WORLD HEALTH ORGANIZATION COLLABORATING CENTRE FOR NURSING, MIDWIFERY AND HEALTH DEVELOPMENT
Midwifery Graduates in Papua New Guinea (2012-2013)

UTS: HEALTH

GLOBAL NETWORK NURSING AND MIDWIFERY WHO COLLABORATING CENTRES

Australian Aid

NATIONAL DEPARTMENT OF HEALTH

UTS UNIVERSITY OF TECHNOLOGY, SYDNEY

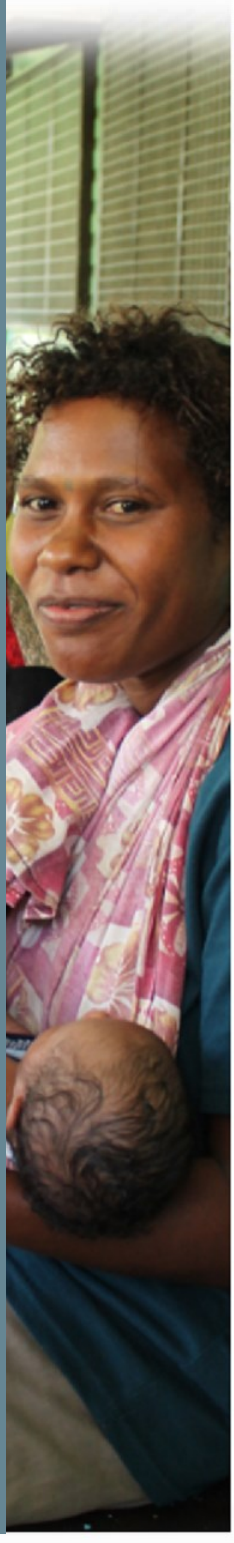
World Health Organization
Western Pacific Region

MIDWIFERY GRADUATES IN PAPUA NEW GUINEA (2012-2013)

2015. vol 8

Alison Moores, Midwifery Mentor, UTS
Paula Puawe, Midwifery Course Coordinator, University of Goroka, PNG
Nancy Buasi, Head of Division of Nursing, School of Medical and Health Sciences, University of PNG
Florence West, Midwifery Research Officer/Project Coordinator, UTS
Mary Kililo Samor, Principal Advisor, Training Branch, HR section, National Department of Health
Nina Joseph, Acting Registrar, Nursing Council of PNG
Michele Rumsey, Associate Director WHO CC, UTS
Caroline Homer, Professor of Midwifery, Associate Dean, International and Development, UTS
Angela Dawson, Research Fellow, UTS

Citation: Moores, A, Puawe, P. Buasi, N, West, F, Samor, MK, Joseph, N, Rumsey, M, Dawson, A. & Homer CSE. (2015) Midwifery Graduates in Papua New Guinea (2012-2013). WHO Collaborating Centre, University of Technology Sydney.



Introduction

More than 80 % of people in Papua New Guinea (PNG) live in rural and remote areas (NDoH 2013), many in very isolated and hard to reach areas. There are an estimated 250,000 births in Papua New Guinea (PNG) per year and most of these are in these rural areas (National Statistical Office of PNG 2012). The rate of skilled attendance at birth is 44% (National Department of Health 2013b) and has not improved over the last decade. PNG did not meet the Millennium Development Goals for child (MDG4) or maternal health (MDG5) and continues to experience significant workforce shortages.

The most recent State of the World's Midwifery Report (SOWMY), estimated that the current total workforce of all cadres available in PNG for Maternal and Newborn Health meets only 49% of the need required for effective maternal and newborn care (UNFPA, ICM & WHO 2014). There is a large unmet need for skilled and educated midwives in PNG.

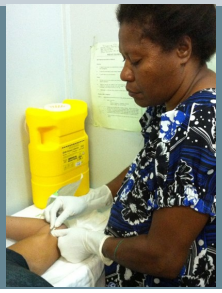
In response to this identified need and the high rate of maternal and newborn mortality in PNG, the Maternal and Child Health Initiative (MCHI) was developed and commenced in 2012 funded through Australian Aid. The specific objectives of the MCHI are:

- To improve the standard of midwifery clinical teaching and practice
- To improve the quality of obstetrical care in two regions through the provision of clinical mentoring, supervision and teaching.

The MCHI is led by the NDoH and was initially coordinated by the Maternal Health Command Post at the Family Health Service Department of the NDoH with support from the World Health Organisation (WHO). The WHO Collaborating Centre at the University of Technology Sydney employed the MCHI staff and provided mentoring, support, capacity building and monitoring and evaluation over the four year period (Dawson et al. 2015).

