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# Building midwifery educator capacity in teaching in low and lower-middle income countries. A review of the literature

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ABSTRACT

*Aim and objective:* midwifery educators play a critical role in strengthening the midwifery workforce in low and lower-middle income countries (LMIC) to ensure that women receive quality midwifery care. However, the most effective approach to building midwifery educator capacity is not always clear. This paper will explore approaches used to build midwifery educator capacity in LMIC and identify evidence to inform improved outcomes for midwifery education.

*Design:* a structured search of bibliographic electronic databases (CINAHL, OVID, MEDLINE, PubMed) and the search engine Google Scholar was performed. It was decided to also review peer reviewed research, grey literature and descriptive papers. Papers were included in the review if they were written in English, published between 2000 and 2014 and addressed building knowledge and/or skills in teaching and/or clinical practice in midwifery educators who work in training institutions in LMIC. The Preferred Reporting Items for Systematic Reviews and Meta Analyses (PRISMA) was used to guide the reporting process. The quality of papers was appraised in discussion with all authors. The findings sections of the research papers were analysed to identify successful elements of capacity building approaches.

*Findings:* eighteen (six research and 12 discursive) papers were identified as related to the topic, meeting the inclusion criteria and of sufficient quality. The findings were themed according to the key approaches used to build capacity for midwifery education. These approaches are: skill and knowledge updates associated with curriculum review, involvement in leadership, management and research training and, participation in a community of practice within regions to share resources.

*Key conclusions:* the study provides evidence to support the benefits of building capacity for midwifery educators. Multilevel approaches that engaged individuals and institutions in building capacity alongside an enabling environment for midwifery educators are needed but more research specific to midwifery is required.

*Implications for practice:* these findings provide insight into strategies that can be used by individuals, faculties and institutions providing development assistance to build midwifery educator capacity in LMIC.



**Contents**



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## Introduction and background

There is international consensus that midwifery care is the most cost effective solution to decreasing maternal and newborn mortality in low and lower-middle income countries (LMIC) (Renfrew et al., 2014). The ability of a midwife to demonstrate competence according to international standards (Fullerton et al., 2003; ICM, 2013) and contribute to improving outcomes for women and newborns depends on various factors. These include the quality of pre-service training, access to continuing professional development once graduated, the regulated scope of practice, and the presence of an enabling work environment (Renfrew et al., 2014).

Midwifery education has been identified as a critical component contributing to quality midwifery care (Fullerton et al., 2003; World Health Organisation, 2013; Renfrew et al., 2014). In this review, the term 'midwifery education' refers to the formal process of training midwives (ICM, 2010) which has a minimum entry level requirement of a completed secondary school education and is either a three year direct-entry or eighteen month post-nursing programme. The term 'midwifery educators' refer to the midwives who provide the education to students enrolled in a midwifery programme. Unfortunately in LMICs, the number and quality of midwifery educators is often well below what is needed which contributes to the production of midwifery graduates with inadequate technical skills and little ability to think critically (Thompson et al., 2011). The first State of the World's Midwifery Report (2011) found that, despite some promising developments in midwifery education, competency based midwifery curricula and professional development opportunities for midwifery educators in LMIC were lacking. Recommendations to build capacity for midwifery education remain on the international agenda and include a call for an increase in resources for midwifery education and supervised clinical practice for students (The State of the World's Midwifery, 2014). However, as few as 6.6% of midwifery educators in LMIC have any formal preparation in education (World Health Organisation, 2013).

In general terms, capacity building has been defined by the United Nations Development Program as 'the process through which individuals, organisations and societies obtain, strengthen and maintain the capabilities to set and achieve their own development objectives over time' (United Nations Development Program, 2009). In order to strengthen midwifery education, various approaches have been taken to build the capacity of midwifery educators (World Health Organisation, 2009; ICM, 2010; The State of the World's Midwifery, 2011). The WHO (2013) has defined a set of core competencies for midwifery educators which enable effective midwifery practice, teaching and clinical supervision, research and leadership. Global standards have been published (ICM, 2010) to assist midwifery educators develop a quality midwifery education programme and such documents are most useful when educators are supported by governments, health systems, regulatory bodies and midwifery associations to implement them (Fullerton et al., 2003). Toolkits and teaching aids (WHO, 2008; K4Health, 2014; K4Health, 2015, John Hopkins University, 2015) have also been produced in order to improve the quality of midwifery education but how they have been used in LMIC has not been well documented. The individual context and culture play a significant and important role in how capacity building interventions are developed and implemented and should not be overlooked (Maclean, 2013). Despite investment from international donors, capacity building consultants, national partners and local experts, little is known about the best way to build capacity and support midwifery educators working in institutions in LMIC. This review, therefore, aims to explore the different approaches used to build midwifery educator capacity in LMIC and identify which aspects have been successful in creating improved outcomes for midwifery education.

## Method

A descriptive narrative synthesis was chosen for this integrative literature review. This method allows the findings of literature derived from qualitative and quantitative methods to be synthesised and identify gaps by extracting data and then grouping it to present common ideas or arguments (Popay et al., 2005).

### *Search protocol*

A search of electronic bibliographic databases (CINAHL, MEDLINE, OVID, and PubMed) and websites (Google Scholar, University

**Table 1**
Details of inclusion and exclusion criteria.

| | Date of publication | Country | Language of publication | Cadre of health professional | Place of employment |
|---|---|---|---|---|---|
| **Included** | 2000–2014 | LMIC as defined by World Bank | English | Midwives, nurses working in an education role in reproductive health or midwifery | Midwife or nurse training institution and clinical placement site |
| **Excluded** | 1999 or later | Other than LMIC | Other than English | Medical doctors, community health workers, traditional birthing attendants | Hospital, clinic or community health centre only |