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Introduction of professional midwives in Bangladesh



A three-years Diploma in Midwifery course started in 2013 January. There are 38 nursing institutions with midwifery education in the public and 17 in the private sector including BRAC University with an annual intake of 975 and 590 seats respectively.

The total number of Registered Licensed Midwives is 2131 (BNMC, August, 2019). Among them 944 are waiting for Public Service Commission examination for recruitment in the Government health settings under the Directorate General of Nursing and Midwifery. Moreover, 1206 graduated midwives are waiting for licensing examination under the Bangladesh Nursing and Midwifery Council. There are 1149 registered midwives have been deployed in public health sectors in July 2018 at the Upazilla Health Complexes and Union Health Facilities. A number of registered midwives have been deployed by the UNFPA and other organization in the humanitarian crisis areas to provide a wide range of Sexual and Reproductive Health Services. These midwives are truly make a difference in saving the lives of mothers and their babies. The Global Affairs of Canada, DFID and Sweden are providing excellent supports to the Bangladesh Government to strengthen the midwifery in Bangladesh to ensure quality of midwifery services.

Midwifery Faculty Development

One of the biggest challenge on introduction of professional midwifery education is dedicated midwifery faculty. In response to the midwifery faculty development, a blended web-based master program on sexual and reproductive health and rights (SRHR) with the technical support from Dalarna University, Sweden is introduced. Ninety faculty graduated till December 2019 and 30 will be graduated in December 2020. This online as well as onsite program's development and implementation is the joint success of MOHFW, DGNM, SIDA, UNFPA and Dalarna University.

Midwifery Conference:



HOPE Foundation for Women and Children of Bangladesh organized the '1st HOPE Midwifery Conference 2019' which was held on 28 & 29 September 2019 at Long Beach Hotel, Cox's Bazar.

Additional Director General (Health) of the Directorate of Health Services inaugurated the conference as the Chief Guest. She delivered her important words that "I am very glad knowing that the foundation has created the first



ever midwifery conference to address continuing education, networking and capacity building among the professional midwives from the government and private sectors to improve their clinical knowledge on maternal and newborn health in Bangladesh. UNFPA Representative in Bangladesh delivered a special presentation on "Midwives: Saving lives with quality, equity and efficiency". She mentioned that reiterated UNFPA's commitment to support the midwifery education and services in Bangladesh.

Challenges and way forward

Although there has been great achievement for midwifery education and services, there are still gaps which include inadequate posts for midwives and gaps in quality education as midwifery faculty are not yet midwives and proper supervision and clinical mentorship support for midwifery students. The conducive environment for midwifery services need to be ensured as per scope of midwifery practices.

Midwives attend in Women deliver conference: (Maksuma CoxBazar)



The Women Deliver 2019 Conference have been taken place 3-6 June 2019 in Vancouver, Canada and was the world's largest conference on gender equality and the health, rights, and wellbeing of girls and women in the 21st century. I am maksuma (midwife) who working at RTMI at Cox bazar. I was so much excited when I got the opportunity to attended

an international conference as a midwife. It was served as a catalyst for advocates working to achieve a more gender equal world. Over 165 countries where I was the representative of Bangladesh. The main objective of this program, Uniting Forces to Ensure Female Genital Mutilation/Cutting (FGM/C) is a Practice of the Past, Global Midwifery Symposium, Making the Case for Her: Breaking Taboos around Women and Girls' Sexual and Reproductive Health, Women Deliver... Or Not: Breaking the Silence on (In) fertility etc. It was a memorable journey for me. I was so much excited when I got the opportunity to attend an international conference as a midwife. Most of the sessions that I present was about women's power, Gender equality, Addressing Human Rights, Mobilizing Women's Power, Creating a Gender Equal World

Midwives take up fight against child marriage in Bangladesh

Midwives, whose primary role is to help mothers in childbirth, have engaged themselves in fighting off child marriage which is widespread in Bangladesh.

So, I am grateful to be a participant Women Deliver Conference Team, UNFPA, and RTMI to give me that kind of wonderful opportunity.

In additional, I would like to request UNFPA team to create such opportunities so that another midwives can get such opportunities.

