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A Milestone of Midwifery in Nepal

Nepal is one of the countries in Asia that is part of the joint ICM (International Confederation of Midwives) and UNFPA (United Nations Population Fund) programme, “Investing in Midwives and others with Midwifery Skills”,¹ to progress towards achieving the Millennium Development Goals (MDG) 5 and 4, reducing maternal and neonatal mortality before 2015. Nepal is on target to achieve its reduction in maternal mortality rate from 539 to 134 per 100,000 live births.² However, this means that women and/or their new-born are still dying from complications that could have been prevented by professional midwives. At the same time “the midwifery profession world-wide plays a vital role in keeping birth normal and reduced birth-related complications”.³

The National Skilled Birth Attendant (SBA) policy of 2006⁴ clearly reflects the Ministry of Health and Population (MOHP) position of putting forward the agenda and settling up a task force to develop a new cadre of professional midwives as a crucial human resource for safe motherhood in Nepal.⁵ However, what remains to be done is that this Policy regarding Midwifery Education and cadre has to be operationalized to save lives of women and newborns in Nepal.

Additionally, a feasibility study was conducted with the support of the Family Health Division and UNFPA (2012), which recommended five potential universities for setting -up the Bachelor in Midwifery Education Program.⁶⁻⁷ A three year Bachelor in Midwifery curriculum, based on ICM global standards, was drafted as a reference document for the universities in 2011. Teaching modules and assessment tools for the three years education is in place. A Task Force Committee on Midwifery Cadre and Education was formed within MOHP in the beginning of 2013.

The first ever National Midwifery Conference on the theme “*Midwifery Education: Policy into Action Saving Lives of Women and Newborns*”, was held in Kathmandu from 14 to 15 September 2013. It was organized by the Midwifery Society of Nepal (MIDSON) in collaboration with the MOHP. The conference was a great success; it was of international standard and attended by of nurse-midwives, health professionals, government, civil society, external developmental partners, and with midwifery-twinning country the United Kingdom, the Royal College of Midwives (RCM), Scotland, non-governmental organizations, academicians, and volunteers working in the area of Maternal and Newborn health. The conference featured a wide range of speakers, topics, and events related to the health and well-being of girls and women.⁸ All the participants were strongly committed to midwifery and respectful maternity care.

The conference was enriched with pre- and post-conference events. On 13 September, a one day training on “Helping Mother Survive Bleeding After Birth”, a simulator-based e-learning training package for frontline providers, developed by Jhpiego, UNFPA, WHO, and Intel innovation, in conjunction with Laerdal, was conducted for the midwifery teachers, SBA trainers and service providers. Similarly, after the conference on 16 and 17 September 2013, a two-day workshop was organized to develop teaching and learning modules and assessment tools for the Bachelors in Midwifery Education. Teachers from different universities, obstetricians, representatives of nurse midwives and experts from various organizations carrying new hope that an advanced education program would soon start in Nepal actively participated in the workshop.

Below are some voices from the conference participants:

MIDSON is a new organization, but has managed to bring important people from the country and abroad in one place. About 300 names are already in the family. That means MIDSON, which is just 3 years old, has achieved much more than what old organizations have done.

Very nice, very good, and very important topics well reported and shared.

It was very informative and touching, especially with the presentation on obstetric fistula. I felt very sorry for these women suffered from obstetric fistula. Many had done research and we could get information from them and we got to meet each other. It was quite a social gathering, well planned and organized. Participants were interested.

I got encouraged with the presentation on respectful care at birth by White Ribbon Alliance and youth presenting youth advocacy. Youth is our future.

Overall it is striking, usually in other conferences the youth do not present, but here the young women and nurses got the opportunity to show their talent

This conference was a symbol of women empowerment in Nepal. Conference was organized by women, for women and on women's health and issues. We talk about empowering women in rural areas but we need to be empowered in the city before we can empower others in the country.

The conference closing was done by dignitaries who knew about midwifery from the beginning.

