DRAFT OF BLUEPRINT FOR BASIC MIDWIFERY EDUCATION AND PRACTICE IN NIGERIA

INTRODUCTION

A large proportion of women in Nigeria die during pregnancy, labour/delivery and puerperium from complications associated with childbirth. According to SOGON (2004), hospital-based maternal mortality data show that about 800 women out of every 100,000 die in Nigeria in the process of giving birth with about 4,400 maternal deaths per month. It is assumed that many more die in the communities that are not part of the available data. Experts at a recent stakeholders' meeting in Abuja have stated that Nigeria has the highest incidence of maternal mortality and morbidity in Sub-Sahara Africa. Most of the factors that lead to death are however preventable. The high maternal and child mortality and morbidity rate has been linked to shortage of skilled personnel (especially midwives) to attend to women during delivery particularly in the rural communities. In response to this problem the Nursing and Midwifery Council of Nigeria (N&MCN) in 2003 re-introduced the basic midwifery programme as a strategy for reducing the high maternal and child mortality rates. The aim of the programme is to prepare competent, skilled and versatile midwifery practitioners who are capable of providing high level care to individuals and expectant families in primary health care settings, health clinics, communities etc in order to reduce maternal and infant mortality.

This Ad Hoc committee was set up to assess the problems encountered so far in implementing the Basic Midwifery programme and suggest possible solutions to them

Develop conditions for the mandatory community midwifery practice.

Develop a blue print for Basic Midwifery education and practice in Nigeria.

PROGRESS REPORT

The Basic midwifery programme was re-introduced by the N&MCN in March 2003 in the country and 17 states chose to run the programme with 22 schools (16 Schools are government-owned and 6 are owned by voluntary agencies within these 17 states. The first batch of students graduated in March 2006. The total number of students indexed was Seven Hundred and Ninety Five (795). The number that entered for the final qualifying examination of the Nursing and Midwifery Council of Nigeria was Four

Hundred and Seventy Five (475). The number that passed was Two Hundred and Twenty Three (223), representing Forty Seven percent (47%).

The curriculum: The experiences of the operators of the programme revealed that the curriculum is very rich and incorporates general nursing knowledge and skills, as well as midwifery knowledge and skills with emphasis on community practice.

Source of students for training: It was proposed that Local Governments should provide and sponsor candidates for training in Government-owned institutions running the programme while private institutions admit candidates according to their needs.

Clinical areas: Health care facilities in the local government areas that met the criteria set by the N&MCN were selected to serve as clinical areas for the programme.

Products of the first batch (those who passed the Council qualifying examinations) are currently undergoing the mandatory community midwifery practice using a temporary license issued by the Council. The community outreach implicit in the programme has created awareness in the communities and has made them see the need to come to the health care institutions to meet their maternity care needs.

PROBLEMS/CHALLENGES AND SUGGESTED SOLUTIONS

PROBLEMS/CHALLENGES	SUGGESTED SOLUTIONS
1. Staff strength is generally deficient. There is general lack of nurse educators, midwife educators, clinical instructors and clinical supervisors	There is need to employ / train more midwife educators and clinical instructors and also identify competent midwives to serve as preceptors and supervisors in the clinical areas. Retired midwives living within the communities should be re-engaged for supervision of these midwives. These preceptors should be given incentives.
2. Some rural clinical infrastructures lack security and so such institutions do not run night shift. Also the accommodation provided for the students in some clinical facilities lack basic comfort and security.	NANNM and N&MCN should write proposals to donor agencies, local government, oil companies and other corporate bodies /stakeholders to help provide comfortable and safe infrastructures for students' learning and accommodation in line with Council's minimum standards.

PROBLEMS/CHALLENGES	SUGGESTED SOLUTIONS
3. Low patronage of clinical facilities for delivery though patronage for antenatal care is high.	Increase outreach facilities and encourage follow-up care Integrate TBAs, CHEWs and VHWs into maternity care under the supervision of the skilled midwife for total maternity care in the communities and train / encourage them to make appropriate referrals. Government should make adequate budgetary provisions for maternal and child health in the country Government should make obstetric care free at all levels. This should be a policy issue
4. Lack of transportation in most rural clinical areas for referral in cases of emergency.	Transport should be provided in the clinical areas for emergency obstetric services in the communities. This would help in transporting emergency cases to the health centre in the night.
5. Lack of midwives for supervision of students during clinical practice. Supervision by CHEWs is not appropriate	Encourage the government to employ more midwives to man the health facilities in the communities. Give incentives to midwife educators and preceptors for effective supervision
6. Lack of midwifery kits for students and graduates to practice with	N&MCN, FMOH, Local governments etc. should provide kits for effective practice of the basic midwives. The N&MCN should provide at least one kit for each school running the programme
7. Non-payment of allowances to basic midwives on community practice	There is need to source for funds for payment of allowances

MANDATORY COMMUNITY MIDWIFERY PRACTICE

JUSTIFICATION

As a strategy to ensure that skilled personnel provide maternity care/services in the communities and thereby reduce maternal and infant mortality and morbidity.

