Hermandad departeras. Puerto Ric

Platform of Reproductives Rights. Spain

The Traditional Midwife

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Argentina+

TICIME, A.C.

Circle of Health International International Alliance of Midwives Latin American & Caribbean Network for the Humanization of Childbirth 2007

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Revised: March 13, 2007 Revised: July 10, 2007 Sent to: The International Confederation of Midwives World Health Organization **UNFPA** The World Bank Translation by: Gisela Jung Seifert, Rosarito Morales Berrios, Carol Irene, Vanessa Caldari Meléndez and Philip Escobar Jung.

Editing: Doral L Ortiz Rodríguez, Alina Bishop, Lauren Showe, Gisela Jung Seifert, Gregorio Marcano, worked in the definition, Luz Nereida Pérez, Cheryl K. Smith and Val Dickens.

As a people, we appeal to maintain equilibrium between development and culture, based on the

I Introduction The affirmative action of all collaborators signing this document is the protection, inclusion and development of the practice of the traditional midwife. Today they have proven to be a sustainable and unique labor force at the service of many mothers and their children in isolated and poor communities and for women who choose their services freely. For this reason we have created this document in consultation with traditional midwives, midwives and other health providers from our region, Latin America and the Caribbean.

importance of equity, justice, safety and human rights. Our aim is to protect the justice of women and foment the tolerance of differences. Therefore adjustment resulting from conflicting interests between your organizations and us are necessary. History has shown us that centuries ago, the European traditional midwife started educating herself to acquire new abilities. That is how she has maintained her generally successful practice through our times. Traditional midwives in Latin America and the Caribbean today have the same rights for self-improvement.

According to research trained traditional midwives acknowledged in their communities helped to diminish significantly maternal-infant mortality and morbidity, and are need it. We know, that in our region of the Americas we are far from: 1. Eliminating poverty from marginalized communities- a recognized cause of precursory risks for mother and infants and 2. Establishing adequate health services for mothers in many years to come. Before the influence against the traditional midwife in this part of the world becomes too strong, we propose what former Secretary General of the United Nations Kofi Annan stated,

when he said "The goals of the New Millennium can only be reached, when we break with business as usual... we need something new and different". The "different" was defined as a comprehensive and consolidated effort. We are thinking in similar terms, proposing the initiation of a constructive dialogue with all concerned parties. II

Definition of the Traditional Midwife

Her talents vary according to the region of residence. Her gift as a midwife and her intuition help create an intimate, unique relationship with each mother and infant under her care. The use of diets, plants, various infusions, immersion baths, sweat baths, incense, enemas and massages

breastfeeding, and protects the mother with her presence, advice and prayers. The traditional

The traditional midwife works and collaborates in the health of the newborn baby and takes care of her/him as long as it deems necessary. She also takes care of the mothers' health, offers

Occasionally she works in collaboration with other health providers. At times she may work in

It is extremely important to acknowledge the traditional midwife as such and the acceptance of

Acknowledging the voices of all women everywhere and taking note of the diversity of women and their roles and circumstances, honoring the women who paved the way and inspired by the

hope present in the world's youth empowerment (Beijing Declaration, 1995).

A comprehensive explanation and not only statistics, offer a more ample and complete

in such a way that each health care provider can coexist comfortably in this world.

To avoid falling into this trap, the decision to incorporate TBAs into the strategy for the provision of skilled care should be an interim step of a longer-term plan for training and

In practical terms TBAs can help in the provision of skilled care to women and newborns by: serving as advocates for skilled attendants... giving social support during and after delivery or

