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# TRANSITIONING TO A MIDWIFE-LED MODEL OF CARE – A CASE STUDY FROM BANGLADESH

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**UTS:CMCFH**

CENTRE FOR MIDWIFERY,  
CHILD AND FAMILY HEALTH

# Background

- Midwifery care and specifically midwife-led care is a model that addresses the needs of women and newborns
- Rigorous research on midwife-led care from high-income countries shows positive effects and should be offered to most women
- Research gap on midwife-led care from low- and middle-income countries

# Definition of midwife-led care

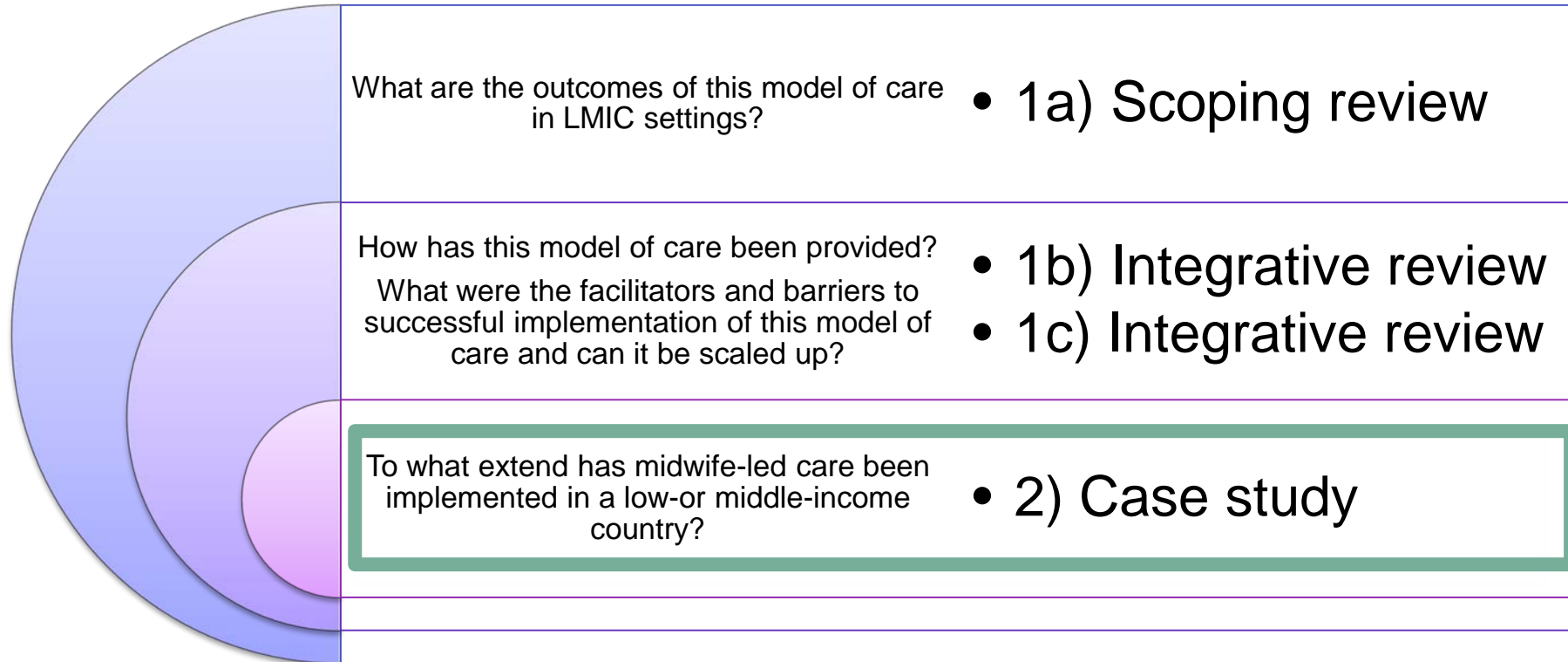
Midwife-led continuity of care is defined as care in which midwives are the lead professionals to support women in the planning, organisation and delivery of care from the initial visit to the postnatal period (Sandall et al. 2016; Thomas & Paranjothy 2001)

