

Perspectives of South African women and
midwives on clinical practice in public
maternity units: facilitating the scaling-up of
such clinical practices

Dr Margreet Wibbelink

Supervisor: Prof. S. James

Co-Supervisor: Prof. A. Thomson

“Women-centred care has the potential to drastically transform public maternity units and therefore maternal health outcomes, in South Africa!”

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Literature Review

- Context for research
 - Global (SowMy, 2014, Lancet series, 2014 & 2016, United Populations Fund, ICM, WHO)
 - South Africa (NCCEMD, 2014 & 2018; Schoon and Motlolometsi, 2012; Moodley, Fawcus, & Pattinson, 2018)
 - Benchmarking

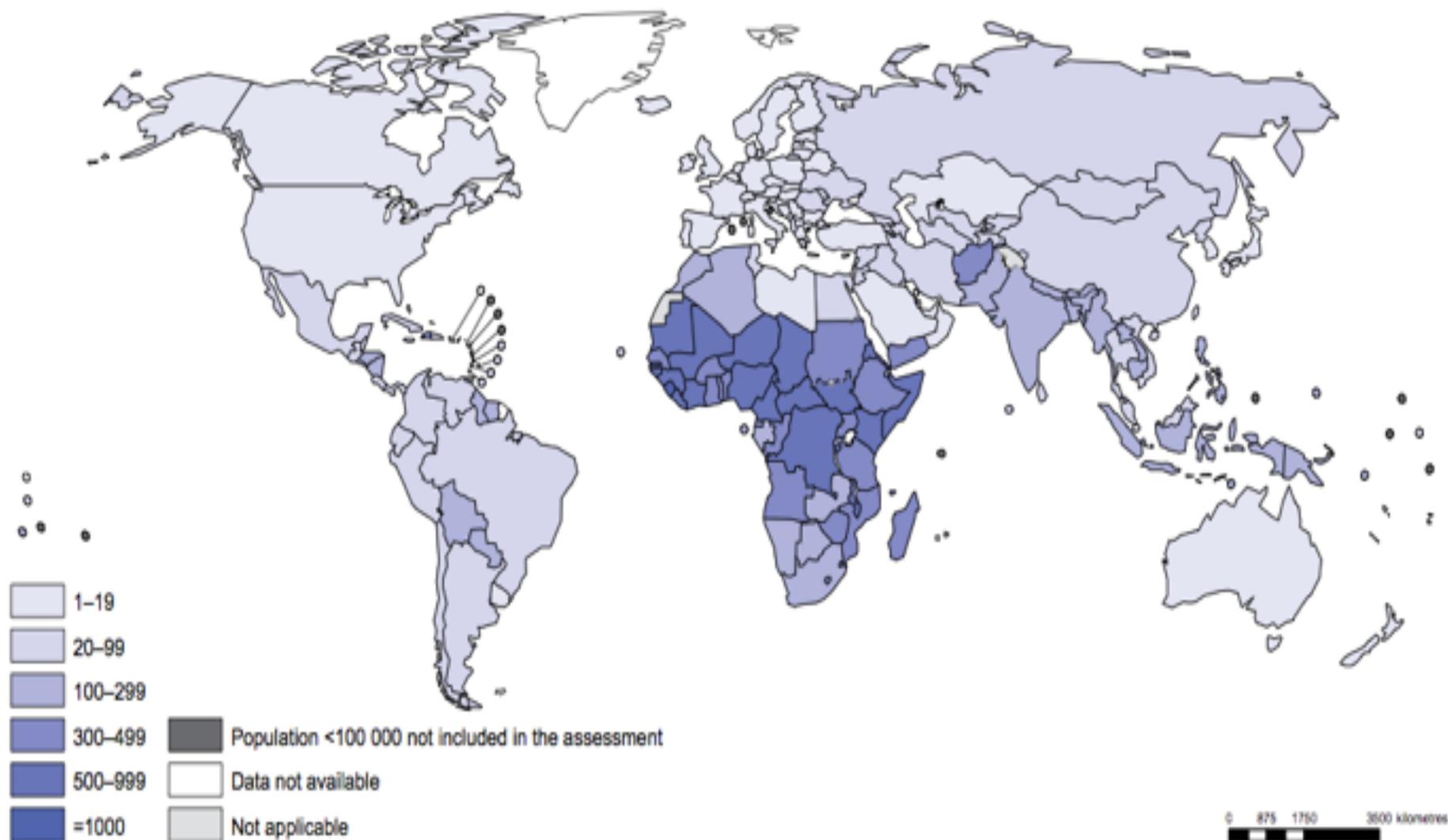
Global Picture

- 139 million births
- 289 000 maternal deaths
- 2.8 million neonatal deaths per year (Alkema *et al.*, 2016)
- The majority of these deaths are due to complications and illnesses that could be prevented with proper antenatal care and the presence of a skilled midwife during delivery (UNFPA, 2014:2)

Maternal Mortality Rates (MMR)

- Globally, MMR decreased by 43.9% between 1990 and 2015 (Alkema et al., 2016).
- MMRs is a public health issue and specifically a general indicator of reproductive health and socio-economic development in any specific country

(Fauveau, Sherratt & De Bernis, 2008; Udjo & Lalthapersad-Pillay, 2014).