The younger and the most able TBAs, with educational backing and access to appropriate adult

and increases underground activities. In the past and still today, in our region, governments identify them, attract them to courses, oppress to reduce their numbers and try eliminating

in 2000, even though, in 2002, only 12% of deliveries had a skilled attendant. 5

health care providers were integrated into the communities.8

In Puerto Rico from 1950-1951 (years of extreme poverty) reports revealed that 60% of the births were attended by midwives at home. It was reported that 46.5% of the maternal deaths occurred in births attended by medical doctors and 28.2% in those attended by midwives. 9 Midwives were trained on the prevailing causes of maternal/infant mortality and morbidity in groups within their community and by collaborators. Health facilities did not exist in many

(4) Existing research in other Latin American countries suggests that a lack of respect for traditional practices, valuing the biomedical service system as the only appropriate form of health delivery, and programs that encourage training and uncompensated involvement of

traditional health providers in the biomedical system, contributes to a falling rate of providers in

(4) However, barriers to the establishment of Essential Obstetrical Care centers (EOC's) in areas currently without such services include lack of available or foreseeable funding, as well as the challenge of staffing EOC's in relatively remote and economically impoverished areas.

(4)(5)(7) Commendable cultural specificity as a human right- entrenches people's feeling of dignity and equality, promotes their participation in the conduct of public affairs in their countries, and promotes their consciousness and awareness of the common destiny of all

nor to justify excluding the other on whatever religious, cultural or political grounds, or to

humankind. It is not used to justify marginalizing or consolidating the inferior status of women,

She has the courage to work with the birthing process in isolated communities, and

Traditional midwives are usually permanent residents and their constant presence

They have demonstrated, inherent in humans illiterate or not, their ability to learn. Data has shown that in some places where health clinics were established, some mothers prefer to be assisted by a traditional midwife during birth. This constitutes her right and reason enough to simply maintain her existence and to help cultivate

often without the necessary resources. She does not leave the mother alone. With the existence of many marginal communities in Latin America she is the person with special skills and with connections or knowledge to other health

Her socioeconomic level is compatible to that of the women she serves.

homebirths, which is a real social advantage in the short and long term.

The explicit recognition and reaffirmation of the right of all women to control all aspects of their health, in particular their own fertility, is basic to their empowerment (Beijing Declaration

It is in our interest that any document of legislative proposal or action for the regulation of Midwifery, by the WHO or others, provides a law or regulation which is appropriate for our region and defines clearly that of the traditional midwife. The traditional midwife should be protected with the same deference as the traditional midwife of the aboriginal communities (they are closely related). Any legislative proposal that influence our region should include:

Written mention of the recognized name in our region- Traditional Midwife.

for mother and babies in her region by other health care personnel.

We strongly recommend the following services from collaborators:

Create clinics to verify the health of mothers and child they serve.

work, urinalysis and any other appropriate and possible diagnostic tests.

fetoscope, materials for umbilical cord, alcohol and other equipment.

direct credit line to pay for gasoline and vehicle maintenance.

Visits and conduct formal meetings no more than three month apart, can last from a few hours

Plan workshops for the development and education of all concerned, to establish non-hierarchic

Share methods of knowledge and provide technology to check position of placenta, basic blood

The collaboration can come from different sources such as: Required community services after graduation for health care providers, from students, offering academic credit for their work,

With the help of the collaborators, traditional midwives can go to health facilities within their community establish collaborative ties and frequent communication with other health care providers, thus promoting healthy attitudes and prompt treatment when transfers are needed.

Provide each traditional midwife with a telephone; a list of telephone numbers of clinics,

Supply the midwives with a rainproof case including: measurement, scissors, stethoscope,

Promotion of networking with people helping them in the development of proposals for funding to improve the quality of their services, acquire continuous education and attend

Promote simple doula training given by traditional midwives. Doulas can help mothers with essential and personal care, can detect weaknesses and discomfort in the mother and refer her promptly to the midwife. These responsibilities could create a new profession for other women

Collaborators could help obtain a vehicle with gasoline for the use by the midwives and supply

More studies of traditional midwifery, their work and performance should be conducted, to

The education of the midwife should be theory and practice oriented. Essential and preventive care needs to be considered of equal importance as emergency procedures. Instruction and skill

Share knowledge about essential and primal care in all aspects. Specially to avoid prevailing

causes of death and ilness in mother and child. This is vital, new approaches are need.