# World Bank classification

- Based on gross national income per capita (GNI)
- Low-income country: < \$1,025
- Lower middle-income country: between \$1,026 and \$3,995
- Upper middle-income country: between \$3,996 and \$12,375
- High-income country: > \$12,376

The World Bank 2019

# Main question: How has midwife-led care been implemented in low- and middle income countries?



# Aim

- Based on the findings of the case study, the aim of this presentation is to explore the skills and knowledge, roles and responsibilities of midwives working in midwife-led models of care in Bangladesh, a lower middle-income country in South Asia



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# Case study: midwife-led care in Bangladesh

- Case study design (Yin 2014)
- Ethics approval: 2017 UTS Higher Research Ethics Committee UTS HREC REF NO. ETH17-1241 and 2018 James P. Grant School of Public Health at BRAC University Bangladesh Institutional Review 2018-021-ER
- Funding: UTS IRC scholarship, ICM International Research Award 2017, Hebammengemeinschaftshilfe PhD research grant 2019



# Method

- Sampling: Multistage purposeful sampling to detect information-rich cases
- Interviews and focus group discussions with four groups of participants:
  - Key Informants (managers, teachers, policy makers, experts, government officials, midwifery association)
  - Midwives working in MLUs
  - Women who received care in MLUs
  - Allied health professionals
- Interview/FGD guide based on findings from previous three reviews (outcomes, quality, facilitators&barriers)



## Method

- Interview/FGD language  
English or Bangla (with  
interpreter)
- Data collection period:  
11.06.-18.08.2018 and  
5.11.-25.11.2018
- Data  
translation/transcription  
October - December 2018
- Data analysis: Framework  
analysis

# Framework analysis 1

## Characteristics of care

	For all childbearing women and infants	For childbearing women and infants with complications
Practice categories	<p>Education Information Health promotion</p> <p>Assessment Screening Care planning</p> <p>Promotion of normal processes, prevention of complications</p>	<p>First line management of complications</p> <p>Medical obstetric neonatal services</p>
Organisation of care	Available, accessible, acceptable, good-quality services – adequate resources, competent workforce Continuity, services integrated across community and facilities	
Values	Respect, communication, community knowledge and understanding Care tailored towards women's circumstances and needs	
Philosophy	Optimising biological, psychological, social and cultural processes; strengthening women's capabilities Expectant management, using interventions only when indicated	
Care providers	Practitioners who combine clinical knowledge and skills with interpersonal and cultural competence Division of roles and responsibilities based on need, competence and resources	

QMNC framework – Renfrew et al. 2014

# Findings: data sets

	No. of interviews/FGD	Number of people
Key Stakeholders	16	16
Allied health professionals	4	4
Midwives	5	14
Women	6	19

- Hermeneutic interpretation notes
- Reflexive journal
- Policy documents, workforce reports, facility-based health data

# Bangladesh – Overview

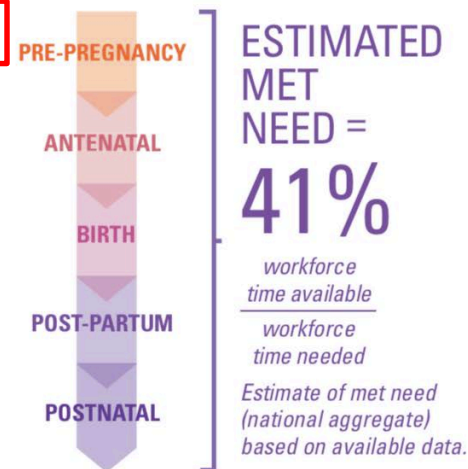
- Lower middle-income country in South Asia
- MMR: 196/100,000 livebirths (NIPORT 2017)
- The total fertility rate 2.3 births per woman
- SBA coverage 53%
- Facility-based births 50%
- Of all births 32% in private, 14% in public and 4% in NGO facilities
- Caesarian sections 33% (NIPORT 2019)

# Midwives in Bangladesh

- 1592 6-months post-basic nurse-midwifery
- 2131 three-year direct-entry midwives

