility to quality midwife care during childbirth and postpartum period. The mortality rate of the Afghan mothers and the newborns is one of the highest in the world.*

Purpose: *To describe and find out factors which impact midwifery professional activities during antenatal care, labour and postpartum in North and East Afghanistan and how to improve Medical and Info-technological education to target group.*

Methods: *The research study uses qualitative methodology. The study was conducted by using the semi-structured interviews.*

Results: *Midwifery care during childbirth and postpartum period in Afghanistan has been unequally divided, and is accessible to less than half of the women in labour. Major obstacles are lack of trained midwives, several social and cultural factors such as economic factors and unsafe situation in the country, no support from the family and low level of education.*

Conclusions: *In the frame of the project has developed the curriculum for target group midwives to enhance their professional skills and educational level.*

Keywords
Afghanistan, Midwifery, Labor, Childbirth, Postpartum period, Newborn care, Professional skills, Educational level.

Introduction

The health indicators of the Afghan women are significantly different from the global standards [1]. Lack of accessibility to quality obstetrics causes many childbirths resulting in deaths, that could have been prevented in case of obstetrics of better quality [2]. The mortality rate of the Afghan mothers and the newborns is one of the highest in the world. According to World Health Organization the maternal mortality ratio in Afghanistan was 396 per 100,000 live births in 2015 and neonatal mortality rate 35.5 per 1,000 live births [3]. The neonatal mortality rate in Estonia is 1.3 per 1,000 live births [4].

Based on data collected from 2014, there are 7 trained health care employees per 10,000 inhabitants in Afghanistan [4]. Provision of midwifery care is complicated and inaccessible in many areas [5]. Main problems causing maternal and neonatal mortality are midwives´ lack of knowledge and skills for providing care, as well as lack of technical equipment and/or not enough skills for using it, and lack of midwives. The maternal mortality of Afghan women and neonatal mortality have been influenced by several factors, such as women in labour under 18 years of age, frequent pregnancies and frequent childbirths, attitudes and rules derived from conservative society and culture [6].

Nine midwives and/or teachers of midwifery from Afghanistan were in Estonia from May 2015 to June 2015 under the development cooperation project „Improving the quality of vocational education for women in the fields of health care and information technology in the provinces of Herat, Balkh, Nangarhar and Faryab in Afghanistan (From August 2014 to August 2016)." They took part in continuing professional training organised by the Department of Midwifery of Tallinn Health Care College to improve their professional knowledge and information technology skills. The partners of the project are NGO Mondo and Ministry of Foreign Affairs of the Republic of Estonia, the supporters of the project are Estonia´s development cooperation and the European Union [7]. Under the project mentioned above, it was necessary to research more precisely, what is the essence of midwifery care in Afghanistan, in order to teach the midwives participating in the continuing training the specific knowledge and skills they could implement in their home country, in order to improve the quality of midwifery care.

Method

The current research study uses qualitative methodology. The study was conducted by using the semi-structured interviews. The interview was on a voluntary basis and safe for the respondents. The permission for the study was applied from Tallinn Health Care College. The aim of the empirical study, the tasks, the process of the interviewing, approximate length and benefits of the study were introduced to the respondents. At the same time it was explained that the process of interviewing is recorded on a tape and the results will be presented anonymously as general data. The respondents confirmed their agreement with a signature. The process of interviewing was recorded on a tape, which was deleted after the data analysis and the process of transcription. The answers of the respondents were written as authentic as possible during the transcription without changing their statements. The transcription is universally essential step in scientific research that allows a detailed analysis and interpretation of the different nuances of video recordings and audio recordings. International Code of Ethics for Midwives is followed and respected, the current study relies upon its provision that the midwife takes care of the women and their families and respects their cultural differences and beliefs [8].

The respondents were nine Afghan midwives and/or teachers of midwifery that were in Estonia under the development cooperation project „Improving the quality of vocational education for women in the fields of health care and information technology in the provinces of Herat, Balkh, Nangarhar and Faryab in Afghanistan" [7]. The respondents took part in continuing professional training organised by the Department of Midwifery of Tallinn Health Care College from May to June 2015. All respondents agreed to be a part of the conducted interview, a confidential agreement paper was signed. The interviewing of midwives was carried out in a private and secure room in the form of consecutive focus group interviews. There were three focus groups, three midwives in each of them. The interviews were conducted within the time period May 22nd 2015 until May 26th 2015. The interview of each focus group lasted for 1.5 hours average. There were two interviewers. The current study uses a semi-structured interview as a method of interviewing, which general structure and questions have been compiled before the beginning of the interview, and that allowed getting both, detailed answers and specified answers from the respondents.