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Data Source: World Health Organization
 Map Production: Health Statistics and Information Systems (HSI)
 World Health Organization.



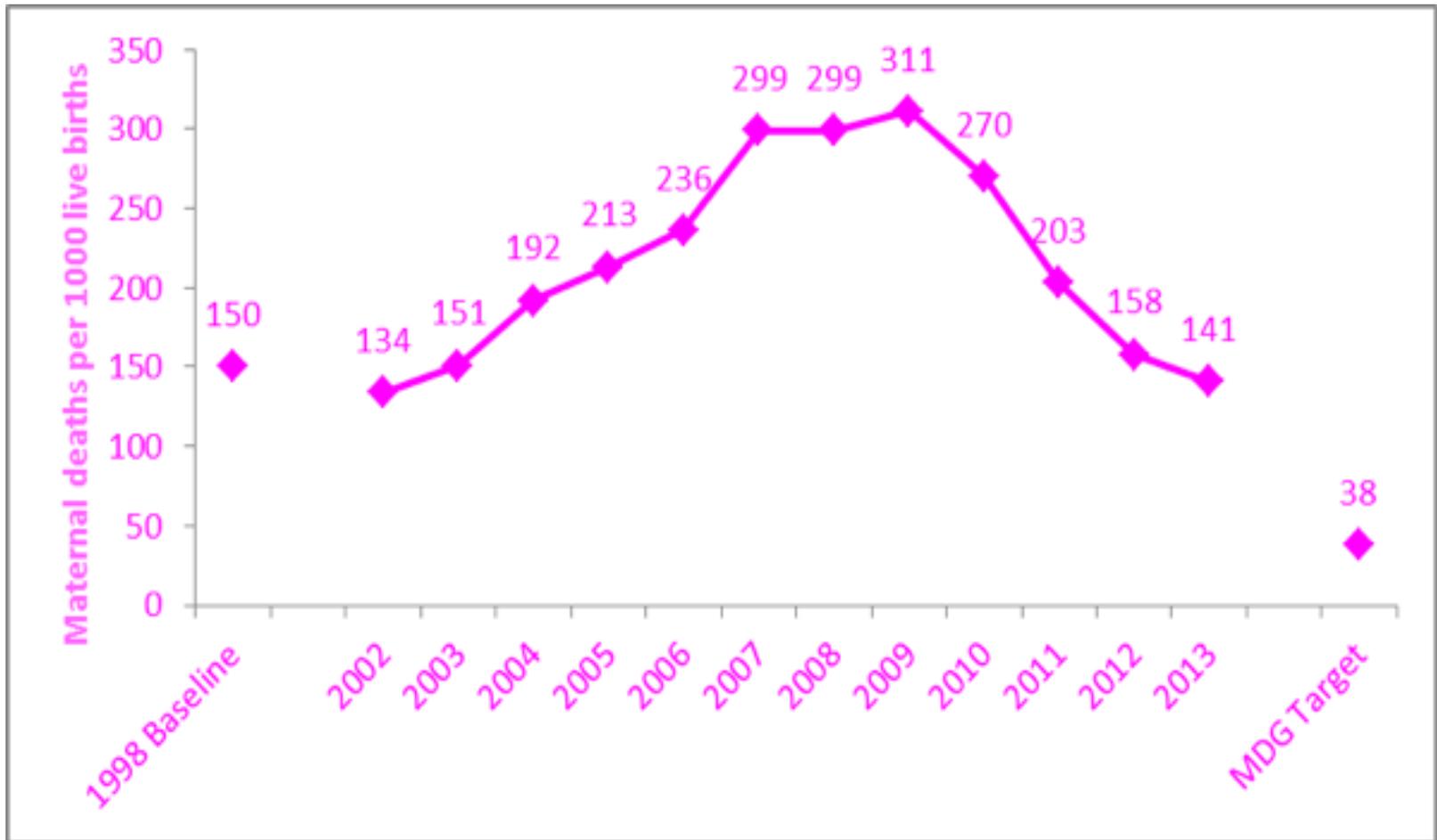
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Midwives needed

- 'Urgent need to improve the availability, accessibility, acceptability and quality of midwifery services as a vehicle to improved maternal and neonatal care'. (UNFPA, 2014)
- Limited reduction in MMR shows the greatest sensitivity to the presence of skilled maternal health providers.

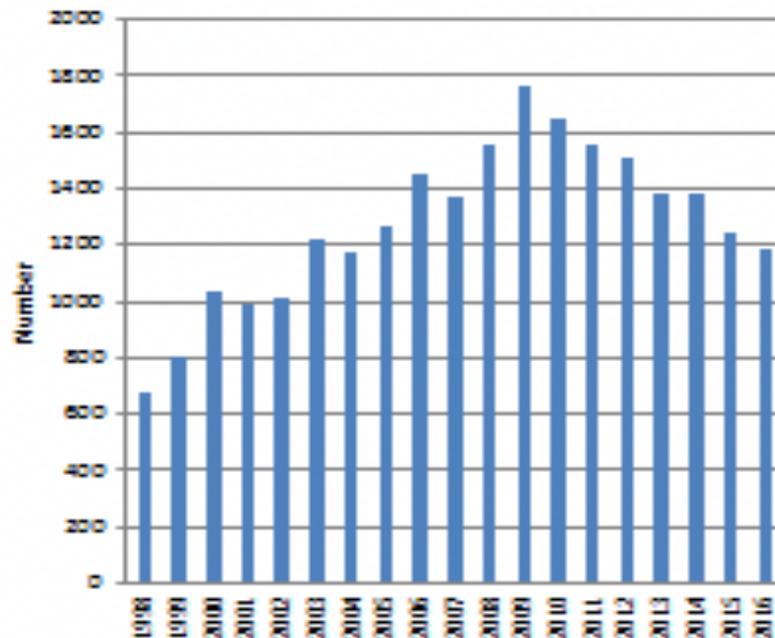
(Fauveau, Sherratt & De Bernis, 2008, Renfrew et al., 2014).

