



Original Research - Qualitative

The state of midwifery in small island Pacific nations

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ARTICLE INFO

Article history:

Received 10 November 2016

Received in revised form 21 February 2017

Accepted 21 February 2017

Keywords:

Midwives
Education
Regulation
Association
South Pacific

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.

Aim: To explore the current situation of the education, regulation and association of midwives in 12 small island nations of the South Pacific and determine the gaps in these areas.

Methods: A descriptive study was undertaken. Data were collected through a survey completed by key representatives (usually the Chief Nursing and Midwifery Officer) from each of the 12 countries. Ethical approval was received from the relevant Human Research Ethics Committee.

Findings: Many of the countries had few midwives, in some instances, only two midwives for the whole country. Midwifery education programs included post-graduate diploma, certificates and bachelor degrees. Midwives were required to be registered nurses in all countries. Regulation and licensing also varied – most countries did not have a separate licensing system for midwives. Only three countries have a specific professional association for midwives.

Conclusion: The variation and the small number of midwives poses challenges for workforce planning. Consideration could be given to developing regional standards and potentially a shared curriculum framework. Ongoing collaboration and networking between countries is a critical part of future developments.

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Statement of Significance

Problem

Little is known about the education, regulation and professional associations for midwives in the small island nations of the South Pacific.

What is already known?

Consistent data are available for only two of the small island nations of South Pacific countries – Papua New Guinea and Solomon Islands.

What this paper adds?

There is significant variation across the small island nations of the South Pacific in education and regulation and access to midwifery professional associations. There are few midwives in many countries posing challenges for ongoing education and succession planning. Midwifery is invisible in much of the regulation and therefore in the acknowledgment of the contribution of midwives.

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1. Introduction

Midwifery is now recognized as a solution to meet global sexual, reproductive, maternal and newborn health goals.^{1–5} A highly qualified, competent midwifery workforce in adequate numbers is needed in every country if midwifery is to be effective. The global movement to strengthen midwifery has been supported by the International Confederation of Midwives (ICM) and its partners, including the United Nations Population Fund (UNFPA) and WHO. ICM and others have focused on midwifery education, regulation and professional association (ERA); collectively known as the three pillars of midwifery.⁶

The three pillars provide a framework for countries to strengthen and scale up the production of qualified, professional midwives to achieve the global standards and requirements for high quality maternal and child health services.⁷ ICM have developed standards to support the education and regulation of midwives^{8,9} as well as an assessment tool to assist in strengthening the professional association.¹⁰ The ICM global standards on education promote competency based education including basic essential midwifery competencies that are aligned with regulatory systems.⁹ The standards on regulation aim to ensure safety of women and children and promote autonomous midwifery practice and there is now a toolkit to assist implementation.⁸ ICM has also developed an assessment tool to support professional associations to strengthen their organizational capacity to act as a leading voice for the profession and advocate for maternal and child health at policy and decision making level.¹⁰

An assessment of midwifery education, regulation and association occurred in 73 of the 75 Countdown countries as part of the *State of the World's Midwifery* research in 2013,^{6,11} in six South Asian countries in 2010¹² and more recently in 12 Arab countries.¹³ These analyses showed considerable variations across countries and regions in curricula, faculty development, educational resources and supervised experience in clinical practice and limited legislation that recognized midwifery as an autonomous profession. Many countries had access to professional associations although not all were exclusive to midwives.

The only countries included in the *State of the World's Midwifery* from the South Pacific region were Papua New Guinea and the Solomon Islands. Both countries showed significant shortages in the midwifery workforce and the capacity to respond to the sexual, reproductive, maternal and newborn health needs.² Other than the high income nations of Australia and New Zealand, there are other small island nations in this region—all with their own needs for sexual, reproductive, maternal and newborn health services and a workforce to provide care, yet very little is known about the midwifery workforce in these countries.

1.1. The small island nations of the South Pacific

The small island nations of the South Pacific are characterized by isolated small land areas, division and distance from larger countries and generally small populations.¹⁴ The geography and low economic status of the region often makes it challenging to provide health services, in particular, isolation makes transport and communication difficult and expensive.^{15–18} Many of the countries have been affected in recent years by a changing climate including heat waves, cyclones and tsunamis, which tend to cripple an already fragile health system and damage the limited infrastructure that exists.^{16,19} Almost all countries in the South Pacific are dependent on overseas aid funding despite aid fatigue and this poses challenges in terms of sustainability and workforce planning and development.^{17,20}

The small island nations of the South Pacific are at different stages of the demographic transition,²¹ with some populations still

experiencing relatively high mortality and fertility. Assessment of key indicators such as maternal mortality is difficult due to small populations and inadequate data collection systems.^{17,19,22} What is evident though is that there are workforce shortages and uneven distribution of the health workforce including midwives, nurses and doctors throughout the countries.^{16,19} The World Bank has undertaken workforce analyses in some of the larger countries, for example in Papua New Guinea. This showed significant shortages in all cadres in the health workforce and highlighted the lack of data in many areas, including midwifery, making an accurate assessment of future needs difficult.²³

Specifically, in terms of the midwifery workforce across the South Pacific, very little is known.²⁴ Midwives are usually counted as nurses and rarely disaggregated at a Ministry of Health level. This means that it is impossible to know the number of midwives in a country or the way they are educated, regulated and professionally supported. Given educated and regulated midwives are the most cost effective health care provider for mothers and newborns,⁴ it is critical to have an in-depth understanding of the midwifery workforce across the countries, especially as only two were included in the *State of the World's Midwifery Report*.² The aim of this study therefore was to examine the gaps and challenges in the education, regulation and professional associations for midwives in small island nations of the South Pacific.

2. Methods

A multi country descriptive study was undertaken between April–December 2015. The data were collected through a survey to explore the gaps in midwifery pillars across 12 small island nations of the South Pacific. The specific objectives were to:

- Explore the current situation of midwifery education and competencies in relation to midwifery global standards.
- Identify the process of licensure and re-licensing.
- Describe role of association in each country.

Ethical approval was received for the study from the lead university's Human Research Ethics Committee. The study was undertaken in partnership with the South Pacific Chief Nursing and Midwifery Officers Alliance (SPCNMOA). The SPCNMOA purpose is to raise the quality of nursing, midwifery and health leadership. The SPCNMOA representatives from 12 small island nations of the South Pacific (Fig. 1) were briefed about the study and approved it prior to commencement. It was agreed that the education, regulation and association detail about each country would be anonymized although this was provided back to the individual country.

The survey was based on the larger survey used for the *State of the World's Midwifery Report 2014*.² The larger survey includes questions about the full health workforce to provide maternal and newborn services. This adapted survey focused on midwives and nurse-midwives or nurses in countries where there were no midwives. Therefore, a sub-section of the questions were used and these were tailored to the region. English was chosen as the language of the questions the selected islands communicate across the region in English. The SPCNMOA were asked to review the content of the survey and changes were made based on their feedback to improve clarity.

The survey included three domain areas, each addressing one of the pillars of education, regulation and association. Specifically, there were questions about workforce, education systems, qualifications and competencies, current situation of midwifery regulation, position of the midwifery association in the country, challenges faced and support received by the government and other stakeholders.

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