

# Skilled attendance at birth

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## Maternal mortality globally

Globally in 2000, the number of women between the ages of 15 and 49 that died as a result of complications arising from pregnancy and childbirth was estimated to be 529,000. Of these deaths, almost half (251,000) occurred in Africa, and less than 1% (2,500) in developed countries. The maternal mortality ratio (MMR) in Africa was estimated to be 830 per 100,000 live births compared with 20 per 100,000 live births in developed countries<sup>1</sup>.

One of the Millennium Development Goals agreed upon by the United Nations General Assembly in December 2000 is to improve maternal health. The target is to reduce maternal mortality by 75% between 1990 and 2015. Increasing the proportion of deliveries supervised by a skilled attendant is considered the single most crucial intervention to reduce maternal mortality. Therefore, the proportion of births attended by skilled health personnel is one of the indicators used for monitoring progress towards the maternal health goal.

To achieve this goal the UN General Assembly has set itself the following targets:

- 2005: 80% of births attended by skilled health personnel
- 2010: 85% of births attended by skilled health personnel
- 2015: 90% of births attended by skilled health personnel

According to WHO standards, one midwife can be expected to handle 180-240 births per year. However, an additional midwife is needed in a maternity unit to cover for leave time and for women that need services at the same time.

## Situational analysis in Malawi

According to the 2000 Malawi Demographic and Health Survey<sup>2</sup>, the institutional delivery rate in Malawi is 55%; this is identical to the figure in the 1992 MDHS. However, the Malawi Health Information Bulletin reports that only 45% of deliveries were assisted by skilled health personnel for the period 2002-2003. Similarly, repeat participatory needs assessments by the Safe Motherhood Project in the Southern region districts in 2002 also show a decrease in skilled attendance at delivery<sup>3</sup>. Health facilities in very remote areas are least staffed. Often one midwife runs the entire rural health center and is expected to work day and night. As a result, exhaustion may lead to poor attitude of the midwife towards clients, and unskilled staffs such as cleaners and health surveillance assistants often also conduct deliveries. In the Southern region 14 out of 180 maternity units (8%) are closed due to lack of staff. District, mission and central hospitals also experience severe shortages of midwives. In conclusion, the shortage of staff in our maternity units is catastrophic and rapidly getting worse.

This article examines how the human resource crisis in midwifery services can be resolved. The most important issues are grouped under four main headings:

- Recruitment,
- Training,
- Retention,
- Poaching.

## 1. Recruitment of midwives

The Commonwealth Steering Committee for Nursing and Midwifery made the following recommendations on recruitment

of staff:

- Workforce planning is essential,
- Pay and conditions are key factors,
- Perks can be significant,
- Seek to attract recruits from a young age,
- Consider alternative entry routes,
- Seek to attract qualified staff back to work.

## 2. Training of midwives

Recently there has been a move to training in nursing only. This will leave an even greater shortage of midwives unless other measures such as direct entry training for midwives are rapidly put in place.

## 3. Retention

Between 1999 and 2002 it has been estimated that the Ministry of Health and Population lost 278 registered nurses and midwives while its training institutions produced only 258<sup>4</sup>. According to the Nurses and Midwives Council, Malawi has 3633 practicing midwives, 1838 non-practicing midwives and 162 midwives that work abroad. According to its database there are two main forms of losses of midwives: going abroad, responsible for 6% of the losses, and death, responsible for 10% of the losses and probably mostly due to AIDS. The National AIDS Commission estimates that the HIV/AIDS prevalence in adults (15 to 49 years) in Malawi in 2003 is 14.4%.

It is clear that the public health sector in Malawi has an important problem with retention of midwives. Ostergaard<sup>5</sup> identified factors affecting retention of midwives in Malawi. Boxes 1 and 2 reflect some of her findings. Box 1 shows the many push factors that push midwives out of the public health service. The main push factor is the low salary. Box 2 shows the few pull factors that keep them in the public health service. There is a variety of 'greener pastures' such as research projects, NGOs, the private-for-profit health sector, the Christian Health Association of Malawi, other professions and going abroad. This causes a loss both in quantity and quality, because experienced clinical and managerial staff are those who can most easily find work in the expanding NGO sector or outside the country<sup>4</sup>.

## 4. Poaching

According to the Guardian Weekly (May 2002) Britain poached thousands of nurses from South Africa and other developing countries. During 2002 the Ministry of Health and Population lost almost 100 highly skilled and highly experienced nurse-midwives to other countries, both in Europe, Africa and the Middle East.

## Way forward

The WHO now recognizes the human resource crisis in nursing and midwifery services and has launched the 'Strategic directions for strengthening nursing and midwifery services'. These include the following aspects:

- Human resources planning and capacity building,
- Management of personnel,
- Evidence-based practice,
- Education,
- Stewardship.

If Malawi is to impact upon the alarmingly high maternal mortality ratio, **URGENT** attention to the staffing crisis in midwifery must become a priority for the Ministry of Health and Population and the newly established Health Service Commission.

The following recommendations are based on the above examination of the human resource crisis in midwifery services in Malawi and include recommendations made on retention by Ostergaard <sup>5</sup>:

- Increase training of nurse-midwives,
- Re-institute direct entry training of midwives,
- Enforce codes of practice on international recruitment,
- Improve remuneration package for midwives,
- Conduct research on impact of free ARVs on retention of staff.

Hongoro and McPake <sup>6</sup> stress that a strategy that focuses on training alone is misguided. Training is a necessary but insufficient strategy to address human resource capacity problems. Equal emphasis should be put on improving health worker availability and retention. Aitken and Kemp <sup>4</sup> state that the cost of training relative to health care worker salaries is such that retention of existing staff would be a much cheaper option. Timely access to skilled care, particularly when complications arise, is often the crucial factor affecting death or survival for the pregnant woman.

#### References

1. WHO (2003) *Maternal mortality in 2000: estimates developed by WHO, UNICEF, UNFPA*. Geneva: World Health Organisation.
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4. Aitken JM and Kemp J (2003) *HIV/AIDS, equity and health sector personnel in southern Africa*. EQUINET discussion paper number 12.
5. Ostergaard LS (2003) *A study identifying factors affecting retention of midwives in Malawi* [masters dissertation] Liverpool: Liverpool School of Tropical Medicine.
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#### Box 1: Reasons for leaving midwifery

##### Reasons for leaving midwifery:

- Low salary
- Lack of career structure
- Low staffing levels
- Excessive work load
- Unable to provide quality care
- Lack of appreciation from managers, patients & media
- Perceived greater risk of catching HIV/AIDS in the public health sector than in the private-for-profit health sector

#### Box 2: Pull factors to stay in public sector

##### Pull factors to stay in public sector:

- Better training opportunities
- Leave to take care of sick relative
- Retirement package
- Job security