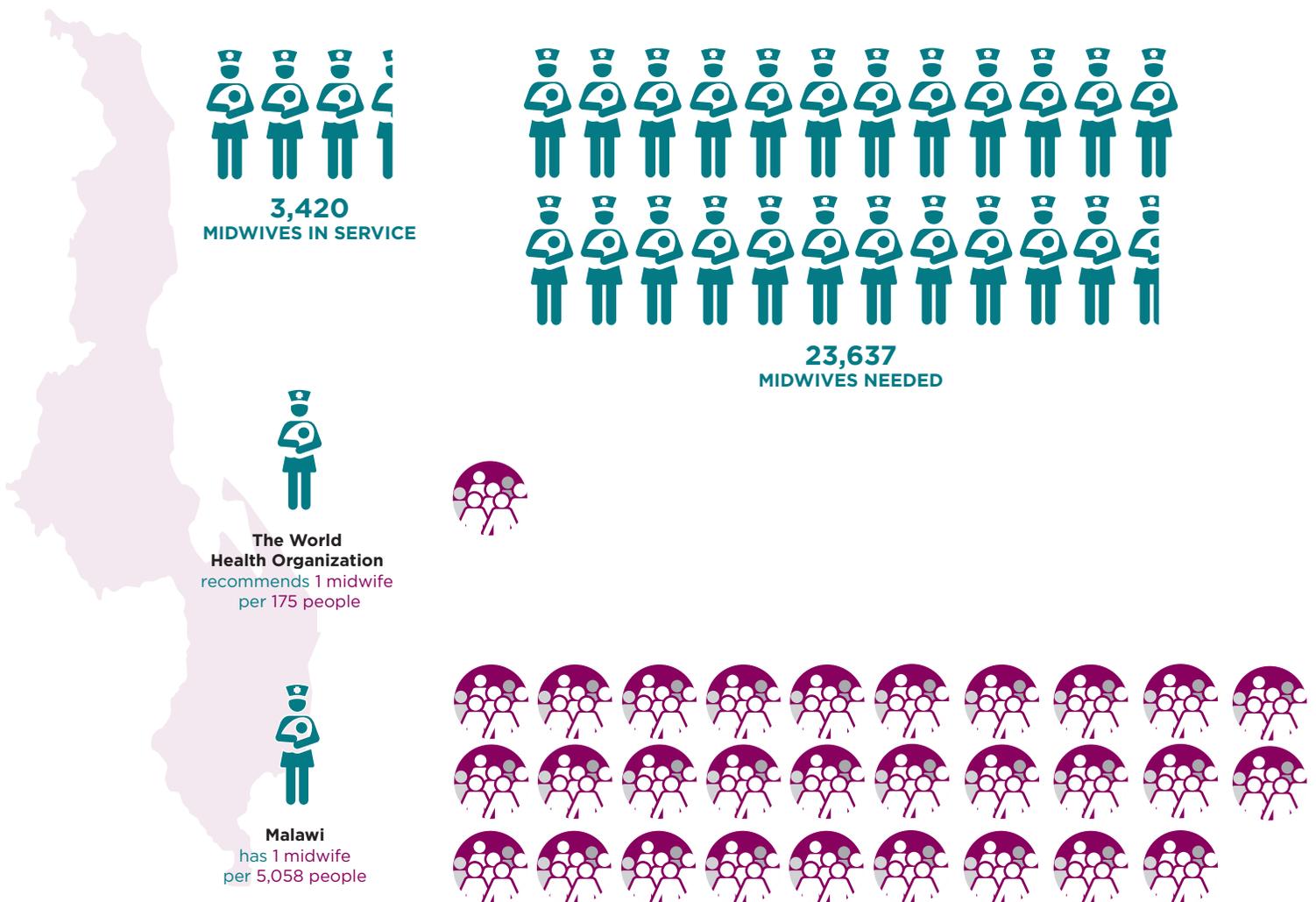


## Summary of a Count of Bedside Midwives in Malawi

By all measures, Malawi has a critical shortage of midwives, despite their enormous importance in reducing maternal and neonatal mortality and morbidity. These midwives work under strenuous conditions consisting of long hours in environments that typically lack medical equipment and necessary supplies. However, the passion of midwives is notable. Most derive job satisfaction from saving lives, being part of solutions to maternal and neonatal health, having a sense of independence in executing their job, and connecting theory with practice.

These are some of the results from a 2016 survey of bedside midwives in Malawi by the White Ribbon Alliance for Safe Motherhood, conducted by Prime Health Consulting and Services. The survey was a census to capture the number of midwives who spend more than 75% of their time on maternal and neonatal service provision. The results and recommendations are intended to inform policy decisions and advocacy in Malawi.



## Increase Number of Midwives

The census found that Malawi has 3,420 midwives in service and needs 20,217 additional midwives to support the current estimate of women of reproductive age. An increase in midwives will have a positive impact on service delivery and will reduce the burden on existing midwives, thereby improving working conditions. A national strategy to scale up midwifery in the country is needed.

## Gather and Disaggregate Data

Insufficient data from district to central levels calls for urgent attention. Given the dynamic nature of midwifery service provision, continuous investment is needed to establish, collect, and update the central level dataset under the Directorate of Human Resources. More must be done to gather information on age, sex, qualification, and geographical distribution of midwives, as this data could provide valuable information for midwifery workforce planning and decision-making.

Data from the Nurses and Midwives Council of Malawi should disaggregate according to professional cadres and levels of competencies, and registers should be separated between nursing and midwifery.

In addition, the government should develop common frameworks or tools (such as midwifery workforce surveillance) for counting midwives and measuring their skills and mobility. Other potential methods should also be explored and considered to continuously monitor midwifery retention and turnover at facility, district, and national levels.

More work is needed to understand the impact of midwives on health outcomes.

## Provide Incentives and Recognition

There is a need to offer incentives to midwives. While it is hard to offer financial incentives, a deliberate approach can be taken to scale up non-financial incentives, such as education opportunities or appreciation efforts.

Lack of rightful recognition of midwives, both at the operational level and as an independent profession, needs attention. There is a need for midwifery to have its own career ladder to allow midwives to progress in midwifery rather than progressing as a nurse. Further work is needed to develop a common understanding of the classification of different cadres of midwives.

## Train and Retain

A clear training plan for new and existing midwives, retention measures, and incentives are called for. With the help of modern technology, the Nurses and Midwives Council of Malawi could play a role in fostering provision of continuing professional development through electronic devices to train faster at reduced cost (no travel).

The Association of Malawian Midwives should periodically conduct a survey on women's experiences with midwives to feed into training programs. In addition, the association could develop programs or activities to promote midwifery as an occupation choice.

## Develop Guidelines to Protect Midwives and Patients

The Nurses and Midwives Council of Malawi should explore ways of safeguarding midwives from unwarranted punishment or reprisals by management when incidents occur due to causes beyond the midwife's control. However, this needs careful balance to hedge against potential negligence that may cost the lives of patients. Guidelines on objective investigation, clear sanctions, and appeal provisions are needed.

*Source: White Ribbon Alliance. "A Count of Bedside Midwives in Malawi." July 2016 Draft.*

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