## WORKFORCE AVAILABILITY (2012)

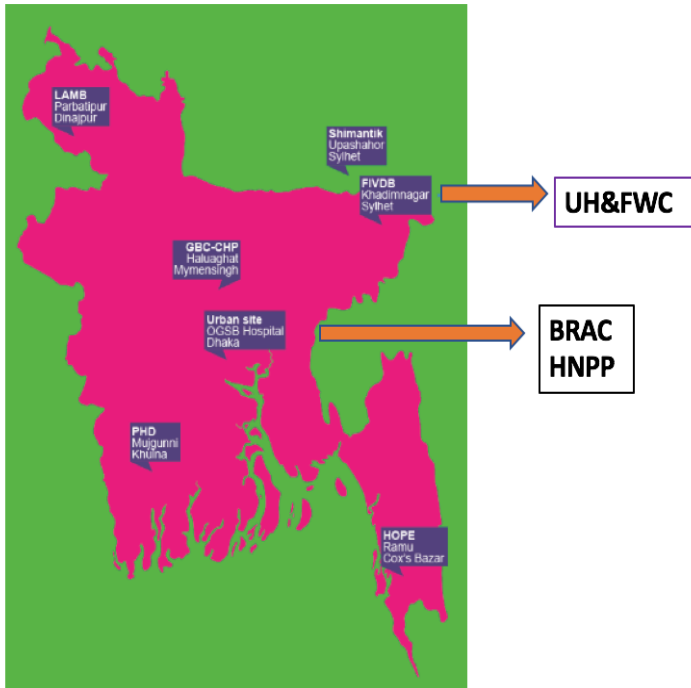
	Country classification of staff working in MNH <sup>1</sup>	Time spent on MNH %
Midwives	0	100
Midwives, auxiliary	14,377	100
Nurse-midwives	18,684	20
Nurses	na	na
Nurses or nurse-midwives, auxiliary	na	na
Clinical officers & medical assistants	9,036	–
Physicians, generalists	53,603	–
Obstetricians & gynaecologists	802	100



