

# POSTER PRESENTATION

# IMPACT OF NURSE PRACTITIONER MIDWIFERY LED MATERNAL CARE IN SELECTED FACILITIES OF TELANGANA STATE

## PROBLEM STATEMENT

Telangana State (TS) has reduced MMR to 63 and achieved the Sustainable Development Goal of MMR of 70/ 1 lakh live births by 2030. Despite all efforts by the State, the challenges continued to exist as detailed:

**Shortage of Specialists and Trained Personnel:** 59% ObGyn vacancy at CHCs (RHS 2018) – more vacancy in rural/tribal areas

**High Caesarean Section Rate:** Telangana has highest caesarean section rate in the country with 61% (NFHS V) with almost zero assisted deliveries

**Need for Respectful Maternity Care (RMC):** 7% of women experience any abuse (physically hit, verbal abuse, either during pregnancy or post delivery, 90% of the facilities did not allow birth companion of choice

**Need for Quality Care:** The majority of Maternal and Newborn deaths happen on the day of birth, with more than 40% of deaths happening in the first 24 hours.

## MODEL DESCRIPTION

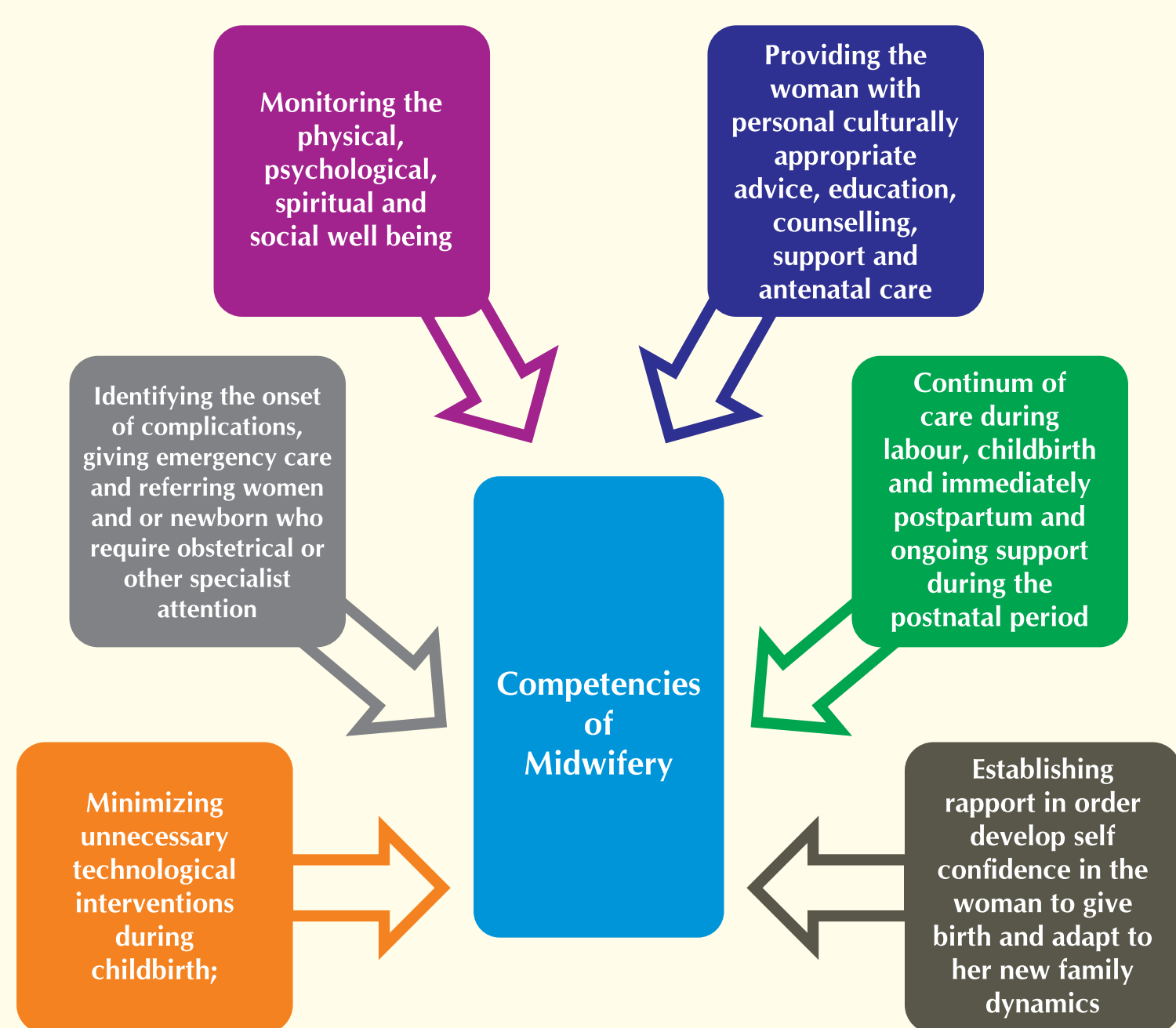
To address these issues, the Government of Telangana has initiated 18-month Nurse Practitioner Midwifery (NPM) training with duration of one year theory, hands on training and 6 months of internship in their original place of posting for optimizing normal birthing with respectful maternity care (RMC).

