Comprehensive Midwifery Model

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Mexico has made important progress in reducing maternal death over the past 40 years.

In 2013, the Maternal Mortality Rate was 38.2 deaths to 100,000 LN (Live Newborns) (9.7% less than in 2012); however, we have not been able to meet the Millenium Development Goal 5.

Over 90% of the deaths had prenatal care in health institutions.

Most births in Mexico are delivered by medical personnel in health institutions (98.2%).

Delivery care is concentrated in secondary level units. This has saturated these units and increased the risk of poor quality care.
Background

✓ There are relatively few physicians in the primary level; those present often do not attend deliveries. There is even a shortage of gynecologists and obstetricians in key hospitals.

✓ In several countries Professional Midwifery has been an effective method to grant high quality obstetric care.

✓ In Mexico, midwives have existed since pre-hispanic times to provide women with obstetric care. Currently 9,504 traditional midwives registered with the Ministry report on their activities.

✓ The federal MoH and State MoHs offer periodic training to traditional midwives to enable them to provide safe obstetric care.
In Mexico there are at least 4 schools that train professional technical midwives. However only two fulfill the requirements for graduates to receive a professional license.

In 2014, Mexico registered 78 professionally certified technical midwives attending deliveries.

Graduates in nursing and obstetrics ("licenciadas en enfermería y obstetricia" - LEO) and perinatal nurses (enfermeras especialistas perinatales - EEP) are trained with the competencies to practice professional midwifery, but few of them are hired to practice obstetrics, with the consequent under use of qualified human resources.
Some hospitals have **Obstetric and Perinatal Nurses practicing midwifery**, attending pregnancies and low risk deliveries

There are successful experiences in Costa Rica, Panamá, Nicaragua, and Colombia, in the **pregnancy, low risk delivery** and newborn care by **obstetric nurses** in the primary and secondary levels

There is a clear **need to strengthen the primary and secondary levels** to provide services respectful of women’s rights and cultural backgrounds, with high quality obstetric care for mothers and newborns

These existing experiences can help enrich the model proposed by the Ministry of Health
A range of health providers deliver obstetric attention: traditional midwives, professional technical midwives, Obstetric and Perinatal Nurses, general physicians and specialists in Gynecology and Obstetrics. However, they do not liaise effectively to provide optimum quality care for women, respectful of their culture and their rights.
Project Objectives:

✓ Strengthen obstetric and newborn care in primary and secondary levels, in a framework of respect for women’s rights, with cultural pertinence and high quality of care, especially in states with high levels of marginalization.

✓ Link and organize services granted by each of the professionals who provide midwifery care: Perinatal and Obstetric Nurses, Technical Midwives and Traditional Midwives, focusing their services on low risk obstetric care and effective coordination with physicians and personnel of the primary and secondary levels of care.
Project Priorities:

- **Link the midwifery services** existing in the primary and secondary levels of attention

- Encourage the effective **participation of the Obstetric and Perinatal Nurses** in obstetric attention, as **key elements for coordination**

- **Support the hiring process** and effective placement of the Professional Technical Midwives

- Train and accompany the **Traditional Midwives**
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Project Development:

- Prepare a diagnosis of midwifery in the selected states (pilot)
- **Link** the efforts between the “key” actors: National Nursing School, state Health Ministries (pilot)
- Select a **groundbreaking group** of Obstetric and Perinatal Nursing interns to do their year-long compulsory **social service and work** in the selected states
- Negotiate with state health authorities to enable Obstetric and Perinatal Nurses to attend low-risk deliveries
- Negotiate their hiring at the end of their social service internships
- Encourage the training of Perinatal Nurses in the pilot states
Project Development:

- Selected Obstetric and Perinatal Nurses will be given training in human rights, reproductive rights, intercultural studies, gender, negotiation, emotional intelligence and continuum of care, prior to their social service year.

- Ministry of Health personnel will provide support to the interns and Perinatal Nurses throughout their work.

- With the support of Ministry of Health, the Obstetric and Perinatal nurses will link with other midwives in the state.
Project Development:

- Together with the National Nursing school, Obstetric and Perinatal nurses interested in participating in this model will be identified, in order to update their skills and place them in designated states.

- The Center will work to achieve acceptance of the Model by the medical personnel in the health care units.
Follow-up and Evaluation of the Project:

- **Indicators** of the process and the results of the process of the continuum of attention will be applied

- **Follow-up and evaluation reports** of the process will be made every four months and at the end of the year

- As a product of the follow-up and evaluation, **improvements will be implemented**

- The development of the model **will be documented** as it is being put into action
Advances:

- Collaboration with the National Nursing School, Health Services in Tlaxcala and other states has been established.
- 17 Perinatal and 6 Obstetric Nurses will develop the model in the state of Tlaxcala, providing obstetric care at the primary level.
- Initial training has been given and subsequent courses will be held in Tlaxcala.
- An obstetric hospital in Tlaxcala state where Obstetric and Perinatal Nursing interns have been placed, has initiated its service.
Thank You

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