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The Historical Development of the Midwifery Profession in Bangladesh

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Abstract

Sexual and reproductive health and rights have been identified as the core areas of practice, theory and research for the midwifery profession. The midwifery profession, as defined by the International Confederation of Midwives Global Standards, is new in Bangladesh. This paper aims to give an overview of the historical process that has taken place in the past decades to develop the midwifery profession in Bangladesh. The professional development of midwives is the result of many years of collaboration and relationship building among stakeholders such as the government, non-government organizations, academia, professional associations, United Nations agencies, and donors. All are working toward achieving the common goal of preventing/ reducing maternal and child mortality through education, the development of supportive laws, policies and guidelines, and the deployment of midwives. Lessons learnt from the Bangladesh experience can provide useful guidance for other countries in Asia that are currently establishing midwifery as a profession that aims to provide safe and high quality sexual, reproductive, maternal and newborn care.

Keywords: Midwifery, Midwifery profession, Midwifery education, Midwifery regulation, South Asia, SRHR

Introduction

Ever since the United Nations (UN) was founded, its various organizations and agencies have addressed a number of significant universal health issues. However, issues related to Sexual and Reproductive Health (SRH) were not specifically prioritized or addressed until more recently. Between 1987 and 1994, the Safe Motherhood Initiative was introduced to specifically target SRH interventions in order to reduce maternal mortality (1). This initiative has led to a 45% decline in the global maternal mortality ratio since 1990; however the ratio varies widely among countries (2). After years of debate, the UN agencies, in the 1990s, agreed

to recognize universal access to Sexual and Reproductive Health and Rights (SRHR) as human rights. The concept of SRHR was identified as the core of midwifery care. Studies have shown that quality midwifery care leads to positive health outcomes, especially in settings where midwifery services are valued and respected, community-based, and integrated into a functioning health system (3, 4). In Nordic countries, such as Sweden, midwifery education was elevated from achieving certification to receiving a diploma and more recently a master's degree (5).

The midwifery profession, as defined by the International Confederation of Midwives (ICM) Global Standards (6), is new in Bangladesh. The professional development of midwives comes as a result of many years of collaborative approaches and good relationships among partners, such as the government, non-government organizations, academia, professional associations, and donors, striving for a common goal to save the lives of women and babies through educating midwives (7). This paper aims to describe the process that has taken place in the past decade towards the development of midwifery as a profession in Bangladesh that is separate from nursing.

From traditional birth attendants to professional midwives

The low percentage of births attended by skilled birth attendants has been, and still is, a concern for the government of Bangladesh. In the early 1980s, the government attempted to remedy the low proportion of births where a skilled attendant was present by training more than 50,000 traditional birth attendants; an approach which later proved to be unsuccessful (8).

In response to the Millennium Development Goal 5 (MDG 5), to improve maternal health (9), the government made a commitment to train 13,500 skilled birth attendants by 2015, in order to increase the percentage of births where skilled attendants were present from 13% to 50% (10). Subsequently, in 2003, a new initiative was introduced, which involved training a new cadre of worker, Community Skilled Birth Attendants (CSBA). The six-month CSBA programme focused on providing competency-based training to existing community health workers, on theoretical and practical knowledge for care during pregnancy, childbirth, postnatal care, and timely referral in case of obstetric complications (11).

Followed by a positive evaluation a year later (11), the government decided to scale up the programme nation-wide (10, 12). In an effort to strengthen the skills of CSBA's further, a three-month additional course on obstetric complications was added in 2007. This course was specifically aimed at CSBAs who had a minimum of nine months of field experience (10).

Because the CSBAs had obtained their certificates from the Bangladesh Nursing Council after having completed the first six month training, and were counted as an indicator to having reached MDG 5, very few returned to complete the three-month advanced course.

An evaluation in 2010 (13) found that despite the additional training, which prepared CSBAs to conduct home deliveries and stabilize obstetric complications in rural areas, they had to fulfill many other health care duties. Hence, the number of deliveries attended by CSBAs remained low, averaging about 23-28 per year. Nonetheless, by December 2016, 9000 CSBA's had graduated, and 8627 were registered under the Bangladesh Nursing Council (14).

Strategic directions for enhancing contribution of nurse-midwives for midwifery services

Although midwifery has been a part of the existing nursing education in Bangladesh for a considerable period of time (15), up to 2007, other than the CSBA programme and the nurse-midwives programme, there was no educational programme that prepared professional midwives as per international standards, to improve maternal health and newborn health outcomes (8), nor was the title *midwife* defined and officially recognized (15).

