



RESEARCH ARTICLE

INDEPENDENT MIDWIFERY PRACTICE IN INDIA

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ABSTRACT

India contributes a very high share to the global maternal mortality i.e death due to pregnancy related complications. Evidence from other countries shows that Midwifery based maternity care has reduced maternal deaths. Midwifery in India though an old profession not fully recognized by law, society, and health professionals. A study was done to determine the perception of nurse midwives regarding "Independent Midwifery Practice (IMP) in India". From a total of 363 samples 50-70% felt that the nurse midwife can perform the various aspects of maternity care independently namely antenatal checkup, recognizing high risk pregnancies, conducting normal deliveries, managing complications related to mother and baby during delivery. 72% of the midwives felt that registered midwives can practice independently, Mainly in setting like Primary health centre (PHC), Rural Hospital (RH), or a Govt Medical College hospital. 49% opined that the nurse midwife can run her own maternity home, among them majority felt that higher training is required with an additional 2-3 years field experience. 56% of the midwives said other medical professionals in the field will support IMP. 88% of midwives have answered positively for a govt post of midwifery practitioner. This shows high level of confidence in the midwives for IMP.

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INTRODUCTION

About 2,89,000 women died in the year 2013 of complications during pregnancy or childbirth. Most of these deaths can be avoided as the necessary medical interventions exist and are well known. The key obstacle is pregnant women's lack of access to quality care before, during and after childbirth. The progress in reducing mortality in developing countries is slow to meet the MDG targets (http://www.who.int/gho/maternal_health/countries/en/). International evidence especially from Sweden and Srilanka, shows that midwifery-based maternal health services, was successful in reducing maternal deaths in resource poor settings during the 19th and 20th century (Hecht, 2003). Although efforts were made to establish midwifery practices in India even in British times, yet midwifery is not recognized as a separate profession by law, society, medical and paramedical professionals even today (Dileep Mavlankar *et al.*; Handa). Unsurprisingly, India has a very low nurse-midwife to population/patient ratio compared to Europe (Dileep Mavlankar *et al.*; http://www.india-seminar.com/2009/604/604_dileep_at_al.htm). The present maternal health

situation in India is similar to the one that prevailed in Sweden during the 18th century and Sri Lanka in the early 20th century. Seventy per cent of India's population is rural and thus it is not possible to have doctors for all births. Reforming maternal health services by developing quality midwifery services, backed by referrals and emergency obstetric services will help provide locally accessible skilled assistance for all births and significantly reduce maternal mortality. If India still neglects midwifery development and keeps focusing on ineffective strategies of TBA training, training community volunteers (ASHA) or half-baked efforts through short training of ANMs without fundamental restructuring of rural midwifery services, maternal mortality is unlikely to decline rapidly (Dileep Mavlankar *et al.*, Dileep Kumar, 2005; Maternal Health Services'2003).

Problem statement

A study to determine the perception of nurse midwives regarding "Independent Midwifery Practice in India".

Objective of the study

To assess the views of nurses midwives regarding "Independent Midwifery Practice (IMP)".

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MATERIALS AND METHODS

Tool: Questionnaire regarding IMP in India.

Content Validity of the tool was done by 5 senior nurse educators and senior SOMI members. Consent was obtained telephonically from President and General Secretary of SOMI to conduct this study and for data collection from Principal, Bharati Vidyapeeth college of Nursing, Pune. Data was collected during the midwifery skill workshop of SOMI. After delivering explanation regarding the need and purpose of the research, the participants were requested to give their views about IMP in India and their willingness to contribute was considered as consent. A convenience sampling technique was adopted and the population included trained and trainee midwives.

Analysis of the data

Demographic data showed that, there were 72 trained midwives and 291 trainee midwives. Among them, 25 were males, 338 females. There were 349 students (pursuing MSc N, PBBSc N, BSc N, RGNM and ANM) 10 clinical staff and 4 teachers. Among the trained midwives 14 had more than 10 years experience, of which only 5 had experience in the midwifery area. More than 60 % of the subjects expressed that the trained midwives are allowed to assess and monitor pregnancies, give antenatal advices, conduct normal deliveries, give postnatal care, advices, and counseling regarding baby care. Whereas, 50% of the samples mentioned that midwives are not allowed to perform the activities like recognize and refer abnormal pregnancy and abnormal labour, manage obstetrical and neonatal emergencies.

