

Collaborating to Improve Midwifery Education in Eastern Europe: Developing the WHO Midwifery Assessment Tool for Education (MATE)

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To discuss

- **Overview of global perspectives on midwifery**
- **The Cardiff University WHO CC for Midwifery
Development: Who we are and what we do**
- **Developing the Midwifery Tool for Education (MATE)**

Global perspectives on maternity care and midwifery

- 300,000 women still die each year globally because of pregnancy-related reasons
 - 99% are in low and middle income countries
 - 90% are preventable
 - many are adolescents
 - many did not want to be pregnant
- Millions of women suffer morbidity – illness and disability (physical, mental, social and emotional) as a result of pregnancy
- This impacts not only on those individual women, but also on the wellbeing of families and communities

What are the benefits of midwifery care?

Key Findings from Lancet Commission on Midwifery (2014)

- Quality midwifery can avert more than 4 out of 5 maternal deaths
- **56** maternal and newborn outcomes can be improved by midwifery
- Midwifery is a **BEST BUY** for improving maternal and infant health globally
- Wider impact: healthy families and communities
- But midwives must be well trained, professionally well supported, regulated
- **“Midwifery is a vital solution to the challenges of providing high-quality maternal and newborn care for all women and newborn infants, in all countries”**



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Access to **quality midwifery care**
can avert **80%**
of maternal and newborn deaths
and stillbirth

#MidwiferyEd4SDGs

The benefits of midwifery care



WHO position on global midwifery

- Midwifery is high on WHO agenda.
- Chief Nurse (and midwife)
Elizabeth Iro
- 2020 is WHO Year of the Nurse and Midwife
- Every woman should have access to the skills of a midwife
- Better education and support for midwives needed
- Quality midwifery education underpins quality midwifery care for all
- But midwifery education is poor quality in many countries, so midwives are inadequately prepared for practice
- Inadequate course content and resources, poorly prepared faculty, inadequate clinical practice
- How to address this? WHO and partners have developed:
 - **Framework for Action: Strengthening Midwifery Education**
 - Essential Midwifery Education toolkit

WHO Framework for Action: Strengthening Midwifery Education for Universal Health Coverage 2030 (WHO, 2019 p.12)

“Educating midwives is not only about better skills and competencies.

It is about empowering a predominantly female profession with knowledge, improving midwifery leadership and increasing the rights of women and their newborns to quality care.”



WHO Framework for Action: Key Messages

- When midwives are educated to international standards, and midwifery includes the provision of family planning, ***more than 80% of all maternal deaths, stillbirths and neonatal deaths can be averted.***
- This requires that midwives are licensed, regulated, fully integrated into health systems and working in interprofessional teams.
- ***Quality midwifery care improves over 50 other health-related outcomes***, including in sexual and reproductive health, immunization, breastfeeding, malaria, TB, HIV and obesity in pregnancy



WHO Framework for Action: Key Messages

- Midwives are uniquely able to provide essential services to women and newborns in even *the most difficult humanitarian, fragile and conflict-affected settings*.
- *Educating midwives to international standards is a cost-effective investment* - it saves resources by reducing costly and unnecessary interventions
- Yet there is a *startling lack of investment in quality midwifery education*, despite the evidence of impact. Now is the time to take collective action.

