

The Competence and Authority of Midwives in giving Birth without the assistance of a Doctor in Nigeria

Paul Atagamen Aidonojie¹✉
Esther Chetachukwu Aidonojie²
Majekodunmi Toyin Afolabi³
Obieshi Eregbuonye⁴
Adesoji Kolawole Adebayo⁵

¹Kampala International University, Uganda.

²Nnamdi Azikiwe University, Awka, Nigeria.

³ Olabisi Onabanjo University, Ago-Iwoye, Nigeria

⁴Edo State University Uzairue, Uzairue, Nigeria.

⁵Babcock University, Ilishan-Remo, Ogun State, Nigeria.

✉aidonojie.paul@edouniversity.edu.ng

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Abstract

Life per se is not short, but our actions and inaction often result in the shortness of our life. This quote is concerning the fact that in Nigeria and the global standard it is required that during childbirth delivery there should always be a doctor present to avoid complications that may result in the death of the mother or the child. However, in Nigeria, it has been observed that the majority of the childbirth delivery conducted in hospitals or at any other place by local or trained mid-wife are often executed without the involvement or presence of a doctor. In this regard, is it legally and medically in abeyance to conduct childbirth delivery without the aid of a doctor, given the possible complication that may result in loss of life and damage to the mother and child. It is in this regard that this study tends to adopt a hybrid method of study (involving a doctrinal and non-doctrinal) in ascertaining the legal issues and challenges in curtailing mid-wife involvement in child delivery in the absence of a medical doctor. 307 questionnaires were distributed to respondents, and the data obtained were analyzed by adopting an analytical and descriptive method. The study, therefore, found that there are very high incidences of the mortality rate of a pregnant mother and their baby during delivery by mid-wife and nurses given the absence of a doctor. The study further found that though there are laws and ethical codes that regulate childbirth delivery in Nigeria, however, there are challenges that often mitigate the curtailment of mid-wife or nurses involved in childbirth delivery without the aid of a doctor. We thus

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concluded and recommended that authorities should establish effective regulations and sanctions for midwives or nurses participating in childbirth deliveries without the presence of a doctor.

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1. Introduction

In recent years, there has been a growing recognition of the crucial role midwives play in maternal healthcare, especially in regions where access to doctors may be limited. This recognition shows the vital role midwives play in ensuring maternal well-being. Their influence is not only substantial but also integral to shaping the experiences of unassisted childbirth. Within the distinctive context of maternal healthcare, midwives confront with various medical challenges, hence their competence to handle childbirth delivery, without the aid of a doctor.¹ It must be noted that the first case of midwifery was recorded in the history of man in Genesis 35:17 in the Christian Holy Bible when Adam and Eve gave birth to a baby name Cain.² In this regard, it suffices to state that the act of childbirth delivery has been in practice for centuries, According to Admorakinyo and Fagbamigbe women were meant to learn the act and practice of delivery of a baby.³ Furthermore, they were also taught how to care for the mother and child after the safe delivery of the child.⁴ Oyetunde and Chigozie observed that Midwifery, defined as a healthcare profession, involves the provision of care to women during pregnancy, labor, and the postpartum period.⁵ The historical roots of midwifery shows its enduring significance and relevance in the evolving landscape of healthcare.

¹ Ristania Intan Permatasari, et.al., "Disabilities Concessions in Indonesia: Fundamental Problems and Solutions," *Legality: Jurnal Ilmiah Hukum*, 30, no. 2 (September, 2022): 298-312, <https://doi.org/10.22219/ljih.v30i2.23814>

² Christian Holy Bible, King James Version

³ Oyewale Mayowa Morakinyo and Adeniyi Francis Fagbamigbe, "Neonatal, Infant and under-Five Mortalities in Nigeria: An Examination of Trends and Drivers (2003-2013)," ed. Umberto Simeoni, *PLOS ONE* 12, no. 8 (August 9, 2017): e0182990, <https://doi.org/10.1371/journal.pone.0182990>.

⁴ Erin Anastasi et al., "Unmasking Inequalities: Sub-National Maternal and Child Mortality Data from Two Urban Slums in Lagos, Nigeria Tells the Story," ed. Caroline Mitchell, *PLOS ONE* 12, no. 5 (May 10, 2017): e0177190, <https://doi.org/10.1371/journal.pone.0177190>.

⁵ O. Oyetunde Modupe and A. Nkwonta Chigozie, "Quality Issues in Midwifery: A Critical Analysis of Midwifery in Nigeria within the Context of the International Confederation of Midwives (ICM) Global Standards," *International Journal of Nursing and Midwifery* 6, no. 3 (July 31, 2014): 40-48, <https://doi.org/10.5897/IJNM2013-0119>.

According to them as an ancient practice dating back to 5000 BC, midwifery has played a crucial role in human history, as evidenced by archaeological findings depicting a woman squatting in childbirth, supported by another individual.⁶ Although, it may be argued that during this period little professional skills and care were being exacted by this midwife, hence the danger of having a possible complication that may necessitate fatal medical damage to the mother and child.⁷

However, given the current dispensation and development of the global environment, the general public is well acquainted and conversant with the fact that there is need for a proper professional care during childbearing or delivery.⁸ This is concerning the fact that it is the witty medical saying that to have a healthy nation, it must start with having healthy children, and to have healthy children, there must be the provision of the best professional health care for child delivery.⁹ Hence, the concern and the need for proper preparation and provision of adequate health care, both in facility and personnel during child delivery.¹⁰

Concerning the above, to ensure there is avoidance of any form of complication that may result in the fatal medical incidence that may affect the mother and child,¹¹ the global community through the World Health Organization and other relevant global medical bodies, has set out the duties of midwife during child conception to delivery

⁶ Ani Mardiantari, Ita Dwilestari, "Children's Right to get Exclusive Breastfeeding In the Islamic Law Perspective", *Ijtihad: Jurnal Wacana Hukum Islam dan Kemanusiaan*, 21, no. 2 (2021): 231-246, <https://doi.org/10.18326/ijtihad.v21i2.231-246>

⁷ O. K. Ezeh et al., "Risk Factors for Postneonatal, Infant, Child and under-5 Mortality in Nigeria: A Pooled Cross-Sectional Analysis," *BMJ Open* 5, no. 3 (March 27, 2015): e006779-e006779, <https://doi.org/10.1136/bmjopen-2014-006779>.

⁸ Obafemi Arinola Olarewaju, "Insecurity in Northern Nigeria: Implications for Maternal and Child Health," *Clinical Epidemiology and Global Health* 12 (October 2021): 100869, <https://doi.org/10.1016/j.cegh.2021.100869>.

⁹ Catherine Meh et al., "Levels and Determinants of Maternal Mortality in Northern and Southern Nigeria," *BMC Pregnancy and Childbirth* 19, no. 1 (December 2019): 417, <https://doi.org/10.1186/s12884-019-2471-8>.

¹⁰ Joshua Odunayo Akinyemi, Elijah Afolabi Bamgboye, and Olusola Ayeni, "Trends in Neonatal Mortality in Nigeria and Effects of Bio-Demographic and Maternal Characteristics," *BMC Pediatrics* 15, no. 1 (December 2015): 36, <https://doi.org/10.1186/s12887-015-0349-0>.