Hence, in 2007, the Obstetrical and Gynecological Society (OGSB) proposed to the Ministry of Health and Family Welfare a short-term solution, of providing a six-month post-basic advanced midwifery programme for nurse-midwives posted as senior staff nurses (10-year general education plus three years nursing + one year midwifery). They were to be prepared for midwifery services in hospitals as well as for teaching. Also proposed was a longer term solution, that of creating a direct entry midwifery educational programme for a separate cadre of professional midwives.

With support from the World Health Organization (WHO) and the United Nations Population Fund (UNFPA), in collaboration with key public, private and professional organizations, four strategic directions, to better utilize nurse-midwives for midwifery services and to contribute to the attainment of the MDG 4 (improving child health) and MDG 5, were developed along with strategic actions under each direction. The four strategic directions for guiding the process were: (a) Legislation and regulation, (b) Education and training, (c) Deployment and utilization and (d) Policy and planning. The Government of Bangladesh approved the "*Strategic Directions for enhancing the contribution of nurse-midwives for midwifery services to contribute to the attainment of Millennium Goals 4 and 5*", in 2008 (16).

This document (16) gained immediate 'foothold' and work began towards developing the six-month post basic certificate programme in midwifery for the existing nurse-midwives.

The programme commenced in 2010, with the aim of improving skills and strengthening midwifery competencies that would enable them to practice evidence based midwifery care. In the same year, the Prime Minister committed to deploy 3,000 midwives by 2015, thus the six-month programme was accelerated (17). To date, 1600 midwives have graduated from the post-basic certificate midwifery programme. However, following their training, all midwives are re-posted to their existing senior staff nursing posts, which means that they do not necessarily work on a maternity ward and their skills are not being used to improve maternal health. Moreover the deployment process, as a whole, has been slow. Two groups of 600 certified midwives each were deployed at the Upazila Health Complexes (sub-health center hospitals) and Union Health Centers, as of November 2015 and July 2016.

As professional midwives were new to Bangladesh in 2010, the teachers required substantial support in understanding and implementing a curriculum that had different focus and processes than the existing nursing curriculum. A number of development partners, therefore, came together to support the *Training of Trainers (ToT) Midwifery Programme* to improve the knowledge and skills of those who were to teach the six-month post-basic midwifery programme. This 28 day course focused on ensuring that the teachers had the knowledge to implement the curriculum and to conduct the assessments of learners (18). As of December 2016, 113 teachers have been trained.

As a response to the government's commitment to introduce a separate cadre of professional midwives, the Bangladesh Midwifery Society (BMS) was established in 2010 to represent the new profession. The society has grown to include 1100 members across the country and is a member of the ICM.

As envisioned in the *Strategic Directions*, a three-year Diploma in Midwifery was launched in January 2013. The Bangladesh Nursing Council, in collaboration with the Directorate of Nursing Services, developed the midwifery curriculum with technical assistance from WHO and UNFPA. The curriculum was informed by the International Confederation of Midwives' (ICM) Standards for Education (19) and prepares midwives to meet the ICM competencies for practice (20). This three-year diploma programme was started in 2013, with an intake of 525 students in 20 nursing institutes/colleges, and by 2016, it had expanded to 38 institutes/colleges with a yearly intake of 975 students. The assessment of the diploma programme, in October 2016, demonstrated that the curriculum was "world class", met all ICM standards and required only a few updates (18).

In 2012-2013 a review and modification of the Strategic Directions document took place, in order to better align it with the changed situation and the speedy progress since 2008. Hence, the Strategic Directions 2008 was updated in 2014. The new *National Strategic Directions for Midwifery in Bangladesh* (21) document provides directions for the development and utilization of skilled and competent midwives in achieving the Sustainable Development Goals (22).

The Government of Bangladesh's commitment along with support from partners, such as UNFPA, WHO, donors, non-government organizations, and academia, has led to the implementation of the Strategic Directions in relation to midwifery. Parallel with the progress made in educating a substantial number of midwives, extensive work by national working groups, supported by UNFPA, has built and strengthened the midwifery profession. This has resulted in the development, approval and dissemination of (a) Standard Operating Procedures (SOP) for midwifery practice; (b) guidelines for a midwifery-led model of care at Union clinics and Upazila sub-centers hospitals; (c) licensing exam guidelines; (d) registration guidelines for newly graduated midwives; (e) a code of ethics; and (f) guidelines for midwifery internship. These guidelines have contributed to the improvement of midwifery services and the quality of care (23).

