



Role of midwives in Saving Mothers 2014-2016

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Background

- Background used State of the World Midwifery Report 2014
- 73 countries, Low-and Middle income groups
- 92% of the world's maternal and newborn mortalities occur in these 73 countries.
- Only 42% of the world's medical, midwifery and nursing personnel are available to provide care in these countries

(UNFPA,2014).





Skilled attendant needs

- To achieve universal access to sexual, reproductive, maternal, newborn and adolescent (SRMNAH) care
- Health services have to face of **1.4 million** pregnancies per year by 2030
- Estimations of **91.0 million antenatal visits, 16.7 million births** and **65.5 million postnatal visits** between 2015 and 2030 (UNFPA, 2017).

Principles to end preventable maternal mortality

- Empower women, girls and communities.
- Protect and support the mother–baby dyad.
- Ensure country ownership, leadership and supportive legal, regulatory and financial frameworks.
- Apply a human rights framework to ensure that high-quality reproductive, maternal and newborn health care is available, accessible and acceptable to all who need it (World Health Organisation, 2015).

Themes



- Availability
- Accessibility
- Acceptability
- Quality

- 1) Nurse or midwife?



Competence

- Knowledge,
- Skills,
- Professional behaviour and
- Clinical judgement
- translated in care



RESUSCITATION PROBLEMS

- **Number 3697**
- - Avoidable factors identified 1762
- - No avoidable factors 1782
- - Lack of information 288

- Percent avoidable factors **51.7**

- In 3438 cases there was a lack of appropriately trained staff of which 608 were within the category of medical doctors and **388 for nurse/midwife.**

Administrative factors

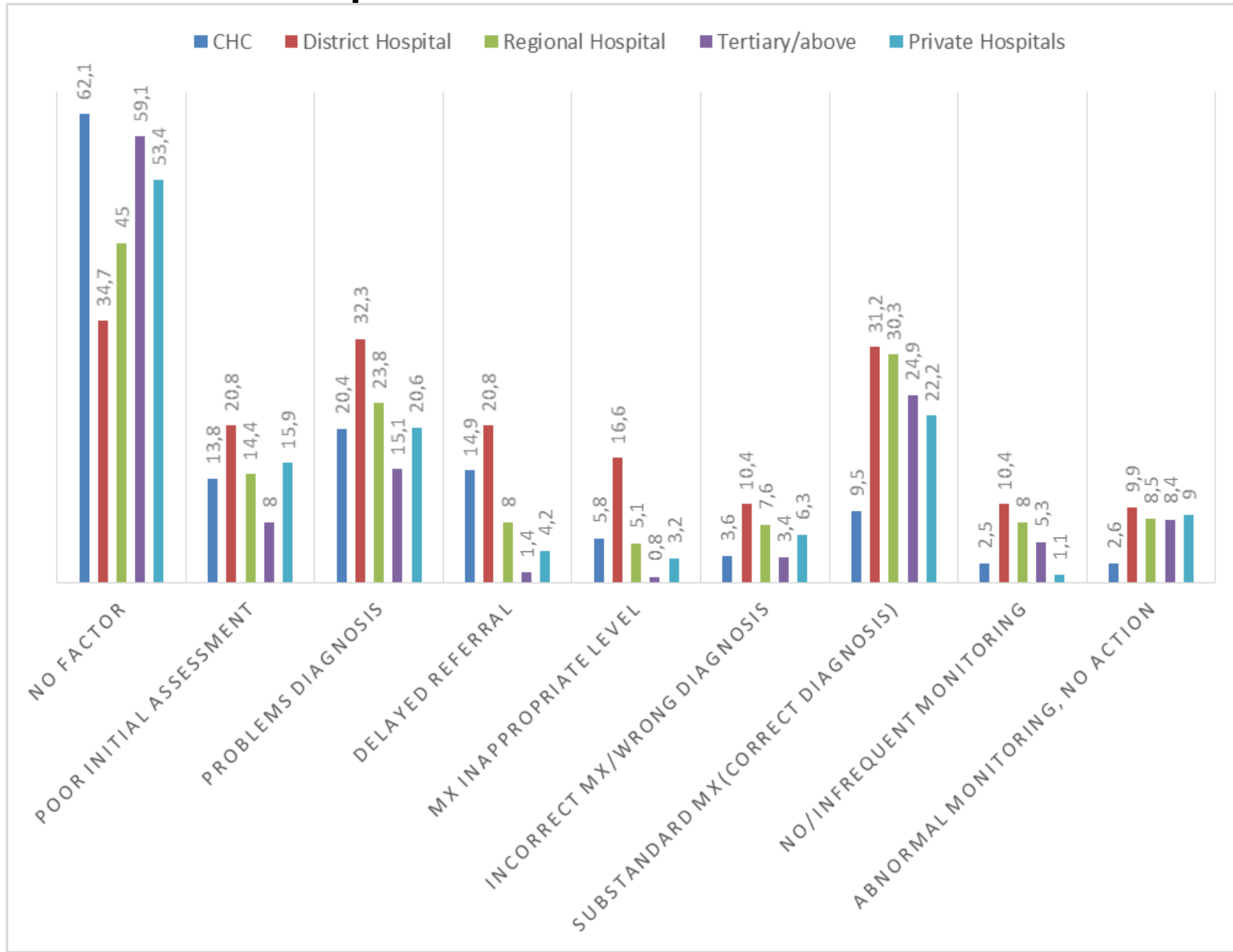
- **Number 3697**
- - Avoidable factors identified 1632
- - No avoidable factors 1964
- - Lack of information 271

- Percent avoidable factors **47.6**

Transport

- 45 women - reports of problems with transport from the home to the institution was mentioned.
- **Institution to institution referrals** (225) or cases referred between facilities(1824).
- Often the problematic factors of inter-facility transport and the availability of emergency medical services for the community and referral are not be related to the actual transport but rather to **the way emergencies are communicated within teams and between facilities.**
- The lack of inter-professional collaboration and communication negatively impact on how a woman is cared for. **Communication failure** due to technical issues were found in **111 of 3438** cases but **interpersonal communication failure** were identified in **253 of the 3438** cases.

Health care professional avoidable factors



Recommendations



- Availability of SRMNH services would be improved if sufficient midwives are available. The education programmes should comply with ICM global standards for education and subsequently regulated by regulations complying with ICM global standards for regulation.
- The addition of cadres like direct entry midwives should be initiated.



Recommendations cont.

- Education (pre-service and continuing) of healthcare providers for SRMNH should be standardised and cross interprofessional boundaries to ensure interprofessional collaboration. It should be based on global competencies.
- Professional associations, regulatory bodies and employers should strengthen and enforce a human rights based approach to SRMNH.