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Strengthening the integration of midwifery in health systems: A leader-to-leader collaboration

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ABSTRACT

Barriers and facilitators for quality midwifery care exist on different levels in the health systems. After decades of challenges and varied degrees of success, a stakeholder leader-to-leader collaboration could provide added value through knowledge sharing on how to integrate the midwifery cadre into an existing health system. Initiated by The Midwifery Society of Nepal, Dalarna University Sweden and MAMTA - Health Institute for Mother and Child India, a research network focusing midwifery has been formed. The background, purpose and activities of this network has been described in this News and Events paper.

Keywords: Midwifery, Health system, Evidence based care, Leadership

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BACKGROUND

The South Asia region has made significant progress towards ending preventable maternal and newborn deaths. Between 2000 and 2019, the region reduced its maternal mortality rate by more than 57% and neonatal mortality by 60%. Nevertheless, the progress needs to accelerate towards ending preventable morbidityies and deaths in line with the SDG targets (1).

Quality midwifery care could avert up to 60-80% of maternal, neonatal deaths and stillbirths globally, if carried out by trained and licensed midwives according to international standards, in a well-functioning health system (2). There is a need to identify priorities that would contribute to improving maternal and newborn health in the communities where human resources are scarce, there are long distances to reach health care, and cultural, gender and socioeconomic barriers exist. This aligns with the aim of 2030 Agenda for Universal Health Coverage (UHC) which is to "secure that every human being has a fundamental right to the enjoyment of the highest attainable standard of health without distinction of any kind" (3). If UHC is to be realized, especially for women, girls and adolescents, a joint commitment needs to also include and promote SRHR. For this professional midwives are central.

The key role of professional midwives in preventing maternal and neonatal morbidity and mortality is linked to the midwife's focus on the continuum of care throughout the woman's life and in the community, within a profession combining the core of promoting normal processes with a readiness to address complex health situations and complicated clinical care in interprofessional teams when needed (4,5). Thereby, the care offered can be efficient, timely, provided on the right level and cost effective.

India, has a maternal mortality of 99 per 100,000 live births (6) and a neonatal mortality rate of 25 per 1,000 live births (7). Although a decrease in MMR has been seen over the latest decades in the country, the poorest states, who currently hosts 60% of all maternal deaths, will not reach the SDG targets (6). The time around labour and childbirth accounts for almost 46% of maternal deaths and 40% of stillbirths/neonatal deaths. Two major reasons for poor intrapartum care are either lack of trained service providers or over medicalization of the delivery process. Many pockets of populations in India face an acute shortage of trained human resources, and a rise in caesarean section (c/s) depicts the over medicalization of the delivery process. The National Family Health Survey (NFHS-5) reports that caesarean section rates have increased from 17.2% in 2016 to 21.5% in 2021 with 47.4% in private and 14.3% in public hospitals (7). India's Government has in The Midwifery Service Initiative committed to train 86 000 midwives for them to be prepared to meet the Essential

Competencies for Midwifery Practice as set by the International Confederation of Midwives (8).

Nepal has a maternal and neonatal mortality ratio of 186/100 000 (9), and 21/10 000 respectively (10). After a 50% decrease between 1990 and 2015, the decrease of NMR has remained unchanged (10). Nepal experiences similar challenges to the context described in other countries with a newly established midwifery profession (11). Lack of understanding of the role of the midwife in the health system delay the care processes (12). The midwifery association was established in 2010 (13) addressing the ICM's pillars of midwifery: education, regulation and association. This was considered as a milestone in midwifery in Nepal (14).

The similarity between the countries is that they introduce the midwife cadre in an existing health system, and midwives need an enabling environment to be accepted in the society and provided a career path bringing about status, opportunities and rights. Yet, there is significant variation in and across countries in whether, to what extent and how the profession has been integrated. Barriers and facilitators for quality midwifery care can exist on different levels in the health systems (15-18), which need to be identified for successful integration of evidence-based midwifery.After decades of challenges and varied degrees of success of integrating midwives in the health systems in India and Nepal, a stakeholder leader-to-leader, south-to-south collaboration could provide added value through knowledge sharing on how to integrate and sustain the midwifery cadre into an existing health system, utilizing the Midwife Conceptual Framework (19, 20).