It was not a national conference, it was an international conference; everyone was speaking and presenting in English.

Wonderful conference! We hope that another midwifery conference will come soon.

We saw the strong commitment from the organizers to make midwifery practice more qualitative in Nepal.

When we think about the conference, at the beginning I could never think it could be this successful, but it became a success with more than 300 participants.

A lot of challenges were also addressed related to setting up midwifery education in Nepal and developing real midwives. Out of the mess the solution comes (Winston Churchill).

During the First Ever National Midwifery Conference, midwives as a crucial human resource for maternal health was discussed. It is very crucial to explore how to reach women where there is critical shortage of skilled workforce in this area. This national conference marks an important milestone for the midwife cadre and midwifery education in Nepal. Need for strengthening faculty and having health systems with enabling environment for students was also identified for

development. The conference clearly highlighted “Midwifery Education: Policy into action”, which is crucial to save lives of Women and Newborns in Nepal.

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Kiran Bajracharya, RN, M.Sc,^{1*} Sabitri Sapkota, RN, PhD,² Kerstin Erlandsson, RNM, PhD³

¹President, Midwifery Society of Nepal, Associate Professor, Nursing Campus Maharajgunj, IOM, TU.
kiran_baj54@yahoo.com

²Life Member, Midwifery Society of Nepal; Research Manager, Sunaulo Parivar, Nepal.
devkotasabitri@hotmail.com

³Associate Professor, School of Health, Care and Social Welfare, Mälardalen University, Västerås, Sweden.
ker@du.se

*Corresponding author at President, Midwifery Society of Nepal, Associate Professor, Nursing Campus Maharajgunj, IOM, TU
Email: kiran_baj54@yahoo.com

Regional Resource Center: A horizon of intellect for South Asian Midwives

The South Asian Regional Resource Centre (RRC) was an offspring of an expressed demand of the midwifery actors participating in the Dhaka and Delhi workshops held in 2010 and 2011, respectively. The main motive of developing an RRC in the south Asian region was to harmonize the midwifery education, regulations, associations and dissemination of scholarship of practice and research to promote the reproductive health of women and, in the long-term, to the reduction of maternal and newborn mortality in the region. Hence, a core group for RRC was developed under Bangladesh's leadership and included Afghanistan, India, Nepal, and Pakistan. The core group first met at Al-Ghurair Rayhann Hotel Dubai, UAE, in December 2013, for its face to face Strategic Planning Meeting sponsored by Ipas.

The main aims of this meeting were to develop action and business Plans of the RRC and it was a step towards an inter-agency organizational collaboration amongst associations for promoting professional midwifery and harmonization of education, standards, and practices in South Asia. The preparation and planning for this two and a half day meeting was done in a participatory manner under the direct guidance of ICM's Regional Advisor for Asia, and with the auxiliary support of UNFPA's technical midwifery specialists posted in the region.

As the stakeholders of this meeting were representing different South Asian regions it was an excellent forum to discuss the state of South Asian Midwifery and to identify and deliberate on the gaps, challenges, and needs of the South Asian Midwives. A very important presentation on the South Asian Midwifery Alliance (SAMA) was also one of the highlights of the meeting. The group was taken through the historical conception process of SAMA, carried out in June 2008 during the ICM conference in Glasgow. The alliance was headed by Indian midwives and comprised five south Asian countries, including Pakistan, Afghanistan, India, Nepal, and Bangladesh. The aim of SAMA was to promote and provide a means for working in coordination and collaboration to the members for the nations, strengthening of the midwifery profession and midwives, but, unfortunately, SAMA was very slow and could not provide any outcome, in comparison to RRC, which was younger than SAMA. The group reviewed aims, vision, development, and the structure of SAMA and had an extensive dialogue regarding the future links and working relationship of SAMA with RRC. Finally, the group of regional midwives decided that SAMA would be an overarching body and will provide an umbrella for all midwifery activities, while the RRC would work under SAMA. The group, however, discussed and decided on a change in leadership and mutually selected Dr. Rafat Jan from Pakistan to be the new President, with all other countries presidents being the members of SAMA.

