

UTS:

WORLD HEALTH ORGANIZATION COLLABORATING CENTRE
FOR NURSING, MIDWIFERY & HEALTH DEVELOPMENT

THINK.
CHANGE.
DO

State of the midwifery workforce in the Pacific

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Our conference theme

THE GLOBAL GOALS For Sustainable Development





**No health without a health
workforce**

**No reproductive, sexual,
maternal and newborn health
without a reproductive, sexual,
maternal and newborn health
workforce**

What do we need ...

- A full reproductive, sexual, maternal and newborn health workforce
 - to save lives
 - optimise outcomes
 - to provide family planning/modern contraception
- Midwives/nurse-midwives are an essential component
- Global focus on strengthening midwifery
 - Education, Regulation, Association

Are there enough midwives in the world?

THE STATE OF THE WORLD'S MIDWIFERY 2014

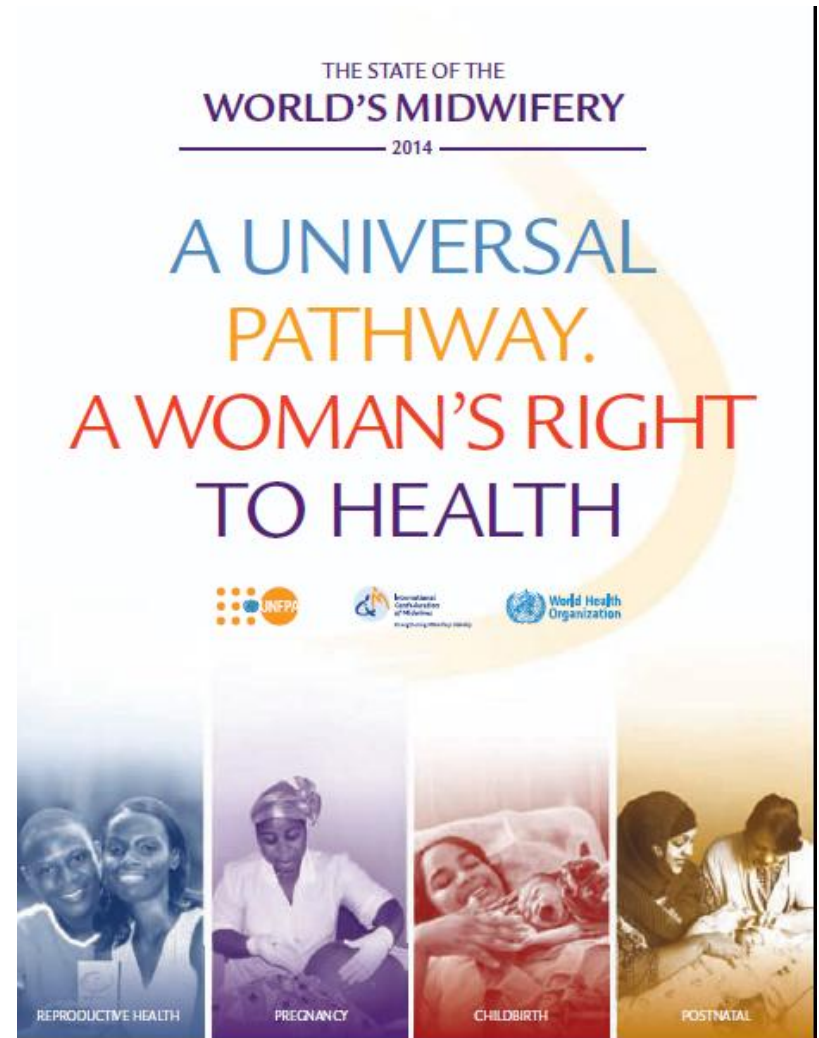
A UNIVERSAL PATHWAY. A WOMAN'S RIGHT TO HEALTH



