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Malin Bogren
University of Gothenburg, Sweden

Kerstin Erlandsson

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*Malin Bogren and Kerstin Erlandsson
Institute of Health and Care Sciences, Sahlgrenska Academy, University of Gothenburg, Sweden

*Corresponding Author: Malin Bogren

Transforming the birthing experience of millions, Aastrika- a Nilekani Philanthropies Initiative [1] is committed to improving the standards of maternal care to ensure a healthy, dignified, and joyful journey into motherhood for women in India. This originates from the Government of India’s effort to educate a new cadre of 90,000 midwives according to international standards and implementing the 24-hours-7-days-a-week midwifery-led birthing units across the country. This model of care will be implemented at Aastrika Midwifery Centre, a stand-alone private midwifery birthing unit at Vasavi Hospital in Bangalore.

The midwifery profession, as defined by the International Confederation of Midwives (ICM), is new in India. During the country’s colonial period, midwifery training began at the middle-school level (8th class) and those who completed it were recognised as Auxiliary Nurse Midwives (ANMs). This training was later abolished and replaced with two types of nursing personnel: ANM and General Nurse Midwife (GNM) including Nursing 3 years and Midwifery 1 year; both educated at a secondary-school level (10th class). After the country gained independence, midwifery was subsequently merged with general nursing and midwifery programmes. Presently there are three types of nurse midwife education: (i) a three-and-a-half-year programme, leading to a diploma in General Nursing and Midwifery (GNM); (ii) a four-year programme leading to Bachelor’s degree in Nursing; and (iii) a two-year programme at a secondary level, leading to an ANM certificate [2].

In the interest of improving the health outcomes of mothers and newborns, introducing a separate professional cadre of midwives who can promote quality and continuity of care through the provision of women-centred care as well as promote normal physiologic births can reduce the use of unnecessary interventions and particularly caesarean sections. As such, through the “Midwifery Service Initiative” [3], India’s Government has committed to training 90,000 midwives informed by international standards, with a focus on setting up: (a) a midwifery education system; and (b) a model of midwifery-led care units.
The Government of India has taken a historically policy decision to roll out midwifery services in the country in order to improve the quality of care and ensure respectful care to women and newborns. Guidelines on Midwifery Services in India [3] were released in December 2018. These new guidelines state that a cadre of Nurse Practitioners in Midwifery (NPMs) will be created by educating existing GNMs in accordance with ICM standards [4, 5]. The trained NPMs will be deployed at midwifery-led care units at Government Medical College and district hospitals.

Fulfilling a critical gap that is a priority area for the government of India, Aastrika Midwifery Centre will:

- Promote continuous support for women during the antenatal period, labour, birth and postpartum, and protect physiological birth.
- Develop routines for safe and sustainable in-service education for healthcare professionals such as midwives, nurses and gynecologists on respectful maternity care, continues support, and companionship of choice focusing on promoting normal physiological birth.
- Offer an evidence-based clinical placement site for midwifery student, to practice the philosophy of midwifery.

To conclude, to reach the Sustainable Development Goal 3 on health, leaving no one behind, [6] it is of the highest importance to display a model of normal physiological birth across high, middle, and low-income population in India.

Aastrika’s midwifery-led care model will be implemented and evaluated by the University of Gothenburg, Sweden [7]. The project aiming at providing new evidence-based knowledge of how a midwifery-led care unit in a private hospital in India can act as a model and can be scaled up in India and elsewhere in South East Asia, will be led by the researchers Dr. Malin Bogren and Dr Kerstin Erlandsson, are RMs, PhD holders, and Associate Professors.

Conflict of Interest

The author declares that there are no conflicts of interest.

References


