



## Directorate General of Nursing and Midwifery Midwifery Newsletter in Bangladesh

### Leaving no one behind



Directorate General of Nursing and Midwifery (DGNM) is concerned about the challenges of women education and empowerment which concentrated their focus on marginalized people who are living behind. In 2016 and 2018 DGNM was provided ten scholarships to the students from different marginalized community including Santal, tea garden workers and monipuri from SNMP project through DGNM.

Among them Silvia Mardy, Minoti Murmu, Nipa Saren, Milina Soren and Felomina Hembron were

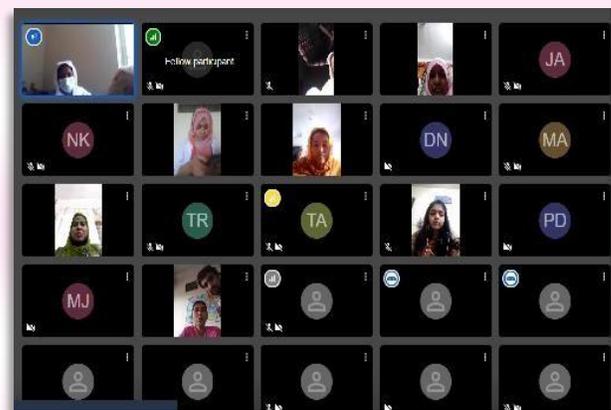
admitted to the diploma in Midwifery program in 2017 at "LAMB" Nursing institute Parbatipur, Dinajpur. These five young midwives from Santal community were received scholarship in 2016 and they have been graduated in December, 2019 and licensed in early 2020. Currently they are working in the UNFPA funded project in their own community to provide culture responsive care to the women and newborns. Another five will be graduated in December, 2020. All of them are very much grateful to the DGNM and UNFPA for helping them to continue their study. They are committed to provide quality SRHR care and aware about their responsibilities and scope of practices as a midwife



*Midwives provide services*

### Virtual Training on Evidence Based Midwifery Practices (EBP)

In this Covid-19 situation, pregnant women are often at higher risk of unsafe home deliveries, which can lead to long term health consequences. Two days virtual training on Evidence Based Midwifery Practices (EBMP) was organized in September 2020 by DGNM. There were 63 participants attended in the training session. The participants were ward in-charge from labour room, senior staff nurses and midwives from the different Upazila Health complexes (UHCs). The purpose of the training were to share the experiences and evidence developed in respect of providing quality maternal and neonatal care by midwives, prevent harmful practices and minimize the nurse midwives conflict that create enabling environment for midwives.



*Virtual EBP Training*

## Monitoring Visit for better health care service

The present situation on COVID-19 spread worldwide, Bangladesh is one of the affected country and this is challenging to continue the SRHR services. As the Bangladesh in the phase of community transmission and COVID-19 positive cases are increasing day by day so, it is very difficult to visit the health facility regularly due to lockdown in many places.



**Monitoring Visit by DPHM at Patuakhali**

The DGNM organized virtual orientation training for the DPHN & DPHM before data collection from different Upazila Health Complexes of 19 Districts. Through, DGNM instructed to DPHN and DPHM to visit the UHCs on regular basis to supervise and mentoring the midwives to provide mentorship support to deliver quality midwifery services.

DGNM has taken initiatives to send a visiting team to assess the quality of midwifery services to ensure the monitoring system for the midwives. There are 4 Districts public health midwives and 13 Districts Public health nurses visited 81 Upazila health complexes in 19 districts from June 2020. The visiting team members were met with the concerned staffs and observed the facility management system during COVID pandemic and performance of the midwives. They have found many visible positive changes in the facilities which revealed in the following - Hand washing system, Family Planning, Post-natal care.

A structured checklist on maternity service readiness in response to COVID-19 was used to collect relevant data from the midwives. The checklist was developed by DGNM in collaboration with the Midwifery team of UNFPA, SNMP through Save the Children and BMS which are focused on 15 major components including 115 sub questions. The visiting team observed the components including; i) Hand wash station ii) Triage system iii) Separate maternity area for COVID positive sign/symptom women iv) Out-patient antenatal care for non COVID symptomatic patients, separate from COVID 19 patients v) Outpatient antenatal/ Clinical Management of Rape (CMR) COVID symptomatic patients vi) In patient antenatal, Intra-partum routine and emergency/complicated care for Non-COVID patients vii) Care in the emergency room for obstetric emergencies of COVID 19 cases viii) In patient routine and emergency care for antenatal and Intra-partum routine and emergency/complicated COVID 19 patients xi) Post Natal Care x) Newborn Care xi) Family Planning xii) Health Response to Gender Based Violence xiii) VIA and xiv) Others that mentioned the number of Covid-19 positive patients with NVD, PPH and Eclampsia and xv) Availability of IPC materials for service providers.