<http://www.unfpa.org/sowmy>

State of the World's Midwifery 2014

- ▶ 73 countries – low to middle income – mostly large countries
- ▶ Assessment in 2013
- ▶ From the South Pacific, only PNG and Solomon Islands included



The 73 countries account for more than **92% OF GLOBAL MATERNAL AND NEWBORN DEATHS AND STILLBIRTHS** but have only **42% OF THE WORLD'S MEDICAL, MIDWIFERY AND NURSING PERSONNEL**



ONLY 4 OF THE 73 COUNTRIES have a midwifery workforce that is able to meet the universal need for the 46 essential interventions for sexual, reproductive, maternal and newborn health



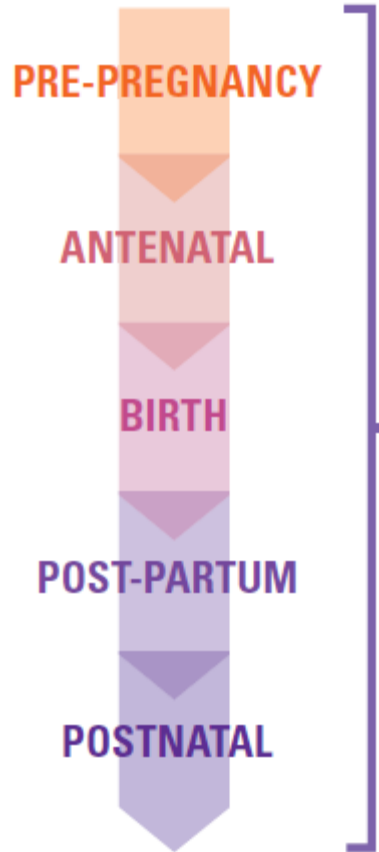
Midwives who are educated and regulated to international standards can provide **87% OF THE ESSENTIAL CARE** needed for women and newborns



In order for midwives to work effectively, **FACILITIES NEED TO BE EQUIPPED TO OFFER THE APPROPRIATE SERVICES**, including for emergencies (safe blood, caesarean sections, newborn resuscitation).



Papua New Guinea



ESTIMATED
MET
NEED =
49%

$$\frac{\text{workforce time available}}{\text{workforce time needed}}$$

*Estimate of met need
(national aggregate)
based on available data.*

Solomon Islands

ESTIMATED
MET
NEED =
33%

$$\frac{\text{workforce time available}}{\text{workforce time needed}}$$

*Estimate of met need
(national aggregate)
based on available data.*

What about the other countries?

Small island countries

- Small island nations face unique challenges
 - Every mother and baby is important
- An understanding of the workforce is needed:
 - Midwives
 - Doctors
 - Nurses
 - Community health workers

The South Pacific Islands



- Isolated small land areas
- Affected by climate change
- Limited infrastructure
- Challenging to provide all health services
 - Small population,
 - Low economic status
 - Expensive land and sea transport
- Health workforce shortages

