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COLLABORATION PROCESSES BETWEEN SKILLED AND TRADITIONAL BIRTH ATTENDANTS ON MATERNAL AND NEWBORN CARE IN EKITI STATE

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Abstract

This study investigated the collaborative processes between Skilled Birth Attendants (SBAs) and Traditional Birth Attendants (TBAs) in Ekiti State, focusing on maternal and newborn care. The primary goal was to enhance collaborative processes to improve the quality of maternal and newborn care. A qualitative phenomenological approach was employed, involving in-depth interviews with SBAs, TBAs, and officials from the Ekiti State Ministry of Health. The sample size was determined by data saturation, considering the scope, quality of data, research topic, study design, and the availability of shadow data. Convenience and criterion-based purposive sampling techniques were used for participant selection. The findings highlighted various methods for collaboration, such as active listening, prompt referral, proper registration, follow-up, monitoring, respectful attitudes, and teamwork. Barriers to collaboration included concerns about hospital costs, unavailability of skilled healthcare services, transportation issues, fears of losing clients, and non-recognition of TBAs. These barriers affect access to skilled maternal and newborn healthcare services, particularly in underserved areas. Recommendations were made to address these challenges, including conducting tailored seminars and workshops

for TBAs, providing incentives for referrals, and offering training on emerging health issues. In conclusion, collaboration between SBAs and TBAs is essential for effective maternal and newborn healthcare. Clear communication, respectful attitudes, and coordinated efforts are vital for seamless care and improved health outcomes.

Keywords: Collaboration, Skilled Birth Attendants, Traditional Birth Attendants, Maternal Care, Newborn Care

Introduction

Traditional birth attendants and skilled birth attendants play important roles in Nigeria's maternal and newborn health systems. According to Ugboaja et al. (2018), the Safe Motherhood Initiative, which was initiated in Nairobi, Kenya, in 1997, and other later worldwide efforts, called for the presence of skilled birth attendants (SBAs) at every birth. In the 1960s, Traditional Birth Attendants (TBAs) were seen as powerful workers in maternal health issues across the developing world due to their indigenous knowledge practise. Additionally, TBAs were seen as part of the people contributing to the maternal health problem, which led international agencies, particularly WHO, to accept TBAs and begin active training of TBAs. By the 1990s, 85 percent of poor nations had established some kind of partnership with TBAs who had received training. However, by 1997, the emphasis had switched away from training since there was little data to suggest that training reduced maternal mortality. Instead, there was evidence to suggest that training contributed to delays in seeking treatment because those who received it were unable to respond to crises. According to Turinawe et al. (2016), focus moved to the development of skilled birth attendants while traditional birth attendants (TBAs) were excluded from SBAs.

Utilisation of skilled birth attendants (SBA) during and after delivery is one of the major indicators tracked in Sustainable Development Goals (SDGs) (Ameyaw & Dickson, 2020). Skilled birth attendants are described as "people with midwifery skills who have been trained to proficiency in the skills necessary to manage normal deliveries and diagnose or refer complications. The use of SBAs during the antepartum, intrapartum, and postpartum periods has the potential to avert a significant number of cases of maternal morbidity and death.

In order to reduce the risk of maternal and newborn death and morbidity, it is crucial to have a skilled birth attendant present during the delivery process. It has been demonstrated that even traditional birth attendants who have received training are unable to effectively save the lives of women in the majority of situations. This is due to the fact that they are unable to address problems and are frequently unable to send women to other providers.

According to WHO (2020), an SBA is an accredited health professional such as a midwife, doctor, or nurse who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth, and the immediate postnatal period, and in the identification, management, and referral of complications in women and newborns. Midwives, doctors, and nurses are all examples of accredited health professionals. In order to lower the mortality rate of both mothers and children, it is essential that a skilled health professional (such as a doctor, nurse, or midwife) be present during childbirth.