**Table: On Hand washing and PNC**

On the other hand, They have found some gaps in lack of available guidelines on care of pregnant women with infected or suspected COVID-19, unavailable Infrared Thermometers, gaps to maintaining triage, patients and their relatives were not conscious about the proper hand washing before entering the hospital and some facilities are not proving the VIA service for the women in some districts. Based on the gaps the visiting team members were recommended to-

- ❖ Advocacy to the managers to establish hand washing station and availability of water in the entry point at all the facilities and VIA services
- ❖ Ensure supply of Infrared Thermometers in all the facility for quickly identify the infected or suspected COVID-19 cases
- ❖ Ensure proper and timely reporting on monitoring
- ❖ Increase follow-up from the DGNM and DGHS
- ❖ Orientation on proper use of PPE for the midwives (donning and doffing)
- ❖ Arrange/ support for transportation for the DPHM/ DPHN to monitor frequently.

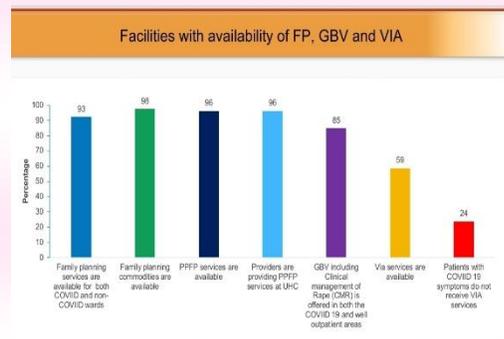
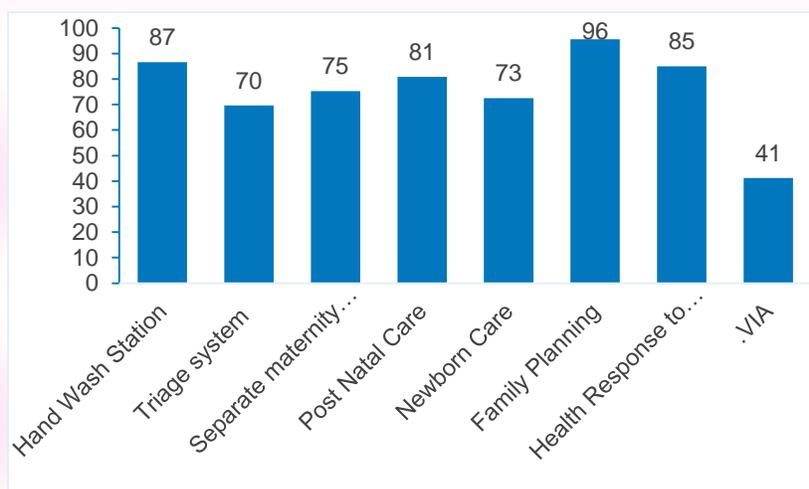


Table: On FP, GBV and VIA



This monitoring visit will be continuing in every quarter for ensuring the better health care services for women and newborns during this Covid-19 crisis and beyond.



COVID-19 Situation at CP 19 districts: Overall readiness on selected indicators

## Midwives provide high quality services to mothers and newborns in “Amphan” affected area



*Midwives checking pregnant mother at Choto bigha FWC Patuakhali*

In response to the SRH need of women and adolescent living in the Cyclone affected districts including Shatkira, Khulna, Barguna and Patuakhali, UNFPA have been deployed registered midwives in rural health facilities. Midwives are working along with the SRHR Service providers. These midwives are doing their best within this very short period of time. Midwives really get touch the heart of those affected people who were not getting any support since the covid-19 started. The people are so happy to get those young midwives. They are helping mothers in the facilities to ensure the most prevailing causes of maternal death as well as the following support

are giving to the Amphan affected area such as; Pregnant mothers that deliver at the Union Health facilities, Women and girls with any obstetric emergency/complication which needs referral. They are not only providing normal routine care and managing emergency including postpartum hemorrhage and Eclampsia cases.



*Midwives checking pregnant mother at Choto bigha FWC, Patuakhali*

Finally, UNFPA has given all the supports to get the facility readiness and also necessary delivery kits for those midwives to ensure better support to the pregnant and adolescent in those Amphan affected areas.

## Skin to skin care এর উপকারিতা

মাকসুদা খাতুন  
মিডওয়াইফ  
উপজেলা স্বাস্থ্য কমপ্লেক্স, রানীনগর, নওগাঁ



Skin to skin care হল ত্বকের সাথে ত্বকের যোগাযোগ বা সংযোগ। বাচ্চা জন্মের সাথে সাথে বাচ্চাকে পরিষ্কার শুকনো নরম কাপড় দিয়ে মুছে ২ ঘন্টা মায়ের বুকের ত্বকের সাথে বাচ্চার বুকের ত্বক মিলিয়ে রাখাকে বলা হয় skin to skin contact. এর ফলে বাচ্চা বুকের দুধ পান করে ও মা আত্মিক প্রশান্তি লাভ করে, বিধায় মায়ের মানসিক অবস্থা ভাল থাকে ফলে মায়ের oxytocin হরমোন নিঃসরনের কাজটি ভালভাবে হয়, আর এই oxytocin হরমোন মায়ের জরায়ুর উপর প্রভাব ফেলে জরায়ুকে সংকুচিত করতে সাহায্য করে যা মায়ের গর্ভফুল বা placenta কে জরায়ু থেকে অতিদ্রুত আলাদা করে ফেলতে পারে ফলে মা গর্ভফুল আটকে যাওয়ার মত মারাত্মক অবস্থা ও প্রসব পরবর্তী রক্তক্ষরণ থেকে বেঁচে যান। প্রসব পরবর্তী রক্তক্ষরণ বাংলাদেশে মাতৃমৃত্যুর অন্যতম বড় কারণ যা আমরা খুব সহজেই skin to skin contact মাধ্যমে বন্ধ করতে পারি।