The questions of the research study were about the midwifery care during childbirth and postpartum period in Afghanistan, incl. newborn care.

Objective	Questions of the research	The questions of the interview
To analyse the midwifery care during childbirth and postpartum period in afghanistan, incl. Newborn care, based on the results of the interviews	Midwifery care during childbirth	The place of childbirth (hospital, home)
		Preferred position of childbirth, behaviour of the woman in labour, activities of a midwife
		The ones present at childbirth (midwife, mother, husband)
	Midwifery care during postpartum period in incl. Newborn care	Postpartum period: care of the mother, time of resting for the postpartum recovery
		Breastfeeding and newborn care

Table 1: The plan of interview questions based on the objectives of the study and the questions of the interview.

Qualitative content analysis was used in data processing of the interviews. An overview of the focus group researched was

achieved by using the qualitative content analysis in order to understand the complete pattern of their statements, descriptions and their comments. Two contexts were taken into account during the qualitative content analysis. The external context, that marks the factors having an influence on the people studied that are external, such as culture, societal norms, social relations, type of communication situations and many others. The internal context, which was designed by the people, researched themselves with their language, judgements and attitudes in a concrete communication situation.

Results and their Analysis

Midwifery care during childbirth

The place of childbirth (hospital, home)

The reasons the midwives, nurses and doctors are working in urban areas are their own safety, better living conditions and higher income. The unstable situation in the country is the reason midwives do not participate in home births journey for the woman in labour and the midwife to meet up is unsafe in both directions. In the countryside the women choose non-assisted home birth because there are no health care institutions nor midwifes nearby.

Examples of interview transcriptions:
X1: Hospital but not in villages. They cannot go to the hospital in villages, so they give birth at homes.
X6: Now, because all midwives have told the women that it is very dangerous to give birth at home. They know about the labour and the risks. They come to hospital and to the clinics.
X7: Yes. Nowadays more women come to hospital, especially in towns. But we have different safety issues in villages.
X9: You know, we have some obstacles, with safety. In most parts of Afghanistan they have no access to doctors, hospitals, clinics, nurses, and midwives. So the first obstacle is safety. The second obstacle is that most doctors and nurses-- for them it is good to go to cities, they do not want to go to the countryside. This is also second problem.
X1: Their relatives, because some ares are insecure, so we cannot go, too. We have no information about that, too. Maybe in some other provinces they can, but maybe just one or two people ... midwives can go. Usually we recommend them to come to hospital.

Preferred position of childbirth and the behaviour of the woman in labour, activities of a midwife

There are six or more women in delivery rooms at the same time, therefore they often want the women to give birth without making much noise. Midwives know that being loud is useful but the situation often requires that it is not allowed to make noise. The midwife acts according to her possibilities and abilities. Supporting the woman during childbirth depends on a midwife, there are midwifes supporting the woman both verbally and physically (massage etc.). The general policy in giving birth at hospital in the attitude of the midwives is that it is allowed to use voice but the women are rather being told to be quiet during childbirth.

It could be highlighted separately that in case the woman wishes to have a C-section in a private clinic and she has no contraindications, then she can have it. Midwives inform the women about the C-section risks, long-term risks and C-section is not considered as an appropriate way of giving birth, however, the final decision is made by the woman in labour. At hospital the woman in labour has free movement during dilation and expulsion stage. However, it is accepted and even recommended to change positions during the dilation stage. When the woman is about the give birth, she is taken to the special room, where the woman in labour lies in a classical position of childbirth (the woman in labour lies on her back in a delivery bed and her legs have been lifted up and knees bent). This is the only position used at hospital births because of lack of space, and it facilitates the work of the midwives.

At home the woman in labour is usually assisted by her mother-in-law or a traditional birth attendant or a midwife. Making noise at home is not forbidden but it causes embarrassment when giving birth is heard. Bearing pain during childbirth is considered as a duty of a woman. The respondents find it regrettable. The woman giving birth at home can choose a suitable position for childbirth. The interviewees informed that at home people prefer to choose a position different from the classical one.

