

## **WOMEN'S LEADERSHIP IN SERVICE DELIVERY**

### **IMPROVING MATERNAL AND NEWBORN OUTCOMES THROUGH MIDWIFE MENTORSHIP**

#### **THE STORY**

I would like to share with you a story about a Midwife called Nurse K. During one of her night shifts in the Labour Ward at an urban health centre in Blantyre District, a client being hand-held by her next of kin, stormed into the labour ward. She had just had her baby on her way to the health facility, which is a long distance away from where she lives; and had been bleeding ever since then. The client was lethargic, disoriented and her condition was deteriorating by the very second. Nurse K quickly recognized this as an emergency; checked the Mothers vital signs and immediately identified that her client was in shock. What did Nurse K do next? She put up resuscitative fluids and remembering her mentorship through the Global Action in Nursing concerning management of patients in hypovolemic shock, immediately reached for the Non-Pneumatic Anti-shock garment which this very project had supplied their facility with. Nurse K quickly applied it on her client and continued to monitor her while awaiting transfer to the tertiary health facility (to be continued at the end). This is just an example of the many complications related to childbirth that Midwives working at all levels of health care encounter on a regular basis.

#### **BACKGROUND**

With 9 out of 10 pregnancies and deliveries in Malawi being attended to by Midwives; it is evident that if the country is to make advancements towards reducing the alarmingly high maternal and newborn mortality rates from a Maternal mortality rate of 439/100,000 to a desired 70/ 100,000 and Neonatal Mortality Rate of 27/1000 live births to a desired 12/1000 by the year 2030, a lot of emphasis must be made towards investing in increasing not only the numbers, but also the capacity of the Midwives, who experience the longest contact with these mothers and babies, to ably provide quality maternal and newborn care services.

## **PROBLEM**

Malawi is however faced by a Midwife to patient ratio of 1:1199 against the WHO recommended 1:175, meaning women of reproductive age are often subjected to substandard health care services.

## **WHY IS THIS OF INTEREST TO GLOBAL HEALTH AND WOMEN'S LEADERSHIP**

The health and wellbeing of women and children is of high importance to global health because they are at the core of the overall productivity of future generations; therefore directly influencing the wealth and prosperity of nations. But who better to advocate for provision of quality and dignified care for mothers and newborns than the professionals present throughout the spectrum of pregnancy (a majority of whom are Women)!

## **RESULTS**

The GAIN project has empowered midwives to improve the quality of care offered to women, their babies and families. We do this by first conducting a customized leadership and clinical skills training. To ensure the training has a long-lasting effect, we then implement twelve months of longitudinal bedside mentorship and low-dose high-frequency clinical workshops. At our pilot site, this led to a significant reduction in maternal and newborn complications in participating facilities between 2017 and 2018.

## **LESSONS**

The longitudinal mentorship program has proven to move midwives from a state of fear and dependency to proactivity due to interaction with, and role-modelling by an expert midwife mentor.

## **RECOMMENDATIONS**

Because of Nurse K's exposure to the GAIN mentorship program, I am overjoyed to tell you that her client survived! There is an African saying that goes "If you want to go fast, then go alone; but if you want to go far, then go together. GAIN aims to go as far as possible, extending throughout Malawi, to reach every single midwife so that every single mortality case gets rewritten into one of survival; and we're taking every Midwife, stakeholder, policy maker and developmental partner with us!