Skin to Skin Care

এছাড়া Skin to skin care এর অনেক উপকারিতা রয়েছে। যেগুলোর মধ্যে অন্যতম হচ্ছে বাচ্চার তাপমাত্রা নিয়ন্ত্রণ করা। নবজাতক মায়ের বুকের সাথে সংযুক্ত থাকে বলে মা নবজাতকের শ্বাস-প্রশ্বাসের গতিবিধি খুব সহজেই অনুভব করতে পারেন। ফলে মা মানসিকভাবে নিশ্চিত থাকেন। বাচ্চা মায়ের বুকের উষ্ণতায় থাকে বলে বাচ্চার বুদ্ধির বিকাশে সহায়তা করে। মা ও নবজাতকের নিরাপদ, প্রাকৃতিক ও স্বাভাবিক প্রসব নিশ্চিত করতে এবং গর্ভবতি মা ও বাচ্চার সঠিক পরিচর্যার জন্য ইউনিয়ন উপস্বাস্থ্য কেন্দ্র বা উপজেলা স্বাস্থ্য কমপ্লেক্সে গোলাপি রংয়ের পোশাক পরিহিত মিডওয়াইফ এর কাছে আসুন। রক্তক্ষরণজনিত মাতৃমৃত্যুর হাত থেকে বাংলাদেশকে রক্ষা করুন। মিডওয়াইফরা মাতৃমৃত্যুরোধে নিরলস কাজ করে যাচ্ছেন।

## Story from Midwife

**Selina Akter**  
**Midwife**  
**Dhaka Medical College & Hospital**  
**OGSB mentorship programme supported by UNFPA**

Since 2019, I am working as a midwife in the Mentorship Program under the OGSB supported by UNFPA. I am working in the labour room at Dhaka Medical College Hospital (DMCH). I have conducted many normal deliveries. As a midwife I am mostly focusing to establish evidence-based care such as provide respectful maternity care, companionship during labour, hydration during labour, maintain partograph, conduct delivery in squatting position, active management of 3<sup>rd</sup> stage of labour, delayed cord cutting, skin to skin contact and initiate early breast feeding. Evidence based practices are vital, demanding and highly respected amongst health care disciplines because of its ambitions to provide the most effective care that is accessible, with the aim of improving patients' outcomes and satisfactory birth experience.



*Midwife provide Skin to Skin Care*

*Selina Akter Said, "For me all newborn look like an angel. I believe that the new born feel very safe on their mother's chest. I help mothers on baby's skin to skin contact after birth & I feel very happy as a midwife when I keep a healthy baby on mother's chest & witness of mother's smiling face. I can't express this feeling. I love my profession for giving me that opportunity"*

Since March 2020, Covid-19 hits Bangladesh, it's very challenging time to work in the Covid-19 crisis. But I am proud to say I am still practicing evidence-based care in DMCH. I am working fearlessly & willingly to provide midwifery services during this Covid-19 pandemic. I am very glad to get this opportunity.



*When someone asked me, where is my happiness? I said that, "Seeing a mother who is in pain, I helped her to deliver and take the newborns. I see her happiness when she holds her baby in her arms. I feel like I am happier than the mother herself at that moment" When I see mother smiling face with baby, I really feel very happy at that moment and it's my happiness". I really feel proud as a midwife to support the mother and newborns.*

**Aysha Khatun**  
**Midwife**  
**Sir Sulimullaha Medical College Mitford Hospital**  
**OGSB mentorship programme supported by UNFPA**

I am a midwife working at the Mentorship Program under the OGSB supported by UNFPA. When I was working in the labour room at Sir Sulimullaha Medical College & Mitford Hospital a pregnant woman was admitted in the hospital with labour pain. She was 32 weeks pregnant and 3rd gravida. In the time of admission, she was very much anxious because it was multiple pregnancies with previous bad obstetric history. Midwife (Ayesha) encouraged and brief her about the benefit of the vaginal delivery. After consultation with the pregnant women and her relative, they were agreed to conduct normal delivery.

Ayesha prepare the mother for vaginal birth through evidence-based care including provided food and drink to maintain hydration, monitor labour progress by using partograph and kept her in close observation. Finally, mother delivered, two males and one female healthy baby. I helped the mother to keep babies skin to skin, assisted to breastfed as a new mother and provided family Planning counseling to the mother. Ayesha Khatun Said that,

*"I feel proud to be a midwife to save mothers and newborns life.  
The mother and her family was satisfy with my services and pray  
for me"*