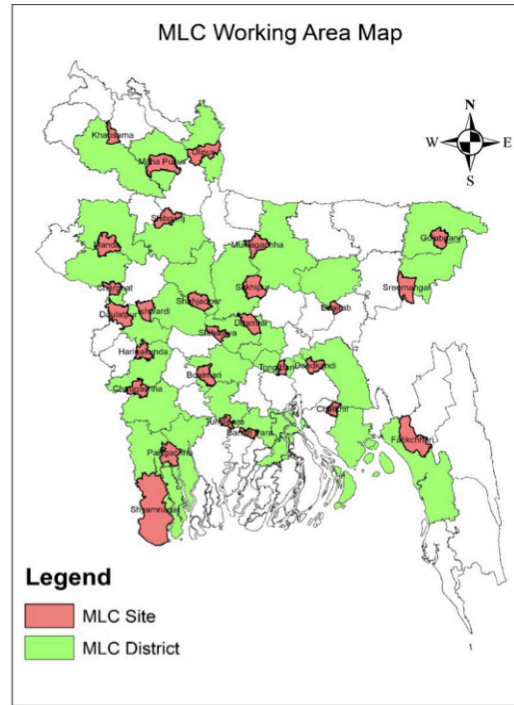
BNMC 2019

SoWMy 2014

# Midwife-led centers in Bangladesh



In Private setting there are 2 well functioning MLCs

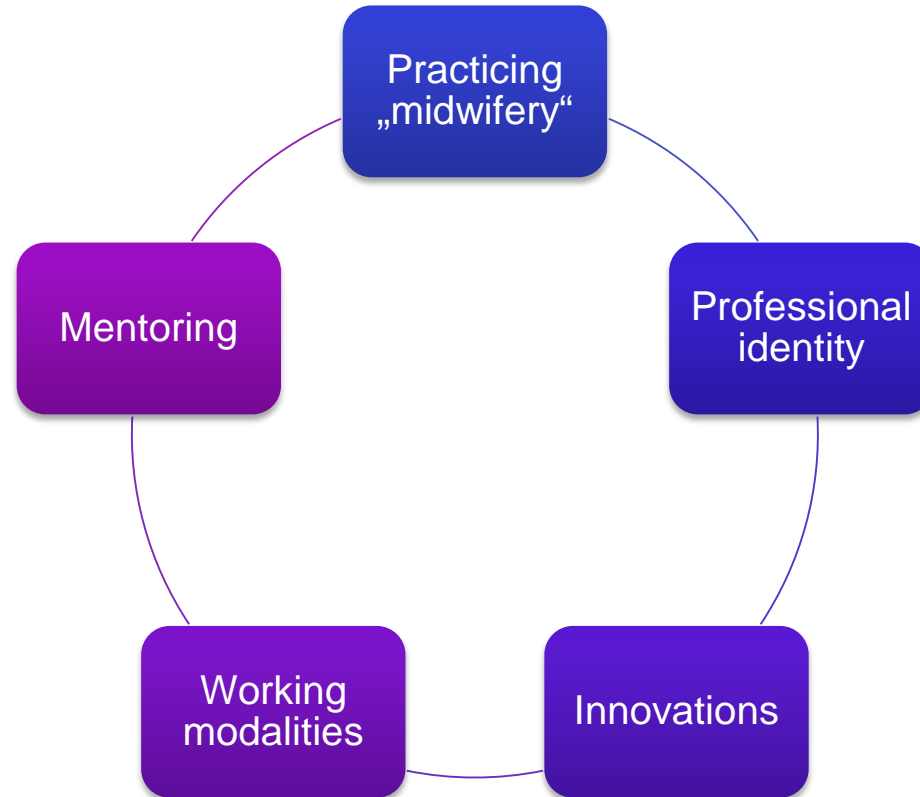


In GOB setting there are 27 functioning MLCs

- 5 midwife-led care units introduced in 2016
- 27 public MLC's and 7 private MLC's in 2019

Rahman 2019

# Findings: Care provider





# Findings: Being able to practice „midwifery“

Midwife-led units provide spaces for midwives to practice midwifery. Which stands for autonomous practice, evidence-based and respectful care. A midwives states:

*“We want to work here independently and not under pressure of the doctors.”* (midwife- FGD)

# Findings: creating a professional identity

As professional midwives, educated and regulated to international standards are a novelty in Bangladesh, forming a professional identity is important. What a midwife could be can be tried out in midwife-led units.

*“I want those women to be professional and they need to learn, but that takes time. They are still in the learning stage, but I hope one day they will be good midwives.”* (stakeholder: expert)

# Findings: providing an optimal learning environment

Midwives and midwifery students are able to learn in midwife-led units.

*“Our center is also helpful for them (the midwives). In the hospital and other places there are many competitors. So this the place for their own practices” (teacher)*



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# Findings: trying out innovations

Midwives working in MLC's are able to try new techniques and practices.

*“We are having birthing chair and ball and we know the various exercises during the labour period and we have showed those to the pregnant mothers to deliver her baby. Mostly the mothers are happy to follow our instructions (...)” (midwife FGD)*



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# Findings: establishing working modalities

Midwives are placed in primary and secondary facilities. Once there is a sufficient number of midwives, they will be able to provide care around the continuum.

*“In each Upazila health complex, four midwives are positioned. In the future they will lead the midwifery profession. In the Upazila health complex now, nurses are doing this work but in the future, midwives will do all this work related to antenatal checkup, normal delivery and the postnatal care and other (tasks) related to midwifery scope of practice” (stakeholder: manager)*

# Findings: having mentoring opportunities

Mentoring is identified as a key to successful implementation of midwife-led centers. So far, newly graduated midwives are not confident and therefore need support from a mentor.

*“(...) for being confident they need initial support by the supervisor, mentor or someone from senior level midwives. They are not fully confident to work independently after completing their graduation.” (stakeholder: expert)*

# Conclusion

- Midwifery under transition
- Professionalisation: knowledge and skills expand
- Roles and responsibilities vary
- Process influenced by other professionals – nurses and medical doctors
- Mentoring and continuous professional education part of supportive environment
- Future: management and leadership
- Other countries could learn from implementation of MLC in Bangladesh

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# Thanks for listening and... Jani dekha hobe (জানি দেখা হবে)

Bengali phrase meaning we will meet one day. This expression is generally used when one builds up a friendship with a stranger at a random place. And people speak it to express the thrill of the rendezvous feeling and the wish to meet in the future.

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