



# MIDWIFERY EDUCATION IN PAPUA NEW GUINEA : A DISCUSSION PAPER

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## Background

The effective provision of sexual, reproductive, maternal, newborn and child health (SRMNCH) services is essential in every country to meet the needs of women, children and their families. There is now good evidence that all women of reproductive age and their newborns, including adolescents, need universal access to midwifery care in order to remain healthy and prevent morbidity and mortality.<sup>1-5</sup>

The State of the World's Midwifery (SoWMY 2014) Report included Papua New Guinea (PNG), and provided evidence on the state of the world's midwifery in 2014 to accelerate the progress to Millennium Development Goals (MDGs) and contribute to the post-2015 development agenda. It found more than 92% of all the world's maternal and newborn deaths and stillbirths occur within these 73 countries, however, only 42% of the world's midwifery, medical and nursing personnel are available in these countries.

## The role of the midwife

The role of the midwife includes ensuring:

- access to reproductive health choices for all women – contraceptives, family planning
- pre-pregnancy advice for all women
- antenatal care
- labour and birth care
- post-partum for the woman
- postnatal for the baby

In countries like PNG, SoWMY 2014 specifies that there should also be a focus on:

- adolescent health
- family health including addressing family violence and injury prevention
- child health including immunizations

In the Lancet series on Midwifery, more than 50 short-term, medium-term, and long-term outcomes for women and babies that could be improved by midwifery care were identified. This included a reduced mortality and morbidity, reduced stillbirth and preterm birth, less medical intervention and improved psychosocial and public health outcomes. A framework by Renfrew et al.<sup>2</sup> that outlines a health system needed by childbearing women and newborn infants was developed (Table 1).

Educated regulated midwives use resources more efficiently and focus on preventive and supportive care that strengthens women's capabilities. Integrated across the country, midwives working within an interdisciplinary network, are pivotal to the improvement in SRMNCH outcomes.

It is essential that countries like PNG reflect on their needs in terms of SRMNCH services and ensure that midwives are educated to meet this need. There are a number of ways to provide midwifery education and many countries provide different pathways.

## Global shifts in midwifery education

According to the ICM Global Standards of Midwifery Education, the recommended length of post graduate training should be no less than 18 months, and the direct-entry program no less than 3 years full-time.

Over the past 20 years, there have been significant shifts in many low, middle and high income countries in relation to the education of midwives from a post-graduate nursing program to a direct entry model. In the 73 SoWMY 2014 countries, direct-entry programs for midwives training were reported by 53 (73%) countries, including Bangladesh, Timor Leste and Indonesia.

The International Confederation of Midwives (ICM) Global Standards for Midwifery Education (2010)<sup>6</sup> and





**Table 1.** Midwives registered by the PNG Nursing Council 2009-2014

INSTITUTION/SOURCE	2014	2013	2012	2011	2010	2009	TOTAL
UPNG	69	0	0	0	0	0	69
LSON	74	0	0	102	0	0	176
PAU	78	0	0	0	2	0	80
UOG	92	0	0	0	0	39	131
OVERSEAS	2	2	3	0	6	3	16
World bank report <sup>§</sup>						293	293
<b>TOTAL</b>	<b>315*</b>	<b>2</b>	<b>3</b>	<b>102*</b>	<b>8</b>	<b>293*</b>	<b>765<sup>#</sup></b>

*There are more than 50 short-term, medium-term, and long-term outcomes for women and babies that could be improved by midwifery care.*

\*These figures represent the number of midwives that registered with the PNG nursing council in a particular year. The midwives may have completed their midwifery course in previous years.

# A proportion of midwives who registered in 2009 will have now retired from the workforce, hence the total of 765 represents numbers of midwives practising and non-practising/retired.

§The World Bank, PNG Health Workforce Crisis: a call to action. 2011: Washington.



ICM's Model Curriculum Outlines for Professional Midwifery Education provide a framework to ensure that midwifery educators are delivering programs that are of a global standard in midwifery education.

#### Midwifery education in PNG

The PNG Midwifery program is currently a one-year Bachelor of Midwifery course with the 5 schools currently educating around 130 midwifery students per year (table 1). The majority of students have been supported through scholarships from Australia Awards.

