



# **Safe Motherhood and Midwifery in Nepal**

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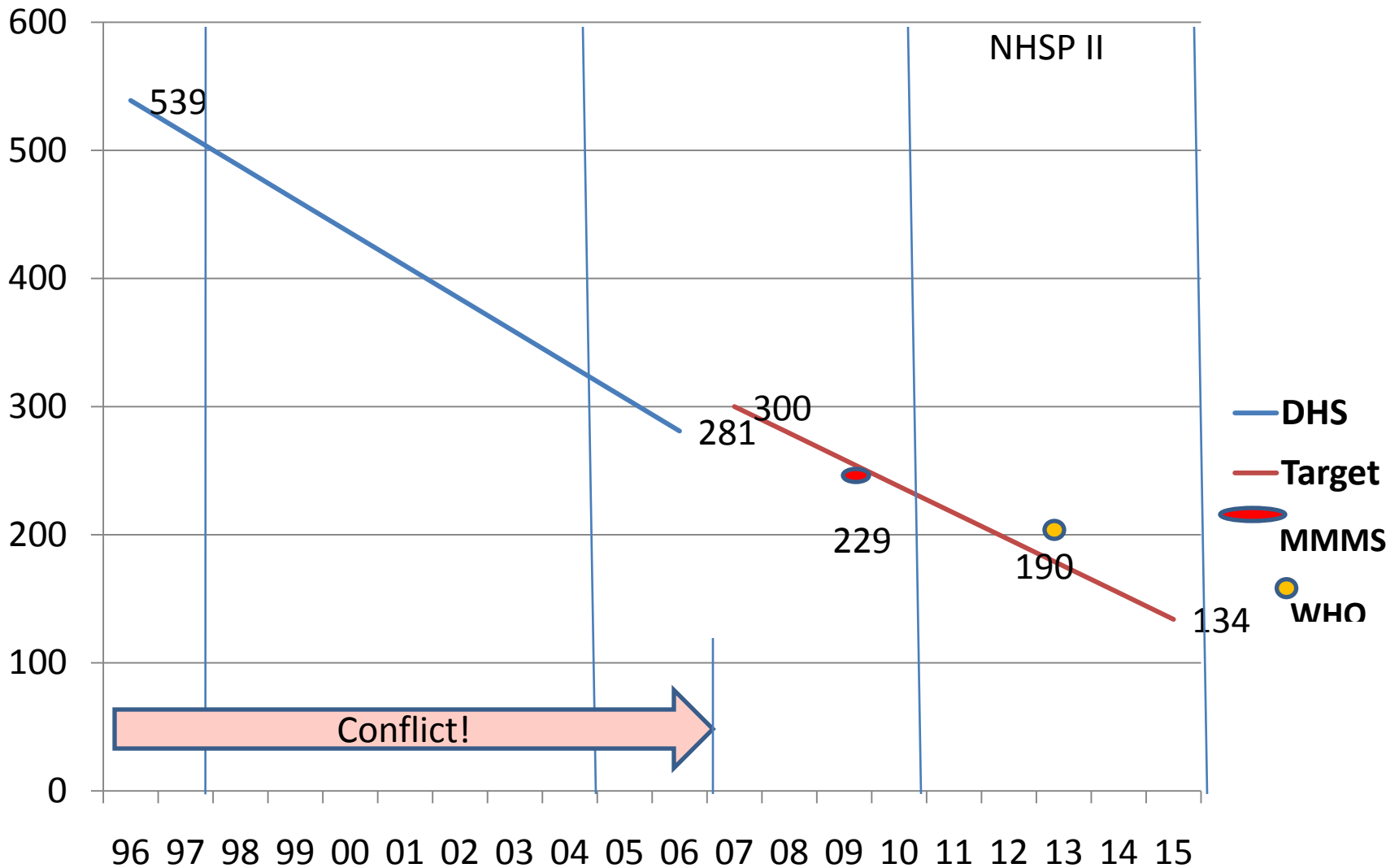
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# Accessibility/Availability Barrier



