# Implementation of the First Midwifery Model in the Public Hospitals of Telangana, South India

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Website: www.fernandezhospital.com

# Overview of the Journey

- Background: WHY MIDWIFERY?
- Course structure glimpses of the training
- Impact of midwifery care
- Unique strengths of this training programme
- Lessons Learnt
- Feedback from trainees, women
- Agents of Change
- Future Direction

# Background

The journey began in April 2016 with a National Consultation on the causes and determinants of Caesarean sections



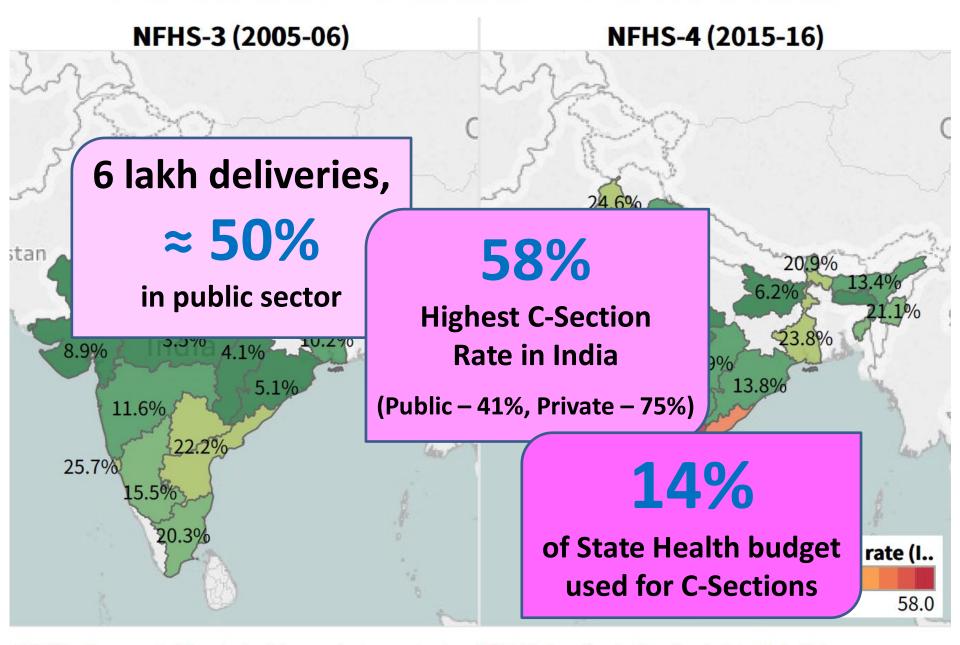


Rising Cesarean Sections: Causes & Concerns. Towards a Public Health Agendarfor Quality & Safety of Maternity Services. A White Paper.

Working Paper - WP 68/2015 (1-56)



### Caesarean Sections Over A Decade



NOTE: Data available only for 21 states/union territories, 2005-06 data for Andhra Pradesh include Telangana

# **Professional Midwifery**

Telangana State



Jan 2017

SLR Initiative





**June 2017** 

**KCR Kit** 



SLR + KCR Kit

40% Increase in inst deliveries at public facilities

### June 2017 - GOI Visit

Support from the Ministry of Health & FW, Government of India to move forward with introducing Professional Midwifery in the state.

#### Proceedings of the meeting

Date; 22<sup>nd</sup> June 2017, 1:30 P.M

Venue: Lecture Hall II, IIHFW, VengalRao Nagar, Hyderabad

**Discussion topic:** Progress of Midwifery pilot in Telangana State under the special chairmanship of Deputy Commissioner, Maternal Health, Ministry of Health and Family Welfare, Government of India

Chairperson: Dr. Dinesh Baswal, Deputy Commissioner, Maternal Health, MOHFW,
Government of India

#### Participants:

Dr. Padmaja

Joint Director, MHN, CHFW

Dr. Neelima Singh

State Training Coordinator, IIHFW

Dr. MeenaSom

Health Specialist-UNICEF-Hyderabad

Dr. AjitSudke

ACCESS Health, Hyderabad

Mr. Andy Bekingham

Public Health Specialist, Fernandez

Hospital.