A review of the current midwifery curriculum – National Framework for Midwifery Education - was undertaken in 2014 and a new post-graduate curriculum has been approved by the NDoH. Suggested changes to previous curricula include:

- increasing length of program from 12 to 18 months to meet the needs of PNG especially in the skills required of midwives in the rural areas
- increasing the number of subjects from eight to twelve to ensure all areas of midwifery are covered in more detail
- increasing the emphasis in the curriculum on family planning, sexual and reproductive health and gender based violence
- introducing graduate outcomes to clarify the skills, knowledge and attributes of graduates from the proposed program of study
- matching learning outcomes to PNG Midwifery Competencies, ICM Midwife Competencies and graduate outcomes to ensure congruence with regulation and the production of quality graduates

*There is now very good evidence that all women of reproductive age and their newborns, including adolescents, need universal access to midwifery care in order to remain healthy and prevent morbidity and mortality.*



- matching assessment tasks to learning outcomes, PNG and ICM competencies
- preparing a program framework that meets standards of midwifery education as set out by the ICM and has been shown to contribute to graduates who can provide high quality care.

#### Current midwifery workforce numbers in PNG

There is a lack of certainty about the current numbers of midwives and their location in PNG. In the past few years, regulation has significantly improved and now there are approximately 765 midwives on the register of the PNG Nursing Council (Table 1) although a large proportion of these may have retired (as currently, midwives do not have to re-register every year). In addition, Community Health Workers (CHW) and nurses provide a significant proportion of SRMNCH services and are often not included in the analysis of the SRMNCH workforce.

Since 2010, significant efforts have been made to increase the number and skill of midwives in PNG. There is a new one-year Bachelor of Midwifery curriculum for nurses, an increase in midwifery schools (currently 5 schools) and an increased midwifery intake. This has been due, in part, to scholarships for midwifery students and a midwifery education capacity building program both funded by the Australian Government through Overseas Aid mechanisms (WHO Collaborating Centre, 2015). These initiatives are important but will not quadruple the country's numbers of midwives even in the medium-term.



*It is clear that the number of midwives in PNG is insufficient to meet the current or future needs of the country*

One of the challenges for midwifery education in PNG is that educating students directly depletes the nursing workforce as students of midwifery must be registered nurses.

#### Future options to consider for midwifery education

It is clear that the number of midwives in PNG is insufficient to meet the current or future needs of the country. A number of options could be considered to build a sufficient midwifery workforce. These are:

- Collect data on the current number and location of midwives by undertaking a national census for future workforce planning.
- Assessing the current and future HRH needs using a recognised international tool – Midwifery Workforce Assessment process: [http://www.who.int/workforcealliance/knowledge/resources/HBCI\\_Q3\\_Comms\\_Update\\_20Sep12.pdf](http://www.who.int/workforcealliance/knowledge/resources/HBCI_Q3_Comms_Update_20Sep12.pdf)
- Implement the new 18 month midwifery curriculum as this is likely to produce quality graduates given the additional time in clinical that will be possible.
- Potentially pilot a direct-entry midwifery program at one institution. This program would concentrate on producing a midwife who can provide the full scope of SRMNCH services including well women care, pre, during and post pregnancy care, contraception, newborn and child health. Given the significant amount of work in PNG that is focussed on SRMNCH, it seems highly likely that a direct-entry midwife could be utilised effectively in the health system at all levels – community-level to referral hospital.
- Build capacity in the nursing and CHW workforce – review of the curriculum, support nursing education and clinical supervision.
- Ongoing Preceptorship training and Faculty Capacity/Development is urgently needed to ensure that students will receive quality education both in their schools and in the clinical areas.