Skill Lab Training



Training of Trainer (ToT) on midwifery skills is the major component of faculty development plan for the dedicated midwifery faculty under the project of “Strengthening the National Midwifery Programme through DGNM” supported by UNFPA. This skill lab training was started in 2018 with the 70 dedicated midwifery faculty from 38 Nursing College and Institutes including mentors from Save the Children Bangladesh. Expert Midwifery Faculty from Dalarna University, Sweden supported this training every six-month interval to develop “Core Trainer Group” for conducting objective simulated clinical assessment (OSCA) as prescribed in the Diploma in Midwifery Curriculum. The responsibility of these core competent TOT group is to train the other faculty and students in their respective institute as well as primary clinical educational sites in 62 Midwifery Led Care (MLC) how to conduct OSCA properly.

Revised Diploma in Midwifery Curriculum

The Diploma in Midwifery Curriculum was approved and started in January, 2013. The existing curriculum has been updated as part of assessing and updating at regular intervals in terms of advanced medical, nursing and midwifery technology, social needs, emerging health issues and innovative health care delivery system including maintain the uniformity of educational quality across the country as the Diploma in Nursing Science and Midwifery Curriculum revised and implemented this year. The major adaptation is semester system has been converted to year end national examination system conducted by BNMC.



Stakeholder meeting on revised Diploma Midwifery Curriculum at the Bangladesh Nursing and Midwifery Council

Revised Standard Operating Procedures (SOP) for Midwives in Bangladesh

The Standard Operating Procedures (SOP) for Midwives in Bangladesh has been developed in 2016. The aim of the SOP is to improve midwifery service standard and competency. The compliance of the SOP is very important for improving the quality of care. Quality is a continuous journey and improvement of quality by updating of standard according to need is also very important to consider. The operating procedure for any given service delivery always needs time to time up-dating considering country context, updated version, needs skills, updated knowledge, expected services delivery,



addressing quality of care, evidence based practices, new ideas, expected results and also outcomes. This document is an updated SOP document considering the above mentioned areas including in this revised version added essential drugs lists for providing by the midwives which was challenging for them to manage emergency situation without authorized guideline. This updated SOP will be

Coordination meeting with donors

A coordination meeting was organized among officials from different organization and development partners to discuss the ways and means of strengthening nursing and midwifery in Bangladesh. The meeting will be organized quarterly at the DGNM to coordinate the activities and minimize the overlaps.



Coordination Meeting at DGNM

Nurse Managers' Orientation Training

Orientation training has been organized for newly promoted nursing officials including Deputy Directors, Assistant Directors of DGNM and Divisional, and District Public Health Nurse/ Midwife (DPHN & DPHM). The purpose of the training is to orient the nurse managers on the midwifery education and services. The content of this training was job description, SOP, Deployment policy and related documents on midwifery profession. In addition, introduced clinical checklist on midwifery performance for monitoring and supervision of midwives with full understanding to improve conducive environment for practicing midwifery.

Training on Evidence Based Midwifery Practices for Senior Staff Nurses

Training on Evidence Based Midwifery Practices for Ward In charge and senior staff nurses who are working at labour room has been completed at Rangpur Division. There are 70 participants are take parts in this training from 70 Upazilla Health Complex's. The purpose of the training are to share the experience and evidence developed in respect of providing quality maternal and neonatal care by Midwife, disseminate the information on the Govt. initiatives for the development of Midwife cadre, prevent harmful practices and minimize the nurse midwives conflict. Evidence Based Midwifery Practices is important because it provide the most effective care that is available, with the aim of improving patient outcomes. Patients expect to receive the most effective care based on the best available evidence, reduce cost of patient care which enhances the expertise of the midwifery profession

Monitoring visit of midwives



A joint monitoring visit was held among the representative from UNFPA, Global Affairs Canada, SIDA, DFID and GAC along with the officials from SNMP through Save the Children. The team visited Civil Surgeon Office, Patuakhali including Midwifery educational institute and college, clinical practices of midwives and clinical placement sites at the Medical College Hospital, district hospital and Upazila Health Complex with the purpose of monitoring the midwifery education and services program funded by the three development partners and implemented by UNFPA

A successful advocacy workshop held on Midwifery Led Care at the Civil Surgeon Office, Mymensingh including monitoring visit at Muktagacha Upazilla Health Complex, Mymensingh Medical College Hospital and DCEC, Mymensingh. In Muktagacha UHC- all units related to maternal health eg. ANC, PNC, labour, observation, VIA like one stop services for mothers.

