## Contents / Sommaire:
**Oral presentations and workshops / Présentations orales et ateliers**

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Oral presentations and workshops

Présentations orales et ateliers
S01 Learning and teaching midwifery skills (English/French – anglais/français)

O 01 – Developing a mentorship programme in midwifery practice to strengthen competency-based education: experiences from Comoros, Ivory Coast, and Madagascar

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The purpose of this oral presentation is to share a unique programme created by the International Confederation of Midwives (ICM) with the support of Sanofi Espoir Foundation to apply the principles of mentorship to Competency-Based Education (CBE).

Demonstration of reflective thinking: Improving the quality of pre-service midwifery education programmes is vital to producing midwives able to provide quality care. The ICM’s Global Standards for Midwifery Education (2011, updated 2013) and Essential Competencies for Midwifery Practice (2011, updated 2018) set the international standards for pre-service midwifery education and the level of competence that all midwives should meet. However, many pre-service midwifery education programmes, especially in low-and middle-income countries, do not yet meet these standards and midwives are not educated to this level of competence. Educating midwifery teachers in CBE methodologies is one strategy to improve the standard of teaching within midwifery schools and thereby to improve the level of competence of midwife graduates as they enter the workforce. But it is well known that the acquisition of new concepts learned through training workshops is only as effective as their transfer into the actual classroom or clinical setting (Eckerman Pitton, 2006). It has also been shown that such a transfer is more likely to occur if the newly trained teacher is supported and encouraged in their use of these new concepts by one who has had the experience of utilising the concepts themselves, i.e. a Mentor. The ICM CBE Mentorship Programme is intended to bridge that gap between learning and practice by providing CBE Learners with additional skills to support the ongoing development of educators utilizing CBE methodologies.

Implications for midwifery practice include foremost the development of the teaching capacity of midwifery educators in the three countries of Comoros, Ivory Coast and Madagascar.
S01 Learning and teaching midwifery skills (English/French – anglais/français)

O 02 – Safer Births: A research and development project to improve perinatal outcome through innovative training and therapy tools

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Purpose
Every birth-related death is a tragedy, and on a global scale, too many babies continue to die due to lack of proper care. Every year 3 million newborns die and another 2.6 million are stillborn. 99% of these deaths happen in low resource settings.

Objectives
To Improve perinatal outcomes by supporting the prevention, detection and management of birth asphyxia through sustainable, feasible and adaptable training and therapy solutions

Methods
The project implemented in Tanzania with over 35,000 births per year. A research device was developed and to collect objective data on newborn heart rate and resuscitation. To address the gaps found in clinical care, innovative training and therapy solutions were developed to support improved care in newborn resuscitation and fetal heart rate monitoring. These innovations included: A smart newborn ventilation manikin (NeoNatalie Live), an easy-to-use newborn heart rate meter (NeoBeat) and fetal heart rate monitor (Moyo), and Upright bag and mask.

Results
A CUSUM Analysis showed that HBB and Safer Births tools led to 250 extra newborn lives saved. Abnormal fetal heart rate was detected much more frequently in the Moyo arm compared to the Pinard arm (8.1% versus 3.0%). Fetal heart rate abnormalities are strongly associated with fresh stillbirths and birth asphyxia. Upright and NeoNatalie Live supported improved care during newborn ventilation. The use of Upright resuscitators resulted in delivery of slightly increased tidal volumes, as compared to standard resuscitators, which is needed for a better outcome. The training manikins increased competence and confidence of providers during newborn resuscitation.

Conclusions
Overall, Helping Babies Breathe and the 5-year implementation study resulted in a steady improvement in perinatal survival.

Key message
Helping Babies Breathe and Safer Births bundle can improve perinatal outcomes.
Purpose:
The aim of the study was to develop strategies to facilitate simulation as a teaching methodology in midwifery education.

Methods:
The study design was qualitative, exploratory, descriptive and contextual, applying Kolb’s theory (1984) of experiential learning. Data was collected by means of focus groups with midwifery students and individual interviews with nurse educators. Saldaña’s method of data analysis was used.

