

Summer 2014

Improving the Childbirth Experience: Complementarity, Communication and Education

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Improving the Childbirth Experience: Complementarity, Communication and Education

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SIT Madagascar: Traditional Medicine and Health Care Systems

Summer 2014

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Table of Contents

Abstract.....3

Introduction.....3

Background Information4

Methodology.....8

Results.....9

Discussion.....15

Conclusion.....19

Acknowledgments.....21

List of references.....22

ABSTRACT

The purpose of this paper is to discuss and address the issues dealing with maternal health in America and see how practices of traditional medicine could help improve childbirth and concerns of mothers-to-be. Maternal death in America is increasing and some reports have suggested that women are growing fearful of giving birth in hospitals. By looking at methods used by traditional birth attendants and interviewing the traditional doctors themselves, suggestions could be made to decrease costs and the maternal mortality rate as well as better inform mothers about their health and the options available to individualize their childbirth experience. Complementary health, better communication between patients and doctors as well as ensuring proper education of both healthcare professionals and mothers could improve the childbirth experience.

INTRODUCTION

It seems that choosing to receive primary care from a traditional birth attendant is a lot more ethical for women in Madagascar who do not have access to allopathic doctors (*PRS.OBS*). Not only is it less expensive but the doctors are not in it for profit and because they are rooted in spirituality, they are able to care for the mind, body and spirit (Traditional Healer A, 2014). The environment in which patients come to consult traditional healers is not frightening but instead is warm and inviting for many reasons. There is no hindrance in seeking care from fear of high medical costs because traditional healers use medicinal plants from their own cultivated gardens or plants local to them (Traditional Healer A., 2014). Use of medicinal plants also means that patients are not consuming large quantities of synthesized medications. Instead they may receive herbs to boil into a drink in combination with a regimen for a change in behavior. As a whole, this system appears to be less stressful, more down to earth and less driven by politics and economics. Meanwhile the western healthcare system in the United States is dealing with issues pertaining to the hospital environment

during childbirth. More women are now opting out of hospitals and choosing to give birth at home with midwives (Cheyney, 2014). They fear doctors and unnecessary interventions such as the use of anesthetics and the use of C-sections. By incorporating the ideals of traditional medicine and even using the system and its medicinal plants alongside Western medicine, healthcare professionals can bring back the joy of childbirth, reduce fear of unnecessary interventions and in turn could also help decrease maternal mortality which has been progressing over the years (Goodman & etc., 2013). With combined methods of childcare delivery and management, women can decrease the chance of delivery complications and hopefully through this integration, different healthcare workers can unite in order to improve the birth experience as well as educate themselves and future mothers-to-be. This change in practice and focus on the holistic experience of childbirth could shine light on the importance of prioritizing maternal care. The United States, in particular, could benefit from such collaboration although many other nations, industrialized and developing, including Madagascar itself, could gain a thing or two from the integration of modern and traditional medical practices in the realm of childbirth and maternal health.

BACKGROUND INFORMATION

Maternal Mortality

Maternal death is defined as the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes (WHO, 2012). It occurs widespread in developing nations but it is also present in industrialized nations as well. Many cases of maternal death are preventable and therefore should be avoided. Although maternal death is seen at a lower rate in the United States it is still progressing steadily and currently leads other industrialized nations in number

of maternal mortalities (Higgins, 2014). This could be due to the rising age of women who give birth to children which also increases their likelihood of dealing with pregnancy complications and other health issues. Pregnant women can receive Medicaid if they aren't able to pay for insurance, but they are not entitled to the same options and amount of prenatal care as those who can. As a result of this they may develop more health issues that can affect their pregnancy, making accessibility a part of the problem as well (Higgins, 2014).

Disparities in quality of service and services offered are present as well as disparities in the maternal mortality rate amongst races in America that reflect socioeconomic statuses (Higgins,2014). Even still attention has to be shifted to the overall healthcare system and the quality of care given to mothers-to-be. Even white women who have the lowest maternal deaths in America, are lagging behind their counterparts in other industrialized countries (Higgins, 2014). Maternal care needs should be prioritized but instead insurance companies in the US prefer to only cover expenses that are seen as “medically necessary- and that usually means discharging women a day or two after birth with a single post-natal check-up six weeks after delivery” (Higgins, 2014).