Dr. Radha Reddy

Maternal Health Consultant,

Telangana

# Selection, Curriculum

- Thirty students in first batch
  - Application, written test, OSCE, aptitude assessment
- ICM based Curriculum
- Teaching Methodology
   Lecture, demonstration, role play,
   drills, videos, bed side teaching, case scenarios





# **Training**

- Senior clinical Midwives, UK
- Fernandez Hospital, Hyderabad













# 31st October, 2017

Telangana State launched Professional Midwifery Training Programme











# 1<sup>st</sup> November, 2017

Telangana State began

Professional Midwifery Training Programme

## Midwifery perfect remedy for C-sections

Telangana first to introduce course in midwifery; set to have a separate cadre soon

In a move to minimise Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR) and Caesarcan sections, the health authorities on Thursday introduced a midwifery course, aimed at producing trained and qualified mesting midwives with an ability to handle pregnancies on their own.

This is for the first time that the authorities have acknowledged the huge role that midwives can play in safe deliveries, reduce caesarean sections, promote natural birthing and above all, humunise the entire birthing process.

Top health authorities told Telanguna Today that the State government would soon introduce a separate cadre of nursing practitioners, who will specialise in midwifers, handling Non-Gommunicable Diseases (NCDs), communicable diseases such as swine fluc highly trained nursing professionals for ICU care, dialysis care; and nursing practitioners only to assist doctors in Operation Theatres (OT).

The aim of the midwifery course, which was launched is Karminagar by Health Minister Dr. C Laxma Reddy is to produce highly skilled, trained, professional, competent and accountable cadre of midwives whose sole focus will be the mother and childcare.

"We are committed to reducing caesarean sections and promoting natural birth in all the Staterun hospitals. To achieve this target, a separate cadre of trained and qualified midwives in our healthcure system is the need of the hour," says Laxima Reddy:

By and large, anywhere between 80 per cent and 85 per cent pregnant woman come in the categoey of low risk white the rest of the women are high risk cases and need specialised care in a tertiary hospital and a super-speciality disctor. The midwives will be specifically trained to quickly and efficiently identify high-risk prognant women and refer them to a specialist. And, at the same time, they will take good care of low-risk prepnant women who are most likely not face any complications during their prognancy. This will also reduce the pressure of patient inflow in tertiary State-run hospitals in Hyderabad.



Close to 30 per cent of personal according analysis C sections in Tolorisans followed by Anthro Product, which is

#### C-sections a big worry in Telanga

While the State health authorities have managed to get a grip over Infant and Maternal Mortality Rate (EMR and MMR), they, however, struggled with Caesarean sections, which continued to rise both in public and private health institutions.

According to National Family Health Survey (NEHo-4), Telanguna State has dubious distinction of having highest cesaron rates in the country. Close to 58 per cent of pregnant women undergo C-sections in Telanguesa followed by

Andbra Pradesh, which is at 40 per cent. According to the NFHS survey, in porthern States such as Haryana, Mad-Iso Pradesh, Uttarakhand and Bhat, the C-sections rates have hovered any where from 21 per cent to as low as 13 per cent. This is not just an Indian trend. even worldwide, Caesarean sections are becoming major public health concerns due to potential risks to mothers, infants and costs. Overall, when compared to other countries. India has an average of C-section rate of 20 while Brazil has

private and publ too is quite visible C-section rate in go for 100 live births w institutions it is 40%

The health officia high trend of C-secand have categorised concern and alarm'. to WHO, the C-section maternal care centres. than 15 per cent.

#### Who are midwives?

A midwife is a professional and trusted expert in natural birth who can look after pregnant women with no medical complications. Midwives should have completed an education programme that is recognised by International Confederation of Midwifes (ICM), Essential Competencies for Basic Midwifery Practice and the framework of ICM Global Standards for Midwifery Re-

What they do?

Skilled midwives missing, C-section only option in T WHY ARE PROFESSIONAL MIDWIVES REQUIRED?

30% in govt facilities

Midwives upgrade skills to curb maternal deaths in Karimnagar

63.2%

#### INIP.111.01UP.III.001.11UP.II.110U C-sections general figures of TS

#### Total C-section rate. 58× Private hespitals 75%

Contre, Dubbak

Chrystilla

Medak district

Nalgonda district Rangareddy district Area Hospital. Area Honoital

Naparjunasaga

40.6% Public institutions Obar Triangera Bural Telangana 53.4%

#### KCR Kits doing good job: Minister

STATE BUREAU

Mealth Minister C Laurus Reddy said Karimnagar was not only top in cesarean deliveries but also unwanted surgeries.