Throughout history, there have been a number of women who have given birth in their own homes. These births are typically accompanied by a member of the lady's family or by a woman who lives in the community and has prior experience aiding with labour. Even before the introduction of specialised nurses, midwives, and physicians, as well as organised systems of medical treatment, these community women aided in giving the vast majority of delivery care all over the world. They are commonly referred to as traditional birth attendants (TBAs). At the moment, TBAs do not often have any kind of professional training, and the medical authorities do not recognise them as legitimate medical practitioners. Although the percentage of women giving birth within the formal healthcare system has improved over the past few years, it is estimated that in 2016, 22 percent of expectant women throughout the world gave birth with the assistance of a TBA, outside of the traditional healthcare system. According to Fawole et al. (2016) research, there are still areas of the country where more than half of all women get prenatal care and birth with TBAs.

The act of giving birth marks a woman's passage into the role of motherhood and is an important milestone in her life. The subjective psychological and physiological processes of childbirth, which are impacted by the social and environmental elements, are referred to as childbirth experiences. There is the potential for both pleasant and bad experiences during childbirth. Fear, severe pain, inadequate support and care, discomfort, and the occurrence of undesired results are the defining characteristics of negative experiences. It has been discovered that the adverse effects of medical treatments such as epidural analgesia, induction of labour, and instrumental vaginal delivery are linked to post-traumatic stress disorder (PTSD), dread of childbirth, decreased child care, and emotional upheavals in women. The good recollections of being in charge of the situational occurring and the decisions on care, together with the support of the healthcare professionals, are seen to boost a person's sense of self-confidence along with emotions of achievement and better transition to motherhood. According to Nwaba (2019), a mother's ability to have a pleasant birth experience is associated with an improvement in the bonding between her and her child. According to Sibley and Sipe (2016) findings, the presence of TBAs in most Low- and Middle-income Countries (LMIC) may be attributed to the restricted availability of professional health care providers in rural regions. As a result, TBAs are forced to fill the void left by the absence of professional health care providers. Literacy levels contribute to a significant divide between formal and informal health care providers in low- and middle-income countries (Kipronoh, 2009).

According to the World Health Organisation (WHO), traditional birth attendants (TBAs) are community-based providers of care throughout pregnancy, delivery, and the postpartum period. TBAs are also considered to be autonomous within the health system and have no official training. Women living in rural parts of Nigeria were 77% more likely to give birth at home rather than at a health facility, according to the MDG end point report for Nigeria.

Nigeria is still among the nations that have one of the highest rates of newborn and maternal mortality in the world, in spite of the global and national measures that have been implemented to improve maternal health. According to the World Health Organisation (WHO, 2021), Nigeria is responsible for around 14 percent of maternal deaths globally. Furthermore, the organisation states that Nigeria is still among the top ten most dangerous nations in the world for a woman to

give birth in. According to the World Health Organisation (2021), it is projected that 630 women die during childbirth for every 100,000 babies that survive.

Despite the provision of health facilities and other commendable free initiatives, Mwilike et al. (2018) found that some pregnant women in particular areas preferred to engage traditional birth attendants and have their babies at home. This was the case even if the health facilities were available. The fees charged by TBAs, in contrast to those charged by midwives, are relatively low-cost and accessible, which is one of the reasons that clients choose to work with them rather than midwives.

TBAs are regarded as having a much deeper relationship with the community, and the people of the community have behaved towards them in a respectful manner. They have a greater psychological reliance on the TBAs. The socio-cultural traditions of the family members, particularly the more senior members, played a role in both their usage of TBAs and their perceptions of what those TBAs meant to them. It would be tough for them to resist the pressure since it has been a long-standing custom in the community to use the services of TBAs.

It has been demonstrated that the training of TBAs in the conventional methods for the delivery of maternal health care results in an increase in the utilisation of a health facility's prenatal, antenatal, and postnatal care services, which inevitably results in an improvement in mother and neonatal health. Empowerment is a result of excellent training; it is a process that is purposeful, community-centered, and involves active involvement, critical thought, awareness, understanding, and control over decision-making.

In Nigeria's Demographic Health Survey of 2018, it was revealed that, during their reproductive years, rural women will give birth to around 1.4 more children than urban women, and they are less likely to have had prenatal care from a skilled birth attendant. Because of this, the potential roles that TBAs may play in the promotion of maternal and neonatal immunisation when empowered by suitable training are brought into wider focus. As a result, the overarching goal of this initiative is to increase TBAs' knowledge, attitude, and desire to promote hospital utilisation in a culturally sensitive manner.