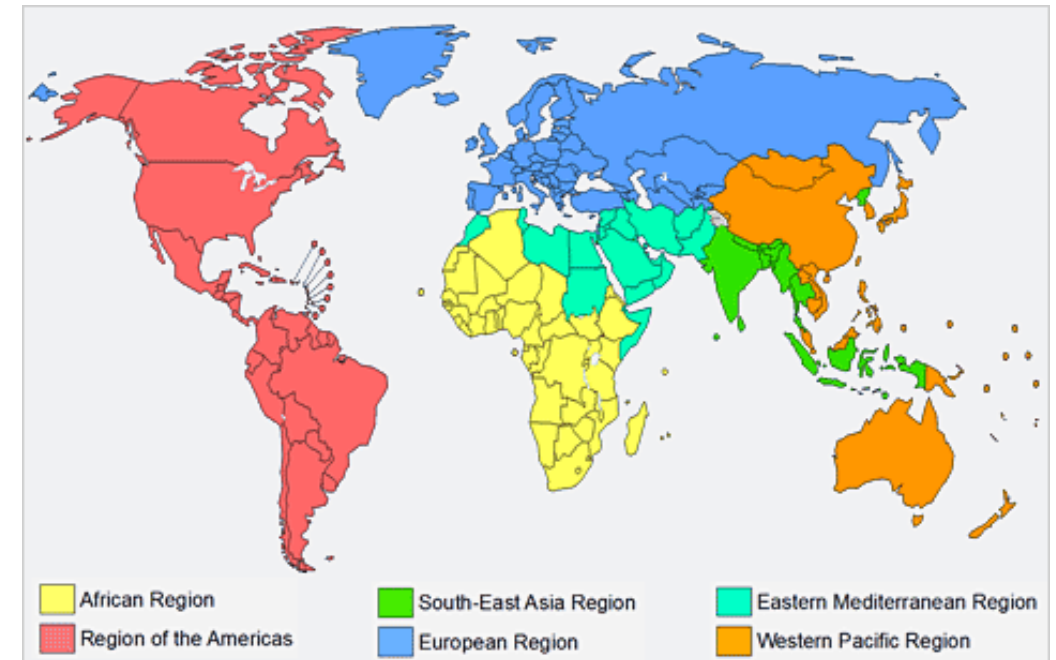




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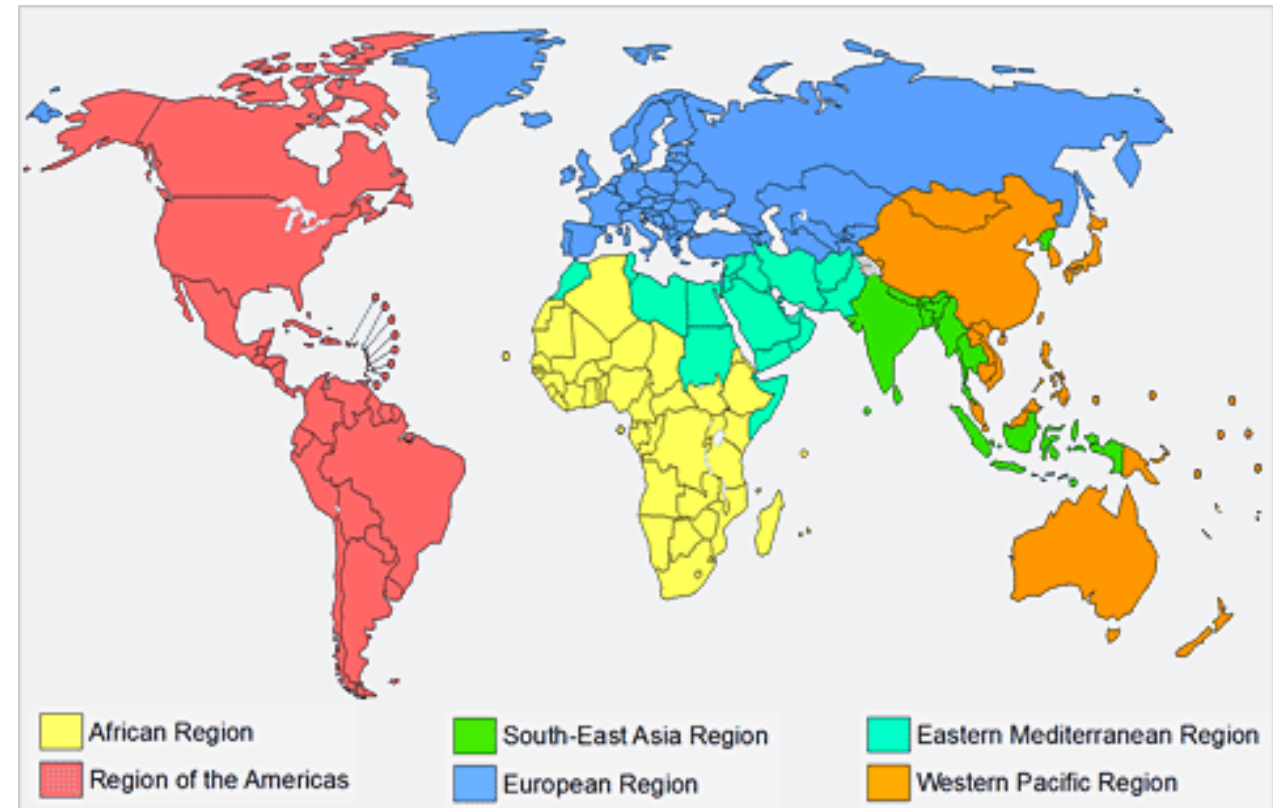
It's time to address the **stark under-investment**
in midwifery education
to **transform the quality of**
maternal and newborn health #MidwiferyEd4SDGs

