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Investment in Midwifery Education, Job, Leadership and Service Delivery towards Strategic Directions 2021-25

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Abstract: ***Objective: The objective of the paper is the importance of investing in strengthening midwifery services to reduce maternal mortality in Assam. Method: The paper is based mainly on the review of Global Midwifery practice and its strategic direction. The competent midwives can help to decrease disparities in access to health services for vulnerable, rural and remote populations, including in times of health emergencies and crises. Invest in education, jobs and leadership in the state at par for sustainable domestic, regional and international nursing and midwifery workforces.***

Keywords: Midwives, Midwifery Led Care Unit, Obstetric Led Care Uniut

1. Introduction

Maternal Health is an integral component of the overall socio-economic development of a nation. Childbirth is one of the most transformative and rewarding events of a woman's life. It should be safe and remembered with great joy and love.

Maternal health refers to the health of women during pregnancy, childbirth and the postnatal period. Each stage should be a positive experience, ensuring women and their baby's full potential for health and well-being.

Maternal mortality is a symptom of the underlying neglect of women's health and well-being. All women must have the right to access of high quality prenatal, intra natal and post natal care starting from primary level, including referral of obstetric complications[1].

Ending preventable maternal death is possible by developing effective nurse-led models of equally accessible health care starting from primary levels and expanded efforts for reducing maternal injury and disability to promote health and well-being[2].

A large majority of countries (152 out of 157) reported that minimum duration of nurse education is a three year program. There are considerable variations of standards of education content and duration (91%), accreditation mechanism (89%), national standard of faculty qualifications (77%) and interprofessional education (67%) [3]. Faculty shortage, infrastructure limitations and availability of clinical placement sites, financing, salary, wages, health labor workforce management system, and scarcity of sufficient, competent, specialized midwives are some of the common constraints to meet the rising demand of the 21st century.

2. Methodology

The study modeled on the review of Global Midwifery practice towards its strategic direction 2021-25 and the success stories in regards to investment on creation of Midwifery-led system in the state of Assam. In the last two decades, about 295 000 women died during and following pregnancy and childbirth in 2017. This number is unacceptably high. Most maternal deaths are preventable with timely management by a skilled health professional working in a supportive environment[4].

Why do women die? Women die as a result of complications during and following pregnancy and childbirth most of these are preventable or treatable. Some complications may exist before pregnancy and worsened during pregnancy, especially if not managed as part of the woman's care. The major complications that account for nearly 75% of all maternal deaths are: severe bleeding, infections, high blood pressure during pregnancy, complications from delivery and unsafe abortion[5].

About 80% of maternal deaths are due to direct causes i. e. obstetric complications of pregnancy, labor and puerperium delay in identifying, referring, reaching the facilities, incorrect treatment ectopic pregnancy, embolism and related to anesthesia. Around 20% of maternal deaths are due to indirect causes that are the result of pre existing diseases or developed during pregnancy worldwide[4].

Major causes of maternal mortality in India are: hemorrhage, sepsis, hypertension, obstructed labor, abortion, anemia, associated diseases, malignancy, accidents and other social causes[3].

Why do women not get the care they need? Poor women in remote areas are the least likely to receive adequate health care. This is especially true for regions with low numbers of skilled health workers, such as sub-Saharan Africa and South Asia.
The latest available data suggest that in most high income and upper middle income countries, more than 90% of all births benefit from the presence of a trained midwife, doctor or nurse. However, fewer than half of all births in several low income and lower-middle-income countries are assisted by such skilled health personnel[6].

