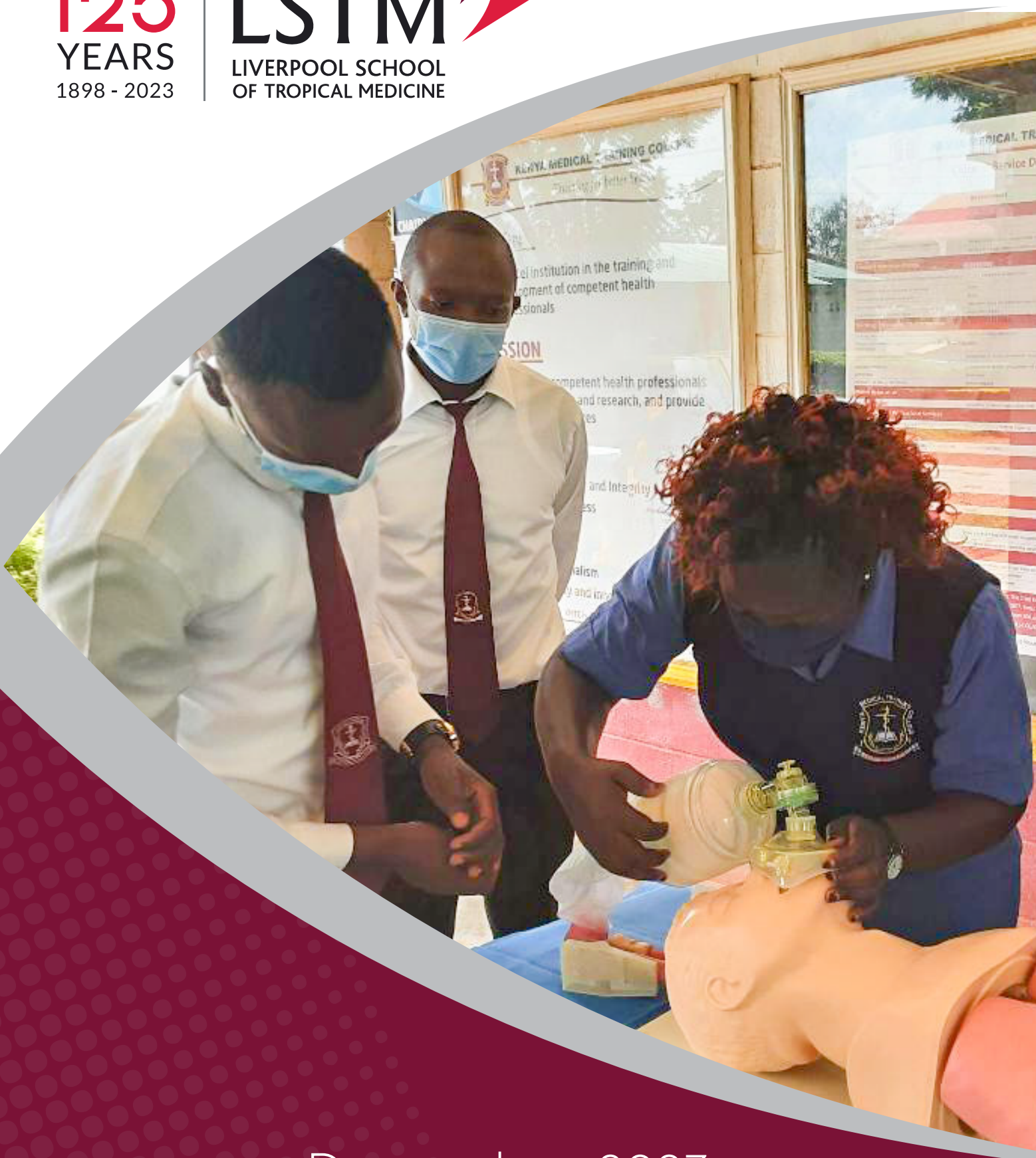


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Policy Dialogue Breakfast

POLICY BRIEF

Strengthening midwifery education for ending preventable maternal & newborn deaths in Kenya

Background



Investing in midwifery is central to achieving the Ending Preventable Maternal Mortality, Every Newborn Action Plan and maternal and newborn health SDG targets. However, there is evidence that midwifery education in low- and middle-income countries is sub-standard (SoWMy 2021).