Fear of Unnecessary Interventions

America overuses procedures that are meant for high risk pregnancies. Such procedures nowadays are common for almost any woman who is giving birth. Even for a healthy young woman who comes in for a delivery, there is “almost a 40 per cent chance of [her] having some sort of intervention that is not desired” (Bochove, 2014). Because of this, the United States leads other industrialized countries in having the greatest percentage of C-sections during childbirth. In fact, C-sections account for about a third of all births (Hickman, 2010). Exposing mothers to cesarean sections that are not needed also exposes them to risks during labor and delivery that could lead to death. Another intervention that is used when not medically indicated is early induction of labor. Women less often truly experience

spontaneous labor and therefore the natural occurrence of childbirth is being removed. The National Center for Health Statistics reported that in 2010 the rate of labor induction was 23.4% of all US births and with induced labor comes a higher risk of having a cesarean section (Ruhl & Bingham, 2014). Births, as a result, are occurring earlier in the gestation period with a large portion of deliveries happening at 39 weeks' instead of 40 to 41 (Ruhl & Bingham, 2014).

Epidurals are also an intervention that should be carefully decided upon because of its risks. While some risks are rare, there are others that are common. Regardless of its occurrence women should be aware and be given information about other forms of pain management and so that they can decide whether the benefits of epidural anesthesia outweigh side effects. . There other short term risks as well including hypotension, nausea, vomiting, shivering, prolonged labor, feelings of emotional detachment and respiratory insufficiency (Elson, 1998). Long term affects include fecal and urinary incontinence, backache, neurological complications and loss of perinatal sensations (Elson, 1998). Additional interventions such as restricted mobility due to the use of IVs, the likelihood of bladder catheterization, increased likelihood of operative delivery (ie. forceps, episiotomy, cesarean) and use of automatic blood pressure cuff throughout labor, can also follow the use of epidurals during childbirth (Elson, 1998). Therefore the use of epidurals should not be a mother's first option if it is not necessary and should not be given without giving mothers alternative choices through patient education prior to their delivery.

Women Should Be Able to Make Educated Choices

Women should have control over their childbirth experience and it should be something to remember not frown upon. In order for them to have the best experience possible, they should be informed on all options with regards to childbirth. This includes

traditional and modern methods of prenatal care, delivery and postpartum care. Alternative care that replaces pain medications with emotional support could help with the strain and fear of childbirth and possibly improve the birth experience (Adams, 2012). They should also be given information that is not contradictory but complementary. For example, a mother-to-be can read about advantages of home births which include less hemorrhaging, vaginal tearing, epidural use and fewer infections and C-sections. Right after, she can pick up another magazine or article and read information that is against home births due to the harm it causes a mother and child. It goes to show that there is a lot of opposing information that makes it more difficult for women to find the best options for themselves. Better data collection and less back and forth arguing to support one method of childbirth instead of collaborating to integrate practices could help improve the decision process. Instead of making it a war between hospital births and home births, conduct research and studies to improve both so they are done as safely and efficient as possible. No matter what procedure a woman chooses, she should be assured of her safety.

Pregnant mothers-to-be want to be in a comfortable environment with people who are concerned about their entire well-being (*PRS.OBS*). A large percentage of mothers believe that childbirth is a process that should not be interfered with (Lothian, 2014). They should be informed on how their decisions will affect their babies, their safety and childbirth process. They should not be forced into any procedure or be given a choice when ignorant of what its implications are. A survey titled, *Listening to Mothers III*, discovered that two-thirds of women who decided to go with induction of labor did not completely understand or in some cases were unaware of how induction could increase the chance of having a cesarean section and the risks that followed (Ruhl & Bingham, 2014). Women, in some situations, make important decisions simply because their doctor suggests it and not because they are knowledgeable about what it is they are agreeing to. This is the fault of doctors and

healthcare providers who do not educate their pregnant women who report that their health care provider is their most trustworthy source of info (Lothian, 2014).

Bringing Life Back to Childbirth

"It's not intuitive in the United States that, in fact, childbirth is more than just a medical event. It is a physical event that requires medical attention, social attention, and emotional attention," Capestany told Al Jazeera. "Until we acknowledge that, we're not going to be able to get the best care" (Higgins, 2014).

