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Midwifery in Chile

A Successful Experience to Improve Women's Sexual and Reproductive Health: Facilitators & Challenges

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Abstract

Midwives have had a major presence in the Chilean Health System since 1834, just a few years after the country's independence from Spain. Since then, the professionalization and expertise achieved by professional midwives has resulted in considerable improvement in women's sexual and reproductive health.

Today, the maternal Mortality Ratio is rated the second lowest in the Americas (16 deaths per 100,000 live births), and midwives take care of virtually all deliveries in the public system, in both rural and urban women's health care units (99.8%). Such figures have been attained after many years of hard work; and, as a consequence, these days midwives not only participate in the care of the women and newborns, but also in the design of public policies, in ministries, the congress, governmental and non-governmental institutions, public and private agencies, and the International Confederation of Midwives. It is interesting to observe the evolution of midwifery in Chile, as the Chilean experience can serve as an inspiration to other states where the professional practice of midwifery does not have an appropriate status.

Key words: Midwifery, Sexual and Reproductive Health, Maternal Mortality, Chilean Midwifery Association.

Introduction

This article intends to present the successful experience regarding midwifery in Chile, explaining how the development of adequate public policies has played a key role in the process; along with the three fundamental pillars for strengthening professional performance: Education, Regulation, and Association.

Historical facts about the origin of Midwifery

Midwives appeared in primitive societies as companions to women in labor; their participation was characterized by their magical or religious aid, their contact with and protection of women during childbirth and postpartum, as well as the early care that they provided to newborn children in terms of reception and protection. Such early interventions have been registered in engravings dating from the Neolithic era.

The compound word *midwife* was first recorded in Middle English, around 1300 A. D. The word *wife* probably meant “woman” in earlier English. *Mid* may have been a preposition meaning “with” or “together with”; so, literally, the term could be understood as “with a woman” or “a woman who assists other women” (in labor)¹.

Midwifery in Chile

In pre-Columbian times, childbirth was regarded as a very important ritual; especially among the Ona and the Mapuche peoples. Women from these groups gave birth away from their homes and in close contact with nature.

The professional practice of midwifery originated out of necessity because the Spanish conquerors required someone to assist their women in childbirth, as they had no family to help them. The first midwives arriving in Chile came from the Viceroyalty of Perú².

The conditions for childbirth at that time were extremely precarious and this situation remained the same until the arrival of the French medical doctor, Laurent Sazie, at the beginning of the nineteenth century, who was invited, along with other European scientists, by President José Joaquín Prieto. Sazie, who at the time taught surgery and obstetrics, founded the first School of Obstetric Midwifery in 1834³. Subsequently, he became the first Dean of the Medical School at the University of Chile (Universidad de Chile). The government acknowledged his work by granting him Chilean citizenship. The Midwifery School at the University of Chile operated until 1872 in the *Casa de Huérfanos* (The House of Orphans). It was then relocated to the old San

Borja Hospital until 1974, and then to its final present location in the Faculty of Medicine in 2001.²

The first Chilean midwives played an important role in society by reducing maternal and newborn mortality in a country which had recently become an independent nation. Mainly due to the changing needs of the population and the subsequent public policies, the role of midwives has gradually changed over the years, moving towards the discipline development as defined by the ICM (International Confederation of Midwives), which focuses on the care of women's sexual and reproductive health throughout their lives, their relationships with their partners, their families, and the community.⁴

Midwifery and the Health System

Approximately 300 midwives graduated in Chile during the nineteenth century. At that time, childbirth took place mostly at women's homes or charity hospitals administered by religious orders⁵. In the early 1900s, the maternal and infant mortality rates in Chile were among the highest in the world⁶.

Milestones in Mother and Child Protection Policies

The concern of the state about the health of mothers and children and the emerging professionalization of childbirth care was started by the medical community in the Universidad de Chile⁷. The creation of the *Caja de Seguro Obligatorio*, (Mandatory Insurance Institution) in 1924 laid the foundation of the 'State Medical Care Services; which brought about the medicalization of childbirth, especially for working women, and ensured professional care during pregnancy, childbirth, and postpartum⁸.

The 1931 Labor Code strengthened the role of midwives through the passing of the Preventive Medicine and Mother and Child laws, which recognized the work performed in the community health centers, preventive medicine centers, and maternity centers, where the midwives worked. The Directorate of Medical Services Mother and Child Office was created in 1936, at the same time the period of childcare was extended from eight months to two years of age. From 1937, benefits for uninsured women were included; subsequently, all organizations that had been created to pursue mother and child protection were brought under the umbrella of this agency.