The main agenda of this meeting was the strategic planning of RRC, with the aim of developing a concrete vision for the RRC's immediate future and to determine the necessary priorities, procedures, and operations to achieve that vision. The midwifery leaders began the strategic planning process by deliberating upon five areas, including: operational excellence, education/research, regulation, associations, and advocacy/networking. The delegates mutually agreed, however, that advocacy/networking was not a separate category, but a cross-cutting theme. The group envisioned what the RRC might look like in 2016 and made realistic plans for reaching the desired goals for that future context. The delegates engaged in a spirited discussion, based on their national contexts and practical experiences, and collectively brainstormed regarding the required focus of activities for each of the four thematic areas identifying some basic priority areas, and needs.

The group came up with a blueprint for a three-year action plan for the proposed RRC; the first draft of the strategic plan, and the subcommittees, with equal representation from each country, to work on the strategic planning of the five components of RRC

The group also identified several stakeholders who could influence the future development and functioning of RRC, based on the perceived interest of each stakeholder in relation to the RRC's mission. The highest ranking stakeholders which the group identified include ICM, Ipas, national governments, universities, health facilities, clients, policymakers, and CIDA, followed closely by other donors, reproductive health partners, and the respective UN agencies.

Midwifery Association of Pakistan Celebrated the International Day of the Midwife and Midwifery Conference 2014

The Midwifery Association of Pakistan (MAP), member of the International Configuration of Midwives (ICM), was founded in 2005 after clear identification of needs through a survey of all stake holders. For its initial eight years MAP received experienced and influential leadership from Mrs Imtiaz Kamal, who promoted it to a strong and reliable position within the world of Asian midwifery. In the beginning of 2014, MAP underwent a leadership transition when Mrs Imtiaz Kamal handed over MAP's president-ship to Dr Rafat Jan, who was then a board member and vice president, and chair of the education committee since MAP's inception.

MAP marked its transition by celebrating the International Day of the Midwives (IDM) 2014 and complemented this with a two and a half days (May 5-7) midwifery conference for midwives of Pakistan in collaboration with partner agencies, including USAID, MCHIP, UNFPA, Ipas and MNCH Sindh. With this conference, MAP aspired to provide the local midwives an occasion to witness an international standard conference and get an opportunity to experience the joy of attending an international standard conference and to upgrade their professional practice. This Midwifery conference provided a great opportunity to local midwives to meet each other and to listen to talks by renowned personalities in the field who were the guests of honor in this conference. The main highlights of the conference were an informal opening ceremony and plenary sessions at day 1, several concurrent skill development and capacity building sessions on day 2 and a formal closing ceremony on day 3.

The opening ceremony commenced with a welcome speech by the President MAP, Dr Rafat Jan, who expressed her aspiration for MAP in the following words, "I consider MAP not just a professional organization but also as one of the strong civil society institutions that works for mothers, newborns, children and early childhood development. We support midwives to gain confidence and develop into leaders through exposure to global standards, competency-based training, and evidenced-based practices so they are better able to provide quality women- and family-centered care." The guests of honor for the ceremony included Mrs Imtiaz Kamal (Former President MAP), Ms Mehtab Rashdi (President Plan Parenthood), and Mr Leon S. Waskin (Regional Director USAID). The Ceremonial Cake prepared for this momentous event was cut by the guests as hundreds of balloons soared into the sky.