The government managed to reduce Caesarean deliveries by educating the poor and inproducing various schooses, he said and emphasised the need to minimise such surgeries.

Launching midwifery marsing diploma course in Women and Child Care Centre here on Thursday, he said unwanted medicines were leading to discuses arroung the people. For instanos, people were suffering kidney-related issues

due to frequent consumption of pairkillers. People could get away from disease by taking precautionary measures,

Commenting on reports published in newspapers that delivery being done by nurses, the Minister said it was their duty to perform deliveries and gynaecology doctors would only attend critical cases.

In the country, erstwhile AP was in the first place in Caesarcan operations and Karimnagar was in the top position. To put an end to indiscriminate C-section. operations, the

State governmont had dweed KCR Kits scheme, he

The number of propnunt women visiting the government hospitals for deliveries doubled after the introduction of the scheme.

Earlier, about 200 programt women used to visit Karimnagar hospital for delivery every day. Now, the farare was touching 500. Subsequently, workload on doctors, nurses and other staff was also increasing. So, the severament had decided to give an incentive of Rs 500 each to doctors, hospital staff and equipment besides emergency allowance, the Minister said.

# **Govt. of Telangana**



- Sanctioned 126 positions for Midwives
- Course duration 18 months
  - 12 months theory and clinical mix MCH Hospital,
     Karimnagar
  - 6 months internship MCH Hospital, Sangareddy

# **Certifications / Focused Training**

- Basic life support
- BLSO by AAFP / EMRI
- Respectful Maternity Care, Dr. Sheena Byrom, Midwife, UK
- Obstetric emergencies, MOMs, India
- Breech workshop, Dr. Shawn Walker, Midwife, UK
- Perineal repair workshop,
   Dr. Kameswari, FRCOG, Fernandez Hospital Foundation