Ethical implications:
Research ethics that were observed related to permission obtained to conduct study, informed consent, protection of harm, privacy and confidentiality. Guba’s Model of trustworthiness was adopted to ensure credibility of the research.

Results and conclusion: The study results revealed three main themes namely: participants experienced simulation as being beneficial, experienced barriers when simulation was used and addressed various recommendations how to strengthen simulation as a teaching methodology. Based on the themes three main strategies were: 1) mobilising resources, to facilitate the implementation of simulation in midwifery education; 2) create an environment conducive to supporting simulation education; 3) and design a relevant midwifery programme that accommodates simulation within the clinical module.

Implications for midwifery practice:
Implementation of simulation during the undergraduate midwifery training will constitute better prepared midwifery graduates. Such better prepared midwives could help reduce the prevalence of maternal and neonatal deaths in South Africa.
**Purpose:**
Cardiff University (CU) Phoenix Project is a collaborative engagement project with University of Namibia (UNAM). Namibia has a maternal mortality ratio (MMR) of 265 / 100,000 live births. The ambitious target of the sustainable development goals to reduce global MMR to less than 70 / 100,000 live births by 2030 will require a two-thirds reduction in Namibia. This is challenging within a facility-recommended service, where emergency skills are essential alongside an effective referral system in vast rural areas.

Midwifery education at UNAM is well-developed as a combined four-year nursing/midwifery programme. The Phoenix team worked closely with UNAM’s midwifery lecturers to identify a priority area for developing and delivering simulation education, based around skills to respond to midwifery/obstetric emergencies.

**Method:**
Train-the-trainer workshops in midwifery simulation were undertaken at UNAM Windhoek and Oshakati campuses, each with 24 midwives from education and clinical practice. Pre/post workshop tests were conducted. Follow-up evaluation study was undertaken, with ethical approval from UNAM.

**Results:**
Workshop evaluations were overwhelmingly positive, 95 % participants found the workshop very useful. Pre/post test questionnaires showed highly significant increase in knowledge, with mean increase in scores of 4.1 (95 % CI 3.4 to 4.8) from 13.7 to 17.8 (P<0.001).

In the follow-up evaluation, 100 % of participants strongly agreed / agreed they had learnt new skills; their perceptions and confidence to use simulation to teach skills for emergencies in labour had increased.

**Implications for midwifery practice:**
UNAM midwifery lecturers are leading by using the simulation workshops with undergraduate students to develop confidence in midwifery skills, in order that they can support women, refer appropriately and deal with emergencies in any care setting. Clinical midwives are leading through sharing their knowledge and skills by updating colleagues in their clinical areas. Cascading of skills training, using simulation, is vital to improve the care of women and babies.
Background: High maternal, perinatal and under-five morbidity and mortality are some of the formidable development challenges in Africa. The World Health Organisation estimates that worldwide, as many as 1500 women die everyday due to complications related to pregnancy or childbirth (WHO 2010). In Namibia, maternal mortality increased progressively and is estimated to be at 385 per 100 000 live births (MoHSS, 2014). Hemorrhage is the major contributor to maternal death, with poor interpretation of the partograph linked to poor outcomes (MoHSS, 2016).

Method: This study was a retrospective, descriptive quantitative, clinical audit. The researcher developed the data collection tool.

Purpose: The purpose was to describe the intrapartum management of women that gave birth between 1st December 2017 and 30th January 2018 using information recorded on the partograph at Katutura hospital.

Ethical implications: Permission was granted by the Ministry of Health and Social Services and Department of Nursing and Midwifery Sciences at the International University of Management.

Results: A total of 1258 deliveries took place during the study period. These includes 1026 (81.5 %) normal vertex deliveries, 224 (18 %) caesarean sections and 8 assisted deliveries. A total of 1026 women were monitored on partograph. Of these, 140 (14 %) of the records were reviewed. Only 53 (38 %) of partographs had contract recorded half hourly, 82 (58 %) had decent of the presentation part recorded, 54 (39 %) recorded maternal condition consistently, 23 (17 %) did not record fetal heart rate half hourly while 111 (79 %) did not indicate on which line of the partograph the woman delivered.