Sweden is a vast country with a sparse a midwifery-based maternal care system was developed. Midwives need to undergo 2-year training and pass the Collegium Medicum

(equivalent of the Medical Council) examination. In 19th century, midwifery became a legitimate separate profession from nursing, where strong, healthy and respectable women were selected and trained. Maternal mortality in Sweden declined from 400 to 100 as the deliveries by trained midwives increased from 30 to 70% between 1861 and 1894, mainly because of teamwork of physicians and highly competent midwives where 90% of the population was in rural areas and without doctors but had locally accessible trained midwives. Most of the home deliveries were undertaken by midwives who also performed instrumental delivery under supervision of the head midwife or trained sister, the student midwife was required to deliver 100 to 125 women during the training period, which gave high degree of skills and confidence to conduct childbirth. Until the age of 50, midwives were required to undertake regular review courses and close supervision. The midwives were required to report to general practitioners through a detailed diary of all the deliveries attended, interventions done, reasons for interventions, follow-up including temperature chart of woman, outcome of the mother and child and so on. The Swedish midwifery association exercised control over the professional conduct of midwives. The standardized protocols for management of birth complications were strictly enforced[7].

There is compelling historical and limited epidemiological evidence depicts a significant relationship between increased coverage of maternity care by skilled personnel and a reduction in maternal mortality ratios (WHO, 2005; Maclean 2003). The provision of skilled care for all women in childbirth is now recognized as a key strategy in the reduction of maternal mortality[8].

Midwifery education… is the bedrock for equipping midwives with appropriate competencies to provide high standards of safe, evidence-based care[9].

In the context of the Sustainable Development Goals (SDG), countries have united behind a new target to accelerate the decline of maternal mortality by 2030. SDG 3 includes an ambitious target: reducing the global MMR to less than 70 per 100 000 births, with no country having a maternal mortality rate of more than twice the global average.

Addressing inequalities in access to quality and respectful reproductive, maternal, and newborn health care services; ensuring universal health coverage, addressing preventable and treatable causes of maternal mortality, reproductive and maternal morbidities, and related disabilities; strengthening health management and information systems to collect high quality data in order to respond to the needs and priorities of women and girls; and ensuring accountability to improve quality of care and equity[10].

About two-thirds of maternal deaths, newborn deaths and stillbirths could be prevented by 2035 if the current level of care by competent professional midwives educated and regulated to international standards and scaled up to provide universal access of SRMNAH services[11].

3. Discussion

Healthcare system is undergoing a radical change in the state of Assam at the same time we have many challenges and shortfalls. Shortage of nursing staff in hospital settings, imbalance nurse-patient, teacher-student ratio, leads to long working hours and learners need to utilize in service instead of exposing their learning experiences, workplace hazards, workplace violence, bullying and harassment, burnout, changing technology, changing diversity and increasing diversity, era of educated consumers, rising public health expectations, lack of opportunities for professional growth, variety of cadre, poor cadre management, changing disease pattern, limited super specialty in nursing, unequal distribution, lack of leadership, supervision and monitoring system, lack of exemplary teamwork, conflict among the cadres are some of the common phenomena observed in the state.

Every pregnancy and birth is unique. Addressing inequalities that affect health outcomes, especially sexual and reproductive health rights and gender, is fundamental to ensuring all women have access to respectful and high-quality maternity care[3].
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Midwives to achieve their potential, greater investment is needed in key areas such as education and training, health workforce planning, management and regulation with conducive work environment, leadership, governance and service delivery at per country, regional and global level by the government, policy makers, regulatory authorities, education institutions, professional associations, international organizations, global partnership, donor agencies, civil society organizations and researchers[13].

4. Conclusion

Desired strategic direction required towards reorganization of nursing education & service system from peripheral level to state level hierarchy, proper chain of supervision and monitoring system by nursing personnel, filling up of state level nurse administrators posts, administrative autonomy to the nurse leaders in financial and policy decisions, creation of nursing directorate, collaboration with education, service, administration and research, good cadre management, well equipped educational institutions, revitalizing of SC, PHC, HWC and CHC with residential accommodation, provision of research grant and strong regulatory mechanism are some of the thriving areas where investment is most needed in time bound manner. This small act will contribute not only to the health related SDG targets but also to education (SDG 4), gender (SDG-5), decent work and economic growth (SDG-8).

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