Key challenges include:-

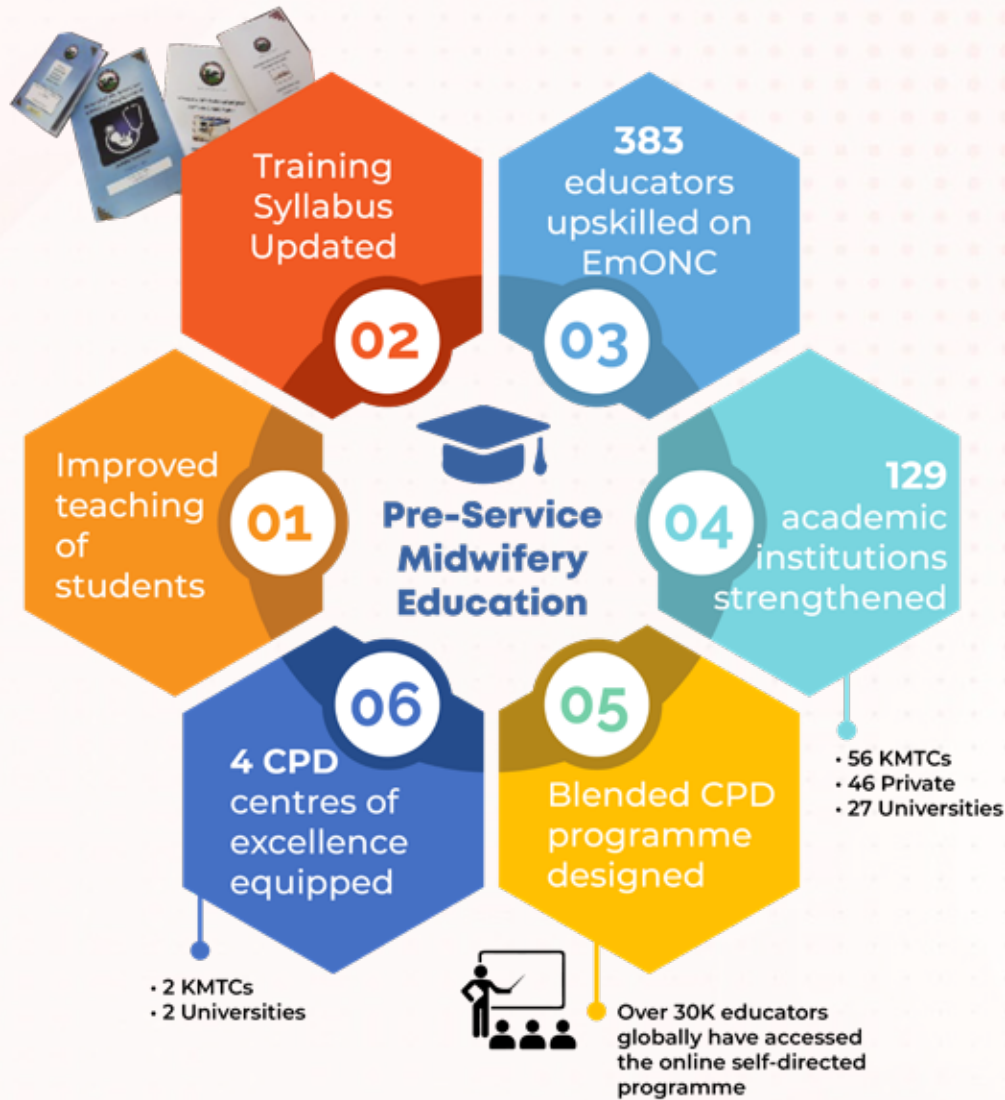
- i. a deficient and largely theoretical training curriculum,
- ii. inadequately skilled educators not meeting the World Health Organisation (WHO) and International Confederation Midwives (ICM) standards and competencies,
- iii. inadequate clinical placement for practical experiences and
- iv. weak student clinical support through supervision and mentoring.

To strengthen midwifery education, ICM's four pillars and WHO's 7-point action plan to strengthen quality midwifery education provide a roadmap where investments are needed (see figure).

Global Standards for Midwifery Education by ICM (2021) recommend that for competent midwifery workforce, training curriculum should be competency-based (at least 50% of the content) to address emerging needs. To deliver the competency-based curriculum, ICM emphasizes that midwifery faculty should be well educated, trained, and supported with adequate resources. The WHO (2014) outlines eight core competencies for midwifery educators to deliver quality effective teaching and learning. This brief outlines a summary of some key investments, key findings, recommendations, policy implications and further research in midwifery education in Kenya.

