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COMMENTARY

Midwifery workforce education, planning and leadership in Kenya and Nigeria

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INTRODUCTION

Improving maternal and newborn health (MNH) requires increased commitment to, and investment in, the health workforce. The State of the World Midwifery Report 2021 projects that 82 percent of the essential sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) needs will be met by 2030 to achieve the MNH Sustainable Development Goal (SDG) target. However, health workforce shortages (mostly midwives in Africa) are a threat to this.[1] Challenges to providing health in the light of the worsening global nursing shortage has been discussed and a strategy to develop the next generation of public health leaders in Africa, focusing on nurses has also been proposed.[2] We argue that a broader more pragmatic approach will address midwifery competency challenges and accelerate achievement of MNH SDG targets. This approach includes review and updating of pre-service midwifery education and training curriculum to integrate emergency obstetrics and newborn care (EmONC) life-saving skills, building the capacity of midwifery educators and institutions to deliver the EmONC-enhanced curriculum for competent midwifery graduates, in-service training of skilled health personnel in EmONC, retention of EmONC trained skilled health personnel in maternity service delivery points and design of a regulator approved sustainable continuous professional development system for midwifery educators and midwives to regularly update their knowledge and skills for practice.

Keywords: Midwifery, preservice midwifery education, inservice midwifery training, continuous professional development

INVESTMENT IN MIDWIVES AND MATERNAL AND NEWBORN OUTCOMES

As part of the integrated team of skilled health personnel (SHP) and supported within an enabling work environment and a fully enabled health system, midwives can deliver about 90% of essential SRMNAH interventions,[3] potentially preventing 4.3 million maternal deaths, stillbirths and neonatal deaths annually by 2035 globally.[4] However, midwives account for less than 10% of the global SRMNAH workforce.[1] Kenya and Nigeria did not meet a minimum threshold of 22.8 skilled health professionals (midwives, nurses and doctors) per 10,000 population and are part of the 57% of countries in which fewer than 80% of births were attended by skilled birth attendants as recommended by WHO.[5] Kenya has about 76,000 registered nurse midwives accounting for about 72% of the health workforce (doctors, nurses and clinical officers) with about 100 nurses per 100,000 population compared to WHO recommended minimum staffing level of 356 nurses per 100,000 population working in the public sector.[6] Nigeria has over 250, 000 registered midwives with about 125 midwives per 100, 000 population, also falling short of the WHO recommended benchmark. Investing in midwives facilitates positive birth experiences, improves health outcomes, augments workforce supply, favours inclusive and equitable growth, facilitates economic stabilization, and can have a positive macroeconomic impact.[1] To achieve these, SHP must be trained to international standards to have competencies to provide Emergency Obstetric and Newborn Care (EmONC).[7] In addition, the State of the World Midwifery 2021 report calls for investments into high-quality midwifery education and training, midwife-led improvements to SRMNAH service delivery, health workforce planning and management in the work environment and midwifery leadership and governance.[1]

PRE-SERVICE MIDWIFERY INVESTMENTS IN EDUCATION AND IN-SERVICE SHP CAPACITY STRENGTHENING

The International Confederation of Midwives (ICM) recommend that midwife educators are expected to structure the curricula and design learning activities that will enable midwifery students to learn the knowledge and develop the skills and behaviours that are integrated within each competency.[8] In partnership with the Kenya and Nigeria Ministries of Health (MOH), Liverpool School of Tropical Medicine (LSTM) with funding from the United Kingdom Foreign Commonwealth and Development Office (FCDO) and Johnson & Johnson Foundation established a health system strengthening approach to improve pre-service midwifery education and in-service EmONC training for SHP in Kenya and Nigeria.

The approach in Kenya, included updating of the Nursing Council of Kenya (NCK) midwifery training syllabi to ICM standards integrating EmONC and establishment of an infrastructure needed to implement the updated curriculum. A protocol to evaluate the effectiveness of the updated curriculum has been developed (https://www.isrctn.com/ISRCTN14203188). Updating and implementation of the curriculum is a sustainable strategy that will provide a strong foundation and reduce the need for longer duration in-service trainings but short intensive skills drills that will be the cornerstone of in-service on-job and professional development trainings.

Through a partnership with the World Continuing Education Alliance, LSTM has developed evidence based in-service continuous professional development (CPD) training for midwives and medical doctors, that is accredited by both their professional and regulatory bodies in most sub-Saharan Africa

Supplementary information The online version of this article (Tables/Figures) contains supplementary material, which is available to authorized users.

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countries. The platform has training monitoring system, accessible to the various regulatory institutions. These CPD course are available for free.[9]

IN-SERVICE SKILLED HEALTH PERSONNEL SUPPORT

The in-service component of the intervention in Kenya included design, setting up of training infrastructure in all the 47 counties of Kenya with EmONC training equipment; quality assuring training and mentoring of in-service SHP on EmONC. A cross-sectional survey of the determinants for retention of SHP after EmONC training in five counties was conducted to support the development of strategies to improve SHP planning and management in the work environment.[10] Despite the huge investment this training entails, the survey showed that only 36% of the trained SHP were retained at maternity/newborn/gynecology departments after five years of training a minimum of 80% of SHP in these departments. The main reason for attrition of trained staff is staff transfer to other departments or mostly to other facilities. Such staff transfers are a great loss on investment and create critical skills gaps in addressing MNH. This calls for staff management policies and guidelines at the county and health facility level to inform deployment, mandatory and periodic EmONC training, mentoring of all staff, retention of a critical mass of trainees and monitoring of retention as a key performance indicator for the provision and maintenance of good quality of care. Through the Johnson & Johnson Foundation support, LSTM is working with counties to design staff training and management policies and guidelines including county – health facility staff retention charters and staff training databases to facilitate monitoring. These interventions are expected to ensure that staff can have the greatest impact after training and maximum return on the investments of capacity strengthening of SHP can be realised.

MIDWIFERY SPECIFIC CONTINUOUS PROFESSIONAL DEVELOPMENT

Continuous professional development enables practitioners to sustain knowledge and skills and assure competence for midwifery practice.[11]

With support from the Johnson & Johnson Foundation and the UNFPA midwifery branch, LSTM in partnership with the MOH and NCK is working on establishing the first pre-service CPD program to strengthen the capacity of midwifery educators in active learning and teaching including reflective practice, assessments, mentoring and providing effective feedback to students.

In Nigeria, opportunities for midwifery specific continuous medical education are available but to varying quality standards and are not mandatory for SHPs. With funding from Johnson & Johnson Foundation, LSTM collaborated with MOH Kwara state and the Nursing and Midwifery Council of Nigeria (NMCN) to design and establish a Centre of Excellence for midwifery and medical education at the College of Nursing and Midwifery Kwara state. The centre was refurnished and equipped for competency based EmONC capacity strengthening, accredited by NMCN and run through their Mandatory Continuous Professional Development (MCPDP) system. The centre functions as a permanent site for maternity workers to regularly update their knowledge and skills in EmONC as well as earn three credit units which they put towards their practice license renewal. This system's acceptance and effectiveness will be evaluated to inform scaling up to other parts of Nigeria.

CONCLUSIONS

These pragmatic and sustainable solutions provide the platform for improving the quality of midwifery education and training, enhancing health workforce planning and management in the work environment, and improving the leadership and governance in the midwifery workforce in Kenya and Nigeria. Sustainability and effective partnerships are required to implement and test the effectiveness of these pathways

to improving the quality of care for women and their newborns.

INFORMATION

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