Conceptual Framework guiding the collaboration and its activities

Based on global evidence and inspired by Swedish model of care leading to low maternal and neonatal mortality rates, The Midwife Conceptual Framework is based on multi-sectoral collaboration to enhance evidence-based practices through midwife-led care and interdisciplinary teamwork. Focusing midwives as the primary health care providers in midwifery skills facilitates relational, safe, cost-effective, and person-centred care. When additional support is required to save lives different clinical professions' competencies will be alerted. At the heart of the MIDWIZE model is enhancing the use of evidence-based practices and international guidelines for maternal and newborn health care - focusing on a healthy mother, a healthy child, a positive birth experience, and respectful care.

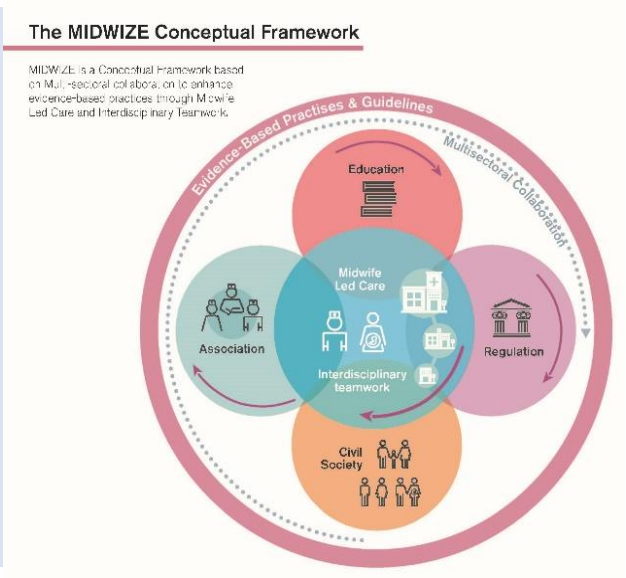

Fig 1*. The Midwife Conceptual Framework (19, 20)*

A NEWLY FOUNDED RESEARCH NETWORK

Initiated by The Midwifery Society of Nepal, Dalarna University Sweden and MAMTA - Health Institute for Mother and Child India, a research network focusing midwifery has received 1st phase of funding from The Swedish Research Council.

- Phase 1 focus on various components of the Midwife conceptual framework, with a gap analysis, to adequately prioritize and establish a relevant set of midwifery-related activities.
- Activity priorities will be carried out in a 2nd phase with proposals and ethical applications for following research and capacity building activities.

OBJECTIVE

To apply the Midwife conceptual framework to identify drivers for change when integrating midwives in an existing health care systems in South Asia.

SPECIFIC QUESTIONS TO BE ADDRESSED IN PHASE 1 and 2 (2023-2025)

- How can midwives' status, rights and opportunities in South Asia be strengthened?
- How can midwifery specialists be supported to create supportive health policies by reciprocal learning and south-to-south collaboration between countries?
- Who are the key external and internal actors and how can these actors influence the implementation of midwifery in a country with the support of a leader-to-leader collaboration?
- What midwifery related interventions are needed at the various levels of the health system to enhance the health of mother and child?
- How should a relevant research agenda be adequately framed and what activities, areas and interventions should be in focus?

ACTIVITIES DURING 2023 AND ONWARDS

Initial meetings have been held online and onsite. An online platform has been created describing the Midwife conceptual framework and the role of midwifery, as a preparation for a workshop held in Kathmandu, Nepal the 9-11 of October 2023 with 50 stakeholders in midwifery from Nepal, India, Bangladesh and Sweden. The main purpose was to identify and formulate relevant and context specific problem statements and objectives for capacity building and research interventions. During the workshop, the stakeholders absorbed and shared knowledge of barriers, facilitators and good examples of midwives integration in the health systems. Using the Midwife tool we got insights into areas that require improvements and the stakeholders participated in group discussions resulting in activities to be implemented from 2024. We

reached agreement on the significance of midwife led care progress in policy, education, clinical care and research. The need for strong leadership for midwife licencing, and creation of positions was brought forward as fundamental. Evidence based practices, collaborations across disciplines and ethical, compassionate and respectful care are crucial components for the clinical level. On the educational level, mentorship on all levels needs to be put in place, to bridge the knowledge-do-gap. The planned activities will be evaluated through e.g., Delphi methodology (21), qualitative interviews and questionnaires. These interventions will meet country specific requirements for the integration of midwifery in health systems.

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Conflict of interest: None

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