Use references and explore about native plants and its preparations to diminish the risk of

pregnancy. Share knowledge about technics establishing immediate breastfeeding in the

To prevent or revert pre-eclampsia use the guides suggested in the Gail Sforza Brewer and Tom Brewer's What Every Pregnant Woman Should Know: The Truth About Diets and

Native medicinal plants (green medicine), ways of preparations, uses and dosages. Potent preparations accesible and easily elaborated by them. For use in cases of illness, emergencies,

communities. Risk factors are related to poverty, not to the work of the traditional midwife. *

traditional midwives with all the necessary knowledge, support and mechanisms to intent health

On the other hand, any proposal for the development of midwifery practice should be designed to maintain and protect the traditional knowledge, evolution of their wisdom and the strength of

Many traditional midwives are poor, working mothers without formal education and therefore with the need for comprehensive adult education facilitated in their communities. Interested and

If a school for traditional midwives should be created we recommend the use of the model of the School for Professional Midwives CASA in Guanajuato, Mexico, or, the standards made by the Midwives Alliance of North America. Both are recognize models of development that

Traditional midwives ability to absorb and retain information tends to be excellent. Perception of the universe, the environment, and other emotions tends to be more developed, among other

assisting mothers during their childbearing years. Traditional Midwives have developed a sense

Enhancing men and women's awareness of their rights so as to help enable them to transform human rights principles into social, economic and political reality. It would also enhance their ability to defend, maintain and advance human rights on all levels. (The Cairo Declaration on

1. Letters. Lauren Showe. Her experience with traditional midwives in Ecuador and Argentina

6. Rodgers, Kevin A. M.D., et al. "Outcomes of Training Traditional Birth Attendants in Rural Honduras: Comparison with A Control Group", Journal of Health & Population in Developing

7. Santos Febres, Mayra. "Perdónenme la insistencia". El Nuevo Día, 18 de febrero, 2007.

8. Shiffman, Jeremy, and others. Constructing political will for safe motherhood in Honduras.

9. Puerto Rico. Departamento de Sanidad. Informe anual del Director de Sanidad al Honorable

Both women and men need to participate in any sexual and reproductive health program. The

We as midwives need to communicate to couples the importance of mutual respect to form a

We declare the urgency of caring for our environment to avoid the continued contamination of

husband needs to share in the birth process in order to make the couple aware of the

the earth, water, forest and air, and thus preserve and strengthen Mother Nature.

responsibility that both should have within the nuclear family.

solid, happy and prosperous family.

I

virtues. Most are very proud to be a traditional midwife. These primary health providers confront life and death experiences more than many other human beings, and still continue

of empowerment that should be acknowledged and treated with profound, supreme and

able traditional midwives desiring to assist schools should be encouraged and supported economically. Both options should be considered in any proposals to maintain the highest

We understand that the best solution implying less risk is simple, safe and economical. According to our present reality and infrastructure it is of utmost importance to provide

Drugs in Pregnancy. Anne Frye's books and other literature used in Latin America.

when other supplies are lacking or clinics are to far to access.

hemmorrage: uterine tonics, high in calcium, iron, vitamin k and nourishing plants to use during

acknowledge their virtues and enhancing the understanding by academics and others.

building about the following ought to be included among other them es:

emergency system, other midwives, collaborators assigned to the area and health professionals.

Promote monthly meetings between traditional midwives within their community for peer

Promote for women in their reproductive years the consistent use of traditional midwife

provision of equipment for prevention and emergencies.