Bangladesh's Nursing and Midwifery Act has recently been approved and the Bangladesh Nursing Council has been renamed as the Bangladesh Nursing and Midwifery Council. At the same time, the Directorate of Nursing Services has been upgraded to the Directorate General of Nursing and Midwifery. As a result, newly graduating midwives are licensed and registered under the Bangladesh Nursing and Midwifery Council, and the midwifery services are overseen by the Directorate General of Nursing and Midwifery, guided by a set of SOP's and by a code of ethics that supports their roles and responsibilities as midwives in a midwifery-led care environment. In addition, 467 unemployed diploma midwives have been enrolled in a three-month internship programme, developed on a temporary basis, to maintain and develop their midwifery skills, while they wait for deployment.

When midwifery education started in 2010, midwifery was embedded in nursing colleges and institutes. Only a few of the faculty members had received formal midwifery education or preparation to become midwifery educators. None were dedicated to the midwifery programme, and the teaching of the midwifery programme was included as an

additional task for already fully engaged faculty members. In regard to the overall quality and capacity of the existing nursing teaching staff and their resources, the difficulty in transitioning to teaching midwifery was underestimated. The amount of preparation and ongoing support that these teachers required was not taken fully into account (18). To address these challenges faculty members teaching the midwifery programme got the opportunity in 2016 to enroll in a one year web-based master's degree in Sexual and Reproductive Health and Rights offered by Dalarna University, Sweden and supported by the UNFPA in Bangladesh. The first cohort of 30 midwifery faculty, from 15 Nursing Colleges/Institutes, will be graduating in December 2017 (24).

Lessons learned

The government of Bangladesh has steadily, and in a dedicated manner, over many years, supported the role and responsibilities of the new midwifery cadre, enabling midwives to work to their full capacity within the health system. The approved Midwifery Act, and guidelines and standards for practice have contributed to the improvement of midwifery services and the quality of care. As a result, graduate midwives are licensed and registered and guided by a code of ethics.

The Government's support and dedication for midwives can also be seen as a support for women's rights, overall, in the country. Sexual and reproductive health and rights are human rights and are directly linked to midwifery services and the quality of care for women and babies. In countries where the midwifery profession exists, the health of women and girls is known to be better than in countries without a midwifery profession. Hence, the presence of a midwifery profession has been linked to a willingness to improve the lives and rights of women (1).

The "human rights" aspect might be interpreted differently in different cultural contexts and included implicitly or explicitly in governments' support for midwifery education and a strong midwifery workforce. According to a recent study, the acceptance of SRHR in a country is highly dependent on quality, equality and accountability, and SRHR for women and children can be improved through policies and programs (25). Thus, countries need to adopt sustainable country specific policies and programmes, and ensure that they are properly funded. Based on the experience of Bangladesh, other Asian countries have the potential to make progress in achieving the Sustainable Development Goals 3 (ensure healthy lives for all)

and 5 (improve gender equality and empower women and girls) through the development and service utilization of competent midwives (22).

The process of introducing a new cadre of midwives and moving the agenda of women's rights forward takes time and effort. "The road to success is constantly under construction" is a proverb suitable in the context of establishing a strong midwifery profession and strengthening SRHR for women and children. Important milestones have been set forth in *The Lancet series on midwifery* (22): a) make the necessary regulatory changes for midwives to work to their full capacity; b) ensure midwifery education in theory and practice covers all the elements of the framework on quality maternal and newborn care; c) ensure teachers and clinical supervisors are well-educated; and d) ensure other health care providers understand the scope of midwifery practice (26, 27). Bangladesh may not yet have achieved all these milestones, but is in the process of transitioning its policies and health systems to integrate professional midwives in all areas of SRHR services.

Conclusion

Professional midwives are the only health care professionals dedicated to providing quality SRHR care. Midwives are, therefore, *the professionals for* moving the SRHR agenda forward in education, in health care practice, in policy making and in programmes. Improved SRHR for women and children will benefit the society as a whole.