All health care workers involved in any step of the process should be well informed and skilled to handle emergencies as well as tend to the spiritual and mental needs of mothers-to-be. They should also be willing to work with each other for the benefit of the mothers (Reninjaza III, 2014). Traditional birth attendants and doctors practicing Western medicine in Madagascar have been collaborating and there continues to be a push for unification so that patients experience both sides of the healthcare system. Likewise, doctors should support midwives who opt to deliver babies in the home setting. Both doctors and midwives could help improve maternal healthcare of mothers by decreasing “interprofessional tension” with doula that are becoming an integral part of the maternal support system during childbirth (Amran & et al, 2014). By creating conflict amongst each other, healthcare professionals divert their attention from what matters most which is the welfare of mothers and their unborn child. They must have respect for each other’s role and capabilities and have confidence in and trust in the abilities of each other (Nat Quansah, 2014).

METHODOLOGY

Through literature search, lectures and a series of formal and informal interviews which have been translated with the use of a translator, information was gathered for this topic. Articles looked at were focused on maternal mortality, use of alternative healthcare as well as the role of traditional medicine and practitioners. They were gathered from medical databases as well as through searches using Google. Interviews were conducted in both urban and rural settings with healthcare professionals such as traditional healers, traditional birth attendants, and medical doctors as well as others including professors from the University of Antananarivo, university students and one mother.

One limitation to the research is the language barrier between the interviewer and interviewees. Most often there was a translator present but even then there is room for error in translating one language to another, especially since the translators native language is not English. Because there were long dialogues that were being translated, parts of the message could have been lost in translation or forgotten in the process of translation. At times the absence of a translator when questions were asked and answered in Malagasy impacted the amount of information that was able to be obtained from interviews.

There was not a large sample size for the interview process and interviews were conducted with little time to ask all the questions that needed to be posed. Not having sufficient time to build relationships with those interviewed may have affected the level of trust between the interviewer and interviewees which could have affected the amount of information obtained and its quality and accuracy. . They may not have been comfortable sharing their practices and remedies, therefore answers may be skewed as well. There were also moments where information needed to be pushed out of interviewees and this effort to gather information could have resulted in fabricated answers that were not true.

RESULTS

Maternal Care Provided by Traditional Birth Attendant

Reninjaza 1:

Reninjaza I role as a maternity care provider begins with ensuring the mother is given prenatal care and includes remaining by her side until the child is born and provides follow-up care for the mother and baby afterward (2014). The amounts of prenatal visits women receive depend on their distance from her. If her patients are close by they frequently visit for check-ups up until their delivery. If not, they are seen at a minimum of four times during their pregnancy duration (Reninjaza I, 2014). Through speech she is able to provide emotional support and talk about issues with her patients. By talking with her patients she is able to advise them and develop both personal and professional relationships with some (Reninjaza I, 2014). Her job during and after the pregnancy, is to keep the mother warm. She states that women should not be cold when pregnant because it is the cause of postpartum depression and others post labor issues (Reninjaza I, 2014). She mentioned that there is plant that she can prescribe to handle postpartum depression.

Reninjaza I typically use her hands to massage the belly of a woman to see if they are ready for delivery. Her description of the process was short and simple. If they are ready she delivers, cuts the cord, massages the stomach of the mother and then keeps the mother warm (Reninjaza I, 2014). When there is difficulty during labor she uses the massage technique as well. If she touches the stomach and the baby is not in the area of the amniotic fluid, she uses this as a warning to send the mother to the hospital. If there is a possibility that there will be a breach birth, she may send the mother to the hospital after using her hands to detect the issue. Despite all she does, there are no set prices for her services. Mothers are able to show

appreciation after the birth of their child in the form of monetary gifts or even by providing her with something she needs.

Reninjaza II

Through the touching of the belly she Reninjaza II is able to tell when the baby will be born. Reninjaza II claims that she has been consistent with the dates of delivery (2014). When part of the womb is warm, she knows that the baby is there. If there is a lump on the right side of the stomach, she says that it will be a boy and vice versa (Reninjaza II, 2014). She uses massages to diagnose pregnancy and to correct the position of the baby. Reninjaza II handles the possibility of a breech birth by massaging the stomach to reposition the baby (2014). For the repositioning of the baby, there are three sessions of massaging that take no more than thirty minutes per session (Reninjaza II, 2014). No pain medication is given during birth; the mother must have pain she says, because it is normal (Reninjaza II, 2014). After childbirth mothers can make a tea out of green tomatoes which are not quite ripe and it will help with infections (Reninjaza II, 2014). It is taken until the mother feels that she has healed. If she recognizes that the skills necessary to handle the complications are beyond her abilities, she sends the woman to the doctor.