¹¹ Olawale Olonade et al., "Maternal Mortality and Maternal Health Care in Nigeria: Implications for Socio-Economic Development," *Open Access Macedonian Journal of Medical Sciences* 7, no. 5 (March 16, 2019): 849-55, <https://doi.org/10.3889/oamjms.2019.041>.

by international best practices.¹² The duties of a midwife from conception to childbirth are majorly nursing the mother and child by providing possible medical training and guidance during pregnancy.¹³ The World Health Organization (WHO) has outlined comprehensive guidelines defining the important role of midwives in maternal and child health, as well as child growth and development.¹⁴ In the realm of maternal health, midwives are tasked with providing thorough antenatal care, monitoring the health of both mother and fetus, and preparing women for childbirth. During labor and delivery, WHO emphasizes the importance of skilled and respectful care from midwives, ensuring safe deliveries and the prompt identification and management of complications.¹⁵ Postnatal care, including support for breastfeeding and monitoring the well-being of both the mother and newborn, is also a central focus. In the domain of child growth and development, midwives are instrumental in providing essential newborn care, promoting early and exclusive breastfeeding, and conducting assessments to identify and address any potential health issues.¹⁶ WHO guidelines stress the role of midwives in advocating for and facilitating childhood immunizations, ensuring that children receive timely and appropriate vaccinations. Additionally, midwives are encouraged to monitor developmental milestones, enabling early identification of any delays and facilitating interventions for optimal child growth and well-being.

A holistic and family-centered approach is emphasized throughout these guidelines, highlighting midwives' responsibilities in counseling and educating mothers and

¹² Jennifer A. Tyndall et al., "The Relationship between Armed Conflict and Reproductive, Maternal, Newborn and Child Health and Nutrition Status and Services in Northeastern Nigeria: A Mixed-Methods Case Study," *Conflict and Health* 14, no. 1 (December 2020): 75, <https://doi.org/10.1186/s13031-020-00318-5>.

¹³ Chijioke O. Nwosu and John Ele-Ojo Ataguba, "Explaining Changes in Wealth Inequalities in Child Health: The Case of Stunting and Wasting in Nigeria," ed. Amit Arora, *PLOS ONE* 15, no. 9 (September 14, 2020): e0238191, <https://doi.org/10.1371/journal.pone.0238191>.

¹⁴ World Health Organization Regional Office for Europe, "Nurses and Midwives: A Vital Resource for Health. European Compendium of Good Practices in Nursing and Midwifery towards Health 2020 Goals," 2015, <https://iris.who.int/handle/10665/353563>.

¹⁵ Europe.

¹⁶ Europe.

families on various aspects of maternal and child health.¹⁷ Midwives are expected to empower women and families to actively participate in decision-making regarding their health, respecting cultural practices and individual choices. The establishment of a continuous relationship between midwives and mothers, as well as collaborative efforts with other healthcare professionals, is emphasized to ensure personalized and continuous care throughout the maternity continuum. In essence, these guidelines underscore the critical role midwives play in promoting positive health outcomes, ensuring safe childbirth, and contributing to the overall well-being of mothers and children worldwide. However, during child delivery, it is required that a trained doctor should be present to avoid possible complications that may result in severe medical harm to the mother and child.¹⁸

In Nigeria childbearing is considered a central focus to most families, in this regard, for a successful delivery of a child, it is required that during the period the mother is said to be pregnant to the date of child delivery, the midwife has an important role to play.¹⁹

During the antenatal care phase, the role of a midwife or nurse is relevant in guiding expectant mothers through the intricacies of self-care and infant well-being, aiming to facilitate a seamless and successful delivery. The primary objective is to equip the pregnant woman with the knowledge and skills necessary to navigate the various aspects of pregnancy and childbirth.²⁰ These healthcare professionals play a crucial role in providing education on proper nutrition, exercise, and emotional well-being, fostering an environment conducive to a healthy pregnancy. It is imperative to state the potential complications that can arise during childbirth, ranging from maternal mortality to fetal distress, uterine rupture, and other medical emergencies.²¹ Given the

¹⁷ Sarah Fraser, Julian Grant, and Trudi Mannix, "Maternal Child and Family Health Nurses: Delivering a Unique Nursing Speciality," *Maternal and Child Health Journal* 20, no. 12 (December 2016): 2557–64, <https://doi.org/10.1007/s10995-016-2081-2>.

¹⁸ Isaac Olushola Ogunkola et al., "Impact of COVID-19 Pandemic on Antenatal Healthcare Services in Sub-Saharan Africa," *Public Health in Practice* 2 (November 2021): 100076, <https://doi.org/10.1016/j.puhip.2021.100076>.

¹⁹ A. I. Wegbom, I. S. Aboko, and O. C. A. Mandah, "Multivariate Analysis of Child Mortality Determinants in Rural Nigeria," *Tlep Int. Journal of Multi Discipline in Industrial and Applied Sciences* 1, no. 8 (2016): 1–10.

²⁰ Akinyemi, Bamgboye, and Ayeni, "Trends in Neonatal Mortality in Nigeria and Effects of Bio-Demographic and Maternal Characteristics."

²¹ Akinyemi, Bamgboye, and Ayeni.

gravity of these situations, the presence of a qualified medical doctor is not only advised but mandated from medical, ethical, and legal standpoints.²² A comprehensive approach to maternal and child health dictates that a doctor should be on hand to manage any unforeseen circumstances that may arise during the labor and delivery process. This legal requirement ensures the highest standard of care, aligning with both medical best practices and ethical principles that prioritize the well-being of both mother and child.

Performing childbirth without the immediate availability of a doctor is deemed medically, ethically, and legally incorrect. The intricacies of labor and delivery require the expertise and intervention of a qualified medical professional to address potential complications promptly. This emphasis on the involvement of a doctor underscores the broader commitment to safeguarding the health and safety of both the pregnant mother and the newborn, establishing a standard of care that aligns with established medical norms and ethical considerations surrounding childbirth.²³ However, the act of a nurse or midwife conducting childbirth delivery has become a thing that is considered normal.²⁴ Although several lives of mothers and infants have been lost, and severe medical damage caused to the mother and child, the practice seems to be on the increase.²⁵

2. Problem Statement

It is concerning the above, that this study tends to adopt the use of a hybrid method of study in examining the incidence of childbirth delivery in Nigeria without the aid of a doctor. Furthermore, to ascertain possible legal and medical issues concerning childbirth delivery without the aid of a doctor. Also, the study will further ascertain

²² Rizka, et.al. "Legal Protection for Doctors' Work Safety in Handling Covid-19 Cases Reviewed Based on *Saddu al-Dzri'ah*," *Legality: Jurnal Ilmiah Hukum*, 30, no. 2, (September, 2022): 228-242, <https://doi.org/10.22219/ljih.v30i2.22259>

²³ Stephen Ayo Adebawale, Oyewale Mayowa Morakinyo, and Godson Rowland Ana, "Housing Materials as Predictors of Under-Five Mortality in Nigeria: Evidence from 2013 Demographic and Health Survey," *BMC Pediatrics* 17, no. 1 (December 2017): 30, <https://doi.org/10.1186/s12887-016-0742-3>.

²⁴ Jahidur Rahman Khan and Nabil Awan, "A Comprehensive Analysis on Child Mortality and Its Determinants in Bangladesh Using Frailty Models," *Archives of Public Health* 75, no. 1 (December 2017): 58, <https://doi.org/10.1186/s13690-017-0224-6>.

²⁵ Getachew Y and Bekele S, "Survival Analysis of Under-Five Mortality of Children and Its Associated Risk Factors in Ethiopia," *Journal of Biosensors & Bioelectronics* 7, no. 3 (2016), <https://doi.org/10.4172/2155-6210.1000213>.

possible challenges and how to resolve the challenges in curtailing the incidence of child delivery without the aid of a doctor.