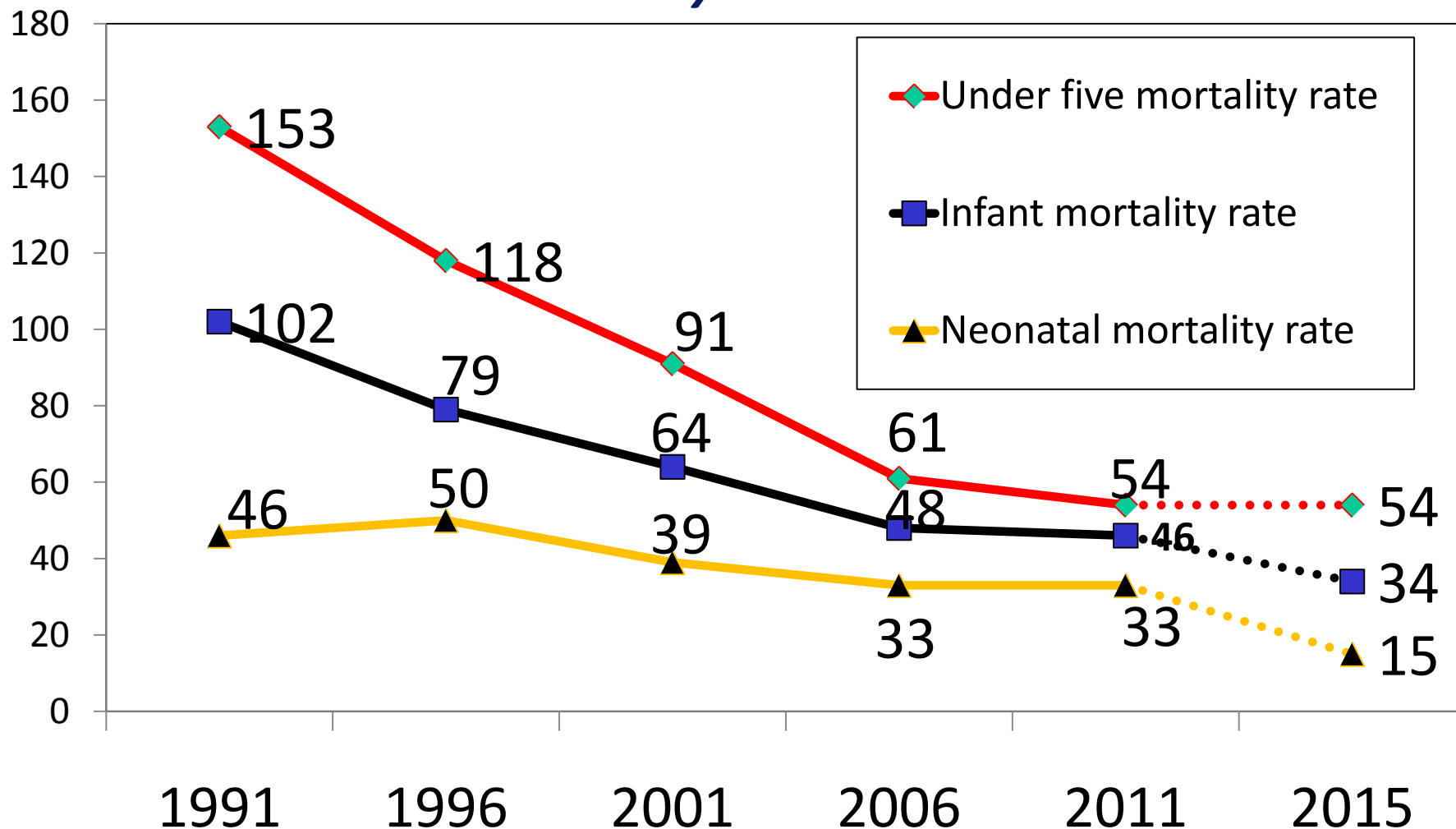
# Maternal Mortality Ratio/100,000 LB



# The Nepal Context: Child Mortality



Infant and child mortality has significantly declined, but *neonatal mortality remains the same*



