Webinar Series
5 of 5

Scaling up
the MLBC model of care
in low- and middle-income
countries
Welcome and introductions

Dr Oliva Bazirete
University of Rwanda / Novametrics

Credit: UNFPA Madagascar
Agenda

1. Welcome
2. Brief recap of earlier sessions
3. Introducing the speakers
4. Overview of findings: success factors and challenges
5. An aspirational MLBC definition
6. A pathway to change to support scaling
7. Q&A
Brief recap of earlier sessions

• Our study has shown that there are diverse models of MLBCs across different countries

• MLBCs can be cost effective regardless of sector, type and location
  • most of our case study MLBCs demonstrated better health outcomes
  • half did this at a lower cost than standard care in that country

• Good data on costs and outcomes is needed to support advocacy

• We conclude that MLBCs have the potential to contribute to UHC and thus reduce high maternal and neonatal mortality rates in LMICs
Resources

Links to recordings of earlier sessions in English, French and Spanish:
• [https://www.internationalmidwives.org/icm-events/mlbc-webinar-series.html](https://www.internationalmidwives.org/icm-events/mlbc-webinar-series.html)
• [https://www.youtube.com/channel/UCZyNw2FaDWBbNJA_KBer2dxw](https://www.youtube.com/channel/UCZyNw2FaDWBbNJA_KBer2dxw)

Links to published papers from this research project:
• [https://journals.plos.org/globalpublichealhealth/article?id=10.1371/journal.pgph.0001936](https://journals.plos.org/globalpublichealhealth/article?id=10.1371/journal.pgph.0001936)
• Economic analysis paper is under review
Your feedback on the first four sessions

• Thank you for your active engagement and good feedback! We will analyse it and produce a FAQ document to share with you

• It is clear that you need resources and guidance to establish or strengthen MLBCs

• WHO supports midwife-led care in settings with strong midwifery programmes. Global guidance is forthcoming from WHO (STAGE)

• Advocacy matters – and the results of this study will support advocacy

• ICM will continue working in this space
  • e.g. piloting a facility readiness tool in Zambia and Pakistan
Our objectives for today

1. To draw together the **key findings** from the previous four sessions
2. To introduce and explain two resources that emerged from this research and will be useful for establishing and strengthening MLBCs:
   - an **aspirational definition** of an MLBC that applies in all settings
   - a **pathway to change**, to support the introduction or scaling of this model of care
Using the chat and Q+A boxes

Use the **chat box** to:

- introduce yourself and chat to other participants
- comment on what you are hearing
- share your own experiences

Use the **Q+A box** to:

- ask specific questions relating to the presentation
Today’s speakers

Kirsty Hughes
Novametrics

Mandy Forrester
International Confederation of Midwives

Caroline Homer
Burnet Institute
Overview of findings: success factors & challenges

Kirsty Hughes
Novametrics

Credit: UNFPA ESARO
## High-level results: key themes

<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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<tr>
<td><strong>Quality midwifery care</strong>: ensures women want to use MLBCs. Consider competence, respect, intervention only when needed</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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<tr>
<td><strong>Leadership and governance</strong>: policy, recognition, coordination, education/training, M&amp;E</td>
<td>Poor integration of MLBCs within the health system</td>
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Funding models that reduce affordability

- Challenges particularly for single midwife MLBCs or for-profits with little support from government or other organisations
- Lack of a ‘ring-fenced’ or protected budget for MLBCs
- External sources of funding can be unpredictable and inconsistent
- Indirect costs such as transport, even when care is free at the point of use

“... many times patients are referred but do not want to go ... they have financial constraints. Counselling is being done in this regard.”

