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## News & Events

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## **Networking Meeting of Karachi Providers on Post Abortion Care and Contraception**

The Midwifery Association of Pakistan, along with two of its partner organizations Ipas and The National Committee for Maternal Health (NCMNH) organized the first networking meeting of the doctors, midwives, and LHVs of Karachi, on Post Abortion Care (PAC) and contraception. The meeting was held in October 2014. Overall, 52 participants attended the meeting, among which 42 were Midwives/Lady Health Visitors (LHVs) and 10 were Doctors. The meeting aimed to strengthen providers' collaboration, networking, and referral systems, in order to improve the quality of PAC and contraception services to the communities that they serve. The meeting also served to provide the audience updated information regarding the use of misoprostol and post abortion contraceptive methods.

The health care providers participating in the meeting were divided in to small groups to were allow them to discuss their concerns, challenges, and experiences of practicing PAC. The groups came up with several common challenges, like lack of an efficient referral system and referral documentation, lack of enough supplies for practicing PAC and family planning, lack of competent staff for PAC, and lack of coordination and cooperation between the doctors and the midwives/LHVs. How to address these challenges were also discussed at the same time, and the participants were requested to come up with their recommendations.

The participants of the meeting recommended the need for arranging such networking meetings regularly, at least once a year, where doctors and midwives/LHVs could come together on a common platform to share their concerns and to make efforts to resolve issues collaboratively. Moreover, the group strongly proposed that there must be a well-developed, strong, and systematic referral system with proper documentation, comprising information about cluster wise referral points, contact numbers of hospitals, doctors, and midwives/LHVs working in a particular cluster. It was recommended that the referral system must also be followed by all the health care providers for the smooth delivery of competent maternal, child, and neonatal health care. Two other important suggestions that came out of this meeting were the need for their capacity building through refresher sessions on PAC, family planning, and counseling skills, and need for attitude transformation, where both doctors and midwives must work on their attitudes and should respect each other as professionals.

The participants of the meeting appreciated the efforts of MAP, Ipas, and NCMNH for organizing a networking meeting, which provided them a great opportunity to raise their voices and share their practice experiences, issues, and concerns related to PAC and contraception. The participants were also grateful for this opportunity of getting connected with other health care providers working in their areas. They believed that this would help in strengthening their professional relationships, clearing confusions and misconceptions, and creating a smooth line of communication between doctors and midwives/LHVs for continued support, facilitation, and assistance in providing quality PAC and contraception services to their clients.

## **Plenary Session on the State of the World's Midwifery 2014 Report: Pakistan Perspectives**

The International Conference on Obstetrics and Gynecology was organized by the International Federation of Gynecology and Obstetrics (FIGO), the South Asian Federation of Obstetrics and Gynecology (SAFOG), and the Sri Lanka College of Obstetrics and Gynecology (SLCOG) in Colombo, Sri Lanka, at the Bandaranaike Memorial International Conference Hall. The scientific programme of the FIGO-SAFOG-SLCOG 2014 Conference was designed to address the theme "Unmet Needs in Women's Health".

The Key findings of the State of the World's Midwifery (SoWMy)<sup>1</sup> 2014 report were presented by the four countries of the South Asian region that participated in its development, namely Bangladesh, India, Nepal, and Pakistan. The report analyses midwifery services across 75 countries that contribute to more than 95% of the maternal, newborn, and child mortality rate, placing Midwifery at the center of delivering maternal and newborn services and achieving the right to health. It highlights current challenges as well as future trends in human resource needs and quality at the country and global levels.

Pakistan's perspective was presented in the plenary session designated for SoWMy 2014. Being the sixth most populous nation in the world, with a rapidly increasing young population, Pakistan is among the top ten, worldwide in maternal mortality rates. Due to lack of access to skilled care during childbirth and the postnatal period, the Maternal Mortality Ratio (MMR) is 170 per 100,000 live births<sup>2</sup>, while newborn deaths are significantly contributing to the infant mortality rate.

Pakistan has made significant progress in reducing the maternal mortality ratio since 1990, but not quickly enough to meet the MDG 5 target. The major challenge is a growing population, from 37 million people in 1950 to currently 180 million, with predictions of over 300 million by 2050. Maternal mortality remains high, with an estimated 7,900 women dying in pregnancy or childbirth; Pakistan accounts for 2.6% of the global maternal death burden. Infant and neonatal mortality is also high, at 69 and 42 per 1,000 live births respectively<sup>3</sup>. A portion of 36% of women has at least 4 antenatal care visits, and 52% of the annual 4.3 million births are assisted by a skilled attendant. At the same time, only 35% of the married couples are using contraception (contraceptive prevalence rate) and another 20% cannot access the contraception they require constituting an unmet demand<sup>4</sup>.

To keep pace with the growing population, Midwifery services must respond to 536.2 million antenatal visits, 90.3 million births, and 361.1 million postnatal visits between 2012 and 2030<sup>5</sup>. According to estimates made in the SoWMy 2014 report, assuming that the existing number of qualified professionals is well deployed and efficient, midwifery services can only provide 42% of the services needed in Pakistan.

In 2010, after the 18th Constitutional Amendment, many federal programmes and ministries have been devolved to the provinces and a majority of the vertical programmes, including Maternal Neonatal and Child Health (MNCH), previously under the Federal Ministry of Health have now been transferred to the provincial governments. After the devolution of the Ministry of Health from the Federal to the Provincial level, the provinces of Punjab and Khyber Pakhtunkhwa have merged the different programmes of MNCH and Lady Health Worker (LHW) to develop an Integrated

Reproductive Maternal Newborn & Child Health (RMNCH) programme for the provision of quality reproductive and family planning services. However, in the remaining two provinces, of Sindh and Baluchistan, MNCH and LHW programmes remain independent.

Each project document for the year 2012-2015 has put emphasis on maternal and child health care and the community midwifery programme. Community midwives are trained and meet the international definition of Skilled Birth Attendants and are duly recognized by the Pakistan Nursing Council. Strengthening the midwifery component includes recruitment, training, deployment of community midwives, refresher trainings, monitoring and supervision, and provision of supplies to community midwives according to the need of each province. However, the translation of activities into action and their effective implementation to achieve the desired outcomes remains a challenge due to poor governance and accountability, lack of funding, technical capacity, and absence of a results-based management culture.

We call upon the government for significant investment in human resources for providing RMNCH services, to address the issues of governance and accountability and to introduce a results-based management culture. We also urge the government to improve the deployment and retention policies for community midwives, advocate and publicize the role of midwives in preventing the deaths of millions of mothers and babies, in order to fulfill its international commitments related to women's health and right, namely the MDGs.

## **References**

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