South Africa

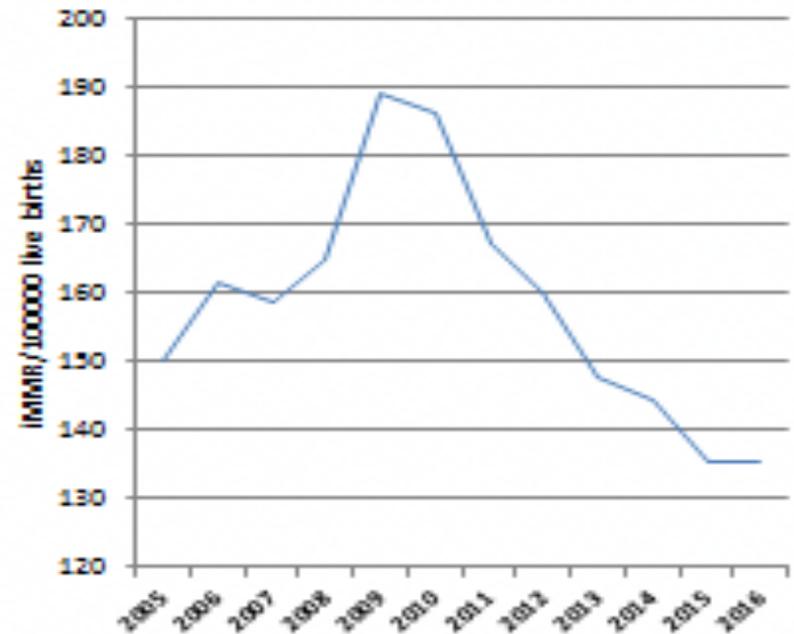


Changes in mortality over time

Maternal deaths reported to the NCCEMD between 1998-2016



iMMR per year for South Africa 2005-2016



- None to limited significant improvement in maternal reproductive health outcomes in South Africa over the last decade (Moodley, Pattinson, Fawcus, Schoon, Moran & Shweni, 2014; NCCEMD, 2014 & 2018).
- More emphasis needs to be placed on three building blocks:
 - knowledgeable and skilled health care professionals – midwives
 - appropriately resourced health facilities
 - rapid inter-facility emergency transport services

Midwifery profession

- Regulated by South African Nursing Council (SANC)
- Nurse & Midwifery diploma or degree - multi-purpose health worker
- No direct entry midwifery
- Post graduation diploma or degree 'Advanced Midwifery'
- Confusion: Who is a midwife?
- Concern: Quality of the midwife?