Staff Bangladesh
Inadequate infrastructure and equipment

- Inadequate facilities can compromise safety and quality of care
- Limited space and overcrowding
- Lack of basic infrastructure: beds, electricity, running water, toilets
- Lack of equipment and inadequate supplies
- Poor transport infrastructure and geographical inaccessibility

“\[We have bad roads. Sometimes a mother ... says we fell off the motorcycle 10 times. They are not joking, it’s real.\]”

Staff Uganda
Limited support to / trust in midwives

- Midwife shortages
- Low salaries, or unreliable payment of salaries
- Lack of professional recognition and respect
- Limited opportunities for in-service training
- Lack of specific guidelines for midwife-led care

“... the biggest challenge is finding good referral doctors and people who respect what we do and are open to it and respect our patients’ choices to not choose them to start off with.”

*Staff South Africa*
Poor integration of MLBCs within the health system

- Limited governmental support for MLBCs impacts collaboration and access to training
- Informal or ineffective referral mechanisms
- Inadequate regulatory oversight impacts quality of care

“Unfortunately, introduction of CMW and midwives is good on the ground level but somehow connecting them to the basic health unit, connecting them to secondary units and then how to go from secondary to tertiary unit, it is all loose”

Leader Pakistan
An aspirational MLBC definition

Mandy Forrester
International Confederation of Midwives
Re-thinking the definition of an MLBC

• A definition that addresses:
  • who is the care for
  • who provides the care
  • what care is provided
  • how and where is the care provided?

• An important element is that care is provided according to a midwifery philosophy and model of care that centres the woman as decision maker and the midwife as bringing professional knowledge and expertise
Who is the care for?

Care is provided primarily to women and their babies across the continuum of pregnancy, labour and birth and the postpartum period

- Antenatal care, immediate postnatal care, including newborn care and sexual and reproductive health care may be provided.

- The focus of care needs to be individualised, culturally sensitive and adapted to suit the setting and needs.
Who is the care for?

Care is provided for women and newborns at **low risk of complications**

- Primarily, MLBCs provide care to healthy women at low risk of pregnancy-related complications.
- However, referral to a different model of care at a secondary or tertiary level facility may be required.
- It may be useful for MLBCs to develop ‘levels of care’ criteria supported with referral criteria and clinical management guidelines to ensure that every woman can access the level of care she requires at an appropriate location.
Who provides the care?

**Midwives are the lead professionals**

- Midwives, working to their full scope of practice within their national legal framework take *primary professional responsibility for the quality of the care provided at MLBCs.*

- This scope of practice includes *training in obstetric emergencies and neonatal resuscitation,* and *referral* when required.

- Other health care providers may work in the MLBC and be part of the wider team.

- The midwives have a role in training and supporting the wider team including medical staff, nurses, community health workers and volunteers, to ensure that all care is based on the *midwifery philosophy of care.*
How is the care provided?

Care is provided according to a midwifery philosophy and model of care

- Midwifery philosophy and model of care centres the woman as decision maker and the midwife as bringing professional knowledge and expertise.

- Care is individualised and provided in partnership which means decisions are made by the woman, informed and supported by the midwife.

- Cultural safety is embedded in the concept of the midwifery philosophy and in a partnership model where the midwife provides care to meet the individual needs of the person.
A midwife-led birthing centre (MLBC) is a dedicated space - either within or separate from a higher-level health facility - where care is provided for pregnant women and newborns at low risk of complications. MLBCs must be integrated into the local health care services.
As a minimum, MLBCs provide care during labour and birth, but may also provide antenatal, immediate postpartum care and sexual and reproductive health care. Midwives, working within their scope of practice, are the lead professionals and they work according to the midwifery philosophy and model of care.
This philosophy views labour and birth as a physiological process and takes a **woman-centred, rights-based approach to the provision of respectful, culturally sensitive, personalised, competent care**, and encouraging the **participation** of the birthing woman’s partner, family and community. MLBCs **consult with and arrange referral** to other health facilities or services when required.
A pathway to change to support scaling

Professor Caroline Homer
Burnet Institute

Credit: UNFPA ESARO
What makes an MLBC work?

