



# Twitter chat report on International Day of the Midwife (IDM)

# Background

The World Health Organization (WHO) has declared 2020 “International Year of the Nurse and Midwife.” As the world grapples with the grave challenge being posed by the coronavirus that is sweeping the world, women continue to get pregnant, and babies are still being born. Midwives as the primary caregivers are working tirelessly in communities, health centers, hospital wards and in women’s homes under difficult circumstances, often risking their own lives and well-being. But if

midwives are ill and dying in a health system over-stretched by Covid-19 they will not be available to care for pregnant women and their families. Child-birth is a normal part of life and it does not stop because of a pandemic.

The 5th of May 2020 is the International Day of the Midwife and in the midst of the Covid-19 it is an welcoming opportunity to celebrate Kenya’s midwives who work tirelessly to ensure that maternity services are prioritized in saving the lives of mothers and their babies.

## Objectives

- Celebrate the achievements of midwives and their contributions towards improving sexual, reproductive, maternal, and newborn health outcomes
- Motivate policymakers to implement conducive workforce policies and an enabling and a protective environment for midwives to practice their profession in the midst of the Covid-19 pandemic.
- Inform everyone with an interest in maternal and newborn health that midwives are crucial to promoting maternal, newborn and adolescent health and in reducing maternal and neonatal mortality and morbidity

## Panelists



**Everlyne Nyangwaria-Rotich**  
CEC Health, Uasin Gishu,  
advisory board member  
Midwives Association

Panelist



**Edna Tallam**  
Registrar and CEO,  
Nursing Council of Kenya

Panelist



**Louisa Muteti**  
Chair,  
Midwives Association of Kenya

Panelist



**Priscillah Ngunju**  
Lecturer,  
Amref International University

Panelist



**Boniface Mutisya**  
Practicing midwife,  
Kenyatta National Hospital

Panelist



**Dr. Olajide Ademola**  
UNFPA  
Representative

Moderator



## Key Issues Raised

### Conducive environment for midwives to practice their profession

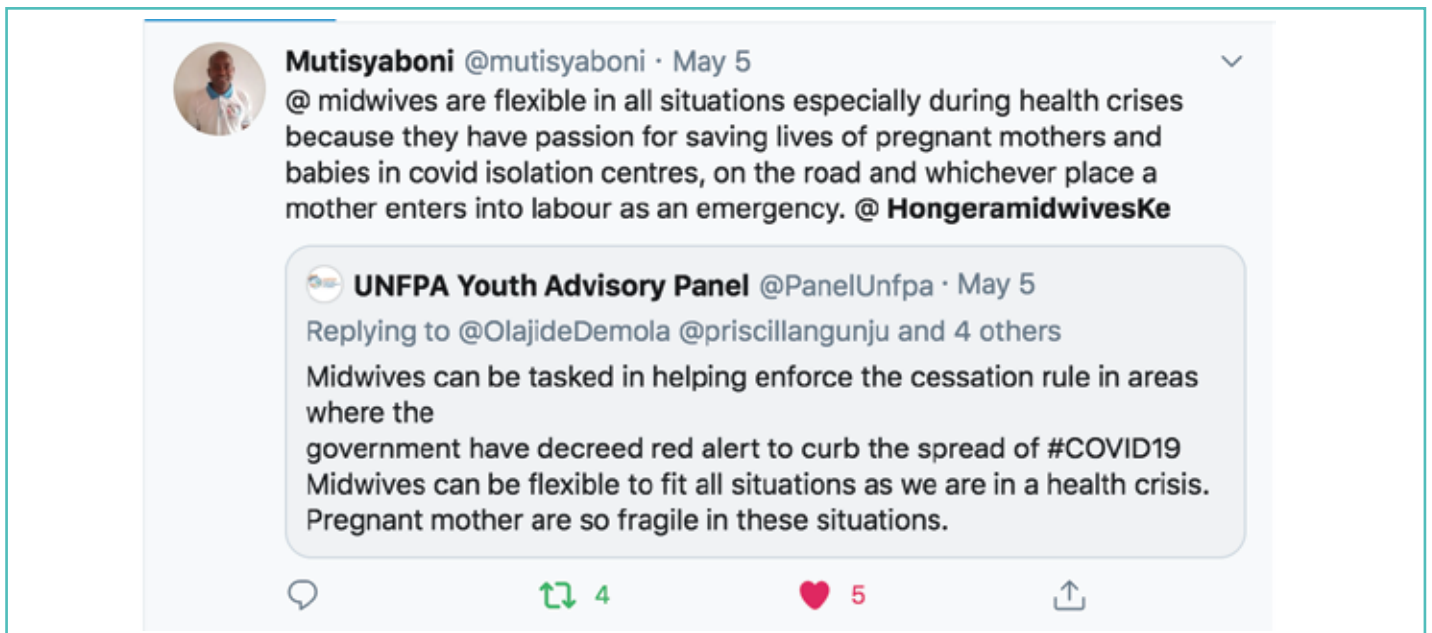
- An inadequate number of midwives at national level, shortage of midwives at facilities, long working hours, lack of essential equipment, too large number of clients and poor remuneration are some factors leading to low working morale and a risk of severe burnouts.
- In remote areas, many midwives work alone with limited resources and poor support system.