3. Methods

The research employs a hybrid approach, integrating both doctrinal and non-doctrinal methodologies. The doctrinal aspect examines an extensive examination of legal theories, principles, and concepts about childbirth delivery, with a specific focus on the legal framework governing medical practices during childbirth and the specific obligations assigned to midwives or nurses involved in such procedures within the Nigerian context. Furthermore, literature such as textbooks and articles were also reviewed extensively.

Concurrently, the non-doctrinal component of the study is designed to investigate the practical aspects of childbirth delivery conducted by midwives or nurses without the direct involvement of a doctor. This empirical inquiry seeks to elucidate the extent of their involvement and identify potential medical complications that may arise in such scenarios. The research adopts a comprehensive approach, considering both the doctrinal and real-world aspects, to gain a holistic understanding of the subject matter. Furthermore, the data analysis methodology employed in this research is not confined to a singular approach. It encompasses both quantitative and qualitative techniques to ensure a thorough examination of the multifaceted issues surrounding childbirth delivery. Quantitative analysis aids in quantifying trends and patterns, while qualitative analysis provides a nuanced exploration of the intricacies involved. This combined approach enriches the research findings, offering a more comprehensive and insightful perspective on the challenges and potential solutions related to midwives' or nurses' involvement in childbirth delivery without the presence of a doctor.

4. Conceptual Issues of Child Delivery by Midwife and Nurses in Nigeria

Both pre-conceptual and childbirth delivery are very essential in medical practice. This is concerning the fact that at this stage the medical condition of the pregnant mother and the conceived child could be severe that it may pose a danger to the life of the pregnant mother and her child. Several medical studies have shown that during childbirth delivery, there are often severe medical complications that often threaten

the life of a pregnant mother and her child. Some of this life threaten medical conditions include;

Stillbirth during child delivery, stillbirth refers to the process of childbirth delivery, without the baby having signs of life within week 28 of pregnancy (antenatal period) or even at the due date of labor of the pregnant mother (intrapartum period). This medical condition often occurs as a result of placental abruption, obstructed prolonged labor, preterm birth, intrauterine growth restriction, eclampsia or preeclampsia, etc. However, according to UNICEF their report findings concerning stillbirth reveals that Nigeria has one of the highest stillbirth percentages in the African continent.²⁶ Their report further reveals that between 2000-2019, Nigeria recorded or account for about 15% of the number of global stillbirths.²⁷ It is estimated and recorded that Nigeria has a total of 171,428 stillbirths in 2019.²⁸ There could also be excessive bleeding in the pregnant mother, excessive bleeding is said to have occurred when a woman during pregnancy delivery loses more than 2 pints of blood within 24 hours after childbirth delivery.²⁹ Also, if such a pregnant mother has lost a lot of blood resulting in fatigue, general weakness of the body,³⁰ light headache, rapid heart rate, and dizziness.³¹ However, some common causes of excessive bleeding during childbirth delivery include;

²⁶ Friday E. Okonofua et al., "Prevalence and Determinants of Stillbirth in Nigerian Referral Hospitals: A Multicentre Study," *BMC Pregnancy and Childbirth* 19, no. 1 (December 2019): 533, <https://doi.org/10.1186/s12884-019-2682-z>.

²⁷ AdeyemiAdebola Okunowo and ShakiratTinuola Smith-Okonu, "The Trend and Characteristics of Stillbirth Delivery in a University Teaching Hospital in Lagos, Nigeria," *Annals of African Medicine* 19, no. 4 (2020): 221, https://doi.org/10.4103/aam.aam_44_19.

²⁸ C. O. Njoku et al., "Prevalence and Risk Factors for Stillbirths in a Tertiary Hospital in Niger Delta Area of Nigeria: A Ten Year Review," *International Journal of Medicine and Biomedical Research* 5, no. 3 (2016): 106-13.

²⁹ Amanda S. Wright, Aaron Costerisan, and Kari Beth Watts, "Problems During Labor and Delivery," in *Family Medicine*, ed. Paul M. Paulman et al. (Cham: Springer International Publishing, 2022), 177-92, https://doi.org/10.1007/978-3-030-54441-6_14.

³⁰ Katheryne L. Downes, Katherine L. Grantz, and Edmond D. Shenassa, "Maternal, Labor, Delivery, and Perinatal Outcomes Associated with Placental Abruption: A Systematic Review," *American Journal of Perinatology* 34, no. 10 (August 2017): 935-57, <https://doi.org/10.1055/s-0037-1599149>.

³¹ Iqbal Al-Zirqi, Anne Kjersti Daltveit, and Siri Vangen, "Infant Outcome after Complete Uterine Rupture," *American Journal of Obstetrics and Gynecology* 219, no. 1 (July 1, 2018): 109.e1-109.e8, <https://doi.org/10.1016/j.ajog.2018.04.010>; Ra Bello and Ai Joseph, "Determinants of Child Mortality in Oyo State, Nigeria," *African Research Review* 8, no. 1 (February 21, 2014): 252, <https://doi.org/10.4314/afrrrev.v8i1.17>.

- 1) Abnormal or prolonged labor
- 2) Intraamniotic infection is an infection of tissues or membranes around the fetus
- 3) The tearing of the cervix or vagina during childbirth delivery
- 4) When the uterus is rupture during childbirth delivery
- 5) Not properly evacuating the remains of the placental during childbirth delivery
- 6) An incision that extends too far during the process of episiotomy

Also, there is an instance where the cause of childbirth delivery uterus of the pregnant mother could be ruptured as a result of the carelessness of a midwife or a nurse. This medical condition could be very dangerous and it may lead to the inability and challenges of the affected woman to conceive another baby. Furthermore, during childbirth delivery severe medical conditions such as fetal arrhythmia or abnormal heart rate of the child may occur.³² A baby's heartbeat rate during childbirth is often between 110-160 per minute, in this regard, where there is a higher rate of the heartbeat of a baby, it is said that the baby is suffering from bradycardia or tachycardia.³³ This is often caused by interrupting the electrical system of the heart or a congenital heart defect. There are also instances where a baby could have a drop or low heart rate, as a result of overstretched and compressed umbilical cord, which could result in a decrease or low flow of blood to the fetus.³⁴ It suffices to state that both the high and low heart rate of a fetus during childbirth delivery could be life-threatening or result in severe medical conditions, hence, when such a situation occurs, the attention of a trained medical doctor is required to administer the required treatment to the baby.³⁵ Also, there is an instance where it is medically confirmed that a pregnant mother may not be able to have normal childbirth delivery except through cesarean

³² Christine E East et al., "Intrapartum Fetal Scalp Lactate Sampling for Fetal Assessment in the Presence of a Non-Reassuring Fetal Heart Rate Trace," ed. Cochrane Pregnancy and Childbirth Group, *Cochrane Database of Systematic Reviews* 2015, no. 6 (May 1, 2015), <https://doi.org/10.1002/14651858.CD006174.pub3>.

³³ Peter Brocklehurst et al., "Computerised Interpretation of Fetal Heart Rate during Labour (INFANT): A Randomised Controlled Trial," *The Lancet* 389, no. 10080 (April 2017): 1719-29, [https://doi.org/10.1016/S0140-6736\(17\)30568-8](https://doi.org/10.1016/S0140-6736(17)30568-8).

³⁴ Andrea Manzotti et al., "Effects of Osteopathic Treatment versus Static Touch on Heart Rate and Oxygen Saturation in Premature Babies: A Randomized Controlled Trial," *Complementary Therapies in Clinical Practice* 39 (May 2020): 101116, <https://doi.org/10.1016/j.ctcp.2020.101116>.

