What is ALERT?

Insufficient reductions in maternal and neonatal deaths and stillbirths in the past decade are a threat to achieving *Sustainable Development Goal* 3. Overcoming the knowledge-do gap to ensure implementation of established evidence-based interventions will be key.

Our ALERT project targets the intrapartum care period and aims to develop and evaluate a multifaceted health system intervention to strengthen the implementation of evidence-based practices and responsive care in sub-Saharan African hospitals. The project will take place in in 16 hospitals in Benin, Malawi, Tanzania and Uganda.

The intervention will include four main components: (see also figure 1):

    i) end-user participation through narratives of women, families and providers of midwifery care to ensure a co-design of the intervention

    i) competency-based midwifery training as part of capacity building

    iii) quality improvement, supported by data from a clinical perinatal e-registry and

    iv) empowerment and leadership mentoring of maternity unit leaders

We will evaluate the intervention through a *stepped-wedge design* complemented by a *realist process evaluation* and *economic evaluation* to estimate scalability and costs. The perinatal e-registry will provide data for i) the quality improvement and ii) the impact evaluation.
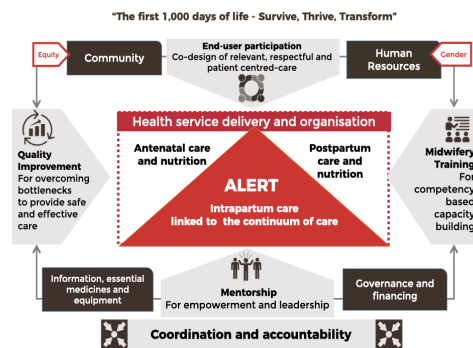
ALERT Consortium Partners

Fig. 1: Conceptual framework

Project Funder

For more information:

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@ALERT project, coordinated by Karolinska Institute
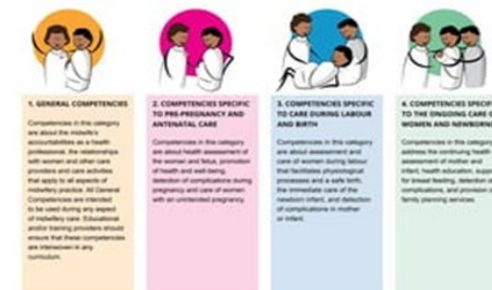
ALERT

Action **L**everaging **E**vidence to **R**educe perinatal mor**T**ality and mobidity in sub-Saharan Africa

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Are midwives ready to provide quality evidence-based care after pre-service training? Curricula assessment in the ALERT study countries

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Source: Moller AB, et al. Are midwives ready to provide quality evidence-based care after pre-service training? Curricula assessment in four countries—Benin, Malawi, Tanzania, and Uganda. PLOS Global Public Health 2022;2(9): e0000605.

Are midwives ready to provide quality evidence-based care after pre-service training? Curricula assessment in the ALERT study countries

Aim

The aim of this review was to map the context of pre-service training curricula for midwifery care providers in Benin, Malawi, Tanzania and Uganda, against the ICM Essential Competencies Framework to inform the development of the ALERT project nterventions.

Method

Study design and setting: A mapping review was conducted to map out the pre-service training curricula for midwifery care providers in the four ALERT study countries against the ICM Essential Competencies Framework. Additionally, interviews with the lead ALERT study midwives were conducted to elucidate additional information concerning the education system and national registration and licensing requirements of midwifery care providers.

Data collection: Data collection was carried out in two phases during 2021-2022. In the first phase online interviews were conducted with the four lead country midwives in the ALERT project to understand the land scape of training of midwifery care providers including the pre-service education system, professional titles, the tole of professional organisations as well as the local registration and licencing processes. The second phase of data collection included the mapping review of the pre-service training curricula for midwifery care providers.

Study tool: The data were extracted and processed in Microsoft Excel mapping the context of the pre-service training curricula against the ICM Framework. The ICM framework consists of four main categories: i) general competencies, ii) pre-pregnancy and antenatal care, iii) care during labour and birth, and iv) ongoing care of women and newborns. Overall, the ICM framework includes 317 indicators – 132 relate to knowledge and 185 to skills and behaviours.

Analysis: Indicators were considered as equally important – i.e. one point for each indicator - and hence the maximum score possible for a curriculum was 317 which denotes 100% alignment with the ICM framework. A curriculum was deemed to have met the essential competencies if it included similar objectives and content as the ICM framework. For each curricula summary scores and percentages (%) were calculated for knowledge components and skills/behaviours components within each competency category. In addition, summary scores for each of the four main categories and total scores for each curricula were calculated.

Results

Ten different midwifery care provider professional titles among providers working in the maternity wards were identified (Figure. 1).

Registered Midwife
Registered Nurse
Nurse-Midwife Technician
Registered Nurse-Midwife
Advanced Midwife Practitioner
Enrolled Nurse-Midwife
Master of Science in Midwifery and Women's Health
Enrolled Midwife
Registered Bachelor of Science in Midwifery
Masters in Nursing/Midwifery

Figure 1. Professional titles

The sharing of curricula is not commonplace in many countries as these are considered confidential documents within training institutions, however, we have been fortunate to obtain pre-service curricula from ten institutions.

We found that the percentage score of all ICM Essential Competencies for Midwifery practice included in the curricula ranged from 47% in Benin to 76% in Uganda respectively.

The main emphases of the training seemed to lie on childbirth care and the best scores for all the curricula were in the category *"care during labour and birth"* with the maximum score of 91% and no scores lower than 59% for any curricula.

The low scores were achieved particular to the indicators; "facilitate women to make individual choices about care", "appropriately delegate aspects of care and provide supervision", "reference to national and/or international guidelines and evidence to inform best practice, "care for women who experience physical and sexual violence and abuse" and "uphold fundamental human rights of individuals when providing midwifery care".

In addition, the course literature reading lists were mainly based on outdated textbooks and there was little evidence of reference literature to national and international guidelines or important scientific papers.

Conclusion

The review identified gaps in terms of knowledge and skills being taught, which may result in poor competence, thereby affecting the evidence-based quality care midwifery care providers are able to provide once qualified and entering the health workforce. Our findings indicate that gaps in pre-service training curricula were consistent across the study countries, with a lack of focus on woman centered care, information sharing and shared decision making, care related to women who experience physical and sexual violence and abuse as well as aspects concerning fundamental human rights when providing midwifery care.