Cardiff University WHO Collaborating Centre for Midwifery Development in Europe



What are WHO Collaborating Centres?

- Part of an international collaborative network
- Carry out activities in support of WHO programmes across the 6 WHO regions
- Currently over **700** WHO Collaborating Centres in over **80 Member States**.
- **45** Collaborating Centres for Nursing and Midwifery worldwide
- WHO CC Midwifery Network



Distribution of Nursing & Midwifery WHO CCs globally



The Cardiff University WHO Collaborating Centre for Midwifery Development team



Plus support from:

Welsh Government, Royal College of Midwives, European Midwives Association,
clinical midwives, consultant midwives, student midwives

What do we do?

Support WHO Europe in **scaling up** and **transforming midwifery education** across 53 member states of Europe

- **TO IMPROVE CARE FOR MOTHERS AND BABIES**

By:

- **generating evidence** in midwifery education and practice.
- **disseminating evidence** and **good practice** in midwifery education and practice.
- **providing technical consultancy** and **expert advice** to Member States on midwifery education.

Particular focus on Eastern Europe



Workplan activities (2016-2020)

1. **Mapping Midwifery** and Nursing across Europe
2. Developing an **evidence based guide** for countries wishing to strengthen/develop midwifery education ✓ **MATE**
3. Creating **clinical simulation** scenarios
4. Providing **technical support** to member states.

**There are only 2 midwifery specific
Collaborating Centres worldwide**



**Supporting midwives in Tashkent,
Uzbekistan**

Midwifery in WHO European Region

Midwifery varies widely in terms of

- educational preparation (theoretical and practical)
- scope of practice and degree of autonomy
- professional regulation
- status of midwives

Much good practice - but challenges exist

- Maternity Care is not always
 - evidence-based
 - woman-centred
 - compassionate and dignified
- Concerns about human rights in childbirth in some countries



Midwifery Assessment Tool for Education (MATE)

Initial ideas developed after WHO mission to Uzbekistan 2014

- Identified the benefit of self-assessment in country before expert visit
- ✓ Useful for both parties
- ✓ Helps to identify gaps in knowledge, areas for support
- ✓ Need for frank reflection, importance of mutual trust

Issues to consider:

- ✓ Differences in terminology
- ✓ Cultural sensitivity
- ✓ Importance of context and the wider picture (eg regulation, legislation)

Meeting with CNO and lead nurses, Tashkent, 2014



With the midwives in the Republican Perinatal Medical Centre, Tashkent





**Clinical simulation
at the Republican
Perinatal Medical
Centre, Tashkent**

Midwifery Assessment Tool for Education (MATE)

Self Assessment Tool

- To inform discussions in country at early planning stages
- It asks midwives to think about:
 - Where they are now?
 - Where would they like to be?
 - What do they need to do to get there?
- It belongs to the midwives who use it

MATE will be available on WHO website (translated)



Developing MATE

- **Jan 2017 – July 2017** Expert group consultation: Lithuania, Slovakia, Slovenia, Bulgaria
- **2018 Pilot in Eastern Europe:** Czech Republic, Lithuania.
- Is MATE fit for purpose?
Relevant? Understandable? Useful?
- **2018-19 Field-test in Bulgaria** – focused on evaluating process