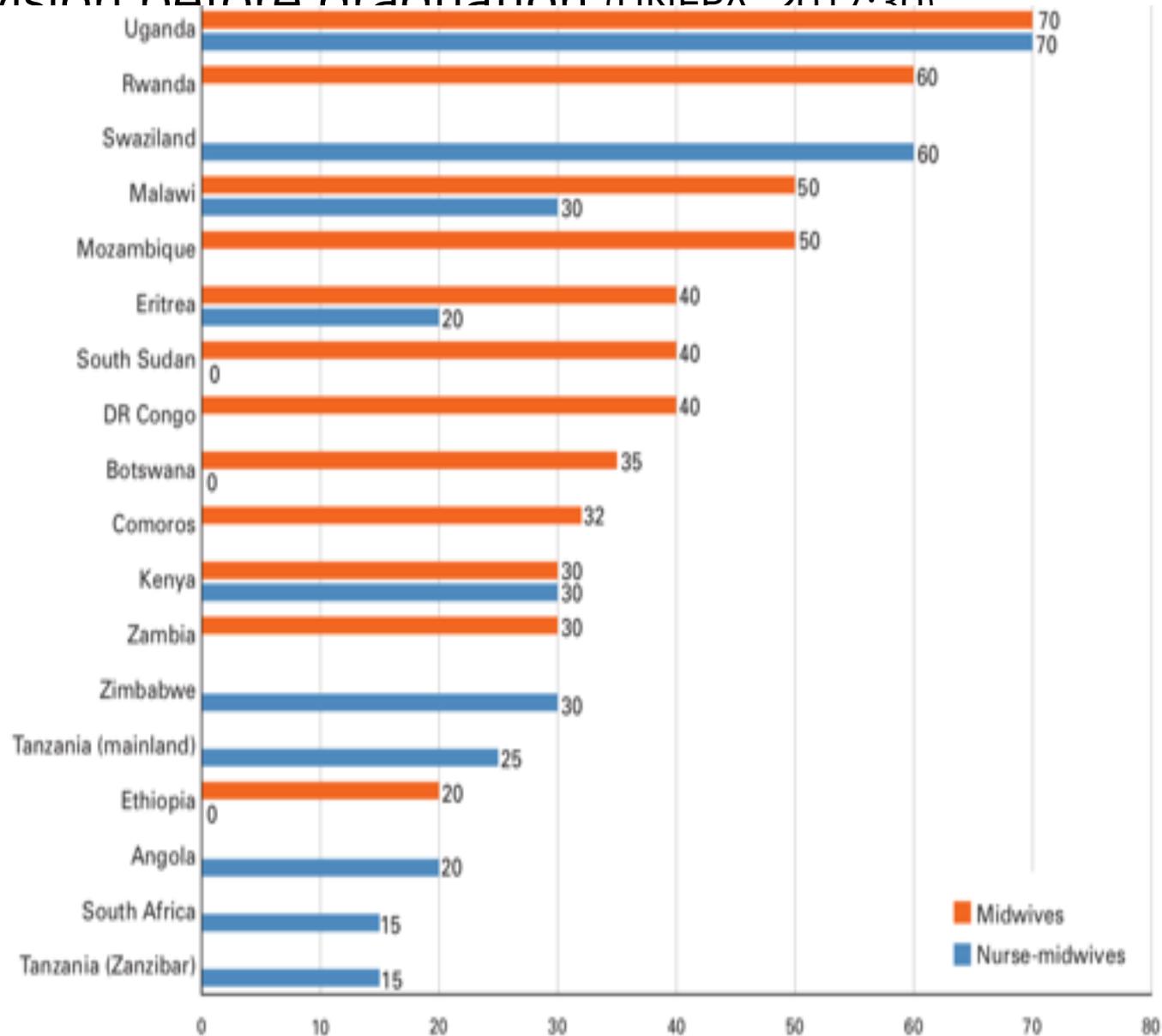
Quantity versus Quality

It has become evident that pure increases in coverage of services alone do not guarantee high-quality care or a reduction in maternal and newborn morbidity and mortality!

For too long it has been accepted that, as long as the health worker received some training in midwifery, this was sufficient...

(Austin, Langer, Salam, Lassi, Das & Bhutta. 2014; Campbell et al., 2016; Fauveau et al. 2008; Miller et al., 2016; Ten Hoop-Bender et al., 2014)

Minimum number of births to be conducted under clinical supervision before graduation (LINEPA 2017-20)



Benchmarking

The Netherlands, Canada & New Zealand

- Model of midwifery care that emphasises continuity of care, choice of birth place and informed choice.
- Public funding is available, which helps ensure that all women experiencing normal pregnancy and birth have access to their services regardless of income.
- Independent, direct-entry model of education at baccalaureate level (Davis-Floyd et al., 2009:97).

Benchmarking

Sri Lanka & Brazil

- Initial focus was on expanding the provision of services, then utilisation of services, especially in underserved areas.
- More recently, quality of maternal care has received close attention (Pathmanathan et al., 2003:xvii; WHO, 2008:5).
- Policy, advocacy and revision of regulatory systems were instrumental to professionalise midwifery (Fauveau et al., 2008:21).

Research Problem

- South Africa has failed to achieve the Millennium Development Goal (MDG) of reducing maternal mortality by three quarters
- A new opportunity now exists to sustain the MDG with the new 17 Sustainable Development Goals (SDG) up to 2030
- Limited information is available to describe the midwifery practice in South Africa as perceived by the midwives and the women who receive the midwifery care

Aim

Explore the nature of clinical midwifery practices in public maternity units in South Africa in order to facilitate the scaling-up clinical midwifery practices



Phase one

- Objective one: to explore and describe the perceptions of midwives in South Africa regarding their clinical midwifery practices at public maternity units
- Objective two: to determine the perceptions of women in confinement regarding the care by the midwives in public maternity units in South Africa

Phase two

- Objective three: to determine what can facilitate the scaling-up practice in public maternity units in South Africa

Phase three

- Objective four: Based on the findings from the first three objectives, to facilitate the scaling-up of clinical practice in public maternity units in South Africa

Methodology

- Design: Mixed-Methods
 - Sequential exploratory strategy
 - QUAL-quant

Themes

1. Participants had diverse experiences of the midwifery practice
2. Midwives highlighted the burden with regard to shortage of skilled midwives
3. Midwives highlighted the burden with regard to shortage of skilled midwives

Discussion



Theme 1: Participants had diverse experiences of the midwifery practice

Sub-Theme 1.1: Participants had positive experiences

- The midwives are committed and find their work rewarding
- Women experienced good midwifery care according to the frame of reference they have

Sub-Theme 1.2: Participants had negative experiences

- Women experienced negative staff attitude as influencing the maternity practice
- Midwives experience lack of time with the women due to high workload
- Midwives reported that lack of equipment resulted midwives in poor quality of work
- Midwives experienced poor antenatal clinic attendance, non-compliance to medication and poor cooperation of the women as having a negative influence on maternity practice
- Women were disappointed and expected better attention to their human needs as well