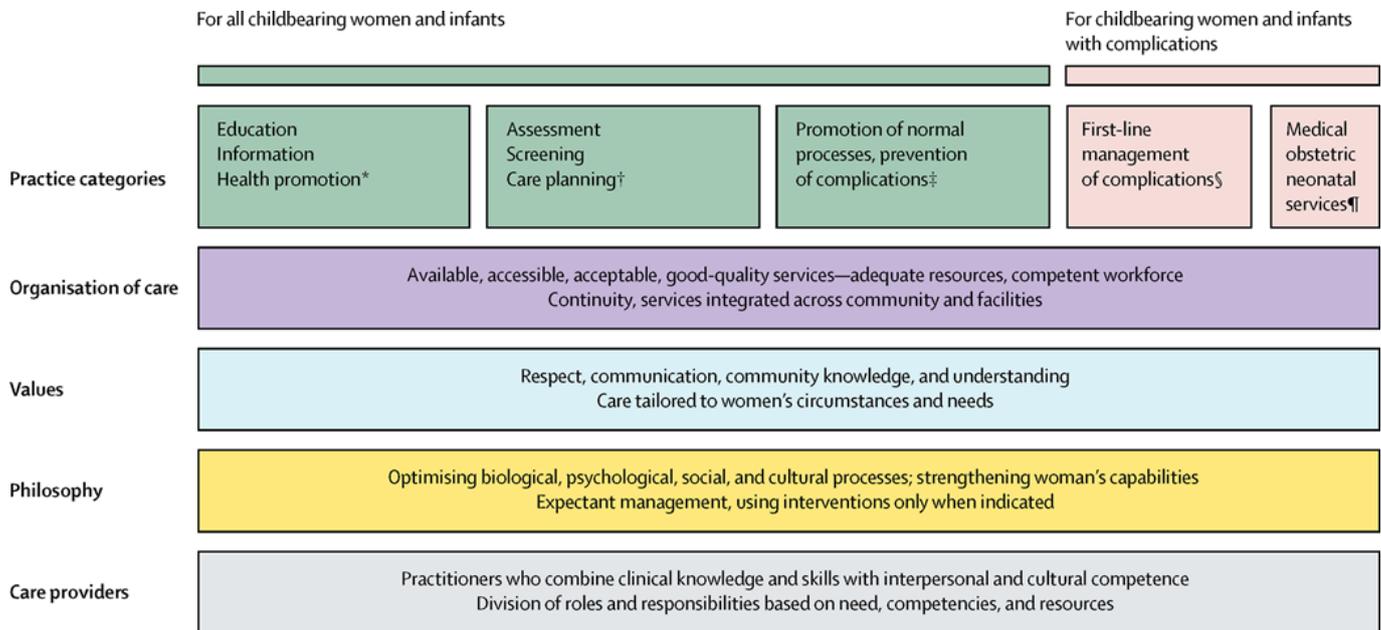


#### Key Midwifery Concepts

*There are a number of key midwifery concepts that define the unique role of midwives in promoting the health of women and childbearing families. These include:*

- *Partnership with women to promote self-care and the health of mothers, infants, and families;*
- *Respect for human dignity and for women as persons with full human rights;*
- *Advocacy for women so that their voices are heard and their health care choices are respected;*
- *Cultural sensitivity, including working with women and health care providers to overcome those cultural practices that harm women and babies;*
- *A focus on health promotion and disease prevention that views pregnancy as a normal life event; and*
- *Advocacy for normal physiologic labour and birth to enhance best outcomes for mothers and infants.*

(ICM, Essential competencies for basic midwifery practice, revised 2013, p.2)



**Table 1.** The framework for quality maternal and newborn care: maternal and newborn health components of a health system needed by childbearing women and newborn infants

\*Examples of education, information, and health promotion include maternal nutrition, family planning, and breastfeeding promotion. †Examples of assessment, screening, and care planning include planning for transfer to other services as needed, screening for sexually transmitted diseases, diabetes, HIV, pre-eclampsia, mental health problems, and assessment of labour progress. ‡Examples of promoting normal processes and preventing complications include prevention of mother-to-child transmission of HIV, encouraging mobility in labour, clinical, emotional, and psychosocial care during uncomplicated labour and birth, immediate care of the newborn baby, skin-to-skin contact, and support for breastfeeding. §Examples of first-line management of complications include treatment of infections in pregnancy, anti-D administration in pregnancy for rhesus-negative women, external cephalic version for breech presentation, and basic and emergency obstetric and newborn baby care (WHO 2009 monitoring emergency care), such as management of pre-eclampsia, post-partum iron deficiency anaemia, and post-partum haemorrhage. ¶Examples of management of serious complications include elective and emergency caesarean section, blood transfusion, care for women with multiple births and medical complications such as HIV and diabetes, and services for preterm, small for gestational age, and sick neonates.

From Renfrew et al.<sup>2</sup> p.12.



*A direct-entry midwife could be utilised effectively in the health system at all levels.*

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