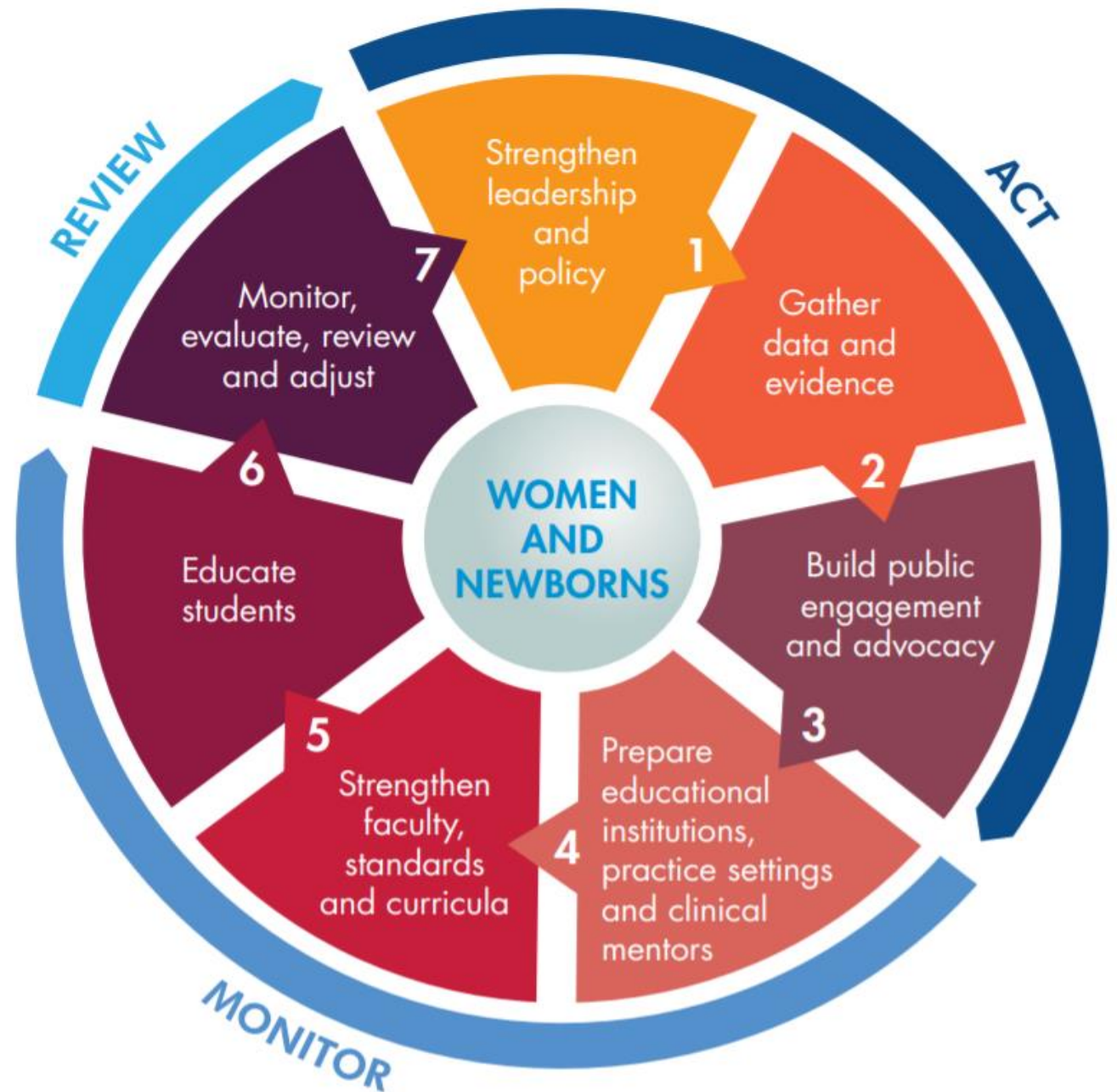
Piloting MATE in Czech Republic Feb 2018

The philosophy of developing MATE

- Bottoms up, collaborative approach
- Inclusive, incorporating a range of views from clinical midwives, educators, students, policy makers, associations, women
- Responsive to suggestions
- Decided to keep clear focus on education rather than including regulation, scope of practice etc
- But regulation, legislation still need to be carefully considered
- **Framework for Action: Strengthening Midwifery Education – 7 Step Plan**

Framework for action 7 step plan

https://www.who.int/maternal_child_adolescent/topics/quality-of-care/midwifery/strengthening-midwifery-education/en/