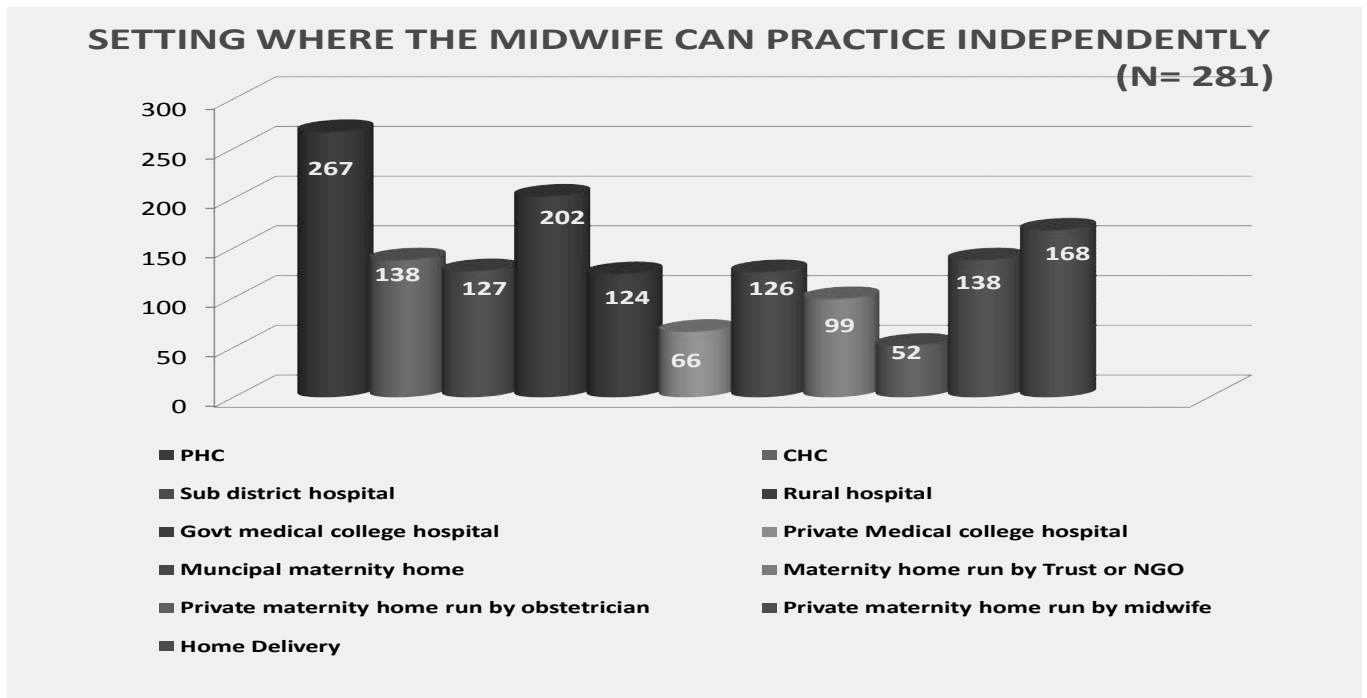


Fig.1.