Next, was the plenary discussion, which was a multidisciplinary platform from which various speakers addressed the audience. The session included speeches by the Registrar of the Pakistan Nursing Council, the Director General Nursing Sindh, and the Nurse Advisors of different partner agencies (MCHIP, UNFPA, and Ipas). The speakers underlined the scope of services and contributions of their organizations towards strengthening midwifery in Pakistan. The main focus of the plenary discussion was the talk given by the Chairperson Department of Obstetrics and Gynecology AKUH Karachi on the credentialing of midwives as independent practitioners within AKUH, for taking charge of and looking after the pregnant women undergoing normal deliveries. An Attention-grabbing part of the opening ceremony was the poster exhibition of original research, literature reviews, and several other evidence based practice models in midwifery. The exhibition ascertained that the level of midwifery research and scholarly work in Pakistan was comparable with international standards and it gave community midwives inspiration and motivation to contribute in enhancing midwifery research and evidence based midwifery practices so that the profession and its scope could be intensified to the level of acknowledgement and recognition worldwide.

The midwifery conference became the first of its kind in Pakistan with its 15 capacity building and skill development sessions arranged by MAP and the partner agencies. These sessions provided the Pakistani midwives an opportunity to improve their knowledge, practice, and attitude towards their profession and also to witness the excitement of attending an international standard conference in their own country. The capacity building sessions included sessions on Respective Maternity Care, Systemic Collections of Evidences in Midwifery, Gender Based Violence, Fistula Repair, Reproductive Health and, Safe Use of Misoprostol for the Prevention of PPH. The skill development sessions included demonstrations and hands on practice for Helping Baby Breathe, Family Planning and PPIUCD, Active Management of Third Stage of Labor, Prevention of Newborn Sepsis with Chlorhexidien, Use of MGSO₄ in Eclampsia, and Alternate Pain Management during Labor. Apart from the capacity building and skill development sessions there was a two days' workshop on Value Clarification and Attitude Transformation (VCAT) organized by Ipas Pakistan, which was attended by 22 participants and was held at a separate venue.

The inauguration of MAP's biannual newsletter was another wonder of this conference, which contained introductions of, and messages from, the MAP board members and different partner agencies including Pakistan Nursing council, Maternal, Neonatal and Child Health (MNCH) Sindh, MCHIIP, UNFPA and Ipas. The newsletter was an effort to acknowledge the supporting stakeholders of MAP and to reassure the midwives of Pakistan that MAP with its stakeholders will flourish and promote the role of the midwife in society. Coinciding with the newsletter, the event was encapsulated in a specially designed promotional brochure publicizing the international day of the midwives.

To make this event remarkable, memorabilia were given to all the participants and guests attending the conference. MAP also arranged appreciation of senior midwives and presented a token of appreciation to them for their devoted contribution for midwifery profession in Pakistan.

During the three days of the conference, 200 MAP registrations were distributed to midwives interested in getting the membership to be recollected within 15 days of the conference. MAP is hopeful that its membership will continue to rise, with midwives from all over Pakistan joining and soon MAP will become the common platform for all the Pakistani Midwives for raising their voice, providing support and conducting midwifery advocacy and professional development.

The closing ceremony of the midwifery conference and international midwifery day 2014 was held at the Avari Tower Hotel, Karachi. The US Consul General, Karachi, honored the ceremony by being the Chief Guest Addressing the august audience the Chief Guest said, "The United States is committed to improving maternal-child health in Pakistan. We are proud to support this great conference which recognized and built on your efforts to ensure Pakistan's next generation is born healthy and happy. You have a tremendous impact on the physical and emotional health of the mothers and newborns you serve and I commend your dedication to such important work." Recognizing the contribution of midwives as skilled providers in Pakistan the chief guest further said: "Celebrate your selves! Stop for a moment and think about all you do for others, the impact you have on health statistics, on the emotional health of those you serve and the safety and wellbeing of mothers and newborns everywhere. Think of the changes you have compelled the medical world to make: increasing rate of midwife-attended birth, better support of breastfeeding, family centered birth being made increasingly available in hospitals, respect for alternatives to mainstay interventions, and much, much more."