Key methods and partnerships

1. The Liverpool School of Tropical Medicine in Kenya, with funding from United Nations Population Fund (UNFPA), Johnson & Johnson Foundation and Foreign, and Commonwealth Development Office, implemented the strengthening of midwifery education Programme (2021-2023). The programme was implemented locally in Kenya and globally through the Alliance to Improve Midwifery Education (AIME). The following implementation research studies were conducted.



Key findings – Evidence generated from the implementation research on midwifery education in Kenya (LMICs?)

1. Confidence of midwifery and clinical officer educators in facilitating EmONC: The blended training improved the knowledge, skills and confidence of pre-service educators to deliver the updated EmONC-enhanced midwifery/clinical medicine curricula.
2. Midwifery educator capacity building initiatives: Mentoring was effective in improving the quality of educators' EmONC teaching skills. Midwifery educator CPD programme was relevant and improved educators' knowledge and skills for effective teaching and learning.



3. Retention of EmONC trained Skilled Health Providers in the relevant maternity departments: This was low at 36% and skilled health personnel (SHP) were more likely to be retained by 1-year after training compared to the subsequent years.
4. Preservice midwifery curricula: Majority of the curricula had <50% of essential abortion care and MPDSR. There were limited Post Abortion Care competencies integrated in preservice curricula in nursing courses due to lack of a clear role of midwives in related lifesaving skills in primary healthcare settings and low awareness of laws on abortion care and fear of litigation associated with poor abortion care competencies in procedures such as MVA. MVA procedure is largely conducted by doctors and medical assistants.
5. Upskilling of educators' knowledge and skill: Over 90% midwifery educators indicated the need for upskilling of their knowledge in essential EmONC and MPDSR skills for optimal classroom and clinical teaching.

Policy Recommendations

Strengthening midwifery education and training is a cost-effective strategy to improving maternal and newborn health outcomes and potentially reducing mortality. However, gaps in training curricula, inadequate and incompetent midwifery educators and poor investments in midwifery education affect current midwifery education provision. This delays progress on attainment of universal health coverage and other SDG 3 health targets in Kenya. Based on the study findings, the following policy implications and recommendations are proposed:

Midwifery Curricula and implementation

- Midwifery education regulator role in strengthening midwifery training guidelines and curricula to global standards incorporating all the recommended MPDSR and EmONC competencies is critical to preservice education for universal standards in midwifery education and practice for acceleration and attainment of SDG3. This is critical for elimination of preventable maternal and perinatal mortality.
- Midwifery education regulator enforcement of midwifery curriculum review at the end of every cycle and before accreditation of midwifery training programs and guidelines on midwifery student-educator ratio to global standards.
- Investing and institutionalizing a system that actively mandates CPD for midwifery educators and clinical instructors as a requisite for licensing and retention for continuous upskilling with essential lifesaving competencies in MNH will support the acceleration of the annual rate of reduction in MMR, NMR and attainment of EPMM/ENAP country goals.

Midwifery educator competency

- Designing and implementing mentorship and support for midwifery educators with an inbuilt peer evaluation mechanism where new educators are inducted into essential competency training by a senior colleague is key to building midwifery educator competencies.
- Having a system to monitor the implementation of an updated curriculum integrated with EmONC and MPDSR for preservice training will reflect in the preceptorship and quality of midwifery students during their clinical placements along with licensed clinical instructors empowered with the necessary skills and competencies for EmONC skills lab management and maintenance.

MNH workforce Policy

- There is a need to develop and scale up HR policies and tools that optimize deployment and retention of staff in relevant MNH departments for adequate skills mix. This is critical for impact and as a global strategy for UHC. This approach is consistent with the national strategy to strengthen capacity for improving access to essential maternal healthcare & SRH in primary settings to be actively monitored by counties health departments.
- Resource mobilization for capacity strengthening of skilled health personnel in EmONC and MPDSR required to accelerate the achievement of country targets for EPMM and ENAP.

Further research

Evidence around pre-service midwifery curriculum reviews and updates, faculty development, strengthened institutions with equipment and staff deployment and retention interventions have been demonstrated. However, the effects of these interventions on health outcomes lack in the literature. Future research should focus on the effectiveness of the interventions on maternal and newborn health care quality and outcomes.

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