**An enabling environment**

1. Leadership and governance: There is a supportive policy context, regulations, laws, and protocols that define and support midwife-led care and midwife leadership.

2. An effective, sustainable financing model that assures access to affordable, high-quality care at the MLBC.

3. **Quality midwifery care** that is recognized by the community provided by midwives who are educated to global standards, use the midwifery philosophy of care, work in a team, and have access to CPD and organizational support.

4. Interdisciplinary and interfacility trust and collaboration: The MLBC is integrated within, and supported by, the wider health system with access to consultation and referral.

**Monitoring, Evaluation and Learning**
Some key actions you can take in your planning

Leadership and governance

• **Analyze** the context setting, policy environment and financing models
• Ensure that strategies are developed to **maximise successful implementation**
• Ensure **high level leadership** at government and health service level including local midwifery leadership and Professional Associations
• Ensure that the **midwifery regulatory framework** enables midwives to work to their full scope of practice

Effective, sustainable financing model

• Assess the elements of an **enabling environment** and develop and implement an action plan
• Ensure **adequate financing** to have enough staffing to be able to provide respectful maternity care
Quality midwifery care is provided and recognized by the community

• Ensure the community is informed and engaged at every level to facilitate trust, ownership & support.
• Involve all relevant people - the community, relevant women’s groups, health service managers, obstetricians and paediatricians in planning and decision making.
• Have an identified space that is accessible, welcoming, provides space for women to move around and have a birth companion.
• Recognize and value the unique contributions of midwives and promote a culture of mutual respect and trust.
• Design the model of care (full continuum or labour and birth only, +/- SRH) within a midwifery philosophy based on the policy and financing models.
• Recruit, deploy and pay midwives who have been educated to hold global competencies (ICM) and can provide care to women and babies across the continuum, including in collaboration with doctors when complications arise.
• Ensure midwives have access to regular CPD and professional support and the financial resources to ensure access.
Interdisciplinary and interfacility trust and collaboration
• Develop and implement criteria for access to the MLBC, systems of consultation and referral.
• Ensure equitable access to transportation for effective and timely referral.

Monitoring, evaluation and learning
• Build in monitoring, evaluation and lessons learned to ensure continuous quality improvement.
• Establish core health outcome measures, and routine data collection to allow monitoring and evaluation over time and across sites to drive quality improvement.
• Routine collection of standardised cost data and de-identified data sharing to allow benchmarking across services and shared learning to improve efficiency and value.
• Encourage participation in interdisciplinary research projects and quality improvement initiatives to promote evidence-based practice and data collection.
This is the Pathway to Change

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**WHAT MIGHT BE THE MLBC CONTRIBUTION?**

**MEDIUM TERM OUTCOMES**

- Greater access to sustainable MLBCs offering affordable, high-quality, respectful care.

- MLBCs are embedded within functional networks of care that purposefully interconnect service delivery points to create continuity in care.
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- Greater access to sustainable MLBCs offering affordable, high quality, respectful care.

**LONGER TERM OUTCOMES**

- More women and newborns have a positive childbirth experience and received high-quality, respectful care.
- Heightened trust and positive relationships between women/families and communities and the maternity health care system.
- Improved: prevention and early recognition of maternal and newborn complications, referrals, documentation and use of data.
- Increased respect for the midwifery profession and philosophy of care; and increased job satisfaction for midwives.
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IMPACT

Improved maternal health

Improved newborn health

Improved women's experience with care, improved SRMNA and mental health

Reduced burnout for midwives and increased staff retention of midwives
Some final points

To be successful, you need:
• To focus on women and their community
• To ensure the midwives can provide quality care
• A positive policy context
• Financial models that are implemented, accessible and relevant for the context
• Integration with the wider health system

There is no one size fits all – your MLBC must fit your context and situation

Build on what you already have

Don’t let perfection be the enemy of good – get started, learn from what you do, make changes and try again