Declaration of the right of the traditional midwife to maintain her profession respected,

Establishment of a mechanism of close collaboration with other health professionals and

Establishment by writing of her right to be respected and recognized as primary care provider

Recognition of her natural autonomy. In any written document the word "collaboration" should be used and not the word "supervision". The interdependence should be reflected with this

In many countries the government is not formally against them.

in the community makes them a real alternative for mothers in marginalized

16 – suggesting nothing to do with the training of traditional midwives-.

(2) More referrals (from traditional midwives) were reported in countries where data was

gathered: When reliable maternal mortality data is lacking, process indicators obtained, such as

perspective. Accordingly, we want to create respect for traditional medicine – an experience that started since human beings first appeared on earth- and a balance with the politics of

academic medicine, a branch resulting from tradition we also share. Both paradigms can relate and together we can continue to offer a complete service, according to the mothers' selection,

clinics and often she is the bridge between the health system and her community.

her title in equal terms as that of the midwife with formal studies.

feeling of solidarity many midwives of our region claim.

integrate her knowledge. She Understands and uses minimal intervention and special maneuvers to work with the most difficult births. She practices hygiene, promotes

midwife considers birthing a natural event, for many it is a ceremony.

We are presenting our definition of traditional midwife and other considerations to promote the exchange of ideas on the subject. **Definition of Traditional Midwife** She is an independent essential and primary care provider during pregnancy, birth and postpartum and is recognized as such by her community and jurisdiction. She offers domiciliary services. She works in isolated communities in developing countries and sometimes she practices in developed countries. She is a neighbor of the mothers she assists, and may be aboriginal in her country.

education with regard to family planning and is accessible to help the women with her needs throughout her life. She gets her knowledge from traditional, and informal methods ancient to the profession. This includes: Learning through her own experience as a mother, assisting other women, from her ancestors, colleagues, healers, other health providers and by means of self-learning; dreams, examples from nature, spirits, her spirituality and God may guide her work. When her education comes from a non-governmental organization she is known as a trained traditional midwife.

This definition needs to be accepted by international organizations and should be used in future references. International organizations affect the midwives, mothers, communities of our countries and, health politics intended for our region- the Americas. We believe firmly that the use of the name "midwife" per definition – the definition of the midwife from the ICM and the definition of the traditional midwife given by us- strengthen the image of all midwives. It does maintain an orderly and transparent succession of the profession within our social, linguistic and historical context. And is in concordance with an act and

February, 2007

Women's empowerment and their full participation on the basis of equality in all spheres of society, including participation in the decision-making process and access to power, are fundamental for the achievement of equality, development and peace. (Beijing Declaration ,1995). III

Advantages and data

providing sufficient skilled attendants;

as a birth companion.

These are the issues identified in the document Making Pregnancy Safer: The Critical Role of the Skilled Attendant, where we can clearly reach a middle point in which both knowledges is recognized and complements each other. The points we are debating are: It has been suggested that they could perform the role of the skilled attendant, where required. with some training. Research indicates that training of TBAs has not contributed to reduction of maternal mortality. Experts believe that the best role for the TBA in the skilled attendant strategy is to serve as an advocate for skilled care, encouraging women to seek care from skilled attendants; Lessons learned to date show that investing in strategies based solely on TBAs has historically caused governments to delay the development and implementation of strategies for ensuring that skilled attendants are available to all women and newborns;

education programs, may be able to enter a midwifery program. Here are our positions relating to the points mentioned in the document above. In concordance with the numbers. (1) We must be careful how statements like "traditional midwives could only perform... with some training" may influence governments. Due to circumstances beyond their control, many traditional midwives do not have opportunities of development. At the same time they are the only and real resource for the poorest and most isolated mothers in developing countries. This is detrimental to their profession and can create conflict and indifference from other health care providers in health care facilities. (1) Programs can include her safely. Goals for the millennium are not attainable in our region. Influence against traditional midwives in the political arena causes risks to mothers and babies