³⁵ Yuda Munyaw et al., "Beyond Research: Improved Perinatal Care through Scale-up of a Moyo Fetal Heart Rate Monitor Coupled with Simulation Training in Northern Tanzania for Helping Babies Breathe," *BMC Pediatrics* 22, no. 1 (December 2022): 191, <https://doi.org/10.1186/s12887-022-03249-7>.

delivery, which requires a surgeon to carry out the operation. Failure to accede to the suggested method of childbirth delivery may lead to the death of both the mother and her child.³⁶

Other, possible medical conditions that occur during childbirth delivery include; prolapse of the umbilical cord, postpartum anemia, and puerperal Sepsis. According to Kahana et al.,³⁷ they stated that cord prolapse occurs when the umbilical cord descends before the presenting fetal part during labor, constituting a rare and serious obstetric emergency associated with risks to both fetal and maternal well-being. The reported incidence of umbilical cord prolapse varies between 1 in 162 to 1 in 714 births. This situation is emotionally distressing for both the patient and the healthcare provider, as it transforms a routine pregnancy into an urgent scenario requiring immediate intervention. An effective obstetric strategy should prioritize prevention by identifying high-risk patients and proactively avoiding circumstances that could lead to cord prolapse. In our specific population, the documented incidence of umbilical cord prolapse was 0.4%. Also, Arulkumaran and Singer stated that infections during pregnancy are commonly managed in community settings, but the potentially life-threatening nature of sepsis poses a significant global health concern.³⁸ With over five million new cases annually, maternal sepsis leads to approximately 62,000 deaths worldwide, with varying incidences between high-income and low-income countries. While high-income countries report lower rates of sepsis-related maternal morbidity, constituting 2.1% of all maternal deaths, low-income countries face significantly higher mortality rates, reaching up to 11.6%. Despite the comparatively low incidence, the risk of mortality remains considerable. Timely treatment, including early fluid resuscitation and antibiotics, is crucial, necessitating a multidisciplinary approach to patient care. Continuous monitoring within intensive care units is essential, yet the persistently high mortality rate associated with maternal sepsis highlights ongoing

³⁶ Abiodun S. Adeniran et al., "Evaluation of Parturient Perception and Aversion before and after Primary Cesarean Delivery in a Low-Resource Country," *International Journal of Gynecology & Obstetrics* 132, no. 1 (January 1, 2016): 77–81, <https://doi.org/10.1016/j.ijgo.2015.06.045>.

³⁷ B. Kahana et al., "Umbilical Cord Prolapse and Perinatal Outcomes," *International Journal of Gynecology & Obstetrics* 84, no. 2 (February 2004): 127–32, [https://doi.org/10.1016/S0020-7292\(03\)00333-3](https://doi.org/10.1016/S0020-7292(03)00333-3).

³⁸ N. Arulkumaran and M. Singer, "Puerperal Sepsis," *Best Practice & Research Clinical Obstetrics & Gynaecology* 27, no. 6 (December 2013): 893–902, <https://doi.org/10.1016/j.bpobgyn.2013.07.004>.

challenges in low-income countries, contributing to an elevated incidence of puerperal sepsis and maternal mortality. Furthermore, Butwick and McDonnell stated that antepartum anemia impacts over a third of pregnant women globally, leading to significant maternal and perinatal morbidity.³⁹ Postpartum anemia, affecting up to 80% in low-income areas and 50% in developed regions, is associated with various health issues. Iron deficiency is the primary cause, diagnosed with a serum ferritin cutoff of 30 µg/L. Oral iron is the first-line treatment, with intravenous iron considered in specific scenarios. Collaboration among healthcare professionals, including anesthesiologists, is crucial for effective screening and treatment pathways due to the widespread prevalence of antepartum and postpartum anemia. These medical conditions could lead to death or severe medical damage to the pregnant mother and her child if not properly managed by a trained medical doctor in that field.

However, it must be noted that the above medical conditions can only be properly managed by a trained medical expert such as a medical doctor. In this regard, suffices to state that, it is a legal and medical fundamental requirement that a trained medical doctor must be present and assist in childbirth delivery to avoid possible medical complications that may occur during childbirth delivery. In this regard, it is a medical misnomer for a midwife or nurse to indulge in childbirth delivery without the aid of a medical doctor. This is concerning the fact that the duties of a trained midwife or nurse are basically to train and nurse the pregnant mother during antenatal on how to care for herself and her child to ensure a healthy childbirth delivery. Furthermore, to also assist or join in childbirth delivery when the pregnant mother is in labor. In this regard, it is apt to state that a midwife or a nurse are not trained medical personnel to indulge in major surgery during childbirth delivery or attend to severe medical complications (such as hemorrhage or excessive bleeding, prolapse of the umbilical cord, postpartum anemia and puerperal Sepsis) that may occur during childbirth delivery, though they could manage such situation pending treatment by a specialize and trained medical doctor.

³⁹ A.J. Butwick and N. McDonnell, "Antepartum and Postpartum Anemia: A Narrative Review," *International Journal of Obstetric Anesthesia* 47 (August 2021): 102985, <https://doi.org/10.1016/j.ijoa.2021.102985>.

However, in Nigeria, several hospitals indulge in childbirth delivery without the aid of a doctor which often result in death or severe medical complication for the pregnant mother and her child. According to United Nations Children’s Fund and the World Health Organization stated that severe medical complications have become a thing of normal that Nigerian women often faced during childbirth delivery.⁴⁰ Their report further reveals that in Nigeria, about 45,000 women lose their lives every year during childbirth.⁴¹ Furthermore, in developing countries which Nigeria is part of, 8 million infants often died during childbirth, given the issues and complications that occur during childbirth delivery, these complications during childbirth delivery is often a result of poor medical facilities and using medical personnel who not trained to handle severe medical complication during childbirth delivery.⁴² In this regard, it suffices to state that, severe medication complications during childbirth delivery could easily be avoided, by ensuring that the midwife, nurse, and doctor possess the necessary professional medical skills in handling and managing such complications that may arise during childbirth delivery.

5. Legal and Ethical Regulation of Mid-wife or Nurses Delivery of a Child without the Aid of a Doctor

Though the Nigerian constitution is said to be superior to that of the entirety of Nigeria laws, however, issues concerning nursing and midwifery are not primarily provided for or regulated by the constitution. Despite that the Nigerian constitution is not the primary law that regulates nursing and midwifery. However, it specifies which branch of the government possesses the power to enact laws concerning nursing and midwifery.

It must be noted that nursing and midwifery in Nigeria were first established in 1979 by Decree No. 89 as class B parastatal to function under the control of the Nigeria Federal Ministry of Health. However, the current primary legal framework that tends to regulate issues concerning nursing and midwifery in Nigeria is the Nursing and

⁴⁰ Population Reference Bureau, “Delivery Care Is Key for Maternal Survival: A Story of Two States in Nigeria,” PRB, accessed January 30, 2024, <https://www.prb.org/resources/delivery-care-is-key-for-maternal-survival-a-story-of-two-states-in-nigeria/>.

⁴¹ Population Reference Bureau.

⁴² Population Reference Bureau.