There is a lack of knowledge on cultural variables that contribute to maternal mortality in the professional literature. This lack of information is frustrating. There is a common belief that pregnant women should avoid eating giant plantains, milk, eggs, snails, and snakes, as well as okra soup (Manyiwa et al., 2018). This belief is mentioned in several earlier literature. It is not quite apparent whether or whether this results in nutritional shortages in pregnant women. It is also possible to view polygamy to be a cultural practise that places a woman in a more precarious position due to the fact that the husband is the one who decides how the family's resources are to be divided among the wives. In addition, it is widely held that supernatural explanations of aetiology can be used to attribute behavioural taboos as a causal factor in maternal difficulties and fatalities. In many communities in Nigeria, for instance, pregnant women are thought to bleed or pass away during their pregnancies as a result of witchcraft, supernatural powers, adultery, or being impolite to their husbands (Manyiwa et al., 2018). This is according to research that was conducted in Nigeria. Families that subscribe to the supernatural aetiology will look for care not from medical professionals but rather from religious or traditional healers.

Within the framework of this partnership programme, the midwives work in conjunction with local leaders as well as religious leaders. In a number of regions, village and religious leaders play important roles in persuading members of the community, particularly women, to make use of maternity and child health care services rather than relying on TBAs to assist them in giving birth. Because the government funds the midwives' salary in order to support this partnership programme, the midwives are able to provide their services to patients free of charge. In addition, the TBAs are eligible to receive monetary compensation as an incentive if they recommend and urge all of their patients to attend midwives.

Developing a collaborative partnership with TBAs is one way to improve relationships with them (Miller & Smith, 2017). This can be done by providing opportunities for the reciprocal sharing of traditional and professional knowledge and ideas between TBAs and SBAs, putting an emphasis on such collaboration in in-service midwifery training, and including TBAs in community level networks and as links in referral chains for skilled care.

The study examined collaboration processes between skilled and traditional birth attendants on maternal and newborn care in Ekiti State.

The specific objectives were to:

1. explore the methods of collaboration that exist between the SBAs and TBAs in Ekiti State;
2. examine the perception of TBAs/SBAs on the collaboration that exists in Ekiti State;
3. explore the barriers to develop the collaboration processes of SBAs and TBAs in Ekiti state; and
4. Investigate the opportunities and pathways for collaboration of SBAs and TBAs in Ekiti.

Methodology

The objective of the study was to develop collaborative processes between skilled birth attendants and traditional birth attendants on quality of maternal and newborn care in Ekiti State. The specific objectives were to explore the methods of collaboration that exist between the SBAs and TBAs in Ekiti State. This study will adopt a qualitative design which is a phenomenological approach. The study population comprised of all skilled birth attendants from Ekiti State University Teaching Hospital, Ado – Ekiti, traditional birth attendants in Ekiti State and Ekiti State Ministry of Health Officials. In-depth interview was used to elicit information from the skilled birth attendants while all the skilled birth attendants who consented to participate in the study were recruited from Ekiti State University Teaching Hospital. Sample size of the selected traditional birth attendants was determined by data saturation while paying attention to the scope of the study, quality of data gotten, nature of the research topic, the study design and the presence of shadow data. In-depth interview was used to elicit information from some officials of Ekiti State Ministry of Health who are directly involve in the supervision of traditional birth attendants. Convenience sampling technique and Criterion based purposive sampling technique were used to select available skilled birth attendants, traditional birth attendants and officials of Ministry of Health. Only the available respondents participated in the study.

In-depth interview guide (IDIG) developed by the researcher was used to collect relevant information from the respondents, through verbal interaction between the respondents and the researcher; this allowed the researcher to get in-depth information and their perception about collaborative processes between skilled birth attendants and traditional birth attendants on maternal and newborn care in Ekiti State. In-depth interview was conducted among skilled birth attendants and this involved one on one discussion with them. The interview was conducted in preferred place by the interviewee with adequate privacy maintained. Informed consent was taken from participants. The study lasted for a period of two month and in-depth interview was conducted until data saturation is attained. The data were recorded using audio tape/recorder and field notes.