them.1 (1) Human rights values are the fruit of the interaction and communication between civilizations and cultures throughout history, the product of the struggle by all peoples against all forms of injustice and oppression internal and external.2 (2) Sibley's, meta analysis of 60 studies showed that training traditional birth attendants was associated with significant improvements in performance and mortality. There were 8% fewer deaths among women cared for or living in areas served by trained traditional midwives (tba's). These results appear to confirm that their training could be a useful component of a safe motherhood program.3 (2) Training programs of the Puerto Rico Health Department revealed that between the years 1931 to 1953, maternal death caused by puerperal sepsis was reduced from 24.0% for every 10,000 births to 0.9%/ 10,000. 4 (2) Bangladesh, which achieved great success in expanding family planning uptake and reducing fertility rates, reduced maternal mortality from 850/100 000 in 1990 to 380/100 000

increased rates of appropriate traditional midwife (TBA) referrals are important markers of progress in reducing maternal mortality.6 (2)(3)(4)(5)(6)(7) Programs in developing countries have used funds either for the training of traditional midwives or for the establishment of facilities with new health care providers. But most have not planned to use funds in equitative manner. On the other hand, excellent results are attained when both aspects are developed at the same time as shown in the examples below, where the relations between health providers does not pretend to change the role of the traditional midwife or the election of younger ones, it only pretends to add knowledge to the practice of the existing ones. The experts analyzing the situations below demonstrated interest and focus in the aspect fieldwork. All or some of the following factors were examined: The voices of the communities, their daily lives, insular policies, reports, studies, financial budgets, government documents, human rights, and interviews with people and agencies involved. Usually the opinion of most experts does not take into consideration all social and economic variables and this historically had severe consequences; delayed struggles for the abolition of slavery and women's right to vote7; sterilization of women without their consent in poor countries, groups against vaginal birth after caesarean, the belief that caesareans must always follow a first caesarean and routine episiotomies, among others. But when experts are able to integrate many of the elements and unite peoples voices programs do give more efficient and socially comprehensive solutions. The results have been: In Honduras, national maternal mortality was decreased by 40% between 1990 and 1997. One of the most drastic and important reductions in the region. Traditional midwives kept their role and trade/profession. They were trained on prevalent risk factors, clinics were created and other

areas of the island. 10 It showed that in poor areas and extreme situations midwives handled difficulties with superior dexterity. The experience of the Peruvian Quechua is based on the mothers' wish to give birth at home with a traditional midwife. Their reproductive rights and their free selection of where and how they want to give birth were not denied. Health centers and traditional midwives worked together. Mothers choose. Fifty percent of them kept the traditional midwife or relatives and the other 50% used other health care providers like hospitals and birthing centers. Workshops were carefully developed so academics and traditional workers could share their knowledge. Traditional midwives obtained support from other health care providers and access to clinics. The traditional midwives felt respected and validated. 11 Research on the value of the knowledge base of traditional midwifery is absent. Physicians and obstetricians participating in learning experiences in the community with midwives have stated the following; when in difficult situations they recognized their limited knowledge while midwives always knew what to do. In workshops, these doctors were able to articulate that the process of working together was initiated. 12 These actions are in accordance with the human rights of all the people involved; Consolidating friendship and solidarity among peoples; promoting respect for the rights of others; cherishing cultural pluralism and diversity and encouraging the flourishing of the national cultures of all groups and peoples; enriching the culture of dialogue, mutual tolerance and renouncing violence; promoting non-violence, fighting bigotry, and immunizing the people against the discourse of hatred. 13 (4) Speculations about the cost and effectiveness of programs to train traditional birth attendants has led to their widespread abandonment, despite an absence of trial evidence. Absence of dence of effect is not evidence of absence of effect. 14