# Glimpses of Midwifery Training Programme at MCH, Karimnagar, Telangana

















# Small Steps Give Hope

- Structured out patient services
- Introduced protocols











**Stopping Elective** Cesarean **Sections** for **Nulliparous** 















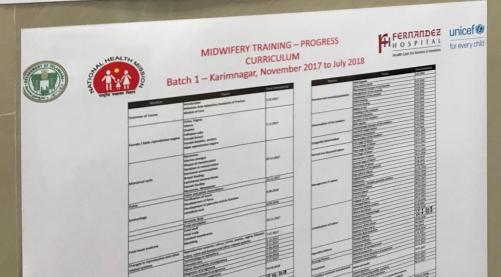
OBSERVE

# **Training** so far...

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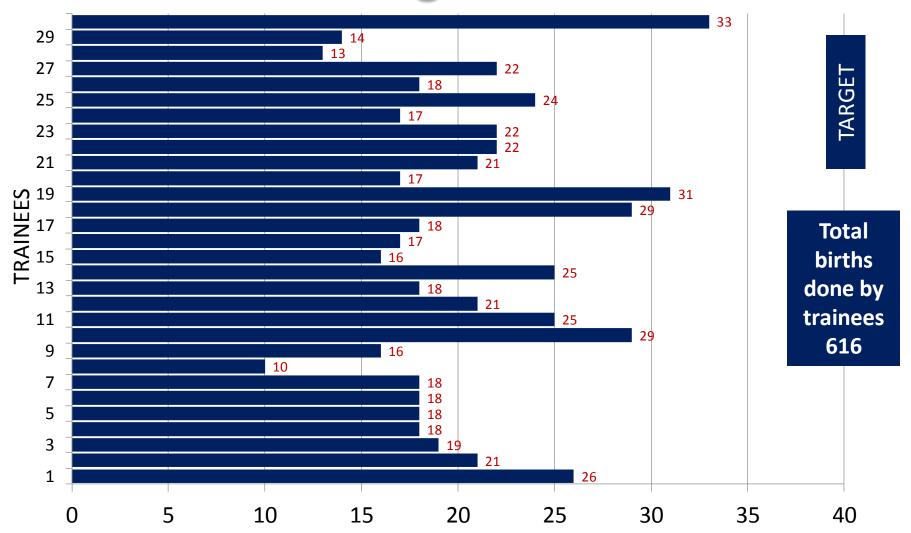
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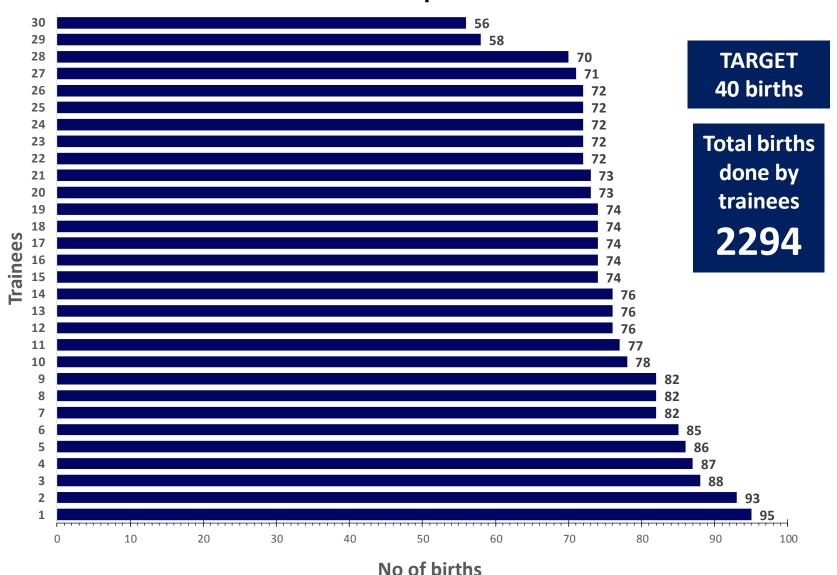