Advice is given to women who are close to delivery. If they wash in cold water during the early morning while massaging their stomach, they will be able to help position the baby to help reduce the complications of delivery (Reninjaza II, 2014). A ritual she does to help ease the pain of delivery includes taking a door key that belongs to the mother and using it to stir water in a glass cup while singing "Open the gate, open the gate". She then gives the mother the water to drink (Reninjaza II, 2014). This, she says, will help the baby come right out but should be used only during delivery. Women give birth at the house of the traditional birth attendant but they can deliver at their homes as well.

Reninjaza II says that there are no limits to the amount of prenatal visits between conception and birth (2014). She as well says it depends on both the health of the mother and the baby. During the prenatal visits they talk about preventive measures as well as discuss family life, how the women got pregnant and health history. If the woman fails to tell her everything she needs to know, most often she will sleep and remaining information will come to her during that time (Reninjaza II, 2014). She will then instruct the woman to return to her home so that she can find out what other vital information is be withheld. After women have given birth they can give the Reninjaza a gift of gratitude. From memory, she says she has helped at least three hundred women give birth over the course of her career (Reninjaza II, 2014).

Reninjaza III

The third Reninjaza was also located in Andasibe. She began at the age of fourteen and her gift of healing included the knowledge of plants and the skills of healing like the others. She did a three year apprenticeship with her grandmother who was also a traditional birth attendant (Reninjaza III, 2014). Usually she diagnosis patients on the spot during the consultation but if she cannot, she goes in a little room where she lays down and through a vision her and her ancestor communicates (Reninjaza III, 2014). After she returns to the patient and informs them of their diagnosis.

Reninjaza III refers patients to the doctor and the doctors refer patients to her. She says that some diseases do not need injections; she just prepares an herbal drink for them to take (Reninjaza III, 2014). Unlike the other reninjazas, she charges a price for her services because it is her livelihood (Reninjaza III, 2014). Massages and medications are a set price and then massages alone have a price of their own but neither are more than two-hundred Ariary (one American dollar). Although this is her way of making a living, she still says that

if people cannot pay she will give them care and they will pay the next time around (Reninjaza III, 2014). Sometimes people continue to owe but she still cares for them because healing people is her gift and she must use it regardless if people can afford to pay her or not.

Like the other reninjazas, Reninjaza III is with her patients from the beginning of their pregnancy until the end. They have four visits minimum during the course of their pregnancy if they are far but those who are near have at least ten prenatal visits and can get as many as they need. When Reninjaza III prescribes a remedy she does not tell her patients where they can find it (2014). She gathers the plants from a local forest and prepares the drink herself.

When there are complications during birth Reninjaza III makes a tea that the mother partially drinks and then uses pours down her stomach (2014). After this is done, the mother is able to deliver the baby more smoothly. Just as the Reninjaza mentioned above, she prescribes nothing for pain during childbirth but it may be possible that the remedy given for complications works in the case of extreme pain as well. She adds that in cases where woman may experience a miscarriage, she is capable of stabilizing the baby (2014).

Doctor from Andasibe

The local doctor, Dr. Rakotondrasana, says that he routinely refers his patients to the traditional healers and is gladly works with them for the benefit of the patient (2014). There are four traditional healers in the area who are officially recognized, he knows their specialties and will surely send his patients to them in the case that their illness can be better treated by the traditional healer. Other reasons he sends his patients to the local traditional healers are due to financial reasons and for more emotional support that he believes can be provided with the help of the traditional healer (Rakotondrasana, 2014). He also mentioned that there is training provided that equips traditional healers with the skill of keeping patient records which can be shared between the local medical doctor and the traditional healers.

Mother from Rural Area

A mother from the same area as the traditional birth attendants claims that she is afraid of reninjzas because she does not believe in what they do. Her belief is that hospitals are better and she claims to know no one who has gone to the birth attendant although it is the birth attendant who directed the interviewer to her. The mother delivered all four of her children in the local hospital where Dr. Rakotondrasana is the doctor. The youngest of her children is under a year old and the oldest is currently seventeen years old. She admitted that she did receive prenatal care and that from the third month into her pregnancy up until the delivery she took a red pill that was given to her by the doctor to take daily. It is supposed to help her with pain during pregnancy and she reported taking it for each of her pregnancies. She only stayed the hospital for one night following her last pregnancy because she said that everything was fine and there was no need to stay any longer. In her opinion, her deliveries were easy for each of her children. She did not have to pay the doctor for delivering her baby. The only thing that needed to be paid for were medications and doctors could be paid whatever they wished to give to them. Her family was said to be in the hospital with her which included her husband, in-laws, and mother.