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Advocacy workshop- Met Civil Surgeon who is committed and dedicated. The workshop held with 100% attendance and information on midwifery services was the focused discussion and how to improve maternal and newborn health in respective Upazilla Health Complexes.

Mentorship Programme on Midwifery Led Care for improving response toward normal to obstetric emergencies



There is currently a mentorship programme is going in 62 Upazila Health Complexes as Midwifery Led Care (MLC) centers with the aim to monitor and mentoring the midwifery services and using as clinical practice site for the midwifery students.



Midwives contribution in emergency case management

Joleha, a 19-year-old first time pregnant mother, came to the emergency department of Madarganj Upazila Health Complex with the complain of respiratory distress, swelling of both legs and blurring of vision on 25 September 2019. Just after reaching at the facility, she developed convulsion and became unconscious. Attending service provider (SACMO) urgently called the midwife who was working at Antenatal corner. Without further delay, the certified midwife Anjana, along with the diploma midwife Shima Khatun came to the emergency room for managing the patient. Realizing the severity, they also informed the medical officer and the nursing in charge. Certified Midwife led the team and started to stabilize the patient promptly. As a part of emergency preparedness, eclampsia kit box was available at the emergency room. They checked the vital signs and found raised blood pressure. Midwife cleared the airways, inserted intravenous cannula and urinary catheter, ensured Oxygen inhalation, and started Nalepsin (Magnesium Sulphate) infusion following national protocol. Diploma midwife monitored fetal heart rate and urine output. Soon after, Medical Officer attended the patient and added antihypertensive drug and suggested for termination of pregnancy as early as possible and took all necessary measures to refer the patient to the Jamalpur Sadar Hospital. After having loading dose of Nalepsin, patients' convulsion was stopped and pressure was reduced. Patient was then referred by hospital ambulance with the next bottle of Nalepsin.

“Well prepared PPH and Eclampsia management kit box helped us to receive Eclampsia patient with more confidence.” Said midwives. “Few days ago we attended a clinical session on Emergency management conducted by our Doctor. This type of session helps us to do our job with confidence” said Certified Midwife-Anjana.

Continued capacity building, emergency drugs and logistics ready for use and availability of emergency response team are prerequisite for dealing with obstetric emergencies” mentioned by Dr. Saiful Islam, UH&FPO, Madarganj Upazila.



Management of Eclampsia Case

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If I am not able to stabilize this patient on time, this condition could be fatal. This makes me courageous to take the decision.

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Eclampsia remains one of the main contributors of Maternal Mortality in Bangladesh. Delivering the baby is the only way to cure severe eclampsia. Oftentimes, the Gynae & Obs Consultant is not available at the Upazila Health Complex. Therefore, it is of utmost important that the patients are stabilized and referred to the District Hospital immediately.

On a rainy September afternoon, the Upazila Health Complex of Baghaichari, Rangamati, received a pregnant woman who was in a serious condition. According to her family members, she had started shivering and become unconscious just after having lunch. Upon checking her vital signs and other quick examinations, the Emergency Duty Doctor diagnosed her for suffering from Eclampsia. On admission she had difficulty in breathing and high blood pressure (170/110 mm/hg) with severe convulsion. The emergency doctor informed the on duty midwives to take initiative to stabilize the patient urgently. The midwife was completely aware of the situation and brought out all the necessary medicines right away. The midwife checked the vital signs and asked for urine test. Meanwhile she started inserting I/V cannula for proper medication after taking consent from her husband.

Tanaya said, "If I am not able to stabilize this patient on time, this condition could be fatal. This makes me courageous to take the decision."

This is the responsibility which the certified midwife on duty, Tanaya Chakma, has performed within a minute after receiving the patient. After receiving the first dose of medicine the patient become stable but she remains unconscious. The midwife was not found of any ante natal checkup document with the patient. The related information were gathered from her relatives to complete the administrative procedure for admission, initial stabilization & referral management.