Midwifery (Registration) Act.⁴³ Sections 8 and 9 of the Act,⁴⁴ specifically provide that only persons who have legally satisfied the requirement as provided by the Act are allowed to practice as nurses and midwives in Nigeria. However, the relevant provision of the Nursing and Midwifery (Registration) Act⁴⁵ as it relates to the duties of nurse and midwife is provided for in section 23(1) of the Act.⁴⁶ The section is to the effect that a nurse or midwife who is registered by the provision of the Nursing and Midwifery (Registration) Act is entitled to perform the midwifery and nursing care as stipulated and prescribed in the training curriculum approved by the Council of Nursing and Midwifery. Although, it is striking to state that by section 23(2) of the Nursing and Midwifery (Registration) Act, a registered nurse or a midwife who has spent five (5) years in practice can set up a private maternity home for antenatal, childbirth delivery and other minor medical care. However, section 23(2)(c) of the Nursing and Midwifery (Registration) Act stipulates a necessary condition for the approval of the private maternity home as thus; *“The Nurse or Midwife intending to set up a private nursing or maternity home must demonstrate unequivocally that there is prompt access to a practicing obstetrician and gynecologist or an experienced medical practitioner at all times, who has legal responsibility for attending to any emergencies.”*

Concerning the above, it suffices to state that section 23(2) of the Nursing and Midwifery (Registration) Act outlines a noteworthy provision allowing registered nurses or midwives with five years of practical experience to establish private maternity homes. This provision grants them the authority to offer services related to antenatal care, childbirth delivery, and other minor medical procedures. However, the Act introduces a crucial condition, specified under section 23(2)(c), for the approval of such private maternity homes. According to this clause, nurses or midwives seeking to establish a private nursing or maternity home must provide clear and indisputable evidence that there is immediate access to a practicing obstetrician and gynecologist or an experienced medical practitioner at all times. This designated medical

⁴³ Federation of Nigeria, “Nursing and Midwifery (Registration Etc) Act. Cap. N143, Laws of the Federation of Nigeria, 2004.” (2004).

⁴⁴ Federation of Nigeria.

⁴⁵ Federation of Nigeria.

⁴⁶ Federation of Nigeria.

professional assumes legal responsibility for addressing any emergencies that may arise within the facility. Furthermore, section 23(2)(c) made it more emphatic, that it is a legal requirement that a trained medical doctor must be present during childbirth delivery to manage possible incidences of medical complications. This legal framework emphasizes the importance of ensuring that private maternity homes maintain a standard of care by mandating the availability of skilled medical professionals. The emphasis on the continuous accessibility of an obstetrician, gynecologist, or experienced medical practitioner serves as a safeguard to address potential emergencies effectively. By placing this responsibility on the nurse or midwife establishing the facility, the legislation aims to uphold the well-being of both expectant mothers and infants within the private maternity home setting. This provision aligns with the broader objective of the Nursing and Midwifery (Registration) Act to regulate and maintain high standards in the provision of maternal healthcare services. Also, it must be noted that the legal requirements outlined in section 23(2)(c) serve as a regulatory mechanism to ensure that private maternity homes are adequately equipped to handle unforeseen medical situations. The condition reflects a commitment to prioritizing the safety and health of patients within these facilities. By demanding the presence of qualified medical professionals, the legislation aims to strike a balance between granting autonomy to experienced nurses and midwives and safeguarding the welfare of those seeking care in private maternity homes.

In this regard, section 20(3) of the Nursing and Midwifery (Registration) Act, further stipulate that it is an offence for a nurse or a midwife to establish or set up a private nursing or maternity home without complying with the provision of section 23 and other relevant provision of the Act. Furthermore, in the case of *Otti V Excel-C Medical Centre Ltd*,⁴⁷ the court held that a hospital or medical professional owe a patient a duty of care concerning the procedure adopted for medical treatment of the patient. The court further held that a medical professional will be held liable for any medical negligence, such medical personnel fall short of the standard of his/her duty and skill required from reasonable medical personnel. It is also apt to state that, the health of an

⁴⁷ Nigerian Law Publications, "11 Nigerian Weekly Law Reports" (Nigerian Law Publications, 2019). (Part 1698), p. 274

infant is very sacrosanct in Nigeria, that section 13 of the Nigeria Child Right Act stipulates that the government, institution, parent, guardian, agency, and other relevant bodies whose duties are to care for a child, must ensure that there is a provision of quality state of health care. Furthermore, in the case of Esabunor V Faweya,⁴⁸ the court aptly stated that the law exists to primarily protect life and preserve the fundamental rights of its citizens, inclusive of infants.

Concerning the above, it suffices to state that issues of health care carry a lot of legal issues of not properly executed by the concerned medical personnel.⁴⁹ In this regard, nursing and midwife ought to be extra careful and should ensure they exact professional duties,⁵⁰ especially in maternal and child care during antenatal and childbirth delivery. This is concerning the fact that a lawsuit may ensue where there is medical damage to the child and mother during labor and childbirth delivery of the neonate. A nurse or midwife may escape legal liability where severe medical damage occurs during childbirth delivery if they have performed their professional duties within the scope of their practice, care, and service delivery as specified by law and ethical regulation. Furthermore, a nurse by law is also required to inform pregnant mothers concerning possible medical complication, their rights, and their responsibility to avoid lawsuits for any medical harm that may occur and that was not communicated to the pregnant mother. Also, the nurse and midwife are required to document all necessary information concerning their dealing with the pregnant mother for future reference and to avoid a future lawsuit that may occur from a child who has attained majority but deem it fit that severe medical damage has been done by a nurse or midwife during the child delivery. This is concerning the fact that by law a fetus may be considered an unseen client who does not possess a legal right to

⁴⁸ Nigerian Law Publications, "7 Nigerian Weekly Law Reports" (Nigerian Law Publications, 2019). (Part 1698) page 343, para. F-G

⁴⁹ Milicent Ekeata Idahosa, Omohoste Patience Agbale, and Paul Atagamen Aidonojie, "The Causes and Legal Implications Concerning Assault against Healthcare Providers by Patients or Their Relatives in Nigeria," *KIU Journal of Humanities* 7, no. 4 (January 9, 2023): 79–88.

⁵⁰ "The Legal and Ethical Issues Concerning Diagnosing and Treatment of Patients by Pharmacists in Nigeria," *Euromentor Journal - Studies about Education* XIII, no. 2 (2022): 102–19; Paul Atagamen Aidonojie et al., "A Facile Study Concerning the Legal Issues and Challenges of Herbal Medicine in Nigeria," *The Indonesian Journal of International Clinical Legal Education* 4, no. 4 (December 24, 2022), <https://doi.org/10.15294/ijicle.v4i4.61641>.

institute an action, however, when a fetus having giving birth to by his mother and in attaining majority, they can maintain a legal action against the nurse for any professional negligence that cause medical damage to the child during childbirth delivery. Hence, the need for proper medical documentation of all incidence that transpired during antennal care and childbirth delivery to evidence their role and professional duties they exact to exonerate themselves from any legal suit.

6. Presentation and Analysis of Data

The data obtained through the distribution of questionnaires to the various respondents residing in the various geo-political zone of Nigeria is hereby analyzed and discussed through the following discussion.

6.1. Sample Size and Techniques

Concerning the non-doctrinal method of study adopted as part of the method of study being used, the study further utilizes 307 respondents residing in the identified geo-political in Nigeria as their sample size for this study.