DISCUSSION

Traditional Healers View of Care

Traditional healers believe that when individuals are born they possess a body, spirit and soul which can be cultivated with education, activated through oral learning and viewing, and has the capability to help them determine right from wrong (Rabarijaona, 2014). With this mindset, in caring for patients, traditional healers gear their practice towards many aspects of the human body including the mind and spirit of an individual, not solely the physical body (Traditional Healer A, 2014). Their duty to a mother begins the moment they

confirm that she is pregnant and continues until she has given birth. They are present to provide emotional support through talking and provide a level of trust that enables women to feel comfortable coming to them to express concerns and issues which are then discussed and given a plan of treatment (Reninjaza I, 2014) Because their gift of maternal care and childbirth is a gift given from God, they do not put a price on their services (Reninjaza I, 2014). Instead they care for patients because it is their duty and in turn are rewarded with donations of gratitude. After receiving remedies from traditional healers, patients frequently return to give thanks and bestow gifts upon them (Traditional Healer A, 2014).

Complimentarily Maternal Care

The complimentary healthcare provided by the traditional healers and doctors, benefits patients in many ways. The relationship doctors have with traditional birth attendants can help decrease health costs for patients and allow them to receive the best care possible. They do not put the patients' health at risk due to the different integrities of their work. Although Dr. Rakotondrasana admits that he and the traditional birth attendant are not equal, in terms of their work, he recognizes her gifts and will quickly send a patient there if she can handle a health issue better than he can (Rakotondrasana, 2014). Traditional healers interviewed are willing to work alongside allopathic doctors in hospitals. Reninjaza III refers patients to the doctor when she is not able to provide them with the proper care that they need. She does not dislike the practices of allopathic doctors and does not try to restrict her patients' care to only traditional healers (Reninjaza III, 2014). Reninjaza III knows the limitations of her practice and collaborates with modern medical practitioners for the benefit of those who she is caring for (Reninjaza III, 2014). Not only does she send patients to the hospital, she occasionally goes to the hospital herself at the call of the local doctor to assist with birth complications during hospital deliveries. Reninjazas provide a specialized form of

maternal care and play a huge role in the emotional aspect of pregnancy and therefore the doctor will also send patients to her because of the support she can offer (Rakotondrasana, 2014).

Doulas, like reninjazas, understand that the journey of childbirth is the mothers'. They can provide an extra source of knowledge and support for mothers who need to make informed choices (Amram & etc., 2014). They encourage patients to be involved in decision making and therefore are necessary in helping decrease risks, maternal mortality and individualized childbirth experiences. Their support increases a mothers' ability to be engaged in their own childbirth (Amram & etc., 2014). Therefore healthcare professionals need to support the roles of each other for the benefit of pregnant women. Midwives, obstetricians and doulas all provide care for different aspects of a mother's pregnancy and are equipped with knowledge to help the mother make informed decisions, support her through her trials and make her journey as positive as possible. One type of maternal healthcare provider may not be able to cater to all the needs of the mother and in that case they should be willing to cooperate.

Prenatal Care, Patient Education & Healthcare Transparency

The woman interviewed did not know the name of the pill given to her over the course of four births. It seems to be a prenatal care drug but she also claims that it is taken to ease the pain during delivery and nothing else is given to her. She may not be concerned about the details of the pill or the doctor may not have informed her. In contrast, those who are given remedies by Reninjaza II are told what the combinations of plants are for and what each remedy is said to heal or treat. She gladly informs her patients so that they are able to find and make the herbal remedies themselves in the case that they cannot come back.. On the other side of things, traditional healers such as Reninjaza III, will not disclose the name or

place of plants she uses to heal her pregnant mothers. She says that she gets the materials and prepares them herself because she is afraid of releasing the name and having people either search and find the wrong plants for use or misuse the plants for the wrong reasons (Reninjaza III, 2014). Therefore, patient education is not uniform in the traditional medical system. Traditional healers give the names and locations of plants at their own discretion.

This aspect of traditional medicine, the practice of informing patients holistically on a medicinal plant, is not one practiced by all traditional birth attendants and traditional healers although there is still something to be taken from this finding. In general, benefits of using medicinal plants include a mother being able to avoid the use of synthesized medications if that is what she wants for her pregnancy. Mothers are then given the option to choose a medication that is more natural and also more affordable and possibly more accessible (*PRS.OBS*). If they want to find out the name of a plant or its location, it may be possible to receive information from another reninjaza if necessary but in trusting their doctor and further being explained why information is not disclosed, one can say that patients are still being informed.