As part of the MCHI, a study to explore the experience and outcomes of the graduate midwives who commenced their education program in 2012 and 2013 was undertaken. This study is significant as it is the first time the workforce experiences and outcomes of midwifery graduates have been examined in PNG. The main aims were to:

- To analyze and track workforce participation and experiences in PNG midwifery graduates who commenced training in 2012 and 2013
- Determine the adequacy of the preparation for practice
- Explore professional outcomes (knowledge, skills and behaviour) and experiences
- Note employment trends and career progression since graduation.
- Discover continuing professional development opportunities provided or sought



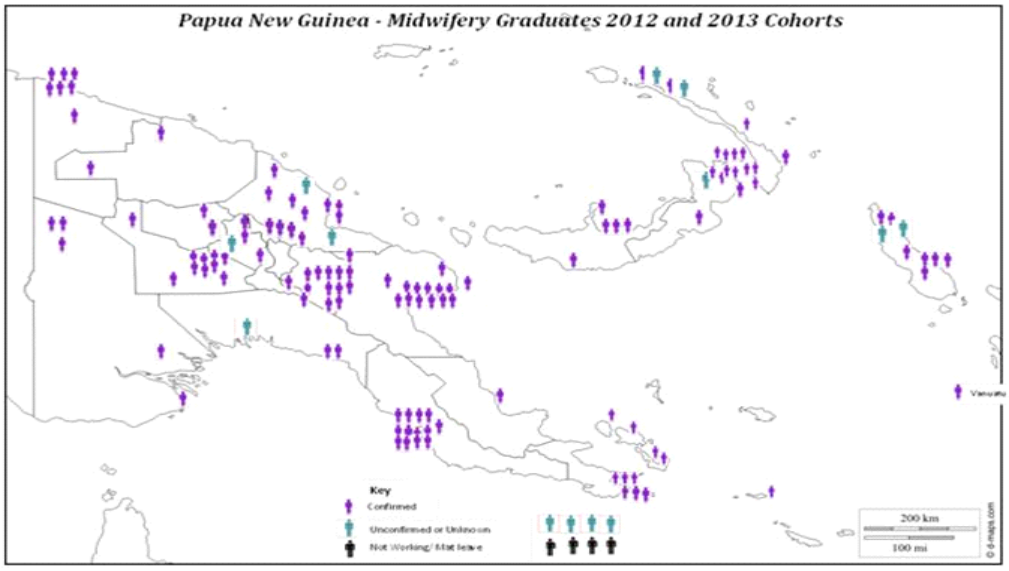


Figure 1: Location of graduates

Methods

A descriptive study was undertaken using a range of approaches, including surveys, focus groups and interviews. Ethical approval was granted by the PNG Medical Research Advisory Committee (No: 15.16) and University of Technology Sydney Human Research Ethics Committee (No: 2012000065).

Results

Of the 174 graduates from the four midwifery schools in 2012 and 2014, 138 (79.3%) were able to be contacted and consented to be part of the study. There were no refusals. Graduates came from each of the four midwifery training schools and were interviewed or completed written surveys from November 2014 to April 2015. Tracking of the location of some other graduates was possible with contact from fellow graduates or from supervisors and educators who knew of their location.

Whilst graduates are spread throughout the provinces of PNG, some provinces seem under represented. Of particular concern are the provinces of Northern, Central, East Sepik, Enga and Madang, where there have been minimal graduates despite large numbers of childbearing women in these areas.

Graduates were working in 21 provinces of Papua New Guinea although some provinces seemed to have few midwives in relation to their population (figure 1). Of particular concern were the provinces of Northern, Central, East Sepik, Enga and Madang,

Table 1: Primary role of respondents at time of survey

Role	Number of respondents	Percentage of respondents
Working in midwifery	124	89.8
Working as a midwifery or nurse educator	8	5.8
Working as a nurse	3	2.2
Not working/unpaid leave	2	1.4
Working in Special Care Nursery	1	0.7
Total	**138**	**99.9**