Theme 2: Midwives highlighted the burden with regard to shortage of skilled midwives

Sub-theme 2.1: Midwives suggest a need for more passionate and competent midwives, in order to reduce workload and improve quality of care

- Re-look at the training of midwives: extended practical training and experience for students.
- Improve work ethics and staff attitude
- Education during antenatal care on childbirth, PMTCT, infant feeding and family planning

Sub-theme 2.2: Educate and empower women on health issues

- Education and empowerment in community

Theme 3: Midwives identified managerial issues that affect their performance

Sub-theme 3.1: Managerial operations are experienced as needing attention on macro level

- Improve infrastructure, such as transport, create more space for maternity wards
- Create opportunities for less time-consuming activities and improve documentation policies
- Address lack of equipment and other resources

Development of strategies

To facilitate scaling-up of the Midwifery Profession:

- To facilitate the establishment of an enabling work environment in order to deliver quality women-centred care in the public sector maternity units

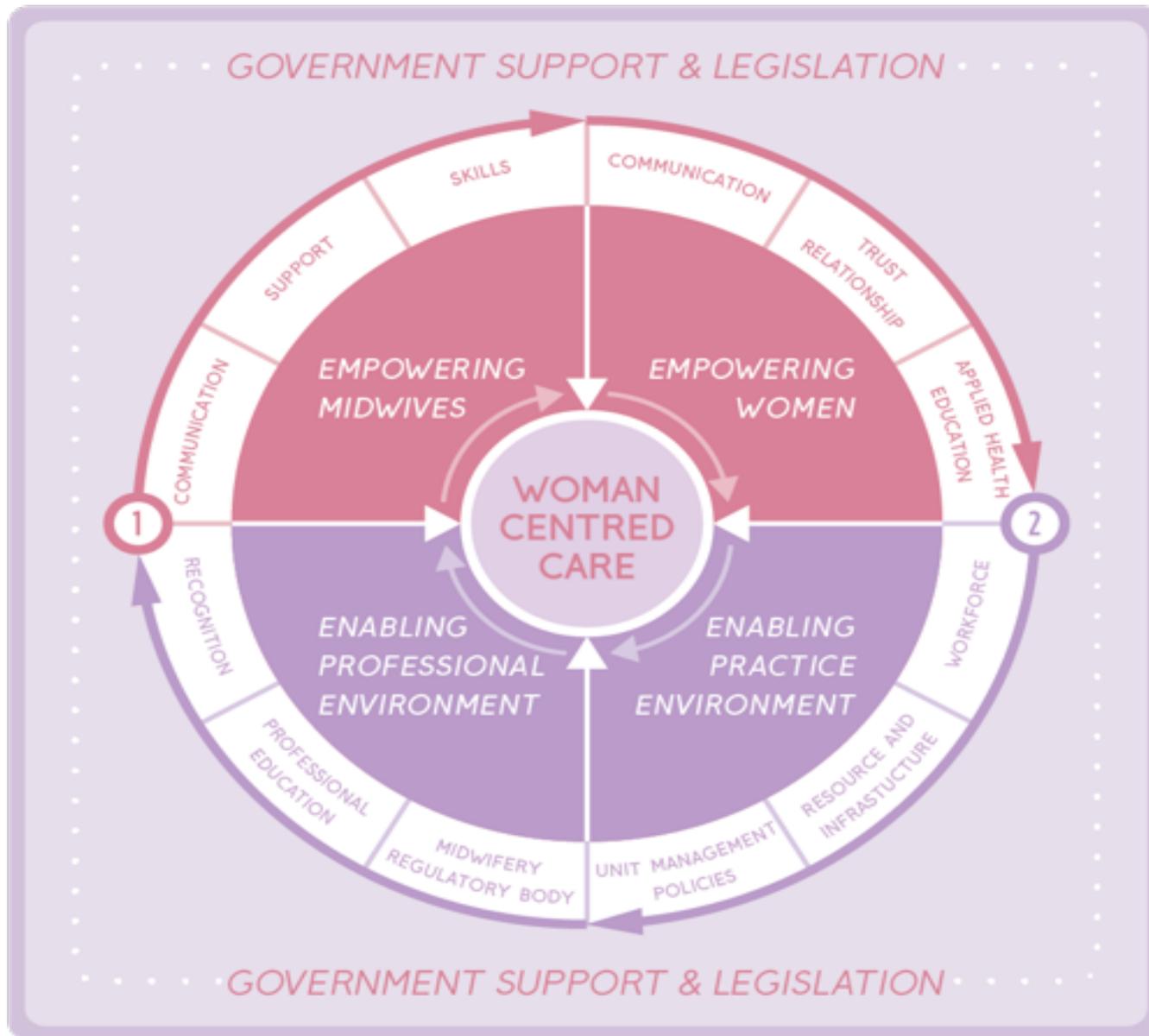
Strategy 1:

Empowering midwives to
deliver women-centred care
in public sector maternity units

Strategy 2:

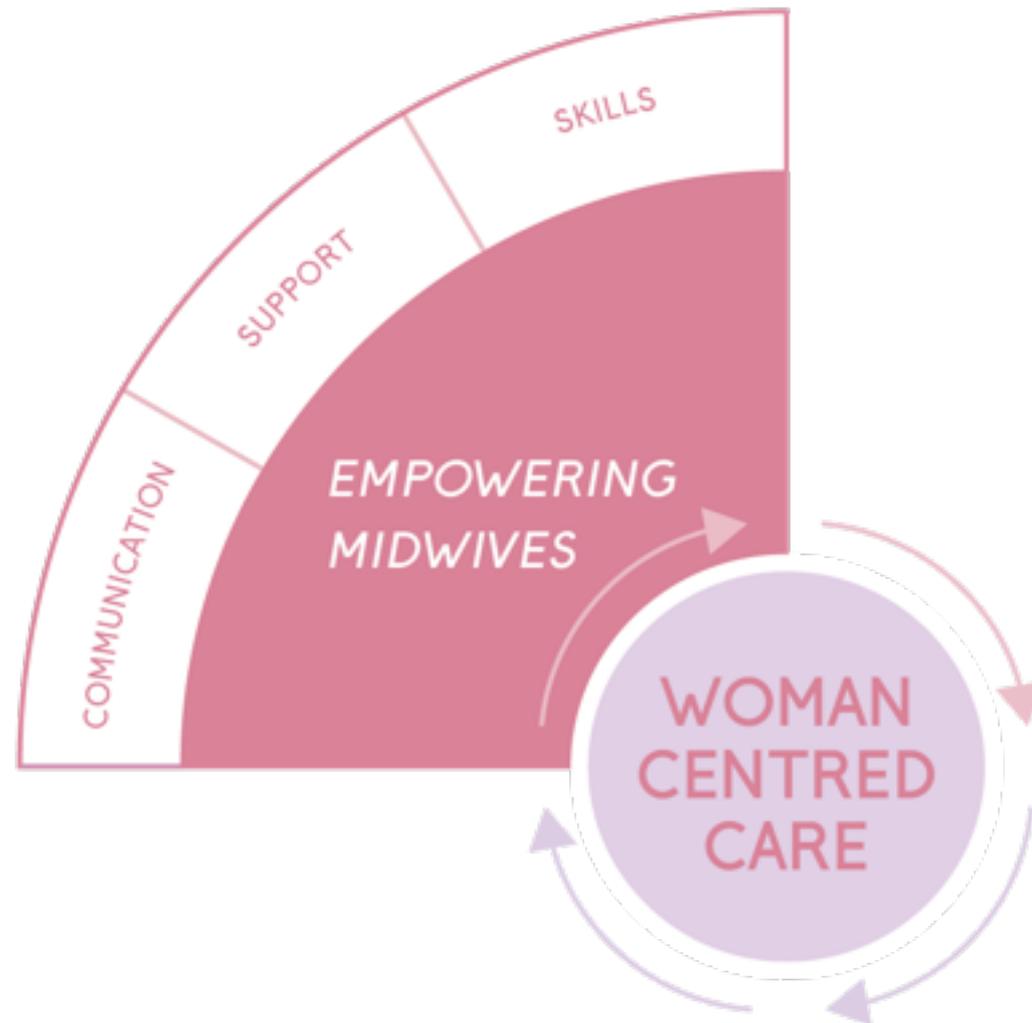
Creating an enabling work environment for the delivery of women-centred care in public sector maternity units

STRATEGY 1: EMPOWERING MIDWIVES TO DELIVER WOMAN-CENTRED CARE IN PUBLIC SECTOR MATERNITY UNITS.



STRATEGY 2: CREATING AN ENABLING WORK ENVIRONMENT FOR THE DELIVERY OF WOMAN-CENTRED CARE IN PUBLIC SECTOR MATERNITY UNITS