There were some differences in prescription practices but prenatal care was uniform in regards to the amount of visits women received. None of the traditional birth attendants said the amount of prenatal visits depended on how much the mother could afford. Although distance may indirectly imply that some may not be able to travel the distance to see her often, it was not given as a direct reason. They all agreed that there was not a set limit on visits which in turn is a plus for the health of the mother and child. Each Reninjaza is with the mother from the time she is confirmed to be pregnant until after the birth and continues to provide care to make sure the mother is healed properly and the baby remains healthy. Each women is at least given the minimum prenatal visits, which WHO claims is four, regardless

of how far they are from the traditional birth attendant (2014). This allows them to help detect, treat and prevent common issues that occur during pregnancy.

Placing the health of the mother and child before service costs could benefit more than just the mother and child. It could help to decrease healthcare costs in the future by decreasing the risk that mothers and their babies develop health issues during the pregnancy.

Advantage of the Massage Technique

All three of the reninjazas use massage as a tool during prenatal care and an assistive technique during labor. Studies have shown that massage can help replace pain and decrease stress as well as improve hormonal functions and speed of labor (Adams, 2012). Therefore this primary care given by traditional healers in rural areas of Madagascar could become an effective alternative option for natural relief for women in America to reduce the use of medications which are usually contraindicated during pregnancy (Adams, 2012). “Massage causes oxytocin levels to rise and thus can aid in relieving sleeplessness and enhancing feeling of wellbeing” (as cited by Adams, 2014). Studies done by Haines and Kimber (2007) as cited by Adams, recommend three elements for the implementation of massages during labor and delivery one of which included “controlled environment conducive to a positive and relaxing birth and scientific understanding of the neurology of touch and massage technique” (Adams, 2014). With the knowledge and skill of massage from traditional birth attendants, combined with scientific understanding of neurology, the use of massage could become a regular practice in maternal health.

Massage is also used to help reposition the baby when there may be a breach birth. Reninjazas teach their patients how to massage themselves and mothers are able to get involved in preparing themselves for a smooth delivery. They are given a tool to decrease the

chance of developing complications and given the voice to decide whether the use of epidurals or Cesarean sections is used during their childbirth journey.

CONCLUSION

It is not necessary to get rid of Western medicine maternal practices but it is important to reevaluate the quality of care given to women and prioritize their needs as mothers-to-be by supporting their choices and making it safer for them to give birth. If doulas, midwives and doctors supported each other like traditional birth attendants and doctors did in Andasibe, then mothers could receive the maximum benefits from complementary healthcare. By educating both mothers and health care workers, providing mothers with clear options for childbirth and working together as one, the birth experience can retain its beauty and the use of unnecessary interventions can be decreased which may have a positive impact on maternal mortality. One form of practice is not perfect and is not suited for all. By working together and partnering up, the healthcare force can deliver the best care to women. Women should not dread giving birth in hospitals or be scared to deliver their babies' at home. They should be able to feel relaxed and in control in any setting. With the integration of ideals from the traditional medical system, western healthcare workers especially, can learn to appreciate maternal health holistically.

If there had been more women interviewed that had given birth in the hospital as well as more women who had been helped by the traditional birth attendants, the results could have provided information that was more inferential. Based on what I have gathered the traditional medical system's practices with regards to childbirth and maternal care are not uniform and individual practices differ amongst the practitioners. Even so practices that are widely used amongst them all including the use of massage and herbal medicine could be an alternative method of care for women to help decrease maternal care costs and provide an

option that eliminates use of harmful medications. Herbal medicinal plants will have to be researched further to learn which are best for maternal needs and tested to determine their positive and negative effects. Further research can be done to obtain information on how the massage process works and then implement it through a scientifically based method in order to see if it is teachable.

Acknowledgements

I would like to thank the professors of the University of Antananarivo for their lectures and the wide range of information they presented. I would also like to extend my appreciation to all the traditional healers and birth attendants who gave me their time and shared their stories and knowledge for my research. I cannot forget to give gratitude to those who helped translate the native language, Malagasy, as well as French, into English so that I was able to understand and retrieve information for my paper. Last but not least I would like to thank SIT and my director Nat Quansah for giving me the opportunity to study traditional medicine and explore the healthcare system of Madagascar.

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