remote areas. 15

waive commitment to international instruments. 17 (7) As measured at two years post-training, a four-day curriculum (utilizing interactive learning techniques, practical applications, and an on-site orientation to referral facilities) and follow-up monthly feedback meetings for training traditional midwives (TBAs) in rural Honduras resulted in improved and retained knowledge as well as marked improvement in referral practice when compared with control traditional midwives (TBAs). 18 - The capacity to learn is different for each person and it happen at any age-. (7) Traditional midwives have demonstrated ability to learn identification of high risk pregnancies, new managments of obstetrical emergencies. 19 (7) A surprising yet prominent theme expressed by the midwives throughout the focus groups was 'the desire for additional training to better help the women of their communities. 20 something repeatedly stated-. The States Parties to the present Covenant recognize the right to work, which includes everybody's right to make a living working in what they freely choose or accept, and will take appropriate steps to safeguard this right.21 Advantages of the traditional midwife:

communities

,1995).

 \mathbf{IV}

Regulation

preserved, promoted and developed.22

term. Regulation for the protection of providers of homebirths and for the right of mothers to be attended at home as well as the recognition that homebirth sometimes is the only option women Establishment by writing the non-offerings of gifts and social benefits to mothers as a token to choose another health provider as that of the traditional midwife. Protection in favor of the traditional midwife. Not to be offended, demoralized, or to be discriminated because of age, illiteracy or other reasons; be used in disguised or open mechanisms of elimination; she should not be oppressed or forced to stop or change her role, or be reduced in numbers. Democracy, development and respect for human rights and fundamental freedoms are interdependent and mutually reinforcing. Democracy is based on the freely expressed will of the people to determine their own political, economic, social and cultural systems and their full participation in all aspects of their lives. In the context of the above, the promotion and protection of human rights and fundamental freedoms at the national and international levels should be universal and conducted without conditions attached. The international community should support the strengthening and promoting of democracy, development and respect for human rights and fundamental freedoms in the entire world. (World Conference on Human Rights in Vienna, June 25 1993) ${f V}$ **Colaborators** The existence of a systematic collaboration between traditional midwives and other health providers is of utmost importance. The systematic collaboration, development and continued supply of materials diminish these risks and offer timely treatments.

to a few weeks to:

To create a registry.

midwife's conferences.

in the community.

Examples;

postpartum period.

Inquire about necessary supplies and needs.

other governmental resources and NGO's.

relations.

review.

services.

Exchange knowledge of emergency procedures for prevailing causes of death and illness in mother and child. Provision of allopathic medicine, vitamins, protein supplements, and emergency medications. Refrigeration should not be necessary. Guarantee their supply. Orientation about family planning, post abortion treatment. Add a simple HIV test and provide information about prevention. VI **Final considerations** The traditional midwife have the right to maintain her work, a mother have the freedom to select the services she wants, and both are covered by human rights recognize internationally. Also, to maintain the practice in very poor areas is imperative. A change to reduce poverty and the possibility to establish health facilities in the near future is very improbable for most

and life of mothers and babies.

possible number of midwives working in their field.

are adequate and sensible, among others.

their confidence.

delicate respect.

Human Rights)

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Countries (2004).

Cultura P.118.

Syracuse University.

Gobernador de Puerto Rico, 1950-1951.

order to ensure that their rights are fully respected in both acts and attitudes. Health programs should be in accordance with the needs of the community, not the government. Everything that is done to a woman's body must be with her consent. As human beings, we are one and men and women have the same rights.

