The Midwife’s Role in Family Planning and Abortion Care

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Objectives
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- Examining Family Planning & Abortion Care in the Context of the Global Burden of Disease
- Nursing & Midwifery Workforce
- The Role of the Midwife in Family Planning & Abortion Care
- Implications for Midwifery Preservice Education
- A Framework for Midwifery Preservice Education
- Future Directions
Examining Family Planning & Abortion Care in the Context of the Global Burden of Disease
A Quick Look Back:
Millennium Development Goals
Maternal Mortality Globally

1990: 532,000
2015: 303,000

44% reduction in maternal deaths between 1990 and 2015

WHO, 2015
Maternal Mortality Globally

About 830 women still die each day

WHO, 2015
Causes of Maternal Mortality (75% of all deaths)

- Severe Bleeding (mostly bleeding after childbirth)
- Infections (usually after childbirth)
- High Blood Pressure during Pregnancy (pre-eclampsia and eclampsia)
- Complications from Delivery
- Unsafe Abortion – 8% of maternal mortality is attributable to unsafe abortion

The Global Strategy for Women’s Children’s and Adolescents’ Health (2016-2030)
WHO, 2015
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The Global Strategy for Women’s Children’s and Adolescents’ Health (2016-2030)
WHO, 2015
Maternal Mortality Globally

About 66 women still die each day
Family Planning and Abortion Care in the Context of the Global Burden of Disease
Unmet Contraceptive Needs

- 225 million women have an unmet need for family planning
- 54.5% of women in sub-Saharan Africa have unmet contraceptive needs

The Global Strategy for Women’s Children’s and Adolescents' Health (2016-2030)
Unsafe Abortion

- 56 million abortions performed each year
- 25 million are unsafe abortions
- 8 million performed under the least safe conditions by untrained providers using dangerous/invasive methods
- Unsafe abortion leads to an estimated 7 million complications
- Mortality from unsafe abortion disproportionately affects women in Africa
  - 29% of all unsafe abortions
  - 62% of unsafe abortion deaths

WHO, 2018
Quality of Family Planning Services

- Data from over 80,000 observations in 18 countries found that only 44% of providers adhered to evidence-based guidelines for family planning consultations

The Lancet Commission, 2018
Adherence to Evidence-Based Guidelines

Data from 10 countries including Ethiopia,
The Lancet Commission, 2018
Vulnerability

Dimensions of vulnerability to poor-quality care, The Lancet Commission, 2018
Vulnerability to poor-quality care, The Lancet Commission, 2018
Vulnerability

Dimensions of vulnerability to poor-quality care, The Lancet Commission, 2018
Workforce

- Nurses and midwives constitute over 50% of the health workforce
- WHO has committed to supporting the role of nurses and midwives in achieving UHC and the SDGs
- Nurses & midwives can provide 87% of the needed essential care for women and newborns when educated & regulated to international standards

WHO (2016) Global Strategies for Nursing and Midwifery 2016-2020
WHO, 2019
Health Worker Density

- To meet the SDGs WHO set a target of 4.45 health workers (doctors, health officers, nurses & midwives) per 1000 population

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- Ethiopia health worker density = 0.96 per 1000 population

Health Worker Density in Ethiopia

• 445,000 additional health workers are needed to meet the minimum threshold to ensure UHC

• 30,000 health workers (doctors, health officers, nurses and midwives every year for the next 12 years to achieve UHC by 2030)

Health Worker Density in Ethiopia

- The current training capacity for all health professionals in Ethiopian training institutions is ~10,000 per annum

Urgency to Scale up the Workforce

- Lack of trained health workers is one of the most critical barriers to access safe abortion care and family planning services
- Advanced practitioners are insufficiently used in many settings to their full capacity

WHO (2015). Health worker roles in providing safe abortion care and post-abortion care
The Role of the Midwife in Family Planning & Abortion Care
Midwifery Care

- Midwifery care is often viewed as assisting in childbirth – but it is much more
- Midwifery addresses the continuum of care Midwifery services are a core part of universal health coverage (UHC)
- Midwifery care is an efficient use of resources

The Lancet Series on Midwifery, 2014
Cochrane Review

- Review of published studies assessing the effectiveness or safety (or both) of abortion provided by trained health professionals who are not physicians compared with procedures provided by physicians

Studies Included in Cochrane Review

- Identified 5 prospective cohort studies and 3 RCT
  - 22,018 women included
    - 11,091 women underwent a procedure by a mid-level provider (9,339 surgical Ab; 1752 medical Ab)
    - 10,927 women underwent procedure by a physician (9,623 surgical Ab; 1304 medical Ab)

Summary of Main Points

Surgical Abortion

- Absolute risk of failure or incomplete Ab when performed by non-physician providers is small with data from only three studies
- No evidence of statistically significant difference in risk of total complications

Medical Abortion

- No statistically significant evidence of a difference in the risk of failure of medical abortion between non-physician providers and physicians
- Quality of evidence considered high from one RCT