Sub-Strategy 1.1: Empowering midwives to deliver woman-centred care

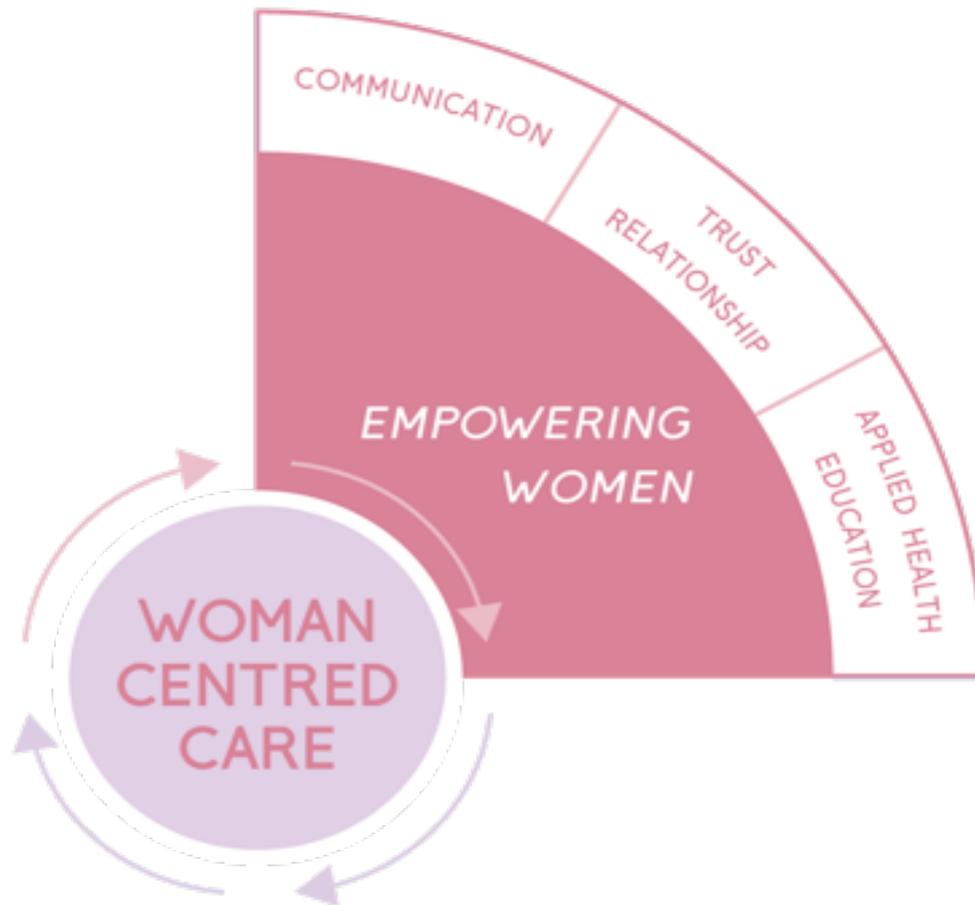


- Communication
 - arrange team meetings to agree on effective communication methods
 - implement communication methods as policies
 - assess communication methods in follow-up meetings
- Support
 - implementing woman-centred care;
 - assigning every midwife to a mentor, including midwife leaders
 - making every mentor and midwife leader aware of being approachable

- Skills

- practical experience and personal development;
- in-service education in maternity units
- managers making time and budgets available for conferences and professional development for midwives

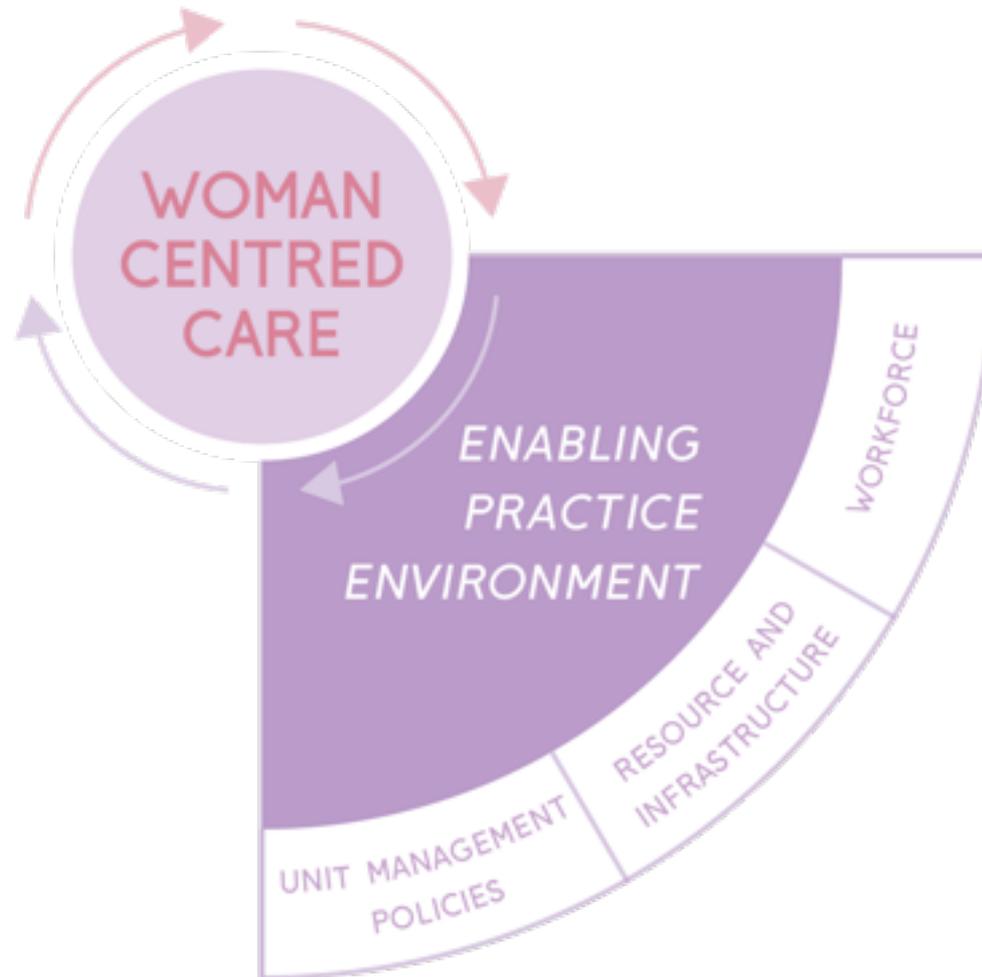
Sub-strategy 1.2: Empowering women to receive woman-centred care



- Communication
 - creating a safe environment with individualised attention
 - women communicating openly and effectively to their midwives
- Trust relationship
 - implementation of continuity of care
 - constructive interaction between woman and midwife