As a condition for registration as a midwife

To encourage the basic midwife to see the essence of working in the community and to help them appreciate the problems of the community better.

Through this, local governments will see the need to employ more midwives in the rural areas.

CONDITIONS FOR MANDATORY COMMUNITY MIDWIFERY PRACTICE:

Allowances should be paid to midwives on mandatory community practice as an incentive.

Suitable accommodation should be provided for them

Transportation (motorbikes and vehicles) should be provided in each community facility

Suitably qualified preceptors should be employed for effective clinical supervision

RECOMMENDATIONS / WAY FORWARD

The following recommendations were made by the Ad Hoc committee:

1. Nursing and Midwifery Council of Nigeria should develop a 5-10 year strategic plan for the programme.
2. Organize Advocacy/sensitization programme for all stakeholders in the basic midwifery programme through face-to-face dialogue with:
   - the Health Minister.
   - Minister of women affairs.
   - the Chairman of the Association of Local Government Chairmen of Nigeria (ALGON).
   - Forum of Local Government Nurses and Midwives of Nigeria (FOLGONM)
   - Guild of Medical Directors (GDM).
   - Association of Private Nurses and Midwives of Nigeria and Association of Private Medical Practitioners.

*Sensitization of the public about the programme using print and electronic media and any other appropriate means.

*Use of radio jingles on the importance of using professional midwives. This should be broadcasted in local languages and should be audible.

3. Seminar/Workshop should be organized by the Council for nurses and midwives to address the poor attitude and behaviour of practising nurses and midwives especially those in administrative positions.

4. Networking with NANNM, NGOs, donor agencies (WHO, UNICEF, World Bank etc.) and related ministries (Ministries of women affairs, Health etc.) for sponsorship in the areas of provision of facilities, infrastructure, and midwifery kits, transportation, allowances to interns and preceptors/supervisors etc.

5. Local Government Councils should sponsor some of their indigenes for the programme and after training should employ and bond them to practice in the areas of need. They should also be encouraged to employ self-sponsored basic midwives to work in communities of need to reduce maternal mortality.

6. The allowances for the basic midwives should be Grade level 07 and after one year move to GL 08 as appropriate.

7. Council should develop an evaluation format for schools to be used in evaluating the programme either bi-annually or annually which should be returned to the Council for the overall evaluation of the programme.

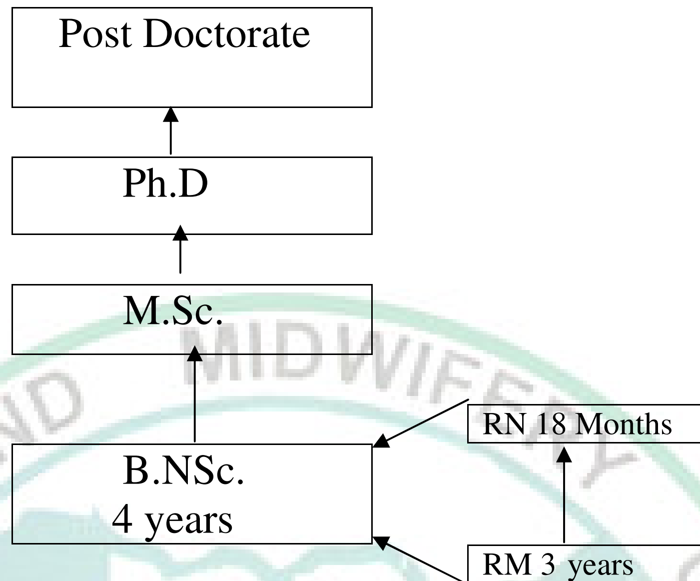
8. The Directors of Nursing in collaboration with the principals should ensure regular monitoring and evaluation of the programme.

ACADEMIC PROGRESSION FOR THE BASIC MIDWIFE

After the R.M., the basic midwife may progress through the following routes:

1. General Nursing training for 18 months after 2 years of practice.
2. Direct entry into Generic programme (B.N.Sc. programme for 4 years) at 200 level.

The Council should write to universities and Conference of Heads of Departments of Nursing (COHEDNUR) to accept these candidates since NUC specifies only R.N. as admission requirement for direct entry into Generic programme.



Academic/Career Progression of the Basic Midwives.

CONCLUSION

This Ad Hoc Committee meeting on the Basic Midwifery Education and practice analyzed the progress of the programme which started in March 2003, identified the problems and challenges and proposed the way forward. It is believed that this midwifery programme will contribute positively to the reduction of maternal and infant morbidity and mortality rates in Nigeria. It will also enhance the social life of the communities in line with the global maternal and child partnership concept.