# No. of births done by students at MCH Karimnagar : Mar – Oct 2018

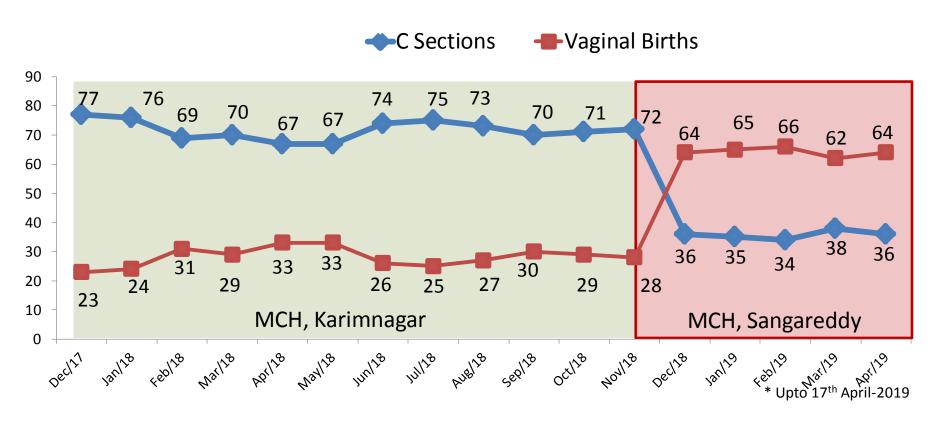


## MCH Karimnagar – Sangareddy Total number of births by each trainee

March 2018 - April 2019

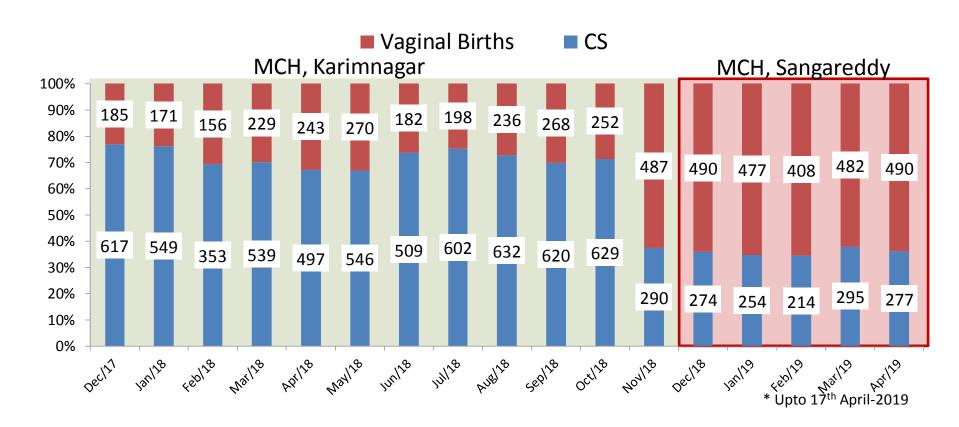


### Midwifery Data Percentage of C-Sections & Vaginal Births



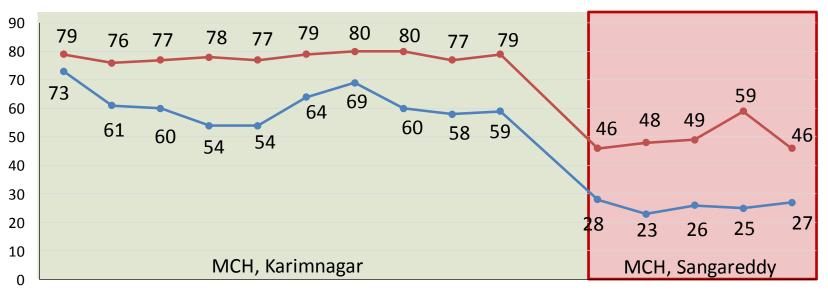
Source: MCH, Karimnagar and MCH, Sangareddy

### Midwifery Data Number of C-Sections & Vaginal Births



Source: MCH, Karimnagar and MCH, Sangareddy

#### **Effects of CS Rate**



Jan/18 Feb/18 Mar/18 Apr/18 May/18 Jun/18 Jul/18 Aug/18 Sep/18 Oct/18 Nov/18 Dec/18 Jan/19 Feb/19 Mar/19 Apr/19

\* Upto 17<sup>th</sup> April-2019

→ % CS Primi → % CS Multi

### **Challenges at the Training Site**

- High C section rates (over 75%)
- Elective C section of primigravidae
- Inadequate staffing
- Team spirit low
- Lack of protocols

### Why did we move to MCH, Sangareddy

#### High volume of normal births

Month	Karimnagar	Sangareddy	
Month	Vaginal Births	Vaginal Births	
Jun-18	182	413	
Jul-18	198	498	
Aug-18	236	501	
Sep-18	268	521	
Average	221	483	