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References

1. Women U. UN Women, Convention on the Elimination of all Forms of Discrimination against Women: text of convention. Available from: <http://www.un.org/womenwatch/daw/cedaw/cedaw.htm>2016.
2. Zeid S, Bustreo F, Barakat MT, Maurer P, Gilmore K. For every woman, every child, everywhere: a universal agenda for the health of women, children, and adolescents. *The Lancet*. 2015;385(9981):1919-20.
3. Högberg U. The decline in maternal mortality in Sweden: the role of community midwifery. *American Journal Public Health*. 2004;94(8):1312-20.
4. Liljestrand J, Pathmanathan I, Policy JoPH. Reducing maternal mortality: can we derive policy guidance from developing country experiences? . *Journal of Public Health Policy*. 2004;25(3-4):299-314.
5. Hermansson E, Martensson LB. The evolution of midwifery education at the master's level: a study of Swedish midwifery education programmes after the implementation of the Bologna process. *Nurse Education Today*. 2013;33(8):866-72.
6. International Confederation of Midwives I. International definition of the midwife <http://bit.ly/1CG6qXl>.2011 [
7. Bogren MU, Wigert H, Edgren L, Berg M. Towards a midwifery profession in Bangladesh-a systems approach for a complex world. *BMC pregnancy and childbirth*. 2015;15:325.
8. Mridha MK, Anwar I, Koblinsky M. Public-sector maternal health programmes and services for rural Bangladesh. *Journal of Health, Population and Nutrition*. 2009:124-38.
9. WHO. MDG Progress Report of Asia and the Pasific in 2015. Available from: <http://www.mdgmonitor.org/mdg-5-improve-maternal-health/>: WHO; 2015
10. Ahmed T, Jakaria SM. Community-based skilled birth attendants in Bangladesh: attending deliveries at home. *Reproductive health matters*. 2009;17(33):45-50.
11. Bhuiyan AB, Mukherjee S, Acharya S, Haider SJ, Begum F. Evaluation of a Skilled Birth Attendant pilot training program in Bangladesh. *International journal of gynaecology and obstetrics: the official organ of the International Federation of Gynaecology and Obstetrics*. 2005;90(1):56-60.
12. Turkmani S, Gohar F. Community Based Skilled Birth Attendants Programme in Bangladesh; Intervention towards Improving Maternal Health. *Journal of Asian Midwives*. 2015;1(2):17-29.

13. Pathmanathan I, Rahman S, Biswan T, Nazeen QN, Kathun A, Mustafa M. Evaluation of the community skilled birth attendant programme, Bangladesh. Bangladesh: Government of Bangladesh & UNFPA; 2010.
14. Council BNaM. Personal communication with Bangladesh Nursing and Midwifery Council's Registrar 2017.
15. Bogren MU, Wiseman A, Berg M. Midwifery education, regulation and association in six South Asian countries--a descriptive report. *Sexual & reproductive healthcare : official journal of the Swedish Association of Midwives*. 2012;3(2):67-72.
16. Services BNCDON. Strategic directions for enhancing contribution of nurse-midwives for midwifery services to the attainment of Millennium Development Goals 4 and 5. Dhaka: Bangladesh Nursing Council; 2008.
17. Chilvers R, Van Look, ten Hoop-Bender P. RMNH Workforce Assessment. Barcelona, Spain: Ministry of Health and Family Welfare, Bangladesh, UNFPA, ICS Integrate; 2014.
18. McAra-Couper J, Skinner J. An Assessment of Midwifery Education and a Framework for Midwifery Teacher Development in Bangladesh. Dhaka: UNFPA; 2016.
19. International Confederation of Midwives (ICM). Global standards for midwifery education: Available from: http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Standards%20Guidelines_ammended2013.pdf; 2013 [Available from: http://www.internationalmidwives.org/assets/uploads/documents/CoreDocuments/ICM%20Standards%20Guidelines_ammended2013.pdf.
20. International Confederation of Midwives (ICM). ICM Global Standards, Competencies and Tools Available from: <http://www.internationalmidwives.org/what-we-do/global-standards-competencies-and-tools.html>: ICM; 2008-2013 [
21. Bangladesh Directorate of Nursing Services. Strategic directions for midwifery in Bangladesh. Dhaka I: Bangladesh Nursing Council; 2014.
22. Silver KL, Singer PA. SDGs: start with maternal, newborn, and child health cluster. *Lancet*. 2014;384(9948):1093-4.
23. Ministry of Health and Family Welfare. Unpublished guidelines for midwifery practice. Dhaka; 2016.
24. Erlandsson K, Osman F, Pedersen C, Byrskog U, Allvin-Klingber M, Bogren M. News and Events. *Journal of Asian Midwives*. 2016;3(2):3-6.

25. Sen G, Govender V. Sexual and reproductive health and rights in changing health systems. *Glob Public Health*. 2015;10(2):228-42.
26. Renfrew MJ, McFadden A, Bastos MH, Campbell J, Channon AA, Cheung NF, et al. Midwifery and quality care: findings from a new evidence-informed framework for maternal and newborn care. *Lancet*. 2014;384(9948):1129-45.
27. ten Hoop-Bender P, de Bernis L, Campbell J, Downe S, Fauveau V, Fogstad H, et al. Improvement of maternal and newborn health through midwifery. *Lancet*. 2014;384(9949):1226-35.