Also, in-depth interview was conducted among traditional birth attendants and this involved one on one discussion with them. The interview was conducted in preferred place by the interviewee with adequate privacy maintained. Informed consent was taken from participants. The study lasted for a period of one month and in-depth interview was conducted until data saturation is attained. The data was recorded using audio tape/recorder and field notes.

Results

Table 1: Theme and Sub-themes for the Qualitative Data

S/N	THEMES	SUB-THEMES
1	**Collaboration**	**Existing** **Perception on existing** **Barrier** **Opportunities for collaboration**

Table 2: The Interview Questions and Main Ideas

INTERVIEW QUESTIONS	MAIN IDEAS	SUB-THEMES	THEMES	CODE
What are methods of collaboration that could help partnership of SBAs/ TBAs to improve quality of maternal and newborn	Teamwork with SBA/TBA for pregnancy delivery and newborn care. All TBA homes must be registered with the MOH and renew their	Methods of collaboration Existing collaboration	Collaboration	M.1 M.1.1 M.1.2

care?	registration every year.			
	Linking with the direct line of nearest public hospital.			M.1.3
	Linking with the nearest RN, RM, RPHN, or O&G Dr.			M.1.4
	Referral, training, supportive supervision			M.1.5
	Monitoring and evaluation from the ministry of health could improve quality of mothers and new born care?			M.1.6
				Y.1
Are they existing?	Yes			Y.1.1
	No			Y.1.2
				G.1
Perception about linkage with skilled birth attendant	Good	Perception on existing		G.1.1
	Bad			G.1.2
				B.1
What are the barriers that are preventing you from collaborating with SBAs/TBAs	Unavailability of skilled maternal and newborn healthcare services	Barriers		B.1.1
	Access to skilled maternal and newborn healthcare services			B.1.2
	Attitude of SBAs			B.1.3

	Status of mother and newborn Mothers fears, Transportation issue and cost Fear of loss of confidence in me			B.1.4 B.1.5 B.1.6 B.1.7
What other opportunities are available or do you suggest for collaboration	Training Task force Task description Job specification	Opportunities		O.1

Table 3: Frequency of responses

Interview questions	**Main ideas(category)**	**Participants/Responses**
What are methods of collaboration that could help partnership of SBAs/ TBAs to improve quality of maternal and newborn care?	Methods of Collaboration	P. Traditional birth attendant are in our society, they live closer to people in the community than the skilled birth attendant and people will listen to TBA because they see them all the time. They attend the same church and the same market more than SBA that normally stay in the hospital. SBA know them by inviting them to a conference hall, they have a leader among them. P. On collaboration, the government will only say it with mouth they will never agree. P. Many atimes, we get to a government facility and we will be neglected. Help us to tell them to be attending to our referral promptly. P. To register all TBA at MOH P. MOH should not victimize P.3 there was no collaboration because of the attitude of our skilled birth attendant, we believe they are

Teamwork with SBA/TBA for pregnancy delivery and newborn care.		the enemies of the society it is good to collaborate with traditional birth attendant. Skill birth attendant bill is seen as expensive. TBA gives more care after delivery that is why we may say is good and not expensive TBA's can collaborate with SBA by helping the hospital to bring client, they should be an informant to SBA There are over 300 TBAs here I have only visited 3 P. They should not eradicate TBA delivery kits, diapers etc should be distributed to TBA to encourage pregnant women as they do for them in hospital. Government should embrace us as one of them. P. It is good to establish a team work if they register with MOH , and they should know their job description and not cross their boundary I went to Akure health technology as a SCHEW. I have never renewed my license. I retired as a government worker. All TBA homes must be registered with the MOH and renew their registration every year. Linking with the direct line of nearest public hospital. Linking with the nearest RN, RM, RPHN, or O&G Dr. Referral, training, supportive supervision P. Mothers are afraid of tertiary hospitals because of cost. P. I have more Egbira and Gara clients, religion/culture can't be a barrier, so feasibility of collaboration is achievable. They should promptly refer and not say 'God must do it through me'. SBAs must also follow-up. I nursed a pregnant patient who had circumcision done and had keloid near the vagina. So I educated her not to circumcise her baby girl. Such patient should be referred to the tertiary hospital for in-depth understanding and possible treatment.