Implications for Practice

- Midwives can provide medical abortion safely and effectively
- There is no significant difference in the risk of complications when surgical abortions are provided by advance practice clinicians

| Management of abortion and post-abortion care in the first trimester | Lay health workers | Pharmacy workers | Pharmacists | Doctors of complementary systems of medicine | Auxiliary nurses/ANMs | Nurses | Midwives | Associate/advanced associate clinicians | Non-specialist doctors | Specialist doctors |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Vacuum aspiration for induced abortion | | | | | | | | | | | |
| Vacuum aspiration for management of uncomplicated incomplete abortion/miscarriage | | | | | | | | | | | |
| Medical abortion in the first trimester | Recommendation for subtasks (see below) | | | | | | | | | | |
| Management of uncomplicated incomplete abortion/miscarriage with misoprostol | | | | | | | | | | |

WHO (2015). Health worker roles in providing safe abortion care and post-abortion care
### Provision of post-abortion contraception

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WHO (2015). Health worker roles in providing safe abortion care and post-abortion care
International Confederation of Midwives

- Affirms the role of midwives in the provision of abortion related services within the role of the midwife as defined by the laws and policies of her/his country.

Implications for *Preservice education*
Sustainable Development Goals

**Target 3.7:** By 2030, ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and integration of reproductive health into national strategies and programmes

**Target 3.c:** Substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in least developed countries and small island developing States (targeted at physicians, nurses and midwives, and pharmacists)
Competency-Based Education

- Focus on achieving competency through active learning, early clinical exposure and problem-based learning
Approaches to **Midwifery Preservice Education**

- **ICM Essential Competencies for Basic Midwifery Practice** are the measurable target to be achieved in midwifery education over the 15-year SDG timeline
- Monitoring and evaluation of the use of the ICM competencies in education is essential
Maintain *Quality* through *Preservice Education*

- Educating midwives to international standards
- Strengthen faculty
- Value the role of clinical preceptors
- Focus on providing patient-centered care
Approaches to *Preservice Education*

- Maximize the appeal of midwifery as a profession
- Develop young midwifery leaders
- Engage in inter-disciplinary and inter-professional research
Contribution of Midwifery Workforce

- An adequate midwifery workforce with competency-based training in family planning and abortion care can contribute to averting maternal deaths
- Estimated that increasing contraceptive use reduced maternal death by 40% over the past 20 years in low resource countries

The Lancet Series on Midwifery, 2014
Preventing unintended pregnancy has substantial economic benefit for health and education sectors.
Implementation of Global Strategies
A Framework for Preservice education
Midwifery Education

- Competency-based
- Person-centered
- Identifying and implementing indicators for a monitoring & evaluation process of the use of ICM competencies in educational programs
- Developing leadership skills

WHO (2016) Strengthening Quality Midwifery Education
Midwifery Regulation

• Maintaining a strong regulatory body for midwifery
• Links between regulatory bodies and national associations are essential

WHO (2016) Strengthening Quality Midwifery Education
Midwifery Research

• Building capacity in research for midwives is urgently needed
• An analysis of the cost-effectiveness of midwifery for the provision of quality care
• Research needs to be integrated into clinical practice and midwifery education coursework

WHO (2016) Strengthening Quality Midwifery Education
Global strategic directions for strengthening nursing and midwifery 2016–2020

Available, Accessible, Acceptable, Quality and Cost-effective nursing and midwifery care for all, based on population needs and in support of UHC and the SDGs

- Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings
- Optimizing policy development, effective leadership, management and governance
- Working together to maximize the capacities and potentials of nurses and midwives through intra and interprofessional collaborative partnerships, education and continuing professional development
- Mobilizing political will to invest in building effective evidence-based nursing and midwifery workforce development

Ethical Action, Relevance, Ownership, Partnership, Quality

Countries, Regions, Global, Partners
Available, Accessible, Acceptable, Quality and Cost-effective nursing and midwifery care for all, based on population needs and in support of UHC and the SDGs.
Global strategy on human resources for health: Workforce 2030

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Principles:
- Ethical Action
- Relevance
- Ownership
- Partnership
- Quality
Global strategic directions for strengthening nursing and midwifery 2016–2020

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Vision

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Thematic Areas

Ensuring an educated, competent and motivated nursing and midwifery workforce within effective and responsive health systems at all levels and in different settings

Optimizing policy development, effective leadership, management and governance

Working together to maximize the capacities and potentials of nurses and midwives through intra and interprofessional collaborative partnerships, education and continuing professional development

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Countries  Regions  Global  Partners
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Principles:
- Ethical Action
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- Quality
Future Directions
Future Directions for RH Quality

• Treat women with dignity

The Lancet Commission, 2018
Future Directions for RH Quality

- Treat women with dignity
- Communicate clearly

The Lancet Commission, 2018
Future Directions for RH Quality

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• Provide autonomy

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• Provide confidentiality
• Develop confidence in our services – go beyond satisfaction

The Lancet Commission, 2018
Future Directions for RH Quality

• Treat women with dignity
• Communicate clearly
• Provide autonomy
• Provide confidentiality
• Develop confidence in our services – go beyond satisfaction
• Women must trust & be willing to use the reproductive health services offered

The Lancet Commission, 2018