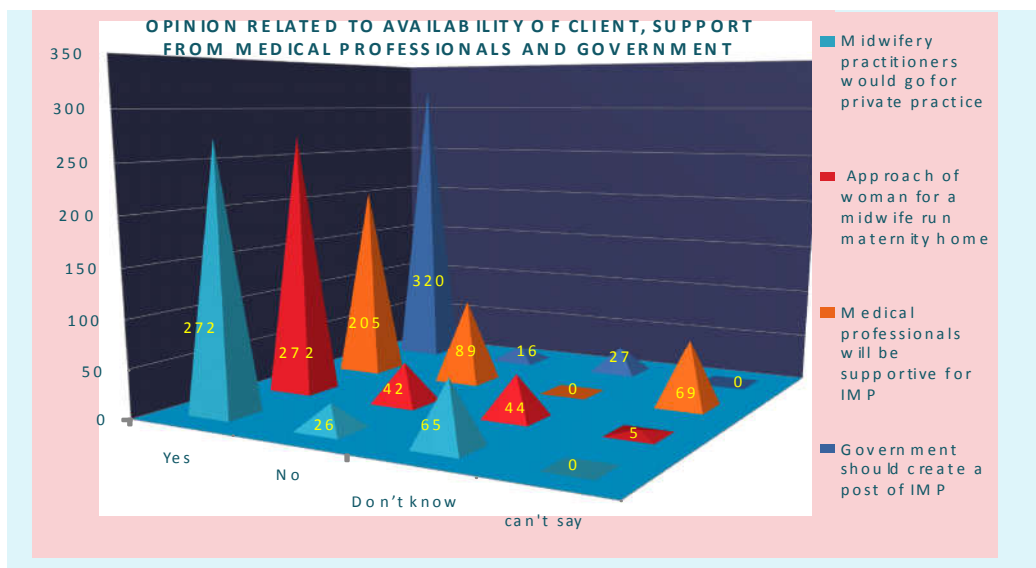


Fig.2.

It was heartbreaking to know that, 25% of the samples felt that, the midwife is not allowed to conduct a normal delivery which is probably also being their personal experience in the clinical area. It was good to note that, 72% of the subjects feel that the midwife is responsible for her own action but 28% of the subjects opined that somebody other than the midwife is responsible for the midwives action namely, medical personnel (14%), which indicates their readiness for accountability. In India, where every trained nurse is also a certified midwife, yet only 72% of the samples opined that, trained nurses are allowed to practice midwifery. Though the data was collected in urban areas where midwives are not seen practicing independently, yet 77% of the samples felt that, the midwives registered in state council are allowed to practice midwifery independently. Fig. No.1 shows that among the 281 subjects who said that independent midwifery practice is allowed for registered midwives, the following is the opinion regarding setting for the same in the government run health care delivery system in the India - PHC (95.02%), CHC(49.11%), sub district hospital (45.02%), Rural Hospital (71.89%), Govt medical college hospital (44.13%). As compared to this the opinion regarding setting where the IMP is allowed in urban area is less than 45%, even as low as 18.5% in private maternity home run by obstetrician. It is appreciable to note that, 49% of the subjects are of the opinion that IMP is possible in Private maternity home run by midwife but it is sad to note that about 60% of the subjects believed that, midwives could conduct home deliveries in India This shows lack of awareness of the government policy of compulsory institutional delivery. A significant number of subjects believed that, a higher trained midwife can practice independently. Though in Maharashtra, where course in Independent midwifery is not yet started, 40% of the subjects were aware about it and believed that the required training for IMP should be nurse practitioner in midwifery. A small percentage of the subjects have opined that, the trained dais can also practice midwifery independently, which is again not in accordance with the govt policy of skilled birth attendant who is essentially a health professional. About 59% of the subjects were of the opinion that the gender of the practitioner makes no difference for IMP. Seventy five percent of the subjects opined that, Independent midwifery practice would reduce MMR & IMR in India, would opt for private practice in near future and clients would approach a midwife who runs maternity home independently. Opinion obtained regarding years of practical experience required to gain confidence for a trained nurse midwife to practice midwifery independently ranged from 1 to 10 years and among them majority (60%) were in the range of 2 to 3 years. Collaboration with medical professionals will be needed for IMP. Only 56% of the subjects opined that other medical professionals would support IMP. In response for creating a post of Midwifery Practitioner in the government health care delivery system 88% of the subjects have responded positively.

Implications and scope for further research

It will be interesting to know the opinion of other health professionals and the Public related to independent midwifery practice with a larger sample. This can be a basis to demand for independent midwifery practice in Maharashtra, and strengthening midwifery practice in the country.

Conclusion

Society's demand for midwifery services, midwife's potential to meet the need and the support from the government will be the reasons for the development of independent midwifery practitioners in India (Bandana Das; Jasuben Patidar). At present the situation is fluid and there is confusion in the minds of the midwives. In response to these challenges, midwifery leaders and practitioners must define, legitimize, practice and popularize their profession.

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