What are the barriers that are preventing you from collaborating with SBAs/TBAs		Fear of referral in the woman Unavailability of skilled maternal and newborn healthcare services Access to skilled maternal and newborn healthcare services Attitude of SBAs Status of mother and newborn Mothers fears, Transportation issue and cost Fear of loss of confidence in me TBAs don't refer because of the money they want to make and patient too don't want to go to the hospital because of fear of doing CS P. SBAs see TBAs as the enemy of health sector that is preventing the decline in the rate of maternal mortality in the society because we believe people harbor them in their house and in the community. People in the community protect TBAs but SBAs don't recognize them but we need to recognize them by telling them that they can be of help. Traditional birth attendant prevent people from coming to the hospital that is why we need to collaborate with them, educate them to tell their clients to come to the hospital. Some have traditional power because there is no pastor in the hospital, TBA give themselves fully to their client that they can do it they should believe in them. They also render home service
Recommendations		Regular meeting between TBAs and SBAs, they can also give TBAs mosquito net. Organize Work shop/seminar Organize training on outbreak of novel diseases particular to pregnant women and children Ministry of health should provide any incentives for TBA whenever they refer I know they may not pay us. The government

		workers should not discourage pregnant women in delivery in TBA. It is good to collaborate to reduce maternal and child mortality.

As regards the collaboration (M.1), the methods mentioned were SBA having better listening skills during meetings with TBA's and they should not forget TBAs are more closer to the people (participant 1), prompt referral (SBA, participant 2), proper registration, follow-up, monitoring and supervision of TBA activities, no victimization of TBA's by SBA's (participant 5) respectful receptive attitude to TBA during referral and follow-up of their clients. The team work mentioned by the participants are job description and avoidance of crossing the line, yearly renewal of registration, linking with direct line of nearest public hospital secondary or tertiary, and linking with a nearby SBA. If this collaboration are existing, few said no. the barriers identified however were fear of hospital cost, unavailability of skilled maternal and newborn health care services, transportation issue, fear the pregnant client might lost confidence in the TBA if she decide to refer, TBA do not want to lose client and non-recognition of TBAs

It was recommended that seminar and workshop should be done for TBAs, incentives to be given to TBAs whenever they refer and training on novel diseases that can cause maternal and fetal mortality and morbidity.

Discussion of Findings

Based on the findings provided, the collaboration between Skilled Birth Attendants (SBAs) and Traditional Birth Attendants (TBAs) involves several key methods and aspects. These methods aim to establish effective communication, ensure prompt referral, facilitate proper registration, promote follow-up and monitoring, and maintain a respectful and receptive attitude between the two groups. One important aspect mentioned is that SBAs should demonstrate better listening skills during meetings with TBAs. This emphasizes the importance of active listening and open communication channels to foster collaboration and exchange of knowledge and experiences between SBAs and TBAs.

Prompt referral is highlighted as a crucial aspect of collaboration. Ensuring timely and appropriate referral of patients who require specialized care is essential for positive maternal and neonatal health outcomes. Proper registration of patients is also emphasized, which aids in maintaining accurate records and facilitating follow-up care. Follow-up, monitoring, and supervision of TBA activities are mentioned as important components of collaboration. This suggests the need for oversight and support to ensure that TBAs adhere to established guidelines, practices, and standards of care. This monitoring and supervision can help improve the quality and safety of the care provided by TBAs.

Respectful and receptive attitudes from SBAs towards TBAs during referral and follow-up processes are highlighted as crucial for effective collaboration. Fostering a positive working relationship based on mutual respect and trust is important in achieving seamless care transitions and ensuring optimal care for patients. The findings also mention team work through methods such as clearly defined job descriptions and avoiding crossing professional boundaries. This highlights the importance of clarity in roles and responsibilities to promote effective teamwork

and avoid any potential conflicts or misunderstandings. Yearly renewal of registration is mentioned, emphasizing the importance of maintaining updated credentials and ensuring that healthcare providers, including TBAs, meet required standards of practice. Additionally, linking with the nearest public hospital, whether secondary or tertiary, and establishing connections with nearby SBAs are mentioned as means to enhance collaboration and facilitate appropriate referrals when needed.