However, in identifying and selecting the respondents to react to the questionnaire, the study adopts the use of a simple random sampling method or techniques.⁵¹ This is concerning the fact that a simple random sampling technique is considered to possess the following features:⁵²

⁵¹ Paul Atagamen Aidonojie, "The Legal Impact and Relevance of Using Plea Bargains to Resolve Tax Disputes in Nigeria," *Brawijaya Law Journal* 9, no. 2 (October 31, 2022): 196–212, <https://doi.org/10.21776/ub.blj.2022.009.02.06>; Paul Atagamen Aidonojie and Esther Chetachukwu Francis, "Legal Issues Concerning Food Poisoning in Nigeria: The Need for Judicial and Statutory Response," *Jurnal Media Hukum* 29, no. 1 (August 31, 2022): 65–78, <https://doi.org/10.18196/jmh.v29i1.12595>; Toyin Afolabi Majekodunmi et al., "Legal Issues in Combating the Scourge of Terrorism; Its Impact on International Trade and Investment: Nigeria as a Case Study," *KIU Journal of Humanities* 7, no. 3 (October 10, 2022): 129–39, <https://doi.org/10.58709/kiujhu.v7i3.1530.129-139>; Toyin Afolabi Majekodunmi et al., "The Causes of the Rising Incidence of Terrorism Occasioning Deprivation of the Right to Life in Nigeria," *KIU Journal of Humanities* 7, no. 2 (August 22, 2022): 129–38, <https://doi.org/10.58709/kiujhu.v7i2.1498.129-138>; Odetokun Olukayode Oladele et al., "An Empirical Study of Criminalizing Minor Infractions of Tax Laws in Nigeria: The Need for Negotiated Punishments," *KIU Journal of Humanities* 7, no. 2 (July 13, 2022): 157–68, <https://doi.org/10.58709/kiujhu.v7i2.1481.157-168>.

⁵² Paul Atagamen Aidonojie et al., "The Causes of the Rising Incidence of Domestic Violence in Nigeria: Proposing Judicial Separation as a Panacea," *Jurnal Hukum* 38, no. 2 (July 17, 2022): 99, <https://doi.org/10.26532/jh.v38i2.21592>; Aidonojie, "The Legal Impact and Relevance of Using Plea Bargains to Resolve Tax Disputes in Nigeria"; Paul Atagamen Aidonojie, Oluwaseye Oluwayomi Ikubanni, and Alade Adeniyi Oyebade, "Legality of EndSARS Protest: A Quest for Democracy in Nigeria," *Journal of Human Rights, Culture and Legal System* 2, no. 3 (November 20, 2022): 209–24,

- 1) A heterogeneous population is better sampled by using simple random techniques
- 2) That the result often arrived at with the use of a simple random sampling technique is often unbiased
- 3) It is a simple and less difficult of method sampling opinions from a large number of respondents
- 4) That is, it more reliable and suitable means of conducting a hybrid method of legal research that involves a doctrinal and non-doctrinal method of study.⁵³

6.2. Data Analysis

Concerning the fact that the data was generated with the use of Google form, the result generated is therefore analyzed as follows:

- 1) Research Question One: Which of the following Geopolitical Zone in Nigeria do you reside in? (307 Responses)

Figure 1. The Nigeria geopolitical zone resided in by the respondents

<https://doi.org/10.53955/jhcls.v2i3.40>; Aidonojie et al., "A Facile Study Concerning the Legal Issues and Challenges of Herbal Medicine in Nigeria."

⁵³ Paul Atagamen Aidonojie, Nosakhare Okuonghae, and Kingsley Eghonghon Ukhurebor, "The Legal Rights and Challenges of COVID-19 Patients Accessing Private Healthcare in Nigeria," *BESTUUR* 10, no. 2 (December 20, 2022): 183, <https://doi.org/10.20961/bestuur.v10i2.68118>; Paul Atagamen Aidonojie and Ong Argo Victoria, "The Societal and Legal Missing Link in Protecting a Girl Child Against Abuse Before and Amidst the Covid-19 Pandemic in Nigeria," *Jurnal Hukum* 38, no. 1 (May 29, 2022): 61–80, <https://doi.org/10.26532/jh.v38i1.18412>; Paul Atagamen Aidonojie, "Voluntary Assets and Income Declaration Scheme a Panacea to Tax Evasion in Edo State, Nigeria," *Administrative and Environmental Law Review* 4, no. 1 (March 27, 2023): 1–20, <https://doi.org/10.25041/aer.v4i1.2822>; Paul Atagamen Aidonojie, "Environmental Hazard: The Legal Issues Concerning Environmental Justice in Nigeria," *Journal of Human Rights, Culture and Legal System* 3, no. 1 (February 14, 2023): 17–32, <https://doi.org/10.53955/jhcls.v3i1.60>; Paul Atagamen Aidonojie, Joseph Nwazi, and Eruteya Ugiomo, "Illegality Of Income Tax Evasion In Edo State: Adopting An Automated Income Tax System As A Panacea," *JURNAL LEGALITAS* 16, no. 1 (April 16, 2023): 62–86, <https://doi.org/10.33756/jelta.v16i1.19422>; Paul Atagamen Aidonojie and Oaihimore Idemudia Edetalehn, "A Facile Study of the Statutory Challenges Concerning Customary Practice of Intestate Succession in Nigeria," *JHR (Jurnal Hukum Replik)* 11, no. 1 (April 1, 2023): 1–11, <https://doi.org/10.31000/jhr.v11i1.7552>.

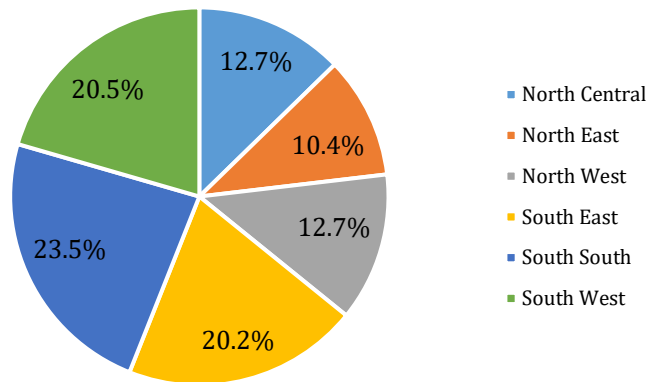


Table 1. The Nigeria geopolitical zone resided in by the respondents

S/N	Geopolitical Zones in Nigeria	Responses of Respondents	Percent
1	North Centra	39	12.7%
2	North East	32	10.4%
3	North West	39	12.7%
4	South East	62	20.2%
5	South South	72	23.5%
6	South West	63	20.5%
	Total	307	100%

Figure 1 and Table 1 are representations of the respondents' valid identification of the various geopolitical zone in Nigeria they reside.

- 2) Research Question Two: Do you agree that there are incidences of mid-wife involved in child delivery in Nigeria without a doctor which often result in complications? (307 Responses)

Figure 2. Identification of midwife indulging in childbirth delivery without the aid of a doctor in Nigeria

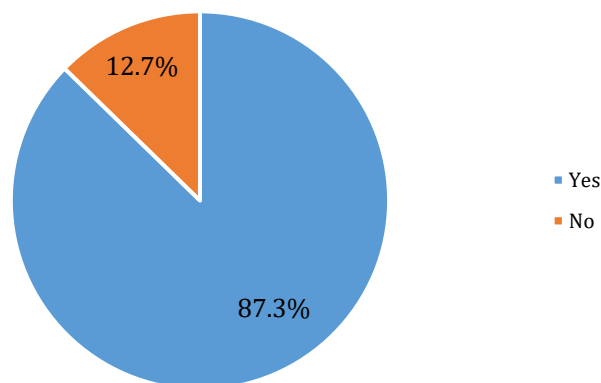


Table 2. Valid identification of midwife indulging in childbirth delivery without the aid of a doctor in Nigeria

Valid	Response	Percent
Yes	268	87.3%
No	39	12.7%
Total	307	100%

Figure 2 and Table 2 above are respondents' verifying the fact that there are incidences of midwives or nursing indulging in childbirth delivery in Nigeria without the aid of a doctor.

