



RELEVANCE OF NURSE PRACTITIONER MIDWIVES IN INDIAN STATES INCLUDING ASSAM

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ABSTRACT

Introduction: Midwives can meet nearly 90 % of the need for essential sexual, reproductive, maternal, new born and adolescent health interventions, Quality midwifery care provided by skilled and competent midwives of international standard can reduce maternal and neonatal mortality and stillbirth rate by 83% and with 56 maternal and new born health outcome. **Materials And Methods:** This paper is based on review of contemporary literature developed by the UNFPA, WHO, ICM, Indian Nursing Council and the Government of India, focussing on the importance of implementation of Nurse Practitioner Midwives of the global standards. **Findings And Discussions:** Amidst a significant shortage in the provision of effective primary care, jeopardizing millions of Indians' access to basic healthcare services, especially the poorest, it is very evident that nurse practitioners are the need of the hour in India. Their role in advanced practice could allay a significant portion of the shortage in the health workforce ratio, thereby, transforming their role as first contact providers. Taking lessons from well-established systems and evidences on the panoramic impacts of nurse practitioners in terms of cost-effectiveness, accessibility, holistic, and patient-cantered approach; their role is very significant for a country like India. Capitalizing on nurses in advanced practice to increasing patient's access to healthcare services will be appealing and beneficial. Health systems are currently hugely burdened and will require the involvement of nurse practitioners as the first point-of-care delivery personnel. **Conclusion:** Based on the identified contextual factors prevailing in India and other similar global initiatives and context designing and implementing Midwifery Led Care Unit (MLCU) along with a legal framework to enable midwives to provide full scope of practice in tune with the global standards to care for women during labour is the need of hour.

KEYWORDS : Independent Nurse Practitioner Midwives, Midwifery Led Care Units, Health and Wellness Center, Community Health Officer

BACKGROUND

Nurses form the pillar of India's healthcare system representing 30.5% of the entire health workforce in India. Amidst a significant shortage in the provision of effective primary care, jeopardizing millions of Indians' access to basic healthcare services, especially the poorest, it is very evident that nurse practitioners are the need of the hour in India. The current scenario of nursing in India warrants policy reforms to facilitate nurses as valuable primary care providers. It also shows the path towards making the Health and Wellness Centre operational by creating a pivotal role for the cadre in such centres, and it will also be important for the nurse practitioner to have a public health leadership role in a country like India. With additional training and qualification and also recognition of nurse practitioners as essential healthcare providers, a complete quality healthcare could be provided.

According to the World Health Organization estimates, there is an alarmingly low level of trained health personnel in many of the developing countries and also the doctor population ratio in India is 1.34 doctors for 1,000 population as of 2017.¹ The Ayushman Bharat Scheme launched by the Government of India (GOI) intended to address healthcare with two major components: Health and Wellness Centre (HWC) and National Health Protection Scheme (known as Pradhan Mantri Jan Arogya Yojana or PM-JAY) under its umbrella. Though the intent of the program to upgrade the health system is expected to achieve the goal of health for All, there is no evidence of a skilled health workforce in numbers for effective implementation. Considering the scale of importance, a skilled health workforce tops the pyramid of healthcare delivery systems².

Amidst a significant shortage in the provision of effective primary care, jeopardizing millions of Indians' access to basic healthcare services, especially the poorest, it is very evident that nurse practitioners are the need of the hour in India. Their role in advanced practice could allay a significant portion of the shortage in the health workforce ratio, thereby, transforming their role as first contact providers. Taking lessons from well-established systems and evidences on the panoramic impacts of nurse practitioners in terms of cost-effectiveness, accessibility, holistic, and patient-cantered

approach; their role is very significant for a country like India. Capitalizing on nurses in advanced practice to increasing patient's access to healthcare services will be appealing and beneficial. Health systems are currently hugely burdened and will require the involvement of nurse practitioners as the first point-of-care delivery personnel. This will require nurses to play an active role at the primary, secondary and tertiary levels of care within health systems.³

Midwives can meet nearly 90 % of the need for essential sexual, reproductive, maternal, new born and adolescent health interventions, Quality midwifery care provided by skilled and competent midwives of international standard can reduce maternal and neonatal mortality and stillbirth rate by 83% and with 56 maternal and new born health outcome. It is also evident that 87% of services can be delivered by midwives trained in international standards.⁴

INTRODUCTION:

Maternity services in India will need to cater approximately 35 million pregnancy per year by 2030.⁽⁵⁾ Government of India has committed to educating 90,000 Nurse Practitioner Midwives (NPM) to care women during antenatal, intra natal and postnatal period at Midwifery Led Care Units (MLCU)⁽⁶⁾.

In normal condition mother will give birth of the baby within this stipulated time. Essential obstetric care (Es OC) can adequately be provided by the competent midwives. In some conditions some exceptions might be there. Midwives identify the risk factors if any and take precautionary measures in time. Delay in identifying, delay in referring and delay in reaching the high health set up that is emergency obstetrical management facilities (Em OC) are the three main reason for developing serious morbidity and mortality of the mothers.