### Uptake of maternity and antenatal care services

- Barriers for quality maternity services include inadequate supplies and equipment, non-responsive referral system, lack of blood supplies and delays at health facilities due to shortage of midwives.
- On the demand side, the uptake of maternity and antenatal services can be hindered by poor infrastructure, cultural beliefs and dynamics, delay in decision making by women and family, lack of community participation and financial constraints.

### Role of midwives in the Covid-19 pandemic

- Midwives are critical service providers in maternity, antenatal and newborn care services even in emergency situations such as Covid-19 where women still need essential RMNH services.
- Midwives provide essential health education promoting healthy family life, nutrition, personal hygiene, breastfeeding techniques, family planning methods and dangers signs to look out for during and after birth
- In Covid-19, midwives play a role in educating women and their families on Covid-19, screen the women at the health facilities for Covid-19 symptoms, utilize infection prevention practices, and protect the women and newborns from contracting Covid-19 in maternity settings
- Midwives are known as being trusted, passionate, and flexible and they can serve as important advocates for continuation of reproductive, maternal and newborn services and rights and serving women even when services are disrupted.
- The Covid-19 pandemic and the restrictions of e.g. curfew have proven the value of community midwifery services where midwives will go the extra mile to service to serve women with ANC and maternity services.
- Without midwives, the maternal and neonatal mortality and complications would be extreme.



## Recommendations

### Workforce policies, conducive working environment and capacity building

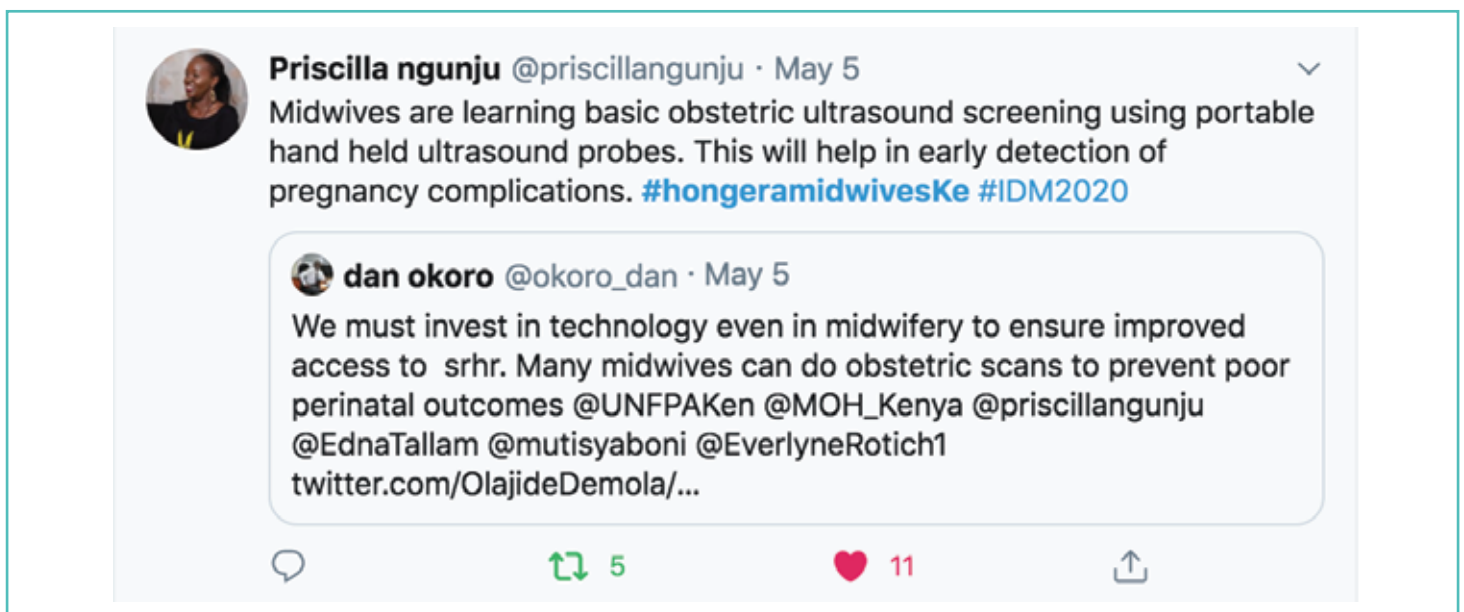
- Enroll more candidates in midwifery training colleges and deploy them after graduation to reduce the shortage of staff for maternity and newborn services.
- Provide an enabling and safe working environment by ensuring reasonable hours, adequate infrastructure, staff incentives, provision of equipment, update on evidence-based practices, availability of emergency drugs and functioning emergency referral system.
- Qualified midwives should be given a license to protect the rights of the midwives.
- The regulators should continually review the core curriculum and scope of practice to align to context and changes in health care environment.
- Establish or strengthen midwife mentor system and career guidance to motivate more people to become midwives
- In order to improve and sustain quality Midwifery care, identify Regional centres of Excellence where mentorship is done on relevant skill sets for professional development to maternity service providers during COVID-19 and beyond.

