Midwife-led birthing centres in low- and middle-income countries: What is needed for success?
Part 2
Welcome, introductions, recap on part 1

Professor Caroline Homer
Burnet Institute

Credit: UNFPA ESARO
1. Welcome, introduction & recap
2. Success factor 3: Quality midwifery care that is recognised by the community
3. Success factor 4: Interdisciplinary and interfacility collaboration, coordination and functional referral systems
4. Q&A for all four success factors
Brief recap of sessions 1&2

- MLBCs exist in many LMICs and can provide high quality care when part of a well-functioning network of care.
- Our qualitative case study found that there is no ‘one size fits all’ approach, but there are some universal success factors.
- We present each success factor from the perspective of a case study country – but the messages apply to all countries.
## High-level results: universal enablers / barriers

<table>
<thead>
<tr>
<th>Enablers</th>
<th>Barriers</th>
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<tbody>
<tr>
<td><strong>Sustainable financing</strong>: a range of financing models can be effective, including domestic, external, combination</td>
<td>Funding models that reduce affordability</td>
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<td><strong>Leadership and governance</strong>: policy, recognition, coordination, education/training, M&amp;E</td>
<td>Inadequate infrastructure and equipment, which compromises safety and quality</td>
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<td><strong>Interdisciplinary and interfacility collaboration</strong>: professional respect for midwives, functional referral system, trusting relationships</td>
<td>Limited support to / trust in midwives</td>
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<td><strong>Quality midwifery care</strong>: ensures women want to use MLBCs. Consider competence, respect, intervention only when needed</td>
<td>Poor integration of MLBCs within the health system</td>
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Today’s speakers

Razia Naveed
Research & Development Solutions, Pakistan

Sheila Clow
University of Cape Town, South Africa
Success factor 3
Quality midwifery care, recognised by the community

Razia Naveed
Research and Development Solutions
Pakistan

Credit: RDS, Pakistan
Why women choose MLBCs

Women chose MLBCs over other facilities because of:

- **Free** services and medicines
- **Respectful** maternity care
- **Clean and tidy** environment
- Midwives’ **reputation**
- Geographical **accessibility**

"This facility is free, quality medicine available and near to our house and the lady take good care of us."

MLBC client
Other services provided at some MLBCs

Services provided included:

• ANC, delivery, PNC, lab tests etc. **under one roof**
• Family **counselling** (diet, health of mother and baby)
• Family **planning** services
• **Post abortion care** services
• **Home** services

“**She (midwife) counselled about eating healthy food. Also, breastfeed your child and do not give baby milk of some goat, cow, buffalo, etc.**”

**MLBC client**
Client-centred care

Client-centric care was provided at MLBCs:

- Humane approach to care
- Woman centric care provision
- Privacy was maintained
- Encouraged to ask questions
- Commitment and full involvement of midwives during childbirth
- Customized care

"Compared to the other health facilities, this facilitation is good, because the midwife supervises all the things in her clinic, and she facilitates her patients with all the services."  
MLBC client

"We are from a very poor family background. The lady recognized that and meet us very nicely and wished us back again here."  
MLBC client
Women’s definitions of quality care (1)

Quality of care as explained by women:

- **Trusted** care provision (midwives viewed as experts)
- **No language barrier**
- Quality **supplements** provision

“She (the midwife) makes our birthing very easy. Her behaviour was very good. She talks very nicely with love, that is why I feel very good with her.”

MLBC client
Women’s definitions of quality care (2)

- Provision of **other services** (ultrasound, etc.)
- **Counselling** (diet, breastfeeding, hygiene etc.)
- **24/7** availability of midwives to provide services

> Even if you knock on the door of the midwife’s home at night, she will be available as the center is present in her home. So easy accessibility makes it preferable for women.  

*Stakeholder*
Summary

• MLBCs are perceived by women as offering high-quality care when:
  • Respectful, compassionate, woman-centred care is prioritized
  • Midwives are competent
  • Cultural and language barriers are removed
  • The buildings are easily accessible (good location, open 24/7)

• Women also appreciate
  • being able to access a wide range of services under one roof
  • being able to access care even when they cannot afford to pay for it
Success factor 4
Interdisciplinary and interfacility collaboration, coordination and referral

Dr Sheila Clow
University of Cape Town
South Africa

Credit: UCT, South Africa
In the spirit of collaboration...