Examples of interview transcriptions:
X1: Yes, on their backs, it is the only position [LAUGHS]
X7: They lie on their backs and they have been told to keep their legs up.
X5: At home a woman always chooses.

INTERVIEWER 1: During labour, if she has contractions, it is allowed to make noise: cry, talk, huh?
X7: Yes. Yes, more.
X6: I always talk kindly to the woman, make massage all over the boy and sometimes I even kiss. [LAUGHTER]
X7: Yes. They can. They can cry. They can make noise. Especially in a clinic. I do not know home births [UNCLEAR 9: 25] Maybe they have a different situation there. Maybe at home their family do not allow them to make any noise.

INTERVIEWER 2: C-section right now?
X1: Yes, after they simply sign the consent paper, then we do it. It is not important. But at first we say that it is not good because you simply do not want just one or two children but you want more, therefore you should give birth yourself. But some of them demand C-section at first... they come... all these patients at risk, they come to have a C-section. But there are not many of them.

The ones present at childbirth
The policy differs depending on a hospital, at some hospitals it is allowed to wait indoors, at some hospitals not. Men are not allowed to be present at childbirth because there are no special delivery rooms for the same family. At home the woman in labour is usually assisted by elder women (usually her mother-in-law) or a traditional birth attendant, usually a midwife is not present at home birth. It has not been mentioned in interviews that the men were present at home births at homes, giving birth is rather

considered an activity women around only.

Examples of interview transcriptions:
INTERVIEWER 1: Is the husband at home at the same time?
X7: [HEAD SHAKING] Maybe at home. Maybe at hospital.
INTERVIEWER 2: But not next to the bed?
X6: No. We do not have material for that in the delivery room. Every bed is meant for the women. We do not have a special room for one woman.
X7: If you go to our delivery room, there might be ten or eight women together in the same room. Like this room [POINTS AT THE INTERVIEWING ROOM] The beds are in a row. And the woman in a night gown is on the table. That is why no man can be in the delivery room.

INTERVIEWER1: But who participates at home birth?
X3: Their family. Grandmother, mother-in-law and TBA (traditional birth attendant - comment by the transcriber)
INTERVIEWER 1: And who usually assists when the birth takes place at home?
X1: Their relatives, because some areas are insecure, so we cannot go, too. We have information about that, too. Maybe in some other provinces they can, but maybe just one or two people ... midwives can go. Usually we recommend them to come to hospital.
Midwifery care during postpartum period incl. newborn care
Postpartum period, care of post-natal woman during postpartum period

When the woman gives birth at hospital, then the midwife counsels the woman about different topics during postpartum period. In villages, the post-natal women are being counselled and helped by traditional birth attendants and elder female relatives. Post-natal home visits are performed by female health care workers from the community but not to everyone. It depends again on the accessibility to the obstetrics.

Examples of interview transcriptions:
X6: I always try to help after the childbrith and I talk a lot. How to hold a child, about risks after the childbirth and about bleeding and infections and immunization and breastfeeding to the mother and about immunization and ... up to sex. When she came---if she has stayed in a clinic.
X1: Yes, women are allowed to visit. These special women working in a community.
INTERVIEWER 1: ...Some questions about the postpartum period. Who takes care of the mother? I mean, observes a young mother or cares in another way for her?
INTERVIEWER 1 Helps with the child or clothes and food and...
X8: Mothers, grandmothers and...[TURNS TO THE RESPONDENT 9 FOR HELP WITH THE LANGUAGE
Time period for resting for the postpartum recovery
Traditionally a woman is allowed to have a postpartum holiday for 40 days for the recovery. The period of resting depends on the level of education of the family, economic situation and of the sex of the newborn. Poorer families cannot afford such a long holiday, and already 2-3 days after the childbirth the woman is busy with daily household chores. The mother of a boy may have a significant longer holiday than the woman given birth to a girl. Officially it is allowed to be on holiday for three months before or after the childbirth, four months in a private sector.

Midwives understand that there is no connection between the sex of the child and postpartum recovery, and they see that it is a problem. Their attitudes are being influenced by customs and the interviewees highlight that not all families decide about the length of postpartum holiday depending on the sex of a child. The families, in which the sex of the child has no importance, have higher level of education.