10. Departamento de Salud de Puerto Rico, op. cit. 11. Brocker, Angela, et al. Promoción de la medicina y prácticas indígenas en la atención primaria de salud: El caso de los Quechua del Perú. Diciembre 2001 12. Rodgers, Kevin A. M.D., et al. "Outcomes of Training Traditional Birth Attendants in Rural Honduras: Comparison with A Control Group", Journal of Health & Population in Developing Countries (2004). http://www.jhpdc.unc.edu 13. The Cairo Declaration, op cit. 14. Costello, A., op. cit. 15. Lisa Kane Low, PhD, et al. "Challenges for traditional birth attendants in northern rural Honduras", Midwifery (2006) 22, 78-87 16. Rodgers, Kevin A., op. cit The Cairo Declaration on Human Rights, op cit. Lisa Kane Low, op. cit. Ibid. Brocker, Angela, op. cit. International Covenant on Economic, Social and Cultural Rights. (3 January 1976). United 22. A meritorious law to pursue, example the indigenous community, Quintana Roo, México: Health institutions working in indigenous communities should promote and foment the use of traditional medicine. This should be done by registration and accreditation of all persons using traditional health methods and giving maternal care. Its application requires the necessary support providing elements so that their work may be accomplished adequately. Estado De Quintana Roo, Legislatura Constitucional. (1998). Ley De Derechos, Cultura y Organización Indígena, Decreto 140. Artículo 34. CASA. (2006). Elementos que han hecho posible la formación de parteras mexicanas altamente calificadas y comprometidas a contribuir a dar soluciones a los problemas de salud de la gente más necesitada. Borrador. Guanajuato, México. Davis Floyd, Robbie. (2006). Letter about the definition of the traditional midwife. Leedam E. (1985). Traditional birth attendants. Int. J Gynaecol obstet. Sep; 23 (4): 249-74 Netto, Anil. (2007). Banco Mundial de la Salud desatiende las Metas del Milenio. Inter Press Services. www.ipsnoticias.net Oaxaca – Parteras Tradicionales. (2004). Pronunciamiento. Midwifery Today 69. Organización Mundial de la Salud. (2005). Día Mundial de la Salud: Mensaje 4. who.int/worldhealth-day/2005/toolkit Organización Panamericana de la Salud. (2005). Análisis constructivista sobre el éxito de la Maternidad sin Riesgos en Honduras. Revista Panamericana de Salud Pública 17 (2) Ria Vys, Leona (2006). Encouraging Service Through Collaboration. Development of Nursing and Midwifery in Africa. Sigma Theta Tau International. Sandrasagra Mithre J. (2006). Dar vida y no morir. Rebelión. IPS. Sibley LM, Sipe TA. (2003). What can a meta-analysis tell us about traditional birth attendant training and pregnancy outcomes? Georgia State University. Vera, Gilda, y otras. (2006). Humanización del parto sobre un enfoque de patrimonio cultural. Parteras tradicionales en América Latina. Presentación para Brasil de la Red Latino Americana y del Caribe para la Humanización del Parto y del Nacimiento. World Health Organization. (2004). Legislation and Regulation of Midwifery – Making Safe Motherhood possible. Draft. World Health Organization. (2004). Making Pregnancy Safer: The critical role of the skilled attendant. A joint statement by WHO, ICM & FIGO. Department of Reproductive Health and Research. Geneva. Pronouncement Encounter with Traditional Midwifery of Oaxaca Midwifery Today Issue 69, Spring 2004. Considering that we, traditional midwives, have performed our work with quality and respect for thousands of years, and that institutions and the media have ignored our fundamental role in the reproductive lives of indigenous peoples, the people involved in this forum declare the following: The commendable work of the midwives must be respected for the great spirit of life that unites mother, father, baby, midwife and nature. We midwives need to unite in order to accomplish our mission and to bring about humanitarian care, making birth warm, happy and beautiful. In order to avoid losing the traditional knowledge of the elders, we the apprentices want to learn their theory and practices. We wish that our practice of midwifery be respected in accordance with the customs of each community. As midwives with love for our practice, we care for women according to their needs and we prepare them from childhood for their reproductive lives. In cases of risk and whenever a midwife asks for assistance, it is imperative that her needs be met in a timely and appropriate manner. In case of risk and/or complications, the midwife has the right to accompany and assist the birthing woman even if she is transported to a health care institution. The rich culture that we have must be respected, and there needs to be mutual and deliberate communication between midwives and doctors. We ask for the recognition and promotion of traditional midwives in policies and programs in