She was 37 weeks pregnant with her first child. As per history Rozina was received only one Ante Natal Checkup from nearest Community Clinic during her third month of pregnancy. She gradually feels sick but neither her, nor her family felt the need to bring her to the health facility for consultation. She was visibly malnourished with no history taking folic acid, vitamin, irons and calcium for the requirement supplementation during pregnancy.

Although she had been suffering from severe headache & upper abdominal pain for some recent days but her husband and family members still not felt any importance for consulting with the Doctors. *"This is very difficult to travel in this hilly area like Baghaichari, from our place to high way only option is walking. So, if there is no emergency we usually not move for any physician consultation. "Her husband said.*

After initial stabilization, she was referred to the Rangamati District Hospital. The midwife contacted to the District Hospital and ensured the availability of ambulance for safe transportation. Finally, Rozina delivered a baby girl, weighing 2400 gm via C-Section.

Thus Tanaya saved Rozian's life by stabilized her at the Baghaichari Uapazila Health Complex and referred timely in a proper place for further treatment. Now Rozina and her family have realized the importance of regular ANC checkups & proper nutrition during pregnancy.

Midwives saving lives!

Manage emergency pregnancy during cyclone Bulbul

Bulbuli is an example of quality maternal health services provided by the Government of Bangladesh even at humanitarian settings.

A mother gave safe birth during the Cyclone Bulbul with the support of skilled birth attendants. The mother and child are both safe and sound with the help of two members

of the medical team. The baby's father, in light of his daughter's miraculous birth during this crisis named his daughter 'Bulbuli' after the cyclone.

A great day for Midwife...

A pregnant mother (Gravida-4 & Para-3) came to UH&FWC, Bomubilchori, Chakaria with true labor pain at 12:10 PM, she was regular client of ANC. Midwife checked and examined her gently after taking permission. At that time her OS was 3 cm dilated & show was present, fetal heart rate was also good. The mother was walking until the cervix was fully dilated, sometimes we helped her by massaging back side. She was able to take adequate fluid so we didn't use any IV infusion. Partograph was started at 2 PM when the cervix was 6 cm. And finally with all aseptic precautions she delivered a healthy female baby conducted by midwife (Jannat Ara & Shirina Akter) at 5:10 PM. AMTSL was done, no episiotomy was performed & there was no PPH. NVD was conducted on sitting position. Placenta was examined. Skin to skin contact was ensured for 2 hours and breast feeding was given within half an hour after birth.

A Success Story of Midwife

Ms. Jesmin Khatun

Midwife

Nayapara refugee camp primary health care cent

My name is Jismin Khatun and I am a midwife. I work in a natural disaster prone area (Teknaf) Nayapara refugee camp to help take care of refugee women. Thanks to UNFPA and RTM International for giving me the ground to help these refugees and helpless people in need.



I started working at Nayapara refugee camp, a primary health care center for Rohingya community, I had conducted more than 100 normal deliveries and also managed many emergency cases. Like; Eclampsia, PPH, Prolong labour, Obstructed labour, Breach delivery, Shoulder dystopia, CMR. Among them I have two events which are so memorable to me.

Just like another working day I was on duty. I was giving health education session to the mothers coming for ANC service.

Suddenly one CHW brings a mother and cries midwife please come it's an emergency. I received this patient who had heavy bleeding for 1 hour 3 min. I screamed for help and took mothers' history. She has 6 babies and delivered one healthy baby 2 hours ago at home by unskilled person. Placenta was not delivered. I emptied her bladder, put catheter and another midwife opened I/V channel, checked her vital signs. I checked mother fundus it's atonic. That time I gave 10 IU inj Oxytocin I/M and also 20 IU inj Oxytocin in drip. Still placenta not delivered. Then I delivered the placenta manually and after that bleeding got under control. Let her breast feed her baby and kept the mother under close observation and checked on her frequently Uterus, bleeding, pulse, BP, temperature, respiration and urine output.



I felt relieved when the mother's bleeding stopped and I was able to help save a mother's life and give a newborn to her. Mother's attendees were very pleased with me and they showed me with prayers. Really it was one of the most memorable experience in my midwifery life .



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