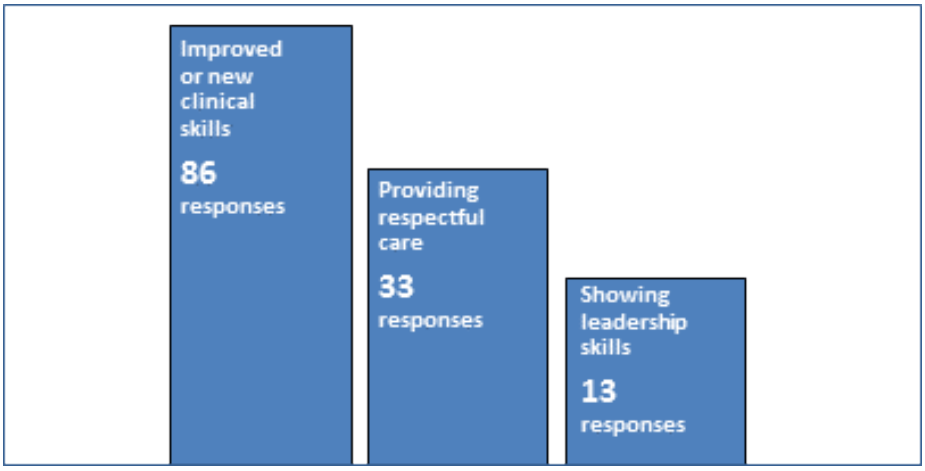


Figure 2: Changed skills and behaviours

cifically asked "What skills or behaviours you have changed or do differently now that you have a midwifery qualification? Explain" There were at total of 132 responses to this question. These were categorised into three major themes: improved or new clinical skills; providing respectful care; and, showing leadership skills (Figure 2).

There had also been a significant improvement in the area of respectful maternity care among the new graduate midwives. This is very encouraging, especially when the graduates are beginning to see increased numbers of women coming for care.

where there have been minimal graduates despite large numbers of childbearing women, Nearly 90% of respondents were working as midwives (table 1). This included those in "mixed" positions in rural areas, and those whose employment category was listed as a general nurse, but actually worked in obstetric units and labour wards.

Graduates were predominantly located in urban areas, although 36% were working in rural areas. The majority of those in urban areas were working in Port Moresby and Goroka. Many of the rural graduates worked as the only midwife and/or as the officer-in-charge in their facility. Some in urban hospitals reported that they were appointed as Sister in Charge of the Labour Ward. They felt that this level of authority enabled them to practice the evidence based care that they were taught and they were growing in confidence.

Midwives in rural areas were often given significant responsibilities for complex care often with little support. Midwives in urban areas reported that they could not practice all of the skills they were taught as they worked in an institution where doctors performed those skills. They felt that there is a need for clarity and consensus about the role of a midwife in Papua New Guinea that is reflected in the training and the scope of practice of a graduate.

The lack of resources was a considerable challenge to the graduates being able to demonstrate their confidence and provide good quality care. This included a lack of equipment, drugs and even running water.

The vast majority of graduates felt that they could perform the basic required competencies independently especially management of women with a postpartum haemorrhage and neonatal resuscitation. Some graduates still lacked confidence in emergency or additional skills. For example: up to 40% of graduates felt that they would like supervision with some skills including external cephalic version, vacuum extraction, managing pre-/eclampsia with MgSO4 and manual removal of the placenta. Significant numbers of graduates would like further training particularly in insertion of IUCD and hormonal contraceptive implants. These latter skills were not taught to the 2012 cohort so it is unsurprising that they felt they needed more training.

Despite the expressed need for more training and supervision in some skills, graduates reported that their increased confidence had enabled them to manage more women at the health centre level.

The new midwives have been empowered by their midwifery education and have improved their midwifery practice. Graduates were spe-

An issue that became apparent during the focus groups was the differences between practices in the rural and urban areas. Midwives in rural areas are given significant responsibilities for complex care often with little support. Midwives in urban areas reported that they could not practice all of the skills they were taught as they worked in an institution where doctors performed those skills. They felt that there is a need for clarity and consensus about the role of a midwife in Papua New Guinea that is reflected in the training and the scope of practice of a graduate.

"These are our people. We need to go and help our own people. A lot of women are dying out here"

PNG midwifery graduate – rural area

The issue of the length of the midwifery course seems to be a major concern for most graduates. Some felt however that there were difficulties with their clinical practice due to the large numbers of students of other cadres in addition to midwives in the facility of practice. This created 'competition' between students to practice their skills.

Discussion

This research has shown that midwifery education in the past 4 years has contributed to a significant number of new graduates who are working across the country to provide improved maternal and newborn care. This study has highlighted a number of important benefits including increased skills acquisition and confidence, an ability to provide leadership in maternal and newborn care services and the provision of respectful care to women through improved attitudes.

There is still room for improvement and a number of areas have been identified as requiring attention if PNG is to be able to improve maternal and newborn health. In particular, the length of the midwifery course, the quality of clinical practice time and experiences in rural areas, the designation of midwifery positions and clarity about the scope of practice of a midwife in PNG is needed.

A long term plan and an ongoing commitment to improving maternal and newborn is required. This should include acknowledgement of the value and importance of midwives and ensure the visibility of midwives in regulation, education, workforce planning and in service delivery.

Further Information

Phone: +61 9514 4877/4771

Email: whocc@uts.edu.au

Web: www.health.uts.edu.au/whocc