- 3) Research Question Three: Which of the following serves as a possible complication that may occur in child delivery without the presence of a doctor? You can tick more than one option. (268 Responses)

Figure 3. Identification of possible complications that may occur in childbirth delivery without the aid of a doctor

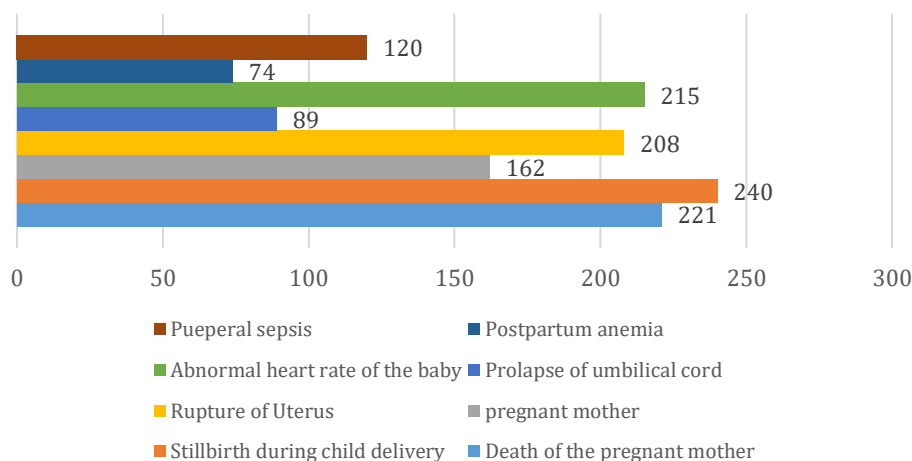


Table 3. Valid Cluster of possible complications that may occur in childbirth delivery without the aid of a doctor

A possible medical condition during childbirth delivery	Cluster of Response	Percentage
Death of the pregnant mother	221	82.5%
Stillbirth during child delivery	240	89.6%
Excessive bleeding of the pregnant mother	162	60.4%
Rupture of Uterus	208	77.6%
Prolapse of umbilical cord	89	33.2%
Abnormal heart rate of the baby	215	80.2%
Postpartum anemia	74	27.6%
Puerperal Sepsis	120	44.8%

Figure 3 and Table 3 are valid clusters of possible medical complications that may occur during childbirth delivery by the Nigerian midwife or nurse without the aid of a doctor.

4) Research Question Four: Are there challenges in curtailing the incidence of mid-wife involved in child delivery in Nigeria with the absence of a doctor?

Figure 4. Identifying or verification of the challenges that often result in childbirth delivery without the aid of a doctor

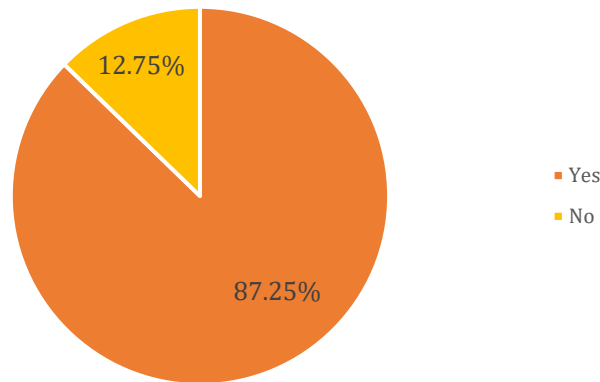


Table 4. Valid verification of the challenges that often result in childbirth delivery without the aid of a doctor

Valid	Response	Percent
Yes	268	87.3%
No	39	12.7%
Total	307	100%

Figure 4 and Table 4 are valid verification or identification of the possible challenges that often result in childbirth delivery with the aid of a doctor.

5) Research Question Five: Which of the following serve as challenges in curtailing the incidence of mid-wife involvement in child delivery without a doctor? You can tick more than one option/ (268 Responses)

Figure 5. Challenges in curtailing childbirth delivery by a midwife without the aid of a doctor

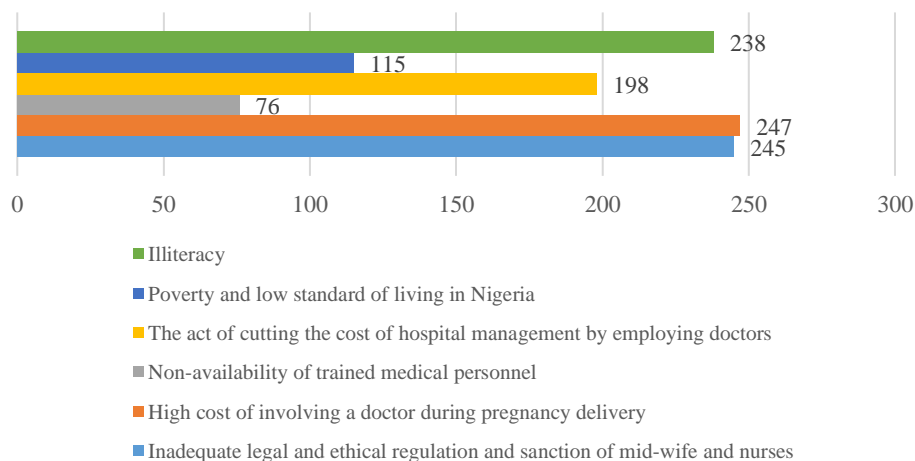


Table 5. Valid cluster of possible challenges in curtailing childbirth delivery by a midwife without the aid of a doctor

Challenges in curtailing childbirth delivery without the aid of a doctor	Cluster of Responses	Percentage
Inadequate legal and ethical regulation and sanction of mid-wife and nurses	245	91.4%
High cost of involving a doctor during pregnancy delivery	247	92.2%
Non-availability of trained medical personnel	76	28.4%
The act of cutting the cost of hospital management by employing doctors	198	73.9%
Poverty and low standard of living in Nigeria	115	42.9%
Illiteracy	238	88.8%

Figure 5 and Table 5 are respondents' valid identification of possible challenges in curtailing the incidence of childbirth delivery in Nigeria without the aid of a doctor.

- 6) Research Question Six: Which of the following could aid in the curtailing incidence of mid-wife involved in child delivery without a doctor? You can tick more one option. (268 Responses)

Figure 6. Identifying possible remedies for curtailing the incidence of child delivery without the aid of a doctor

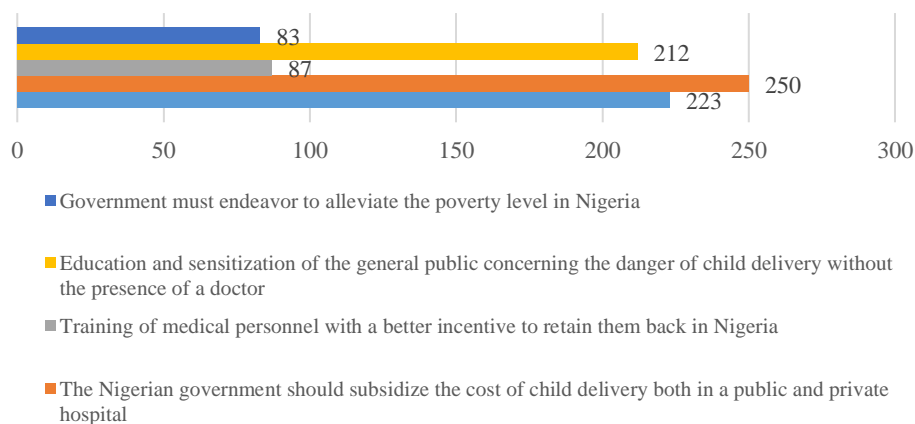


Table 6. Valid cluster of possible remedies in the curtailing incidence of child delivery without the aid of a doctor

Remedies for curtailing childbirth delivery without the aid of a doctor	Cluster of Responses	Percentage
Sanctioning of mid-wife and nurse involved in child delivery without the presence of a doctor	223	83.2%
The Nigerian government should subsidize the cost of child delivery both in a public and private hospital	250	93.3%
Training of medical personnel with a better incentive to retain them back in Nigeria	87	32.5%
Education and sensitization of the general public concerning the danger of child delivery without the presence of a doctor ²	212	79.1%
Government must endeavor to alleviate the poverty level in Nigeria	83	31%

Figure 6 and Table 6 are respondents' valid identification of the remedies that could aid in curtailing the incidence of childbirth delivery without the aid of a doctor.