#### Important learning lesson





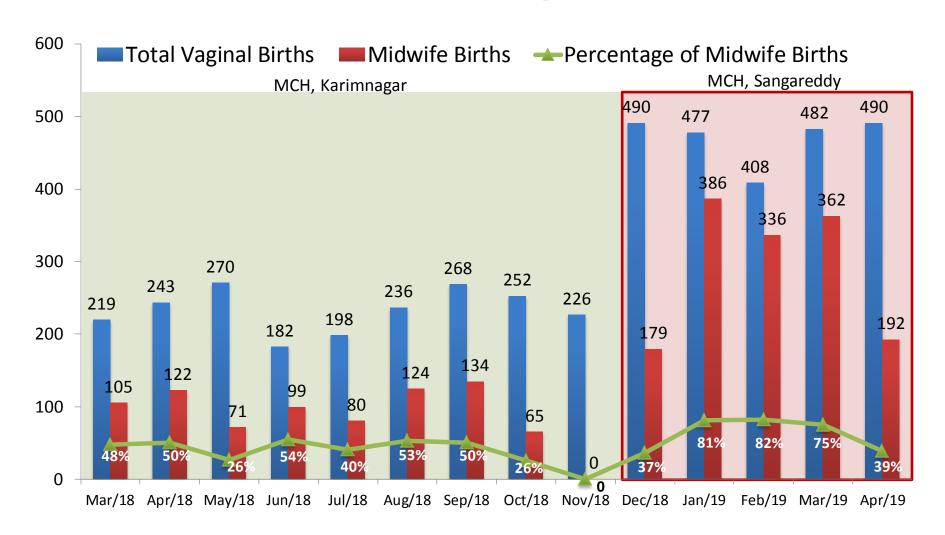








### Midwifery Births March 2018 – April 2019

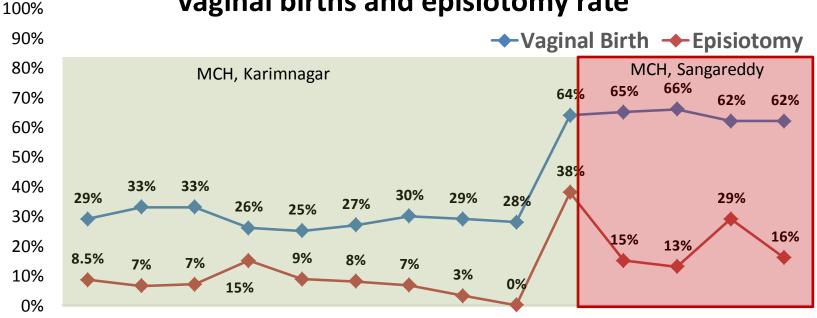


Source: MCH, Karimnagar and MCH, Sangareddy

\* Upto 17th April-2019

### **Episiotomy rates have declined after introduction of midwifery services**

### Comparison between vaginal births and episiotomy rate

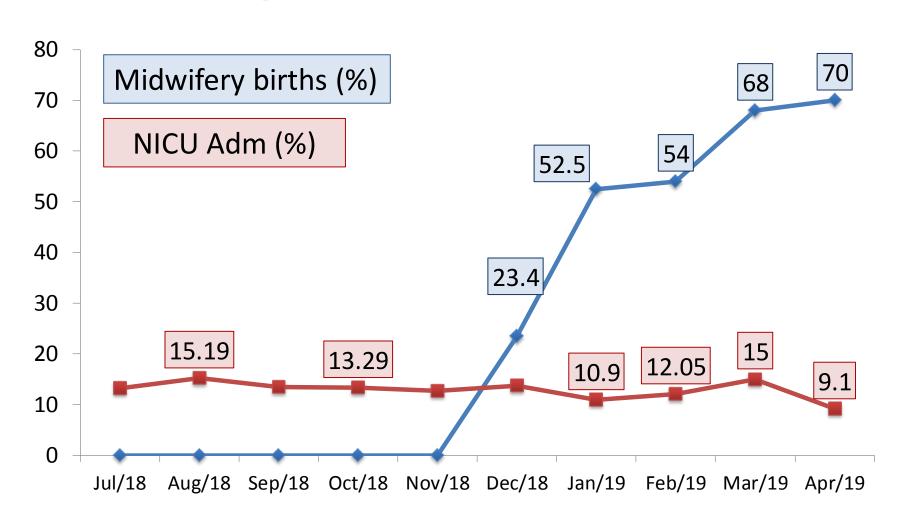


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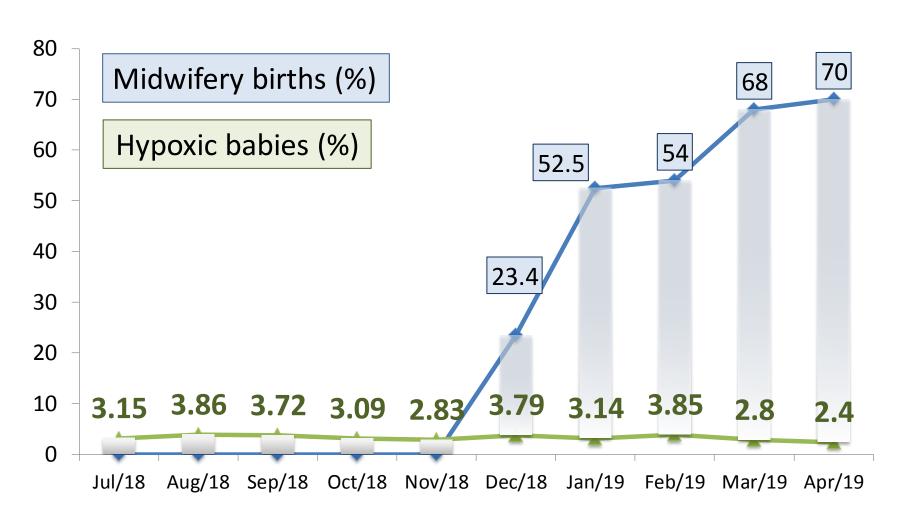
\* Upto 17<sup>th</sup> April-2019