By the middle of the 20th century, research demonstrated that the encouragement of hospital delivery and the dissemination of pre and post-natal care had both been successful. The Servicio Nacional de Salud (National Health Service) was created in 1952, becoming the second national health institution in the world, after the National Health Service in the United Kingdom. That same year the Mother and Child program was promoted, along with the building of urban and rural maternity centers, the education of mothers and pregnant women, and the strengthening of midwives' training, by requesting applicants to produce their secondary education license and to take the national biology test⁶. The Family Planning Program was launched in the 60s in order to reduce the rate of maternal mortality as a consequence of induced abortion.

Today, the 2005 Health Reforms attempt to reduce inequality between the private and public sectors through a system of health guarantees (GES) which includes provision of medical services for numerous diseases. This has led to strengthening the Health Ministry (MINSAL) as the health policies governing body⁹.

Public Policies and Midwifery: Results

At present, the maternal mortality Ratio in Chile is the second lowest in the Americas (16 per 100,000 live births) and the infant mortality rate is 7.3 per 1,000 live births. The professional delivery care percentage now stands at 99.8%.¹⁰

Successful Midwifery Experience in Chile: Facilitators

The most relevant facilitating factors for the success of Midwifery in Chile are discussed below:

The Strong Role of Midwives

The sanitary code and a number of ministerial regulations provide midwives the necessary professional independence, which has been a determining factor in the empowerment of midwives, thus favoring the development of the discipline and the midwives' decision making in the care of women's sexual and reproductive health.¹¹

There are about 7,300 professionals spread over the fifteen regions of the country, which operate both in the private and public sectors. One hundred percent of the women belonging to the three lowest quintiles are attended by a midwife in public hospitals and in the community primary care clinics.^{12, 13}

University Education

One of the things that has kept the standard of quality care high in professional practice is the *university only* qualification of midwives. Midwifery programs last ten semesters and include courses in different subjects relating to specific aspects of their professional practice, such as Obstetrics, Gynecology, Neonatology and Public Health. Students earn a Bachelor's Degree in Midwifery and the professional degree of Midwife.²

The Role of the Professional Association

The Chilean Midwifery Professional Association was created in 1889, under the name of Chilean Midwives Union. This association is still in place, after 127 years, and has had a strong impact on the development of midwifery and women's health in the country. Therefore, it is regarded as a national professional association patrimony.^{14, 15}

At present, the association consists of 20 Regional Councils, having approximately 2,000 registered midwives. It is a member of the International Confederation of Midwives (ICM) and the Federation of Chilean University Professionals; it is also a member of the Health Department of this Federation. Its main functions are as follows:

- Ensure compliance with the professional practice regulations on issues such as the development of a legal framework that will strengthen the profession and professional development and the design of a national performance evaluation system for midwives.
- Participate in the debate about public policies related to women's sexual and reproductive health.
- Study the impact of sexual and reproductive health indicators in the country particularly to assess their compliance with the Millennium Development Goal 5.
- Ensure the quality of university education in the country's Midwifery Schools.
- Publish relevant scientific and legal information regularly.
- Disseminate the experience of the association nationally and internationally¹⁶

Midwifery Empowerment

The advances at the national level have made it easier for midwives to work in positions of high responsibility decision-making, such as Directors of Family Health Centers; Presidents of Professional Associations; Heads of Programs at the Ministerial level and in international agencies, like PAHO; Academic and Department Directors in different universities; representatives in the legislative power bodies, and as representatives on the ICM Board. The

incorporation of male midwives since the 70s (10%, approximately) has resulted in an important contribution to gender related issues as well as research development in post graduate studies.

In 2008, PAHO/WHO acknowledged such achievements by requesting Chilean midwives to develop a long term training program based on the Chilean Midwifery model. In this context, the *WHO Collaborating Center for Midwifery Development for Latin America and The Caribbean* was founded and located in the Midwifery School at the Universidad de Chile.¹⁷

Conclusion and Challenges

The quality of education of midwives and their excellence in professional practice have resulted in Chile earning a high place in the world due to its optimal indicators in sexual and reproductive health. The impact of stable public policies has allowed a sustained development of midwifery in the country. The Midwives Professional Association has significantly contributed to the development of health policies and professional training. The current challenges are: reducing caesarian section rates, promoting humane delivery care, and the development of discipline related research both locally and internationally, in order to facilitate the publishing of the experiences Chilean midwives have had after 180 years.

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