The unique role of the midwife is outlined by the International Confederation of Midwives (ICM), emphasizing the importance of partnership with women to promote health and self-care, advocacy for women to heard their voices, cultural sensitivity, and focus on health promotion and disease prevention that views pregnancy as a normal life event⁽⁷⁾.

Midwives around the world practice those principles while providing care in challenging settings, diverse populations,

health and social care needs, and women with complex economic and social inequalities. Prevalence of mental illness in the perinatal period, impacts of domestic abuse, ethnicity and deprivation, violence against women effects of on the experience and outcomes of maternity cycle. As globalization increases, we are seeing increasing inequalities the world over, and the highest levels of migration since the Second World War⁽⁶⁾.

MATERIALS AND METHODS

In this research paper investigator assess the need for nurse practitioners as primary contact providers; reflect on the global evidence on nurse practitioners linking to health outcomes, effective coverage and access to services. This paper is based on review of contemporary literature developed by the UNFPA, WHO, ICM, Indian Nursing Council and the Government of India, focussing on the importance of implementation of Nurse Practitioner Midwives of the global standards. Home-based care enablers of the referral mechanism, their untapped potential, and a plan for evaluating their effectiveness. This policy research paper focuses to build an argument for a policy towards making nurse practitioners the first contact providers.

“Midwifery Service Initiative” released in 2018, focus firstly on midwifery education system and midwifery led care unit. The initiatives aims to create a cadre of Nurse Practitioner Midwives who have a general nursing and midwifery diploma/ B. Sc/M. Sc degree and and who are currently working in a hospital.

Midwives place as central, the wellbeing of the woman and her baby, and locate that wellbeing within the woman's individual social context. Framing care in this manner leads us to prioritize creating a positive experience of care, promoting and contributing to the capability of women, forging secure attachments and bonds of love, and enabling joy. It enables midwives to think and see their role as practitioners differently from other health care practitioners within the health care system⁽⁹⁾.

FINDING AND DISCUSSIONS

Evidence shows that quality midwifery care, provided by midwives educated to international standards, reduces maternal and new born mortality and stillbirth rates by 83% and with 56 improved maternal and new born health outcomes. It is also evident that 87% services can be delivered by midwives educated to international standards. There also has been an increasing body of evidence globally that Midwife-led Care Units (MLCUs) can address maternal and neonatal mortality and morbidity by promoting quality and continuity of care through provision of women-centric care and promoting natural births. Where a model of midwife-led continuity of care (MLCC) is introduced, this reduces preterm birth by 24%. Beyond survival, quality midwifery care improves breastfeeding rates and psychosocial outcomes, and reduces the use of unnecessary interventions, in particular caesarean sections and increases access to family planning⁽¹⁰⁾.

High quality antenatal, intra natal and postnatal care is the important way to reduce the maternal morbidity and mortality. Utilization of intra natal and postnatal services is poor in the rural areas, which ultimately lead to increased maternal & child morbidity and mortality. Most maternal mortality deaths are either treatable or preventable, which indicates that maternal mortality among women could be avoided if critical interventions during ANC, INC, and PNC are undertaken. Most causes of maternal mortality—ranging from severe bleeding to eclampsia and sepsis—could be prevented by providing appropriate maternal healthcare with high-quality maternity services.¹¹ India with a population of more than 1.3

billion¹², the current birth rate is 17.163 birth per 1000 people¹³. The caesarean section rate is 11.9% in public hospitals and 40.9% in private hospitals¹⁴.

Standardized services to the mother during antenatal, Intranatal and postnatal period were provided at the state level by the department of health and family welfare in accordance with the national health policy. In present scenario once pregnancy is confirmed mother need to get registered in nearest health center and ANM/FHW/CHO with the help of ASHA, need to prepare the mother and child protection card. And track throughout. Nurse Midwives are estimated to manage only about 25% of all institutional birth¹. Reports of disrespect, abuse, and mistreatment during facility based child birth in India have been documented^{15,16}.

Nurse Midwifery Education to GNM/ B. Se./ M. Sc. Who are working in the state health system, modeled with 18 Months duration program to become an independent Nurse Practitioner Midwives¹⁷.

Women can learn preventive health care, healthy behaviour, warning signs during pregnancy from skilled health personnel during pregnancy, and receive social, emotional and psychological support at this critical time in their lives. Receiving antenatal care at least four times, which is recommended by WHO, increases the likelihood of receiving effective maternal health interventions. In addition, standardization of the definition of skilled health personnel is sometimes difficult because of differences in training of health personnel in different countries.

CONCLUSION

Based on the identified contextual factors prevailing in India and other similar global initiatives and context designing and implementing Midwifery Led Care Unit (MLCU) along with a legal framework to enable midwives to provide full scope of practice in tune with the global standards to care for women during labour is the need of hour. This will certainly have a positive influence on the Sustainable Development Goals (SDGs) and to the achievement to the universal health coverage.

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