# Safe Motherhood Implementation

- ✓ Legalization of Abortion (2002)
- ✓ Safe Abortion Service (2004)
- ✓ Introduction of financial incentive (2006- MIS)
- ✓ SBA Policy (2006)
- ✓ Safe Blood Programme (2008)
- ✓ Aama (2008)
- ✓ Expansion of Birthing Centers, hospitals
- ✓ Focus on key interventions
- ✓ Maternal death Review etc





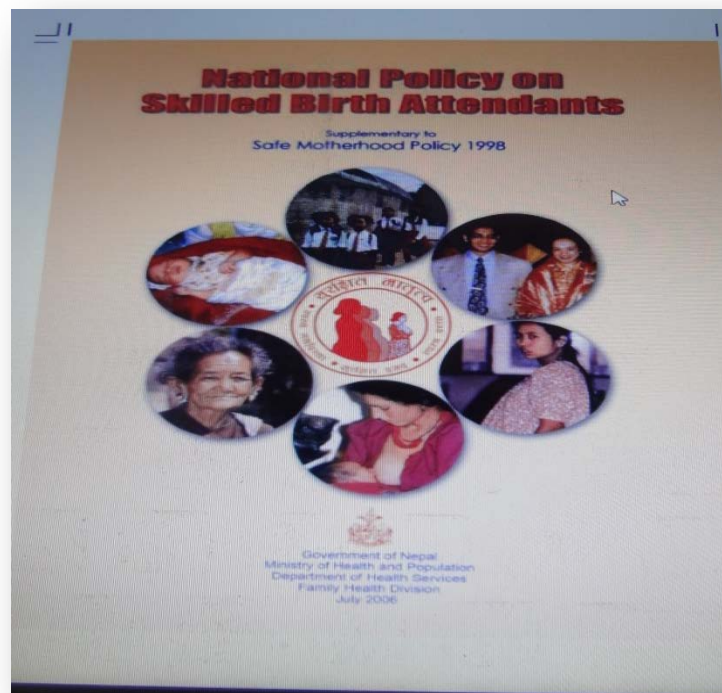
# Govt. SBA Policy - Professional Midwifery



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Skilled Birth Attendants  
Policy (2006) with  
**Short, Mid and Long**  
term goals.

**Long Term- Professional  
midwife Cadre to take  
leadership in  
Midwifery.**



# Status of Midwifery in Nepal



- ***Midwifery is a key element*** of SRMNH
- Only one country in the south Asia – No protected title ***RM***
- No professional midwives as per ICM Standard.
- Only 55% of MNH needs currently met.
- Midwifery service is delivered by health professionals with SBA skills (Doctors, Nurses, ANMs)

# Definition of the Midwife:



A midwife is a person who has:

- Midwifery **education**
- Based on the ICM Essential **Competencies** *Global Standards*
- **Registered** and/or legally licensed to
- **Practice** midwifery and use the title 'midwife'
- Who demonstrates competency in the practice of midwifery



# EDUCATION, REGULATION AND ASSOCIATION (ERA): INTERRELATED PILLARS



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# Scope of Midwifery Practice



The scope of midwifery practice is built upon the **ICM International Definition of the Midwife**

- **Basic competencies** = those that could be considered “core” for education and practice by all midwives who meet the ICM international definition
- **Additional competencies** = optional for midwives

# Seven Competency Domains



1. Social, epidemiologic and cultural context of maternal-newborn care
2. Pre-pregnancy care & family planning
3. Care during pregnancy
4. Care during labor & birth
5. Care for women during postpartum period
6. Postnatal care of the newborn
7. Facilitation of abortion-related care

# Seven Competency Domains



**Each Competency Domain is arranged as follows:**

## ***Knowledge***

- Basic
- Additional

## ***Professional behavior***

- Basic
- Additional

## ***Skills***

- Basic
- Additional

# Competency 1



- KNOWLEDGE: The midwife has the knowledge of: principles *of community-based primary care* using health promotion and disease prevention and control strategies
- BEHAVIOUR: The midwife is responsible and accountable for clinical decisions and actions
- SKILL: The midwife has the skill and/or ability to comply with all local reporting regulations for birth and death registration

# Competency 2



Midwives provide high quality, culturally sensitive ***health education and services*** to all in the community in order to promote healthy family life, planned pregnancies and positive parenting.