The selection criteria of trainees under this model included:

- staff nurses either in-service or from open market with minimum educational requirement of GNM or BSc Nursing degree
- having more than 2 years of labour room experience and
- passionate about midwifery services

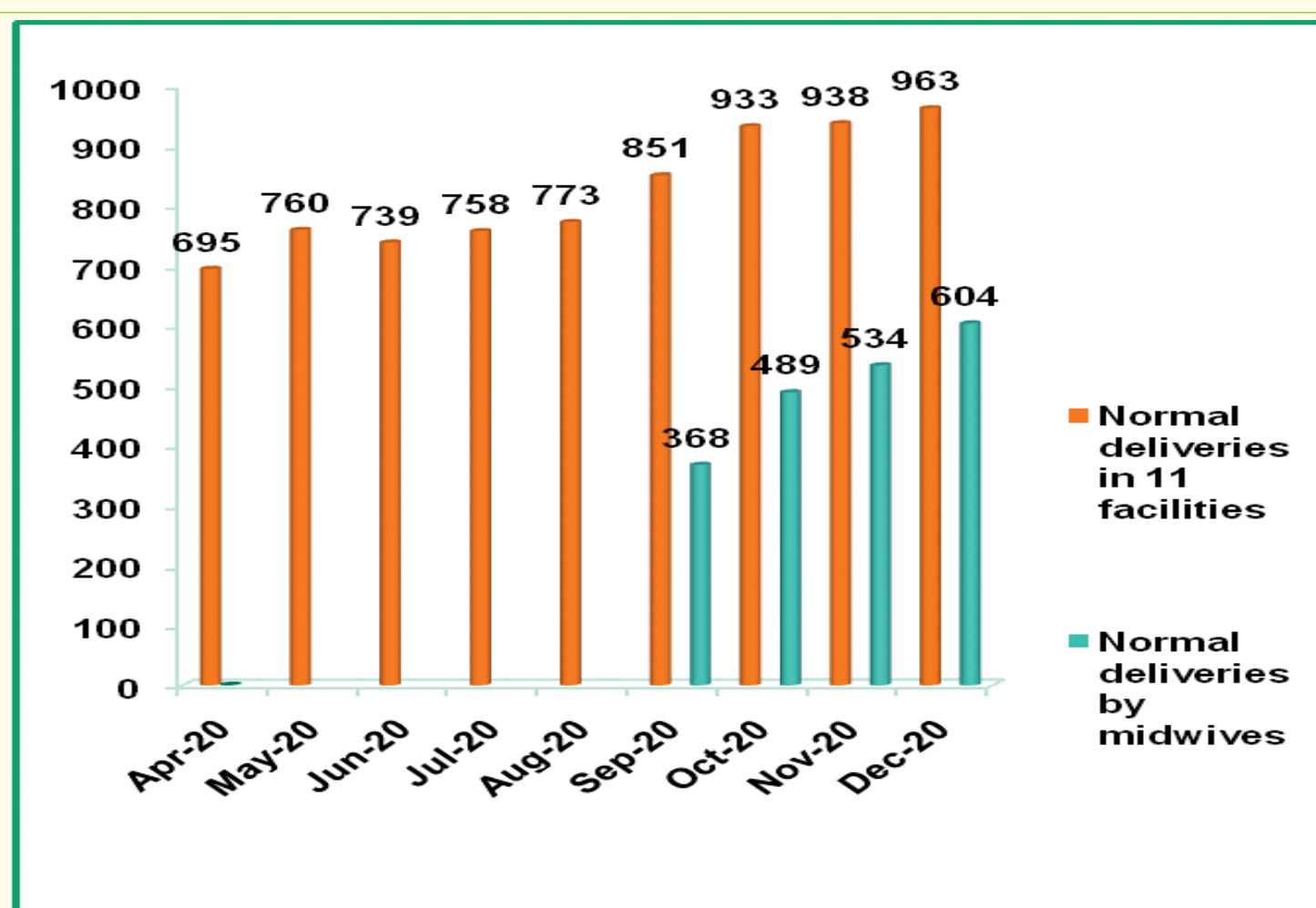
## COMPETENCIES OF MIDWIFERY

This Midwifery training programme primarily focused on the areas of competencies as per the International Confederation of Midwives (ICM) standards.



## EVIDENCE OF EFFECTIVENESS

The first batch of 30 trained midwives have been posted in facilities having high C-section rates covering 9 districts (27%) with 5 tribal areas in September 2020. They have shown promising results and contributed to 54% of normal deliveries and 23% of overall deliveries including C-sections in the facilities posted<sup>2</sup>. Further, these midwives helped in triaging high risk cases and providing appropriate and timely interventions by the Specialists.



**This model promoted:**

- a cadre of trained personnel where there is non-availability of skilled professionals
- autonomy to pregnant women in making their own choice of birthing
- normal deliveries with respectful maternity care

A positive impact is seen in facilities with introduction of midwifery-led care. Confidence of pregnant women in having normal deliveries is improved through counselling, birthing exercises and predominantly partner involvement



## LESSONS LEARNED AND CHALLENGES

- Political will and stewardship of the government is very crucial for program success.
- Involvement of multi-stakeholders in the programme such as State Nursing Council for Nurses and Midwives, Government Nursing Colleges, NGO partners will steer the programme in the right direction.
- Alternative arrangements or internal adjustments in the facilities during the training period will help in filling the human resources gaps.
- Also, the dearth of Specialists in remote areas can be bridged with midwifery services.