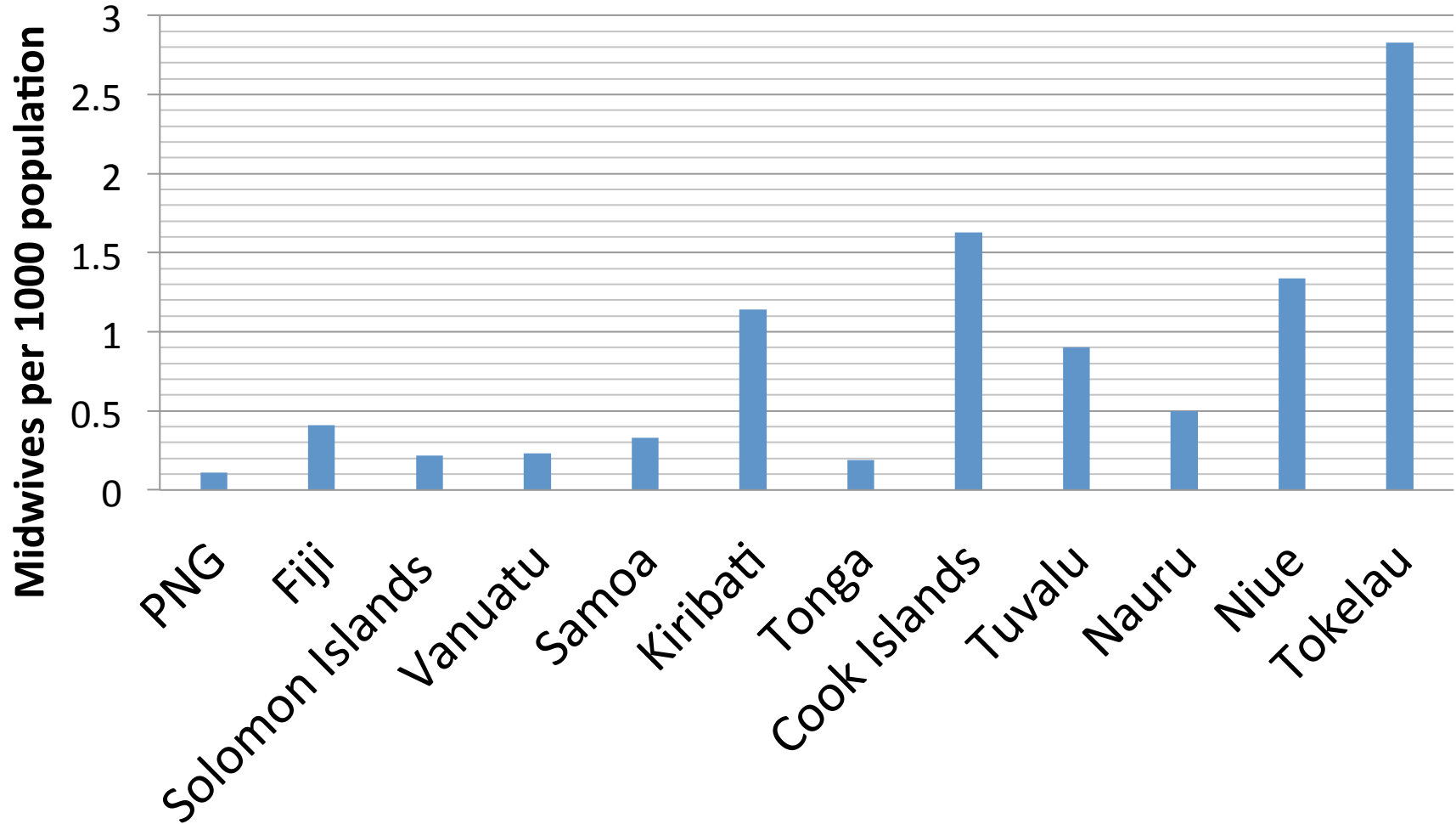
Objectives

- A 12 country descriptive study to describe the:
- midwifery education
 - regulation
 - midwifery associations
-
- The study was undertaken in partnership with the South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA)

Approach

- Descriptive study
- 12 countries
 - Chief nurse or senior nurse-midwife in each country asked to complete a survey
- Survey based on the State of the World's Midwifery Report (2014)
- Approval from the UTS Human Research Ethics Committee
- Data collected in 2015

Midwives per 1000 population



Findings: Education

- Being a nurse first was mandatory in all 12 countries
 - Minimum requirement to start nursing education
 - 12 years of schooling
- Years of work experience in nursing before starting midwifery
 - Range 1-5 years

Entry to midwifery

- Midwifery education was provided in 6 countries
 - Curriculum updated in the last 5-8 years
 - Length of midwifery education varied from less than a year in one country to 18 months.
- No countries reported direct entry midwifery
- Annual intake of students ranged from 2 (sent overseas) to 130 (in country training)