Examples of interview transcriptions:
INTERVIEWER 1: How many days is the young mother resting after the childbirth?
X1: Six weeks.
X2: When the mother has a job, then she takes ....holiday for three months.
X3: This is different. For example may be they care more of the women in educated families. They only sleep, move around for 42 days, they do not do other things. But in other families, in poor families, 2-3 days after the childbirth they are already doing everything.
X3: (interpreting the respondent 4) In villages the beasts, if they... if they in the morning, if the woman gives birth in the morning, then after an hour...
X1: Yes, but sometimes it is like that, that the women that had given birth to a girl, they have to work at home already a week after the birth, they cannot rest any longer. Sometimes also two or three weeks after the childbirth, it depends on their family. But not always, I would say that 20% of the families understand that the sex of a child is not important. Very few people think like that, but not all. Usually it is like this that in case of a girl, the woman should work, take care of herself, take care of the child, take care of the husband, and also take care of the home and...

Breastfeeding and newborn care

Awareness about colostrum is not widespread among women, it is considered dirty and not fit as food for the newborn. The colostrum is pumped out and thrown away. The newborn is fed with milk of domestic animals or glucose for about three days. The girls are given breast milk for two and the boys for two and a half years. In case the breastfeeding woman becomes pregnant again, the breastfeeding is quickly stopped. The children of working mothers are fed with milk from domesticated animals or breast-milk substitute while the mother is absent. Only some families do not want the baby to be breastfed and prefer substitute food, breast-milk substitute or milk of the animals. The breastfeeding mother consumes same food as the rest of the family, traditional breastfeeding foods are preferred, such as halvah and black tea with butter. Some foods are forbidden, such as cold ones. Mother takes care of the newborn. She is being helped by the mother and other elder women in the family. Officially the maternity leave is three months maximum before and/or after the childbirth. In case the mother starts working after the third month of the baby

or earlier. Then the family help to take care of the child. In case there is no support from the family, the childcare services are being used.

Midwives counsel the women and highlight that it is important to begin with breastfeeding as soon as possible after the childbirth. Midwives recommend breastfeeding for two years and it fits their culture. Midwives recommend to continue with breastfeeding even if the mother spends some time away from the child. Food recommentations for the breastfeeding mother told by midwives are diverse and healthy. It is recommended to have more soup, meat, chicken, vegetables and fruit, to consume enough liquid. Midwives do not consider it to be proper to follow the diet following the breastfeeding mother traditions.

Examples of interview transcriptions:
X6: Sometimes they think in a village that the first milk in the breast is not pure for the child. We, all midwives have told that the first breast milk is the most important milk in the breast. They put it into the glas and lift it somewhere else.
X6: I always tell them, do not do that, please. Because the first milk is like a vaccine to the baby. But they do not like the first milk.
X3: This is different. Sometimes at hospital and health care centre, because there the midwives counsel and give health-related information, especially about breastfeeding, then they start immediately after giving birth. In an hour after giving birth. And at home they do not breastfeed for three days because they think that the first milk is dirty and it is not good for the health of the baby. Because of that they do not use for the three days.

INTERVIEWER 1: But what do they use?
X3: Yes, powdered milk or milk of the animals. Like they use the milk of a cow or other animals. But now since we did more and we raised the awareness of people that they should not give them other milk.
X9: When they go to the clinics, then the doctors or midwives always tell them that they should breastfeed their child until the age of two. And the mothers always breastfeed their children for two years and a year and it is common.
X2: After childbirth? Two years. Two and a half years in case of a boy, and two years in case of a girl.
X9: A woman eats more fruit, vegetables and also more proteins and meat, they give more meat and similar things in and educated family. But in villages they have a different attitude about that. They tell the woman not to consume oily food, not to eat cold food, not to eat fruit, you should not eat vegetables, not to drink cold water. You should simply drink hot tea and take [NOT UNDERSTANDABLE 1:55] with tea and sugar. You should not consume anything else for 40 days. This is the culture in our country, yes.
X7: Yes, yes. After childbirth they try to eat halvah. [LAUGHTER]
X7: And some soup, more soup.
X6: Black tea.
X7: Yes, yes. Aa... It is with lots of oil. Because they think oil helps woman´s body.
INTERVIEWER1: Well, how about food preferences during breastfeeding? Are there more liquids or soups or special dishes?
X5: They think that when the mother breastfeeds, then she should eat more glucose or fruit, some traditional foods.
X3: Yes also, yes.. And also in their family her mother and her mother-in-law take care of the woman because of her child. She should not drink cold water because they think it goes through until it reaches the child. And some... green vegetables should not be eaten and also they should not eat some fresh fruit, because it is not good for the child. They think like that [DISAPPOINTED LOOK].