# Competency 3



Midwives provide high quality *antenatal care* to maximize health during pregnancy and that includes early detection and treatment or referral of selected complications.



International Confederation of Midwives

[www.internationalmidwives.org](http://www.internationalmidwives.org)





# Competency 4



Midwives provide high quality, culturally sensitive *care during labour*, conduct a clean and safe birth and handle selected emergency situations to maximize the health of women and their newborns.



# Competency 5



Midwives provide comprehensive, high quality, culturally sensitive *postpartum care* for women



# Competency 6



Midwives provide high quality, comprehensive care for the essentially *healthy infant from birth* to two months of age.



# Competency 7



Midwives provide a range of individualised, culturally sensitive ***abortion-related care services*** for women requiring or experiencing pregnancy termination or loss that are congruent with applicable laws and regulations and in accord with national protocols.

# Status of Midwifery Education



## Progress:

- 3 year draft curriculum prepared by UNFPA consultant in 2012
- Feasibility Study completed 2012
- Teaching Learning Tools/Modules – drafted 2013
- MOHP allocated budget for this financial year
- Midwife cadre stressed in National Health Policy 2014
- Need to include in NHSP III document with legal enactment made as mentioned in next slide

## Challenges:

- Ownership and approval pending by universities and nursing council
- Acute shortage of Midwives and teachers
- Shortage of classrooms and facilities
- Universities reluctant to commit due to concerns about sustainability why??
- Time pressures to use MOHP budget the message is not clear pl. explain here

# Status of Midwifery Regulation



## *Progress*

Word 'Midwife' exists in the Nursing Act

Temporary registrar (midwife supporter) initiated amendment but slow result

## *Challenges*

Nursing Act still not changed into *Nursing and Midwifery Act*

Nursing Council still need to approve curriculum

No professional midwifery standards, guidelines, frameworks

# Midwifery Association



- Newly established in 2010
- Advocacy for midwifery cadre and education in Nepal
- Working with MOHP, UNFPA and key partners
- Four branches across the country
- Developing capacity – Twinning with RCM, UK
- Limited resources- human, financial, space and time
- First ever Midwifery conference 2013



# Association Twinning Outcome



# Key Challenges and way forward



- Many **targets are behind MDG**
- ***Acute shortage of Midwives and teachers***
- Financial constraints and lack of interest- and **? teaching institutions and faculty members** Universities
- **Strong politics**
- ***Creation of positions*** in health system
- ***Respectful Maternity Care***
- Establish **strong data base** of MNH providers
- **Lack of technical support**
- Educational policy- number, scholarship etc
- **Joint agency support**
- ***Professional coalition***
- Amendment of Nursing Act as ***Nursing and Midwifery Act***



# Conclusion



- Globally midwifery is seen as the **key professional cadre** to improve maternal and infant health with joint effort of OB/GYN
- **High time** to implement the mw education in the country reaching to unreached people
- Countries investing in midwives have seen huge improvements in maternal health.
- Midwifery services are economic and cost effective- **best buy.**

# References



1. UNFPA, ICM and WHO (2014) The State of The world Midwifery Report, ICM Triennial Congress, Prague.
2. Govt. of Nepal, DOHS 2006 SBA Policy Supplementary to safe Motherhood, Kathmandu Nepal
3. Govt. of Nepal, Ministry of Health and Population(2014) Background Thematic Progress report, Joint Annual Review Meeting Jan 27-29<sup>th</sup> Kathmandu.
4. Lancet(2014)
5. Lancet(2013)Dr Audrey Prost PhD, Tim Colbourn PhD, Nadine Seward MSc , Prof Kishwar Azad FRCPCH et al

**THANK YOU!!!!!!**