Length of midwifery education

- Most were 12 months after nursing
- Few countries have 18 months or more, eg:
 - Solomon Islands
 - Vanuatu
- Smaller countries send their students to larger countries for education
- New 18 month course started in PNG since this survey

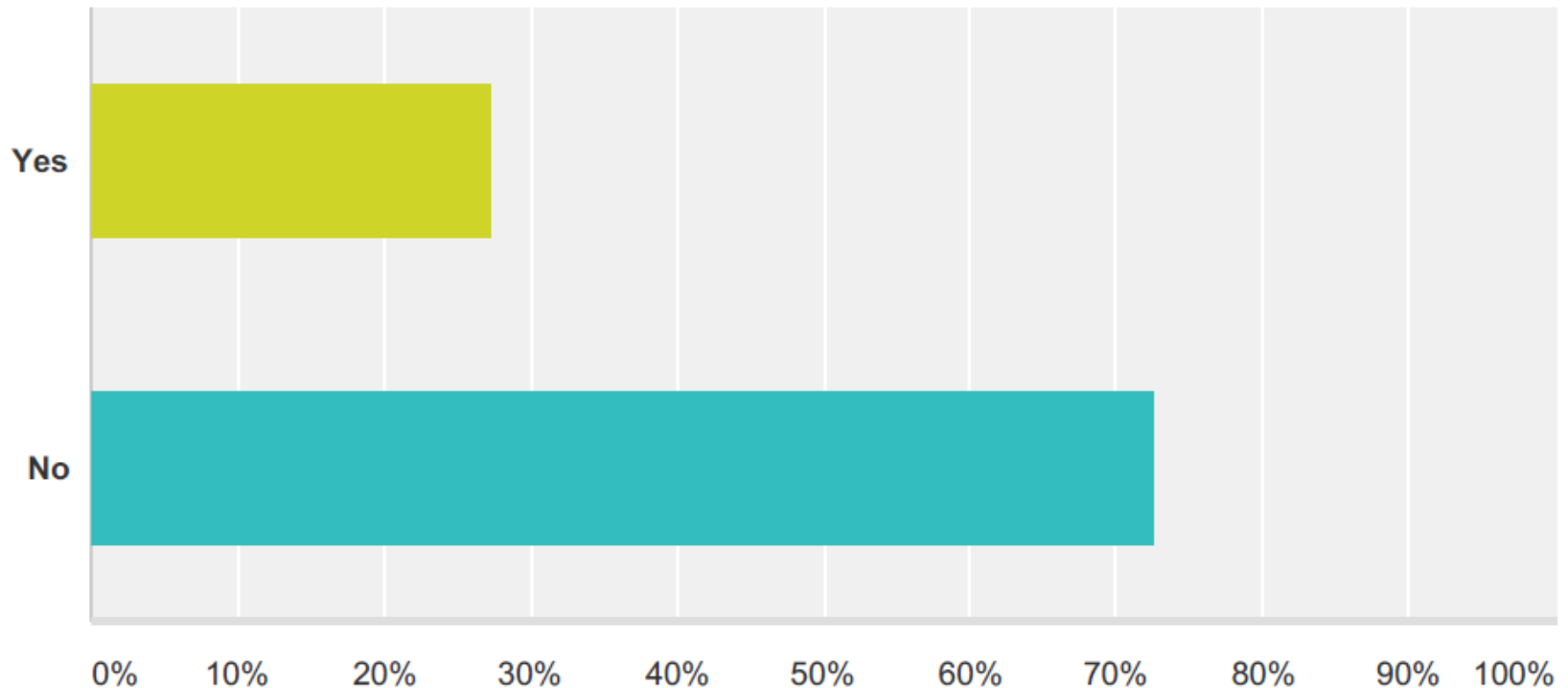
Challenges: Midwifery education

- Lack of qualified teaching staff
- Drawing from nursing workforce to train midwives
- Need for CPD and in-service
- Lack of teaching space and equipment
- Curricula do not cover the core midwifery competencies
- Lack of clinical time
- Lack of accreditation system