INTERVIEWER 1: Mhmh. I understand. Some questions more. Care of the child. Who takes care of the baby?
X7: Their mothers.
X2: Yes, family watches.

Discussion

Based on the results of the current empirical study and on literature Speakman et al. 9, Rahmani et al. [10], Wood et al. [11], Ahmadi et al. [5] research, it can be said that despite of the development of the country there is a lack of the midwifery care in Afghanistan and it is concentrated in cities. More than 50% of childbirths in Afghanistan are still home births, mostly because almost 70% of the population lives in rural areas. Very often the trip to hospital is complicated due to lacking transport availability and unsafe situation in the country, therefore many women in rural areas give birth at home. The fact that main reasons the midwives do not work in rural areas are unsafety, low income, logistical problems, was proven in the current research study. In the literature overview it was highlighted by Wood et al. [11] and Mohammad et al. [12] that additionally it is difficult for the midwives to work in the countryside because there is no support from the family and the members of community do not understand the role of the midwife.

It was highlighted in the interviews that the awareness of the women is increasing about the risks of home birth, and that the hospital is preferred more as a place of birth in towns. Arnold found as a result of the study from 2015 that in town's women give birth at home without the assistance of a qualified birth attendant, too. The main factors hindering going to the hospital are poor financial matters, lack of permission from the family and/or no male chaperone, fear about the staff and conditions at maternity hospital. On the basis of the above it can be concluded that it is not always the accessibility to obstetrics that determines the choice of place of childbirth, but the quality of obstetrics, the attitude of the health care employees and cultural customs play a role, too. For instance, the woman in labour has no right to express her opinion on preferred position of childbirth. A woman in labour gives birth alone at hospital without the support of her relatives. Making noise during the childbirth is considered inappropriate and it shows the poor self-control of the woman in labour. There are several women together in the delivery room; there is neither privacy nor emotional support.

The women that took part in the empirical study confirmed that the positions of childbirth at hospitals are always the classical one, but

women are told to be quiet because the hospital is overcrowded. In some clinics making noise is allowed and the midwives that took part in interviews find making noise during childbirth positive. It was also found based on the analysis of the results of the interviews that the midwives offer the women in labour emotional and physical support (good word, caressing and/or massage). The problem may occur at home birth, because according to the custom bearing the pain during labour in silence is considered a duty of a woman. At home birth the woman in labour chooses the position of childbirth and she is helped by traditional birth attendants or the elder women from the family. It was also found as a result of the empirical study that in case of no contraindications the C-section is performed in private clinics in case the woman wishes it. There was no evidence found about that in literature. At the same time Arnold [13] highlights in the Kabul hospital study that there is a bribery system in hospitals, it means the midwifery care is officially free of charge but in order to access the obstetrics it is necessary to have so called connections and to bribe. The literature overview demonstrates that there are social and cultural factors in Afghanistan that are related to the postpartum period midwifery care, which hinder the accessibility to midwifery care [14].

The study National Nutrition Survey Afghanistan 2013 confirms that the postpartum examination was not performed in case of 55% women that had given birth wealthier and more educated women have better access to the midwifery care during postpartum period. Same conclusion was arrived at the current research study, in which the interviewees said that assistance and counselling was available during postpartum period at hospitals. Sometimes a midwife visits the woman given birth at home but it is rather an exception. In villages, the post-natal women are being counselled and helped by traditional birth attendants and/or elder female relatives. It was found both in the empirical part and in the literature overview that during the postpartum period they are mostly elder women from the family that take care of the post-natal woman. Newbrander et al. [14] confirmed that in case the mother or the baby are exposed to problems during postpartum period, homemade remedies are used for help or the spiritual teacher, such as mullah is asked for help. Opium, eggs, oil and plants are used as a remedy. Opium is used as a remedy for both, the women and the newborn babies. The empirical part of the current research study did not cover the use of the opium as a remedy. The length of postpartum holiday for the recovery depends on the sex of the newborn, level of education of the family and on their financial matters. In case of the newborn boy they take more care of the post-natal woman and the newborn, and the postpartum holiday lasts longer.