### Midwives and maternity services in the Covid-19 pandemic

- During Covid-19, all midwives should be adequately protected with personal protective equipment, risk health allowance, health information, and motivating incentives.
- Midwives should not be reallocated to other departments during the Covid-19 pandemic.
- The community health strategies and protocols should encourage midwives to provide their services directly to the women and key actors like CHVs acknowledging the challenges of movement restrictions during Covid-19.



- Midwives including those unemployed and retired should be oriented and employed to contribute in the Covid-19 response especially at community level.
- A multidisciplinary approach is needed to assist women to hospitals for maternity and newborn services during curfew hours.
- Invest in referral system including strengthening the role of CHEWs and CHVs to reduce overburdening the midwives and overcrowding the health facilities.
- Empower midwives to have stronger decision-making power in prioritizing their efforts during Covid-19
- National and County governments should prioritize midwives and solutions developed to address the diversity of challenges unique to each region e.g. allowing them movement during curfew hours.
- Midwives can be tasked in helping enforce the cessation rule in areas where the government have decreed red alert to curb the spread of Covid-19.



### Equitable access to quality maternity services

- Strategic demand creation especially in areas with low skilled birth attendance need to be enhanced e.g. by providing birth preparation session at the women's home.
- A proper referral system will greatly improve the level of care especially if there are good communication networks between the referral centers and peripheral facilities
- Setting up medical training colleges in low resource and marginalized areas to improve services in hard-to-reach communities.
- Increase health financing to maternal and newborn care for adequate facilities, commodities and equipment.
- Increase availability of ambulances and vehicles in the rural areas to transport women in labor
- NHIF to be remodeled to cater for Home visits and other community based SRMCAH service in order to facilitate UHC amid COVID-19 and beyond

## Innovation, technology and partnerships

- Utilize mobile and digital technology to provide women with credible information about their birth process and educate on the importance of safe delivery in hospitals.
- Invest in technologies such as obstetric scans and portable handheld ultrasound probes to improve early detection of complications and prevent poor health outcomes
- Use of vernacular radio stations to pass credible information about pregnancy labour and delivery processes to pregnant mothers especially from low social economic settings
- Use technologies to provide regular updates to midwives e.g. from the Yearly Scientific Conference of Midwives.
- Dedication of hotline extension at the call center for pregnant women and other SRMNCH emergencies not related to COVID-19



**Ademola Olajide** @OlajideDemola · May 5

Indeed communication is a critical ingredient of an effective referral system! Midwives are key in professionals in the referral chain for MNCH!

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**Mutisyaboni** @mutisyaboni · May 5

@OlajideDemola proper referral system will greatly improve the level of care especially if there is good communication networks between the referral centres and peripheral facilities.[#HongeramivesKe](#)