Implications for midwifery practice: Training is required to render evidence based care in Namibia. Hence, it is important that midwives are empowered with necessary knowledge and skills that are linked to job responsibilities and roles. Supportive supervision, mentorship of midwives, ongoing reviews and audits on the chart is necessary.
South Africa like some middle-income upper middle countries has a growing number of perinatal and maternal deaths. This challenge is despite the comprehensive basic and post-basic midwifery training programmes, the programmes provide a definite direction for the role of midwives in this country. However, advanced midwives are still not always adequately consulted by the general midwives in public obstetric units. As a result, pregnant and labouring women remain at risk.

The aim of this paper is to describe midwives' perceptions of not consulting advanced midwives in public obstetric units in the Nelson Mandela Bay, South Africa. A quantitative research approach founded on a descriptive, explorative and contextual design was used to determine the perceptions of Nelson Mandela Metropolitan obstetric midwives regarding consulting advanced midwives. The data collection tool was a self-administered questionnaire. Data was collected between July and September 2013 from 94 practising midwives in Nelson Mandela Bay obstetric units. To ensure the reliability of the questionnaire responses, Cronbach's alpha was used. The study found that advanced midwives are not being consulted by general midwives because they are perceived as lacking the advanced skills of advanced midwives. In order to determine the statistical significance of these findings, standard deviations and correlational coefficients for the consultation with advanced midwives by midwives were measured. Based on these findings, recommendations were made to assist practising midwives to use the skills of the advanced midwives and limit the delays in referrals and decision-making in the management of high-risk pregnant women in confinement.
O 34 – A review of the literature on current umbilical cord clamping practices by midwives and obstetricians across the world

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**Purpose**
To determine the uptake of delayed cord clamping at birth by midwives and obstetricians.

**Methods**
A review of the literature was undertaken using the search terms of “umbilical cord clamping, practices midwives, obstetricians” and the databases of “proQuest central, biomedical central and scopus”. The review identified five studies reporting umbilical cord clamping practices by midwives and obstetricians (two cross sectional, one observational, and two survey studies). The studies were conducted in Canada (n=104), Iran (n=xx), Netherlands (n=1120), United States of America (USA) (n=500) and Saudi Arabia (n=157).

**Ethical Implications**
No ethical concerns because it is a narrative review of literature.

**Results and conclusion**
Four of the studies had a response rate of above 80 %. THE USA study involving obstetricians had a response rate of 37 %. Studies indicated a slight shift in practice from ICC to DCC by midwives and obstetricians. Although a majority of participants in these five studies indicated some knowledge of DCC, their knowledge did not translate into daily practice as most (>50 %) were still practising ICC. This review uncovered several potential opportunities for improvement, which include previous training that emphasised the clamping and cutting of the umbilical cord immediately and umbilical cord clamping policies and guidelines were available in few hospitals in the reviewed studies.

**Implications for midwifery practice (women and families, education, research or policy)**
The literature review has revealed that the implementation of DCC into clinical practice is being done although at a slow pace and that midwives are more likely to practice DCC in comparison to obstetricians. Studies suggest that guidelines and policies on DCC may influence practice.
O 28 – Influences des perceptions des sages-femmes sur l’utilisation du dispositif intra-utérin dans les districts sanitaires de Yako et Gourcy

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Cette analyse a été effectuée à partir d’entrevues individuelles semi-dirigées réalisées auprès de quinze sages-femmes, cinq clientes et de sept observations de prestation. Les résultats démontrent que des informations communiquées par les sages-femmes aux patientes du DIU sont fonction de leurs propres représentations sur le DIU ; par ailleurs le choix de la méthode par les clientes est généralement fait par rapport aux informations communiquées par les sages-femmes.