The research studies in literature overview did not confirm the fact that the woman given birth to a newborn boy is given a longer holiday. The midwives recommend the woman to eat healthily during postpartum period and breastfeeding, and not to follow the cultural customs. Traditionally it is recommended the breastfeeding woman to consume halvah, black tea with butter, chicken soup, to avoid cold dishes. Mainly the menu of the breastfeeding mother is influenced by the level of education of the family and their income. The current research study found that the post-natal woman in Afghanistan eats the same food as the rest of the family. If necessary a new mother is assisted by her mother-in-law, mother or other members of the family in newborn care. The duration of breastfeeding is approximately two years (male children are breastfed half a year longer). Breastfeeding continues even if the mother has to spend some time away from the child, for example due to work duties.

Sharma et al. [15] Newbrander et al. [14] and Jessri et al. [16] found in studies that the percentage of breastfeeding is high in Afghanistan but the problems are lack of early breastfeeding (during the first hour after the birth) and lack of exclusive breastfeeding (nutrition via breastfeeding only). They begin with breastfeeding only on the third day after the childbirth. Before that time the colostrum is pumped out of the breast and thrown away. During this period the newborn is fed with milk from domesticated animals, breast-milk substitute or glucose. The midwives are aware of the importance of the colostrum and the benefits of starting breastfeeding immediately, and they raise awareness in that field.

In the current research study the midwives did not mention during the interviews that the newborns are bathed immediately after the childbirth. This problem has been indicated by Newbraner et al. [14] that bathing the newborn in winter period may harm the health of the baby with hypothermia.

Conclusion

Midwifery care during childbirth in Afghanistan has been unequally divided, and is accessible to less than half of the women in labour. Major obstacles are economic situation, insecure situation in the country, poor transportation, lack of midwives, no permission from the family, having no male chaperone, low level of education of the women in labour. At hospital the woman in labour has no right to express her opinion about the position of childbirth and there are several women in the delivery room at the same time. The midwives think that screaming is a sign of poor self-control of the woman in labour. Women are afraid of medical staff at hospital and they do not trust them. At home the woman in labour is assisted by a traditional birth attendant or elder women in the family.

There are social and cultural factors in Afghanistan that are related to the postpartum period and the care of the newborn and the woman that was in labour, which hinder the accessibility to midwifery care. At hospital the postpartum recovery time is six hours, sometimes the women in labour leave for home two hours after the childbirth. Postpartum examination is not accessible to all women given birth and to all newborns. Main reasons for problematic postponing of breastfeeding are traditional beliefs, and the fact that the role of the mother in the decision process related to the newborn care is small. Mothers breastfeed their children approximately for two years. The woman can have a postpartum holiday from two to 40 days. Balanced nutrition during the postpartum period is hindered by traditional food recommendations or financial matters.

As a result of the empirical study it was found the accessibility to the midwifery care was better in towns, very often they give birth

at home without the midwife in rural areas. Men are not present at childbirth. At hospital they use a classical position for childbirth, at home, the woman in labour chooses the position. The woman in labour is allowed to make noise during the delivery, but not always. The woman is counselled about the postpartum period in case she gives birth in a health care institution. The period of recovery allowed depends on the level of education of the family of the woman given birth, economic situation and of the gender of the newborn. The mother takes care of the newborn. The duration of breastfeeding is two years male children are breastfed two and a half years. Midwives recommend beginning with breastfeeding immediately after giving birth, at home births they do not use breast milk for the first three days of the newborn´s life. Usually the breastfeeding mother has the same menu as the rest of the family.

In the frame of the project, Tallinn Health Care College has developed the curriculum and active learning course for target group midwives to enhance their professional skills and educational level. General curriculum outcomes:

- To acquire essential communication and counselling skills and how to implement them in midwifery care.
- To enhance knowledges about woman life span and reproductive health.
- To develop professional theoretical and practical skills about pregnancy, labor and postpartum (incl newborn care) using simulation methods.
- To promote community health by involving families and community members in target country.

The following subjects were taught: introduction to learning (different learning methods incl. group work), IT and computer technology, midwifery research, women rights, society and community, psychology and counselling (incl. counselling practice), woman life-span, contraception and reproductive/sexual health, normal and risk pregnancy; normal and risk childbirth, postpartum care, newborn and infant care, brestfeeding, community health and health promotion, simulation based learning in modern simulation centre and cilincal practice in hospital.

Afganisthan midwives are satisfied the course. Midwives enhanced their professional skills and educational level. The project will continue.

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