The findings highlight the need for effective collaboration between SBAs and TBAs through various strategies, including active listening, prompt referral, proper registration, follow-up, monitoring, respectful attitudes, and teamwork. These elements are crucial for creating a supportive and coordinated system of care that promotes positive maternal and neonatal health outcomes.

The findings indicate several barriers that affect the collaboration between Traditional Birth Attendants (TBAs) and Skilled Birth Attendants (SBAs) and impact the provision of maternal and newborn healthcare services. One of the identified barriers is the fear of hospital costs. This suggests that some women may be hesitant to seek care from SBAs or referral centers due to concerns about the financial burden associated with hospitalization or medical services. Financial constraints can hinder access to skilled maternal and newborn healthcare services, leading some women to rely on TBAs for delivery care.

The unavailability of skilled maternal and newborn health care services is another barrier mentioned. In certain areas, there may be limited access to healthcare facilities equipped with skilled providers and appropriate resources. This can result in women relying on TBAs as their primary source of care, as they may be the only available healthcare providers in their communities. Transportation issues were also highlighted as a barrier. Difficulties in accessing reliable transportation can prevent women from reaching healthcare facilities or referral centers in a timely manner, particularly in remote or underserved areas. Lack of transportation options can delay or deter women from seeking skilled care when needed.

Manyiwa et al. (2018) showed that women were hesitant to acquire skilled or standard treatment when they were in need because of their fears regarding surgical delivery (caesarean section), the negative attitudes of skilled health care providers, and the low quality of care as service delivery issues. Additional key variables that contributed to women not seeking medical attention, which ultimately led to a stillbirth, were the high expenses of treatment, the great distance to the institution, the absence of transport, and the requirement of an escort from the family or village in order to attend a health centre. According to Esena and Sappor (2013), a significant number of women do not seek skilled treatment because of the expense of the service, the distance to the health facility, and the quality of the care; as a result, coverage is poor.

The fear that a pregnant client might lose confidence in the TBA if a referral is recommended indicates concerns about the TBA's reputation and perceived competence. TBAs may worry that if they refer a client to a higher-level facility, the client may question the TBA's abilities or lose trust in their care. This fear can create reluctance in making appropriate referrals, potentially compromising the safety and well-being of the mother and newborn. Non-recognition of TBAs as formal healthcare providers is another barrier. TBAs often operate within informal systems and may not be officially recognized by the healthcare system. This lack of recognition can limit

their access to resources, training, and support, and may create challenges in integrating them into formal healthcare networks.

According to Das (2018), a significant number of women do not seek skilled treatment because of the expense of the service, the distance to the health facility, and the quality of the care; as a result, coverage is poor. Women's decisions about where and when to give birth are often influenced by a number of additional variables in addition to the financial burden associated with pregnancy and childbirth. The distance from the facility, the attitude of the staff, the expense of transportation, the number of children the expecting woman already has, cultural practises, and economic standing are all examples of such issues.

Addressing these barriers requires collaborative efforts and policy interventions. Strategies such as improving financial support mechanisms for maternal healthcare, increasing the availability of skilled providers in underserved areas, implementing effective transportation systems, and integrating TBAs into the formal healthcare system through training and recognition can help overcome these barriers. By addressing these challenges, it is possible to enhance collaboration between TBAs and SBAs and improve access to skilled maternal and newborn healthcare services for all women.

Based on the findings, several recommendations can be drawn to enhance the collaboration between Traditional Birth Attendants (TBAs) and Skilled Birth Attendants (SBAs) and improve maternal and fetal health outcomes. The first recommendation is to conduct seminars and workshops specifically tailored for TBAs. These educational sessions can provide opportunities to update their knowledge and skills, introduce evidence-based practices, and address any gaps in their understanding of maternal and newborn healthcare. By enhancing the capacity of TBAs through ongoing training, they can improve the quality and safety of the care they provide. Another recommendation is to provide incentives to TBAs whenever they refer cases to SBAs or higher-level healthcare facilities. Incentives can serve as motivators for TBAs to appropriately recognize and refer women with high-risk pregnancies or complications. This can help ensure that pregnant women receive timely and specialized care from skilled providers, reducing the risks of maternal and fetal mortality and morbidity.