The conference was highly admired by all the participants, speakers and NGOs attending the conference. One of the speakers said that this was the first time in the history of MAP that such an enriching conference had have organized, which had provided all the participants and the speakers an international standard occasion where they could exchange and build up their knowledge, skills, and attitude for outstanding midwifery practices. Witnessing the success of this conference, the partner agencies and NGOs ensured MAP of their continual support and contributions for the enhancement and advocacy of midwives and the midwifery profession. There could not have been any better ending to this memorable event then the rigor and commitment of all the participants, where everyone in the audience went home with renewed enthusiasm for contributing their best towards strengthening the midwifery profession and fighting for better maternal and child health care.

The State of World Midwifery (SoWMY) Report 2014: A Universal Pathway. A Woman's Right to Health

The State of World Midwifery (SoWMY) report 2014 was released in June 2014, at the International Confederation of Midwives (ICM) triennial congress held in Prague. The SoWMY 2014 report gave a detailed picture of the state of maternal, child, and neonatal health in the 73 low and middle income countries that contribute to 96 per cent of global maternal deaths, 91 per cent of stillbirths, and 93 per cent of newborn deaths. The report also revealed that these countries, which bear the highest burden of maternal, newborn, and child mortality, have only 42 per cent of the world's doctors, midwives, and nurses.

Although progress is evident in the maternal, child and neonatal health indicators since the last SoWMY report of 2011, but this is not to a satisfactory extent and still requires a lot of dedication and efforts for reaching the acceptable target of reducing these preventable mortalities. With the existing maternal, child and neonatal health indicators, these countries are not likely to achieve MDG 4 and 5, the dead line of which is only 18 months away. Therefore, a post 2015 framework has been developed to help these countries reduce preventable maternal and newborn mortalities. There is a challenge in achieving the targets even in the post 2015 framework and that challenge is lack of adequate competent midwives to serve the purpose. The report shows that only 22 percent of the countries worldwide have adequately competent midwives to provide the basic maternal, neonatal and child health services, and 78 percent countries face a serious shortage of midwives, resulting in high infant child and maternal deaths.

According to the report there are at least 4 key areas which require firm commitment, in order to get a satisfactory change in maternal, child and neonatal health indicators. These areas are: accessibility, availability, acceptability, and quality of midwifery services. To target these key areas SoWMY 2014 report has proposed a pathway to health, for planning policy measures, to ensure maternal and child survival and to enhance midwifery services to achieve the targets by 2030. The pathway highlights the following

1. Delaying marriage
2. Completing secondary education
3. Comprehensive sex education for boys and girls
4. Contraceptive use to protect from HIV
5. Family planning using modern contraceptive methods
6. Maintaining a woman's health while pregnant
7. Receiving at least four care visits — discussing birth preparedness and emergency planning
8. Demanding and receiving professional supportive and preventive midwifery
9. Women participating in the decisions about the care they and their newborns receive
10. Being supported by a collaborative and effective midwifery team when emergency care is needed

SoWMY 2014 report has recommended the following actions to be taken by the low and middle income countries to ensure maternal and child survival and to achieve a better standard of reproductive and maternal, child and neonatal health services.

1. Ensure that the midwifery workforce is supported by quality education, regulation, and effective human and financial resource management.
2. Champion quality midwifery education programmes.
3. Support regulation and legislation for midwifery practice.
4. Ensure that midwifery is prioritized in national health budgets and that all women are given universal financial protection.
5. Champion midwifery and ensure all women have access to these services.
6. Provide first-level midwifery close to the woman and her family, with seamless transfer to the next-level care, when needed.
7. Expand the capacity for life-saving interventions by midwives at facilities.
8. Strengthen and increase the number of professional midwives' associations.
9. Develop and implement midwifery licensing, with continued education and renewal requirements.
10. Collect and share accurate data on the midwifery workforce.

Source:

UNFPA, ICM, WHO. The state of the world's midwifery 2014: a universal pathway, a woman's right to health. New York: United Nations Population Fund, 2014

<http://unfpa.org/public/home/pid/16021>