

Submission Title (Titre de Soumission)

The impact of longitudinal nurse-midwife mentorship on reducing maternal and neonatal complications in rural Malawi: The Global Action in Nursing (GAIN) project

Learning Objective (Résumé Objectifs)

The Global Action in Nursing (GAIN) project – a partnership between University of California, San Francisco, Partners In Health, and the Ministry of Health, Neno District, Malawi – sought to reduce maternal and neonatal morbidity and mortality through nurse-midwifery trainings and longitudinal clinical mentorship in maternal and neonatal health, including emergency midwifery skills, quality improvement (QI), Respectful Maternity Care, and the adaption and implementation of the World Health Organization Safe Childbirth Checklist (SCC).

Method (Résumé Méthode)

GAIN provided participants with short-course trainings followed by one year of on-site clinical mentorship, including SCC implementation and QI coaching. Participants were registered nurse-midwives and nurse-midwife technicians (NMT) working in maternity units at 10 rural facilities. We evaluated the program through tests on SCC knowledge pre- and post-trainings, direct clinical observations by mentors, and a review of Malawian DHIS-2 data. We analyzed monthly reports of maternal complications, delivery routes, and treatment given at each facility and compared pre- and post-intervention rates.

Results (Résumé Résultats)

Forty-five nurse-midwives participated in the first year of the program in Neno District. During the first year of implementation, obstetric complications in participating facilities decreased from 19.2% to 15.8% ($p=0.018$) and neonatal complications decreased from 19.6% to 16.3% ($p=0.003$). Mortality rates were statistically unchanged, though maternal deaths decreased from 7 to 4. There was also no significant change in mode of delivery or number of deliveries by delivery location (hospital versus health centre). Year 2 results for Neno District are currently being analyzed.

Conclusions (Résumé Conclusions)

Since nurses and midwives are the frontline providers of reproductive health care in Malawi, addressing quality gaps in nursing and midwifery care is a promising route to improving health outcomes. Longitudinal nurse-midwifery mentorship is a feasible and acceptable way to ensure that clinical improvements are sustained over time. Continued investment in nurse-midwife

training, accompanied by health systems strengthening, has a potential to improve quality deficits and therefore the health of mothers and babies in low-resource settings.