- Applied health education
 - communication and the trust relationship will facilitate an environment for women to ask questions and verbalise their need
 - through the woman-midwife relationship and interaction, women indicate the kind of health education they need

Sub-strategy 2.1: Creating an enabling clinical practice environment for the delivery of woman-centred care



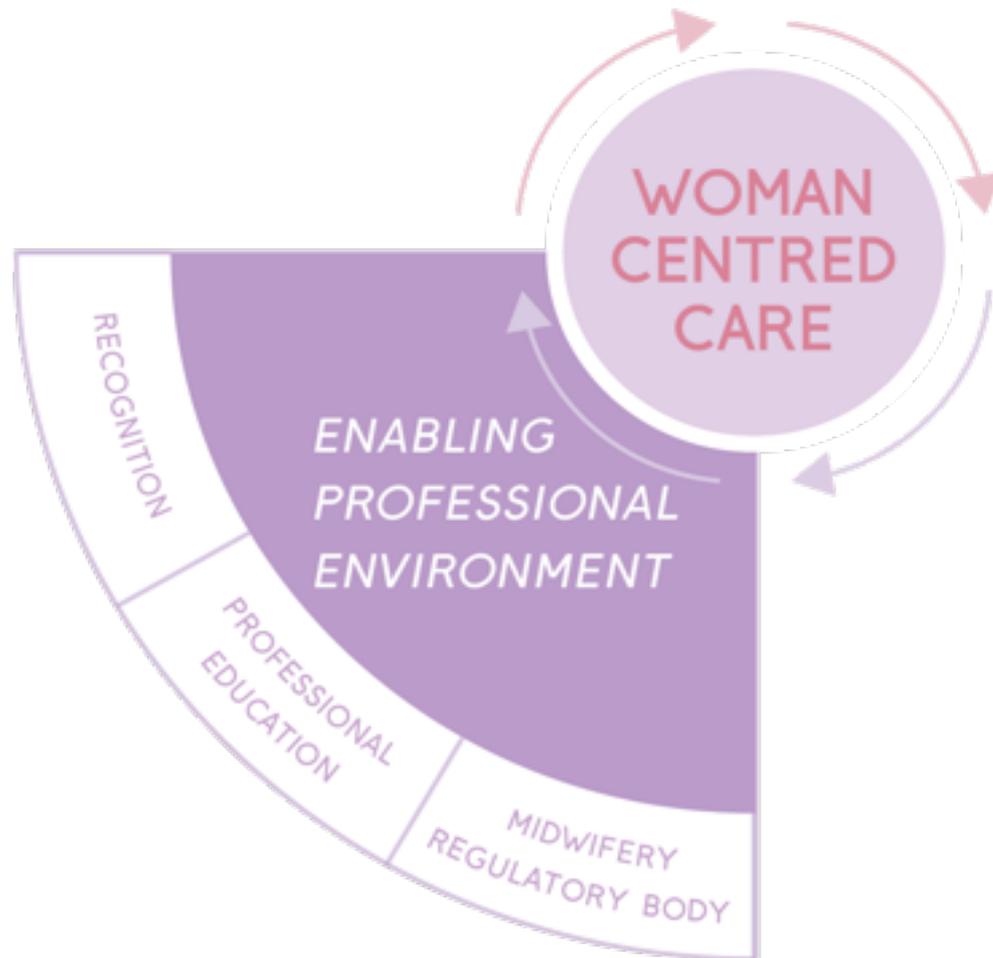
- Workforce

- government should make appropriate budget available for sufficient staffing of maternity units
- competent and motivated midwives must be retained by keeping them in maternity units and not rotating them to other departments of the hospital
- maternity unit allocations for those staff who actively want to be midwives should be prioritised.

- Resources and infrastructure
 - availability of finances for adequate, well-functioning resources
 - an ambulance stationed at a neutral, but nearby, venue at all times and ready to leave when urgencies occur, such as a labouring woman needing to go to the hospital
 - improved roads and access to hospitals in rural settings or areas outside the city limits
 - introduction and implementation of OMBU on a larger scale.

- Unit management policies
 - adjusting current unit management policies to fit a woman-centred approach
 - arranging multi-disciplinary team meetings for the development and evaluation of unit management policies to facilitate woman-centred care.

Sub-strategy 2.2: Creating an enabling professional environment for the delivery of woman-centred care



- Midwifery regulatory body
 - midwives unite and stand up for their profession
 - the current midwifery association, SOMSA, be provided with resources and support from government
 - SOMSA grow into a midwifery regulatory body according to standards of the ICM, where all three areas (regulation, education and association) are taken care of.

- Professional education
 - Set the base educational standard necessary, as indicated by ICM, and adjust the current curriculum accordingly where needed.
 - Introduce a direct-entry midwifery degree (the Bachelor of Midwifery) in South Africa.
 - Use direct-entry midwives as exemplars of a ‘highly skilled’ professional group practising a woman-centred care model.
 - Make midwifery an aspirational career choice, only available to the most suitable candidates.

- Recognition

- midwives recognising themselves as members of a professional body

- midwives being recognised by government and their employers as pursuing an autonomous profession with adequate remuneration

- promotion of the profession amongst the public.

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