I acknowledge my colleagues who collaborated in preparing this presentation

Prof Karin Minnie  
University of the Western Cape

Ms Sonja Walker & Mr Jason Marcus  
University of Cape Town
Status of midwives

• Midwives are **registered** with the South African Nursing Council
• Recognised **educational programme** including clinical skills
• **Opportunities** for advanced / postgraduate studies
• **Scope of practice defined** and described by national regulation
• **Responsible and accountable** for clinical decisions and practice
• May work as independent practitioners
Types of MLBCs

- **Midwife Obstetric Unit (MOU)**
  - Standalone or on the site of a comprehensive (primary) health centre
  - No obstetric or neonatal service
  - Continuum of pregnancy care from diagnosis to postnatal and newborn care including labour and birth

- **On-site Midwife Birthing Unit (OMBU)**
  - A distinct midwife unit offering labour & childbirth care
  - On-site of a hospital - obstetric and neonatal services
  - Triage system
What I liked about this clinic is that they are able to quickly see the problem if you have it, then when they see that it is not theirs and they will not be able to help it, they are able to refer you to higher people who will be able to help you.

Client, South Africa
Guidelines and protocols to support care, practice and referral

We do have written guidelines and protocols in labour ward and in the antenatal clinic that we follow especially when it comes to transfers, what to transfer when to transfer, so we work according to the protocol.

Midwife, South Africa
Local co-operation and collaboration

Co-operative and supportive leadership by related professionals:

- **Monthly meetings** including all MLBCs and secondary & tertiary hospitals. Emergency Services management included.

- **Audit and feedback** occurs regularly at each MLBC in a climate of respect and shared problem solving. Actions identified & assigned.

- **Perinatal Problem Identification Programme** (PPIP) facilitates data capture and analysis

- **Good relationships & trust** strengthened between sites & individuals
National co-ordination

- National Committee for the Confidential Enquiry into Maternal Deaths (NCCEMD): “Saving Mothers”
- PPIP: “Saving Babies”
- National Perinatal Mortality and Morbidity Committee: NaPeMMCo
  - Identifying avoidable factors – geography and level of care
  - Identifying deficits in clinical management
  - Identification of key conditions affecting women and newborns
  - Make recommendations & Policy implications
Some recommendations and policy developments

- Commitment to **upscaled** MOUs
  - Introduction of some OMBUs
- Commitment to **respectful** maternity care
  - Inclusion of perinatal mental health
- **ESMOE** training roll out
  - Promoting use of NASG – Non-pneumatic Anti-Shock Garment
- **Helping Babies Breathe (HBB)** training
- Extending **NIMART** (Nurse-Initiated Management of Anti-Retroviral Therapy) to MOUs
- **Inclusion** of emergency services in perinatal meetings
Professional development

Ongoing development of clinical skills and clinical judgment

- Interfacility and interdisciplinary **outreach** from referral centres to MLBCs
- **Skills refresher courses**, including ESMOE and Neonatal Resuscitation
- **Annual training day** for all staff. Locum staff cover intrapartum care.
- **Continuing education** (on-line or paper based) Perinatal Education Programme (PEP)
In summary MLBCs require ...

- well trained, competent and licensed midwives
- working in supportive, collaborative transdisciplinary network environment
- with clear and mutually understood practice guidelines & referral pathways
- with a commitment to auditing and improving care, and
- a commitment to ongoing professional practice development

“... the common goal that we are having, no mother and child should die. Teamwork is key amongst all of us the midwife fraternity.”

(Leader, Uganda)
Poll – Question 1

If you work in a health facility that provides childbirth care, how many of the women receiving care have the **option to be accompanied during labour** by a birth companion of their choice?

Si vous travaillez dans un établissement de santé qui assure les soins de l'accouchement, combien de femmes recevant des soins ont la possibilité d'être accompagnées lors de l'accouchement par une personne de leur choix ?

Si trabajas en una instalación de salud que brinda atención durante el parto, ¿cuántas de las mujeres que reciben atención tienen la opción de ser acompañadas durante el trabajo de parto por un acompañante de su elección?
If you work in a health facility that provides childbirth care, is there a formal policy or protocol that guides the process of referral to higher levels of care when needed?

Si vous travaillez dans un établissement de santé qui assure les soins liés à l'accouchement, existe-t-il une politique ou un protocole formel qui guide le processus de référence vers des niveaux de soins supérieurs lorsque cela est nécessaire ?

Si trabajas en una instalación de salud que brinda atención durante el parto, ¿existe una política o protocolo formal que guía el proceso de derivación a niveles superiores de atención cuando es necesario?
Q&A

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• Can midwife-led birthing centres be **cost effective**?
• Presentation of our economic analysis, methodology and findings

• Thank you for attending today, and we look forward to seeing you again next week!
Resources


• Goodbirth network: https://goodbirth.net/

• Non-pneumatic Anti-Shock Garment: https://www.unicef.org/innovation/non-pneumatic-anti-shock-garment-nasg

• Perinatal Education Programme: https://bettercare.co.za/learn/

• Perinatal Problem Identification Programme (PPIP): “From pre-implementation to institutionalization: Lessons From Sustaining a Perinatal Audit Program in South Africa” https://www.ghspjournal.org/content/11/2/e2200213

• World Health Organization (WHO) Global Community of Practice for Nurses and Midwives: https://nursingandmidwiferyglobal.org/