**Assessing Maternal and Perinatal Death Surveillance and Response (MPDSR) competency gaps in pre-service midwifery curricula in Kenya and Nigeria: A cross sectional mixed methods study**

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**Background**

Maternal, Perinatal Death Surveillance and Response (MPDSR) is a strategy used to identify and review causes of maternal and perinatal deaths and develop continuous quality of care improvement plans. Midwives as part of multidisciplinary teams are crucial in ending preventable maternal mortality but the training curriculum of midwives have been found to be deficient in MPDSR competencies. We aimed to determine the extent, acceptability, demand, and practicality of integrating MPDSR in pre-registration midwifery curricula in Kenya and Nigeria.

**Methods**

A cross sectional mixed methods design was used with 214 participants purposefully selected from 38 universities and 43 middle level colleges in Kenya and Nigeria. MPDSR pre-service content was developed against WHO global standards for Midwifery Education and ICM Essential competencies for midwifery practice. Input was from WHO MPDSR guidance and validated by global maternal and newborn healthcare stakeholders. This was used to assess the adequacy of MPDSR content in midwifery curricula. Key informant and in-depth interviews and eight focused group discussions were conducted using checklist, self-administered questionnaires, and interview guide. Chi square and Fisher’s exact tests for association within and between groups were used to describe differences (p<.05) and inductive content analysis conducted.

**Results**

Participants included 108 educators, 86 midwifery students and 30 key stakeholders from ministries of health, regulatory bodies, midwifery associations and principles, deans and heads of midwifery departments.  None of the curricula reviewed met all the global MPDSR core and essential competencies for midwifery education and practice. Key stakeholders indicated the timeliness of integration, and educators indicated unclear guidance on the role/scope of midwifery practice in MPDSR, deficient training guidelines and curricula, and low resources for training MPDSR competencies with over 90% of educators indicating a need for upskilling. Majority of the students had covered causes 72(84%) and prevention 68(79%) of maternal death with the least content being assigning causes of perinatal death, bereavement care (38%) and ‘no blame culture in MPDSR (22%). A significant difference was noted where 15(31%) Kenyan students compared to 4(11%) of the Nigerian counterparts (p<.0211) reported to have covered ‘no blame’ culture.

**Conclusion**

MPDSR competencies have not been fully embraced in preservice midwifery education. Clear guidelines on the role/scope of practice for midwives, updated training guidelines and curricula and educator capacity building is required to enhance the effectiveness of MPDSR and abortion care competencies as strategies for ending preventable maternal and perinatal deaths and enhancing every newborn action plan in low- and middle-income countries.

Key words: Maternal, perinatal, surveillance, preservice