Source: MCH, Karimnagar and MCH, Sangareddy

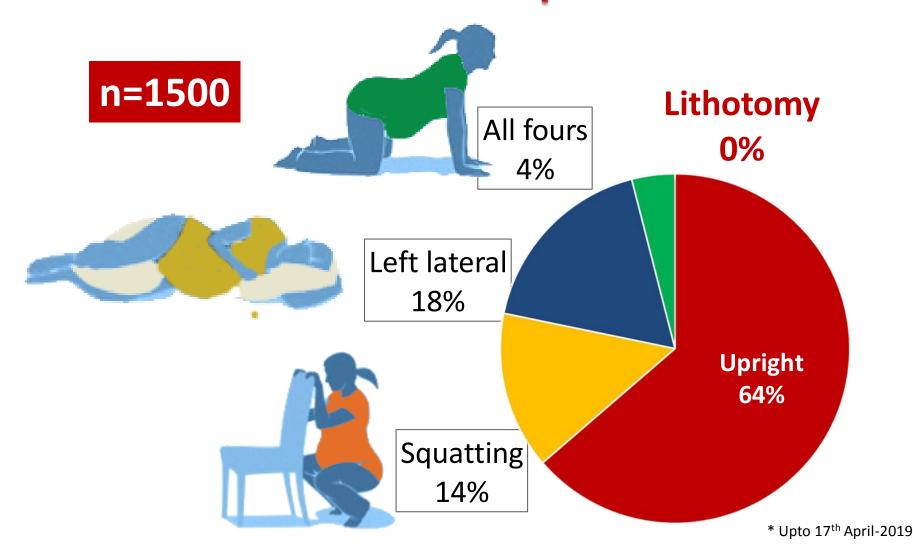
#### Sangareddy Midwifery Data Midwifery Births and Neonatal Outcomes



#### Sangareddy Midwifery Data Midwifery Births and Neonatal Outcomes



### Sangareddy Midwifery Data Midwifery Births and Birthing Positions Dec. 2018 – 17<sup>th</sup> April 2019



# Unique Strengths of the Telangana Midwifery Training Programme











### **External Evaluation**by Institute of Public Health, Bangalore

"We were impressed by the changes in attitude in the trainees. While we have not observed all the trainees in action, those who we have observed (at least 20 of the 30), are able to treat the woman with respect. They introduce themselves, ask for consent, give choices to the woman and are empathetic to their situation. This has been a major achievement and the entire credit of this goes to the trainers who taught by practicing these concepts. The trainees observed the trainers and followed in their steps. They now have a role model and a gold standard to follow."

#### **Lessons Learnt**

- Political will
- Strong Leadership: Superintendent and HOD
- Prepare the ground at ALL levels
- Review meetings JOINTLY: Share data
- Communication channels OPEN
- Win the confidence and teach others in the team

### **Learning Lessons – Contd**

- INDIAN NURSING COUNCIL
- Recognize professional midwifery as a unique cadre
- Nursing and MIDWIFERY council
- Midwifery Act : scope of practice
- Direct Entry midwifery

## Certification of the First Batch from Telangana Midwifery Nurse Practitioner Diploma Course





# What do the Midwives say? A Feedback video

#### **AGENTS OF CHANGE**

The change has begun.....

















### Inauguration of the National Midwifery Educators Training Programme, 6<sup>th</sup> November, 2019



### Announcement by the President, Indian Nursing Council

Recognize midwifery as a unique VITAL profession

Creating the cadre of Nurse
 Midwifery Practitioner

GOVERNMENT OF INDIA 2019  Indian Nursing and Midwifery Council

 Scope of Nursing and Midwifery Practice Act





#### Fernandez Hospital Educational & Research Foundation







Invite you to the 15<sup>th</sup> International Normal Labour and Birth Research Conference

Being hosted in India for the First time

2<sup>nd</sup> to 4<sup>th</sup> October, 2020 Hyderabad, INDIA

Pre-conference workshops (1st Oct, 2020)

www.nlbcindia2020.com info@nlbcindia2020.com