Findings: Regulation

- Six of the 12 countries have a recognised definition of midwifery
- Existence of an authorised body to regulate health professionals in 9 countries
- Legislation recognized midwifery as a regulated profession in five countries
- System of licensing was in place in 6 countries

Legislation recognising midwifery



Challenges: Midwifery Regulation

- Lack of clarity on the scope of practice
- Midwifery was commonly mixed with nursing and could not identify midwives separately
- Limited regulation processes in many countries

Findings: Professional Association

- Three countries have specific midwifery associations
 - Papua New Guinea
 - Solomon Islands
 - Fiji
- Only one is a member of International Confederation of Midwives - ICM
 - Papua New Guinea

Challenges: Midwifery Association

- Lack of professional identify in some countries
- Midwifery associations not always included or invited to the table
- Midwives not always be included in decision making level
 - Midwives and midwifery associations not consulted about maternal and newborn health issues

Midwifery as a profession

- Most countries (80%) felt that midwifery was an attractive profession because of:
 - Opportunities for upgrading skills and knowledge
 - Career path
 - Leadership opportunities
 - Respected by the community

As a midwife you have extra skills and privilege to work in the remote Islands and communities.

There is opportunity to be a leader in a higher position.

It is an honour to be looking after a mother during antenatal, delivery and postnatal care. You know the family as a whole

Needs of small countries

- Small island Pacific nations have specific issues
 - Unique challenges due to health workforce volume, ability to educate their own, long-term sustainability of continuing education and support
- Small island nations need to be included in global analyses of midwifery and the health workforce
- Important to help workforce planning – locally and regionally



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Original Research - Qualitative

The state of midwifery in small island Pacific nations

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ABSTRACT

Background: Strengthening midwifery is a global priority. Recently, global evidence has provided momentum toward developing the midwifery workforce. In 2014, the State of the World's Midwifery 2014 Report explored midwifery services in 73 low to middle income countries. In the South Pacific region, only Papua New Guinea and the Solomon Islands were included. This means that there is little known on the state of midwifery in the small island countries in the South Pacific.

- Thank you to SPCNMOA and all who assisted to fill in the survey

This was only for midwives ...

- The whole health Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Workforce is important to understand
 - Midwives/nurse-midwives, nurses, doctors (specialist and generalist) and community health workers who work in this area
 - To assist countries with workforce planning

The next step

- **UNFPA is supporting a State of the Pacific Reproductive, Maternal, Newborn, Child and Adolescent Health (RMNCAH) Workforce Assessment**
 - provide evidence base and detailed analysis of the present and future challenges to deliver effective coverage of RMNCAH services in Pacific countries



United Nations Population Fund
Pacific Sub-Regional Office

RMNCAH Workforce Assessment

- Starts from questions:
 - What do women, adolescents, mothers and babies need?
 - What is the population of the country?
 - What is the fertility rate?
 - How many births?
 - How much antenatal care is needed for the births?
 - How many women need family planning
 - How much labour and birth care is needed?
 - How much newborn and child health care is needed?
 - **How many workers do you need now and in the future to provide all this?**

What will it provide?

- Workforce data to assist governments with planning and decision making
 - Information that will assist countries to plan their health workforce to provide services especially to women and girls
- Data to assist education providers – how many midwives, nurses, doctors should be educated?
- Information on curriculum renewal needed and identification of support required

Technical Advisory Group

- Supported by UNFPA with
 - SPCNMOA
 - PSRH
 - SPC
 - UNICEF
 - WHO
 - ICM
 - UTS WHO CC
 - and others
- There will also be broad consultation in each country through workshops

Finally

There is no health without a health workforce

Having a RMNCAH workforce
that is sufficient and of
quality is needed to improve
outcomes for communities