## FINANCIAL IMPLICATIONS

An independent third-party evaluation conducted on Nurse Practitioner Midwifery training and performance of midwives proved that the skills in providing ante-natal, intra-natal and postnatal care improved among the trainees. The tangible outcomes included

- increased normal deliveries,
  - quality of maternal care,
  - avoidance of unnecessary medical interventions,
  - availability of skilled professionals in remote/rural areas and
- The intangible benefits included respectful maternal care, trust on health care providers and improved women centred care. These have over-weighted the actual training costs

## PARTNERS IN IMPLEMENTATION

The Nurse Practitioner Midwifery training is conducted in partnership with the Fernandez Foundation and technical support from UNICEF and State Nursing Council. The Government Nursing Colleges have been identified as the State Midwifery Training Institutes (SMTI).

## SCALABILITY

- The ultimate goal of this particular training was to
  - \* improve the quality of services by providing respectful, quality maternal health care across public health facilities and
  - \* lead the care of women during normal deliveries with compassion and patient-centred approach.
- Alongside, the trained midwives were able to identify, stabilize and refer cases that may need advanced medical intervention.
- Their interventions have resulted in increasing normal deliveries with respectful maternity care.
- The Specialists gap especially in remote areas is bridged with these midwives.
- Hence, this initiative has a high potential for being scaled-up across the Country.

## References

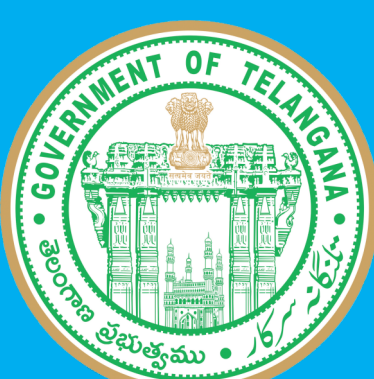
1. National Family Health Survey V – 2019-20
2. Program data April to December 2020

## Acknowledgements

Telangana State appreciates the technical support of Fernandez Foundation and UNICEF. We are grateful to the Government of India for their continuous support and also thank all the trained midwives for their relentless service and our sincere gratitude to the beneficiaries.

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