THE ROLE OF THE MIDWIFE IN THE CARE OF WOMEN AND NEWBORNS CONTINUED

A: Where are you?	B: Where would you like to be?	C: Useful Resources
1. According to the ICM definition, are there midwives in your country?	<ul style="list-style-type: none"> Would you like to have midwives in your country, according to the ICM definition? 	See page 5 for ICM definition https://www.internationalmidwives.org/our-work/policy-and-practice/icm-definitions.html
2. If there are not midwives according to the ICM definition, how is the role of the midwife defined in your country?		
3. Who assesses the risk status of the woman?	<ul style="list-style-type: none"> Who would you like to assess the risk status of the woman? 	https://www.internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html
4. Who decides who the main care provider for the woman will be?	<ul style="list-style-type: none"> Who would you like to decide who the main care provider for the woman will be? 	
5. What care is provided by midwives	<ul style="list-style-type: none"> What care would you like to be provided by midwives? 	
6. What care is provided by doctors?	<ul style="list-style-type: none"> What care would you like to be provided by doctors? 	
7. If the care of the mother and baby is low-risk (uncomplicated): <ul style="list-style-type: none"> a. Who provides antenatal care? b. Who provides care to women in labour? c. Who undertakes normal deliveries? d. Who provides postnatal care? 	<ul style="list-style-type: none"> If care of the mother and baby is low-risk (uncomplicated): <ul style="list-style-type: none"> Who would you like to provide antenatal care? Who would you like to provide care for women in labour? Who would you like to undertake normal deliveries? Who would you like to provide postnatal care? 	The Lancet Series on Midwifery https://www.thelancet.com/series/midwifery The Lancet series on Maternal Health http://www.thelancet.com/series/maternal-health-2016 Especially Paper 2: Beyond too little, too late and too much, too soon: a pathway towards evidence-based, respectful maternity care worldwide

A: Where are you?	B: Where would you like to be?	C: Useful Resources
Curriculum - Theory:	Curriculum - Theory:	
21. Does education meet the International Confederation of Midwives (ICM) Global Standards for Midwifery Education?	<ul style="list-style-type: none"> Would you like to ensure that education meets the International Confederation of Midwives (ICM) Global standards for Midwifery Education? 	ICM Global Standards for Midwifery Education https://www.internationalmidwives.org/our-work/policy-and-practice/global-standards.html
22. Is there a competency-based curriculum? (see glossary and Table 1 in the appendix)	<ul style="list-style-type: none"> Would you like to develop a competency-based curriculum? (see glossary and Table 1 in the appendix) 	ICM Essential Competencies for Midwifery Practice (2018 update) https://www.internationalmidwives.org/our-work/policy-and-practice/essential-competencies-for-midwifery-practice.html
23. Does the curriculum meet the EU Directives 2005/36/EC, amended 2013 (if relevant)?	<ul style="list-style-type: none"> Do you want to ensure the curriculum meets the EU Directives 2005/36/EC, amended 2013 (if relevant)? 	EU Directives http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:32013L0055&from=EN
24. Does the curriculum have a respectful woman-centred and family-centred approach to care?	<ul style="list-style-type: none"> Would you like to ensure the curriculum has a respectful, woman-centred and family-centred approach to care? 	White Ribbon Alliance http://www.whiteribbonalliance.org/resources/
25. Do women (mothers) participate in the development of midwifery education?	<ul style="list-style-type: none"> Would you like women (mothers) to participate in the development of midwifery education? If so, how could you make this happen? 	
26. Does the curriculum reflect WHO policy: Health 2020 and European strategic directions for strengthening nursing and midwifery towards Health 2020 goals?	<ul style="list-style-type: none"> Would you like to ensure the curriculum reflects WHO policy: Health 2020 and European strategic directions for strengthening nursing and midwifery towards Health 2020 goals? 	WHO Health 2020 http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/health-2020-a-european-policy-framework-and-strategy-for-the-21st-century-2013 WHO European strategic directions for strengthening nursing and midwifery towards Health 2020 goals http://www.euro.who.int/_data/assets/pdf_file/0004/274306/European-strategic-directions-strengthening-nursing-midwifery-Health2020_en-REV1.pdf

MIDWIFERY ASSESSMENT TOOL for EDUCATION [MATE]
EDUCATION OF MIDWIVES CONTINUED:

A: Where are you?	B: Where would you like to be?	C: Useful Resources
27. Does the curriculum promote an evidence based practice approach to care?	<ul style="list-style-type: none"> Do you want to develop a curriculum which promotes <u>evidence based</u> practice? 	Facilitating Evidence-based practice in nursing and midwifery in the WHO European Region (2017) http://www.euro.who.int/_data/assets/pdf_file/0017/348020/WH06_EBP_report_complete.pdf?ua=1
28. Are there opportunities to study together with other health professionals? (interprofessional education – see glossary) <ul style="list-style-type: none"> a. Are these opportunities planned as part of the curriculum? b. Are these opportunities evaluated? 	<ul style="list-style-type: none"> Would you like to incorporate opportunities to study together with other health professionals? (interprofessional education – see glossary) How could you evaluate and develop these opportunities? 	Framework for action on interprofessional education and collaborative practice. WHO (2010) http://www.who.int/hrh/resources/framework_action/en/
Curriculum - Practice:	Curriculum - Practice:	
29. What proportion of time is spent gaining experience in maternity care (as opposed to nursing/gynaecology)?	<ul style="list-style-type: none"> How much time would you like students to spend gaining experience in maternity care (as opposed to nursing/gynaecology)? 	
30. Do students gain experience in hospital and community?	<ul style="list-style-type: none"> Would you like students to gain experience in hospital and community? 	
31. What proportion of time is spent gaining experience in the community: <ul style="list-style-type: none"> a. in community / primary care b. home visiting 	<ul style="list-style-type: none"> If so, what proportion of time should be spent gaining community experience: <ul style="list-style-type: none"> - in community / primary care - home visiting 	
32. What proportion of time is spent gaining experience in simulation facilities?	<ul style="list-style-type: none"> What proportion of time would you like students to spend gaining experience in simulation facilities? 	
33. What proportion of time is spent gaining experience in 'real life' clinical practice?	<ul style="list-style-type: none"> What proportion of time would you like to spend gaining experience in 'real life' clinical practice? 	

Pilot Evaluation: Positive feedback

‘It can help to think and to do real steps for development of midwifery’

‘It's good tool because it helps to evaluate midwifery program in those countries where it's developed. On the other hand, it helps to create midwifery program in those countries who's just developing it, too’.

‘It is relevant in my country, but there are many countries whose system is struggling a lot more than us. I'm sure this tool can help them make it better’



**Piloting MATE in Lithuania
May 2018**

Field-testing MATE in Sofia, Bulgaria May 2019



Field Test: Survey results

- 100% (17) – easy/very easy to understand the aim of MATE
- 93% (16) - easy/very easy to understand MATE questions
- 100% (16) - easy/very easy to use MATE
- 100% (16) – MATE was useful for stimulating discussions about midwifery education
“There was a lot of discussion, it was very useful and interesting”

Would it be better to complete MATE individually before joining in a group?

YES 50% “*To make a personal assessment which does not always coincide with the general*”

NO 50% “*I think MATE is more useful in a small informal group. The discussion stimulates us to reach solutions supporting our work*”

Field Test: Survey results

- 100% (17) thought MATE was relevant/very relevant to midwifery in Bulgaria
- 94% (16) thought we were covering the correct issues
- 100% (17) thought MATE could be relevant and useful to midwives in other Eastern European countries

- ***“(It is relevant and useful) for countries where midwifery is not regulated as an independent profession”.***
- ***“ The information that would be presented can be useful in any country”***
- BUT challenges exist: country-specific conditions and regulations that limit possible change
- ***“However, so I understand it – as a tool to help them benefit future changes in a better direction! 😊”***



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We can't achieve SDGs **#MidwiferyEd4SDGs**
without **transforming the quality
of maternal and newborn care**



Next steps for MATE

- WHO peer review and translation
- Publish on WHO website and disseminate
- Trial in Nepal - UNFPA project led by Prof Caroline Homer
- Co-authored publication with key collaborators in pilot/field test countries
- Follow up in a selected country and further evaluation?

It's all about providing the best care to women and their babies



- Compassion
- Kindness
- Dignity
- Respect
- Safety

No woman left behind !

Thank you!
Diolch!

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