7. Presentation and Analysis of Data

Concerning the data presented and analyzed above as obtained through the use of a questionnaire, the result is therefore analyzed as follows. Figure 1 and Table 1 as presented above, reveal that 307 number of respondents attempted or respond to the questionnaire. Furthermore, it also shows that the respondents are Nigerians residing in the various geo-political zones in the federal republic of Nigeria. In this regard, the respondents are well known and can give an informed response concerning issues as they relate to midwives or nurses involved in childbirth delivery without the aid of a doctor. Concerning this, in Figure 2 and Table 2, 87.3.% of the respondents identify that in Nigeria, there is an incidence of childbirth delivery by a nurse or midwife without the aid of a doctor and it often results in severe medical complications. However, in Figure 3 and Table 3, the respondents identify some of the possible medical complications that may occur during childbirth delivery as follows;

- 1) 82.5% and 89.6% of the respondents identify the death of the pregnant mother and stillbirth during childbirth delivery respectively, are possible medical complications that may occur during childbirth delivery.

- 2) 60.4% and 77.6% stated that excessive bleeding of the pregnant mother and rupture of the uterus respectively could occur during childbirth delivery.
- 3) Also, 33.2% and 80.2% of the respondents further identify prolapse of the umbilical cord and abnormal heart rate of the baby respectively often occurring during childbirth delivery.
- 4) Furthermore, 27.6% and 44.8% of the respondent, believed that postpartum anemia and puerperal sepsis respectively, are possible medical conditions that could occur during childbirth delivery.

Concerning the above, it suffices to state that the findings concerning the possible medical complication that may occur in Nigeria, were also confirmed according to the World Health Organization. This is concerning the fact that according to the World Health Organization report, it stated that Nigeria ranked third position with a high number of death of infants during childbirth delivery arising from medical complications. Although, there are laws and institutional frameworks to ensure nurse or midwife complies with the best medical practice during childbirth delivery, however, there are still incidences of childbirth delivery by a nurse or midwife without the aid of a doctor. In this regard, in Figure 4 and Table 4, 87.3% of the respondent stated that there are challenges concerning curtailing the incidence of childbirth delivery without the aid of a doctor. Furthermore, in Figure 5 and Table 5, the respondents identify some of the challenges as follows; 91.4% of the respondents stated that there is inadequate legal regulation and sanction of mid-wife and nurses indulging in childbirth delivery without the aid of a doctor. 92.2% and 28.4% of the respondent were of the view that the high cost of involving a doctor during pregnancy delivery and the non-availability of trained medical personnel, often pose a challenge to having a doctor during childbirth delivery. Furthermore, 73.9% and 42.9%, identify that most hospitals or maternity homes try to cut costs by not employing or consulting doctors, and the low standard of Living in Nigeria, also serves as a major challenge. Also, 88.8% further identify that the illiteracy of most mother often results in allowing a nurse or midwife to deliver their baby without the aid of a doctor.

However, to reduce the incidence of infant mortality during childbirth delivery as a result of an absence of a doctor, the respondent in Figure 6 and Table 6, further identify some possible remedies as follows;

- 1) 83.2% of the respondents stated that there is a need to sanction mid-wife and nurses involved in child delivery without the presence of a doctor
- 2) 93.3% also stated that the Nigerian government should subsidize the cost of childbirth delivery both in a public and private hospital
- 3) 32.5% of the respondent agreed that there is a need to train medical personnel with a better incentive to retain them back in Nigeria
- 4) 79.1% identify that there is a need to educate and sensitization of the general public concerning the danger of child delivery without the presence of a doctor
- 5) Furthermore, 31% of the respondents were of the view that the Nigerian government must endeavor to alleviate the poverty level in Nigeria

In this regard, it is apt to state that if the above possible remedy could be implemented in Nigeria, it will aid in curtailing the incidence of midwives or nurses indulging in childbirth delivery without the aid of a medical doctor. Hence, the need to curtail the incidence of medical complications that could lead to death or severe medical damage to the mother and child.

5. Conclusion

However, it was observed in this study that in Nigeria there has been an increase in childbirth delivery by nurse or midwife without involving the aid of a medical doctor. However, it suffices to state that act of most midwife or nurse indulging in childbirth delivery without the aid of a midwife or nurse often result in severe medical complication such as still-birth, rupture of the pregnant mother's uterus, excessive bleeding, abnormal heart rate of the newly born infant and prolapse of the umbilical cord. This severe medical condition often required the attention of trained and specialized medical doctors to manage, in this regard, nurse or midwife are not trained medical personnel to manage such medical conditions.

However, the study further identifies the fact that, the provisions outlined in section 23(2) of the Nursing and Midwifery (Registration) Act establish a significant

framework that enables registered nurses or midwives with five years of practical experience to establish private maternity homes. This empowerment grants them the authority to provide essential services related to antenatal care, childbirth delivery, and minor medical procedures. However, the Act, particularly under section 23(2)(c), imposes a critical condition for the approval of such facilities. This stipulation underscores the necessity for nurses or midwives to ensure immediate access to a practicing obstetrician and gynecologist or an experienced medical practitioner, emphasizing the importance of addressing emergencies promptly. Overall, these legal requirements serve as a regulatory mechanism, ensuring that private maternity homes are adequately prepared to handle unforeseen medical situations. The emphasis on the continuous accessibility of qualified medical professionals reflects a balanced approach, granting autonomy to experienced practitioners while prioritizing the safety and well-being of expectant mothers and infants in private maternity home settings. Although, there is a legal framework that regulates the nursing or midwifery profession and also strictly prohibits a nurse or midwife from indulging in childbirth delivery without the aid of a doctor, however, there seems to be an increase in nurse or midwife indulging in childbirth delivery without the aid of a doctor. According to the World Health Organization, Nigeria is in third position with a higher mortality rate of infants during childbirth delivery.

Concerning the above, to effectively curtail the incidence of childbirth delivery by a midwife, without the aid of a doctor, and to reduce severe medical damage to mother and child during childbirth delivery, the study, therefore, recommends as follows;

- 1) Strict sanction on nurses or midwives that often indulge in childbirth delivery without the aid of a doctor
- 2) Educating and sensitization of women on their right to demand for a doctor to be present during their labor period
- 3) Withdrawer of a license of hospital or maternity home indulging childbirth delivery by a nurse without the aid of a doctor
- 4) Alleviating the poverty level in Nigeria
- 5) Subsidizing the cost of childbirth delivery

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