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The midwife's role as a cultural mediator in perinatal loss: bridging cultures to save lives

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ABSTRACT. A recent qualitative study by Arega et al. is dealt with in this editorial. (2025) on factors contributing to peri-natal mortality in northwest Ethiopia, focusing on the political consequences for public health. According to the study, perinatal loss is not only a clinical issue; it is also the result of harmful traditional practices, cultural beliefs (such as punishment by God) and systemic barriers such as lack of resources, transportation difficulties and substandard care. The most important finding of the study is the identification of the critical role of midwives as a cultural mediator that can bridge the gap between community beliefs and evidence-based medical care. To reduce this silent and avoidable tragedy, the article calls for a multi-pronged strategy that includes funding the cultural competence of midwives, strengthening health systems and helping the midwives' workforce. © 2025 Published by Public Knowledge Project (PKP).

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Introduction

In low and middle income countries, where the burden is highest, the silent tragedy of perinatal death remains a major public health issue (Hug et al.). (20.10.2020). Global statistics provide a clear picture, but often miss the deeply personal and culturally embedded stories of blame, grief, and systemic failure that accompany each loss. Arega and colleagues. is a key new qualitative study. To provide a voice for these experiences, the study on the perceived causes and contributing factors of peri-natal loss: the views of midwives, parents and communities in northwest Ethiopia (2025) goes beyond statistics. The research provides important insights into the complex web of factors that causes these avoidable deaths and highlights a key future direction: the empowerment of midwives as cultural mediators. This will be achieved by integrating the perspectives of midwives, mothers and community members from Ethiopia's post-conflict areas.

The study effectively illustrates that in many societies, perinatal loss is not primarily seen through a clinical perspective. According to Arega et al., it is instead interpreted through the spiritual shadow, in which loss is seen as God's revenge for past sins or moral failings. (b) 2025. This perspective diverts families from seeking a medical explanation, isolates bereaved parents, and creates a high degree of guilt. This is exacerbated by harmful traditional practices, such as the use of unproven herbal remedies or the reliance on rituals like the Megileb - the cousin-walk over the bleeding mother - to stop postpartum bleeding.

Habesha medhanit) rather than going to a doctor. These results highlight the fact that any effective intervention must first respectfully comprehend and interact with the deeply held beliefs that influence community behavior rather than merely imposing a biomedical model.

Apart from the cultural environment, Arega and colleagues The harsh reality of structural and systemic bottlenecks is revealed in the year (2025). The geographical and economic barriers are considerable; many working women have to travel hours by coach and many cannot afford private care and transport. The Ethiopian Pharmaceutical Supply Authority (EPSA) lacks a supply chain and the health care system itself is faced with a number of quality problems, such as the lack of essential drugs and equipment such as oxytocin and ultrasound equipment. This situation is aggravated by reports of poor care by overworked and underpaid midwives and the residual effects of internal conflicts which interfere with care and endanger safety. Even those who wish to seek care are often not able to do so successfully because of a combination of these factors.

This is the most important finding of the study and the theory of the dynamics of culture, health care and midwives in perinatal loss, as developed by Arega et al. recommended. (b) 2025. At the crossroads of these intersecting worlds is the midwife. They are more than just health workers; they are, or could be, key cultural mediators that can bridge the gap between health care and community opinion. They have to strike a careful balance between advocating for patients in a fragile system, building trust where there is fear, and providing evidence-based care while respecting cultural norms. Midwives can help families navigate their fears, make informed choices and receive care that can prevent future tragedies, provided that they are supported by the health system and are trained in cultural competence.

Results from Arega and Associates. (2025) is a clear call to action for NGOs, health ministries and legislators. Building clinics is not enough; we must invest in the people who run them. This requires a multi-pronged approach: Invest in culturally competent training: In order to equip midwives with the tools to successfully navigate a complex socio-cultural environment, they must be trained in cultural mediation, grief counselling and communication. Strengthening health systems: Systemic failures need to be addressed. This means repairing supply chains, ensuring the availability of the necessary medicines and equipment, and creating reliable networks for emergency transport. Support the midwives workforce: if midwives are underpaid, under-employed or working in dangerous conditions, they cannot effectively deal with cultural conflicts. Retaining motivated and caring workers requires improving their working environment, providing incentives and ensuring their safety.

Ultimately, preventing peri-natal losses in places like Lay Gayint requires a comprehensive strategy that respects culture and science. We can begin to turn this silent tragedy around and ensure that every family has the chance to welcome a healthy baby into life by recognising and empowering midwives as the key link between the two.

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