

Making Childbirth Positive, not Punitive: Experiences from Tajikistan

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Background

Birth practices in Tajikistan have been characterized by overmedicalization, with little support provided to women during labor, delivery, and the immediate postpartum period. Providers routinely restricted visitors to maternities—even after delivery—citing infection concerns. Practices included procedures that were unnecessary and sometimes harmful.

Interventions

Providing evidence-based information to clients and providers was part of the ZdravPlusII Project's Making Pregnancy Safer program in Tajikistan since 2006.

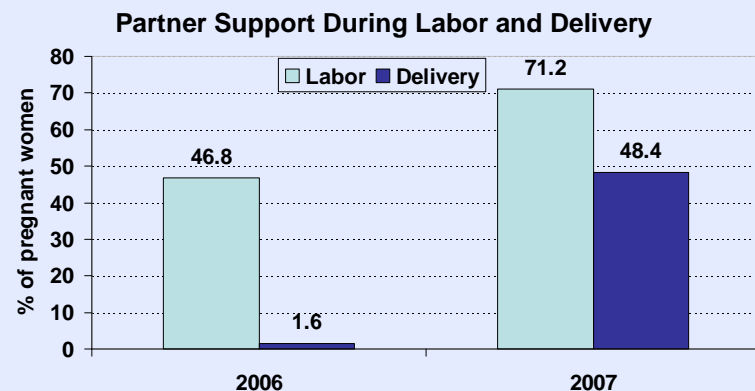
The project has been working together with the Tajik Ministry of Health to provide antenatal and intrapartum care in accordance with WHO-European standards of evidence-based medicine. Seventy-five providers attending four trainings based on WHO Essential Perinatal Care practices.

A client education component included:

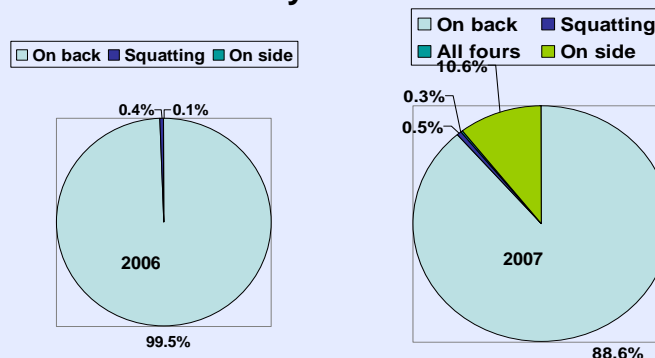
- Pregnancy and birth preparedness classes
- Encouraging partner presence during labor and delivery
- Psychosocial support during pregnancy, birth, and the postpartum period

Methods

A chart review and client surveys were collected prior to implementation. Follow-up data are collected every six months to monitor performance. Providers fill out survey forms. Postpartum women fill out a survey before discharge. An interviewer is present to assist women, if necessary.



Delivery Positions



Results

Data compare changes in client and provider practices from March/June 2006 (N = 805) and December 2007 (N = 400).

A dramatic rise in *Partner Support* during labor and delivery occurred (see graph, top left).

Provider Support increased as providers adopted practices that make the birth experience more comfortable and less frightening for women. The use of nonmedical pain relief—massage, hot or cold compresses, breathing and other relaxation techniques—increased from 48.5% to 69.7% ($p < .001$) from 2006 to 2007.

Other Positive Practices. Providers also recognized the importance of support in the immediate postpartum period, with visits from family and friends increasing from 13.5% in 2006 to 68.3% in 2007 ($p < .001$). Skin-to-skin contact immediately after birth increased from 65.6% to 79.4% ($p < .001$), helping maintain infant body heat while promoting mother-infant bonding. Providers also began encouraging women to deliver in the position most comfortable for them (see graph, bottom left).

Providers also curtailed some unnecessary practices, including using enemas (20.3% in 2006 vs. 2.0% in 2007, $p < .001$) and shaving women's pubic area (5.2% in 2006 vs. 0.3% in 2007, $p < .001$).

Conclusions

New pregnancy and delivery practices accepted by clients and providers alike indicate that birth experiences in Tajikistan are becoming more positive. The ZdravPlusII project will continue to support use of these new practices to help ensure that they are institutionalized prior to the project's end.