Training on novel diseases that can cause maternal and fetal mortality and morbidity is also recommended. Keeping TBAs updated on emerging health issues, such as infectious diseases or other conditions that may affect pregnancy outcomes, is crucial. This training can enable them to recognize potential risks and refer women promptly when needed, ensuring appropriate care and management. These recommendations aim to improve the knowledge, skills, and practices of TBAs, while also incentivizing appropriate referrals and addressing gaps in their understanding of specific health conditions. By investing in continuous education and support for TBAs, their contribution to maternal and newborn healthcare can be strengthened, and potential risks and complications can be identified early, leading to improved outcomes.

However, it is important to note that while these recommendations can enhance collaboration and knowledge among TBAs, they should be implemented in conjunction with broader efforts to strengthen the overall healthcare system, including the availability of skilled providers, adequate resources, and accessible referral pathways. Collaborative approaches that involve community

engagement, healthcare authorities, and policymakers are necessary to ensure the effective implementation of these recommendations and improve maternal and fetal health outcomes.

Conclusion

Collaboration between SBAs and TBAs is crucial for effective maternal and newborn healthcare. Clear communication channels, respectful attitudes, and coordinated efforts are essential to ensure seamless care transitions, continuity of care, and improved health outcomes.

Recommendations

Based on the findings discussed, several recommendations can be made to improve the provision of maternal and newborn healthcare services, as well as enhance the collaboration between Skilled Birth Attendants (SBAs) and Traditional Birth Attendants (TBAs):

1. Strengthen Training and Education: Conduct regular seminars, workshops, and training sessions specifically designed for TBAs. These programs should focus on updating their knowledge and skills, introducing evidence-based practices, and addressing gaps in their understanding of maternal and newborn healthcare. Continuous education can improve the quality and safety of care provided by TBAs.

2. Foster Collaboration and Communication: Encourage regular meetings and interactions between SBAs and TBAs to foster collaboration, exchange knowledge, and promote effective communication. Establish forums or platforms where SBAs and TBAs can discuss cases, share experiences, and learn from each other. Emphasize respectful and receptive attitudes between the two groups, recognizing the valuable role that TBAs play in their communities.

3. Recognize and Support TBAs: Advocate for the formal recognition of TBAs within the healthcare system, ensuring they receive the necessary training, resources, and support. This recognition can facilitate their integration into formal healthcare networks, allowing for better coordination, supervision, and monitoring of their activities. Provide incentives for TBAs who adhere to established guidelines and make appropriate referrals.

Implications of the Findings

The findings have several implications for nursing practice in the context of maternal and newborn healthcare. Here are some key implications based on the discussed findings:

1. Collaboration and Inter-professional Communication: The findings highlight the importance of collaboration and effective communication between Skilled Birth Attendants (SBAs) and Traditional Birth Attendants (TBAs). Nurses should recognize the valuable contributions of TBAs and work collaboratively with them to ensure the provision of comprehensive and safe care to pregnant women. Developing respectful and open lines of communication can enhance coordination, facilitate referrals, and promote seamless care transitions.

2. Continuity of Care: Nurses play a vital role in ensuring continuity of care for pregnant women. This includes proper documentation and sharing of information between

different healthcare providers, particularly during referrals between TBAs and SBAs or higher-level healthcare facilities. Nurses should advocate for seamless care transitions and work to bridge any gaps in communication or information transfer to ensure that women receive consistent and coordinated care throughout their pregnancy and childbirth journey.

3. Education and Empowerment: The findings underscore the importance of education and empowerment for TBAs and pregnant women. Nurses can contribute by providing evidence-based health education, promoting awareness of the benefits of skilled care, and addressing misconceptions or concerns related to healthcare facilities. By empowering TBAs with the necessary knowledge and skills, nurses can enhance the quality of care provided by TBAs and promote safe practices.

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