En conclusion, il ressort que les perceptions que les sages-femmes ont du dispositif intra-utérin déterminent son l’utilisation.
O 29 – Contraception en milieu scolaire : connaissances, attitudes et pratiques chez les adolescentes (10–19ans) à Sabalibougou de Bamako/Mali

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Introduction: À Bamako, les premiers rapports sexuels sont contractés entre 10 et 13 ans ; et les premières grossesses à 16 ans. La contraception devient alors une priorité de santé publique surtout en milieu scolaire.

Objectif: Etudier la contraception chez les adolescentes (10 à 19 ans) en milieu scolaire à Sabalibougou dans le district de Bamako.


Résultats: Dans notre étude, nous avons constaté que la majorité des adolescentes (87 %) déclaraient connaître des méthodes de contraceptions et parmi elles seulement 52 % des adolescentes connaissaient au moins une méthode contraceptive et peu d’entre elles (21,25 %) pratiquaient la contraception.

Les un-cinquième (20,93 %) de ces adolescentes affirmant avoir eu leur premier rapport sexuel entre 10 et 13 ans dont plus de la moitié (53,75 %) avaient déjà commencé l’activité sexuelle et ont affirmé avoir utilisé le préservatif lors du premier rapport. Plus de la moitié (46,51 %) n’ont plus jamais utilisé le préservatif lors des rapports sexuels suivants.

Quatorze (14) adolescentes ayant eu une grossesse ont affirmé avoir pratiqué un avortement soit 42,42 %, et la majorité des cas a été effectuée au 1er mois de la grossesse soit 28,57 %.

Conclusion: L’utilisation de la contraception en milieu scolaire est influencée par la pesanteur socioculturelle, religieuse et par l’ignorance (Insuffisance d’éducation sexuelle).

Les solutions proposées face à ce défi restent l’introduction de l’éducation sexuelle dans les programmes scolaires et la création de centres technique d’appuis, d’écoutes et d’orientation des jeunes.
O 30 – La contraception chez les femmes seropositives en age de procreer

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La maîtrise de la croissance démographique et la réduction de la mortalité maternelle restent toujours un grand défi, il nous faut des interventions musclées en faveur de la population Burundaise en général et particulièrement des femmes vivant avec le VIH.

INTERVENTION
Pour cela, l’ABUSAFE a mené une étude pour montrer que la planification familiale donne aux couples vivant avec le VIH la possibilité de prévenir les grossesses non désirées et la limitation de nouvelles infections pédiatriques mais aussi contribue à garder les mères séropositives en vie.

MATERIEL ET METHODES
Une étude transversale à visée descriptive allant du premier 1er au 31 mars 2019 à la SWAA Burundi auprès de 210 femmes séropositives fréquentant la structure ci-haut citée.

Le travail avait pour objectifs de :
- Déterminer le niveau d’acceptation des méthodes modernes chez les femmes séropositives.
- Mesurer l’acceptation du partenaire face à la contraception

RESULTATS
Les injectables sont les plus préférées, néanmoins, une attitude favorable vis-à-vis des méthodes contraceptive modernes est encore très limité, seuls 39,2 % de nos enquêtées sont sous méthode contraceptive. 58,6 % discutent avec leurs partenaires de l’utilisation des préservatifs avant le rapport sexuel, 76 sur 123 femmes soit 61,7 % utilisent le préservatif comme la méthode à double protection à chaque rapport sexuel, les hommes n’acceptent pas.

LEÇONS
Les résultats de la présente étude nous aidera à faire le plaidoyer pour la réorientation des interventions pour la santé mère et enfant. A l’association de faire la sensibilisation auprès des femmes séropositives pour l’adhésion à la planification familiale.

Biographie
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O 31 – Intégration des services de santé de la reproduction/planification familiale/VIH au Burkina Faso

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Introduction :
Dans le cadre de la « caravane 100 jours pour convaincre les cibles de la planification familiale », une offre gratuite de prestations intégrées de méthodes de planification familiale longue durée, de dépistage des lésions précancéreuses du col utérin et du sein, et du VIH a été organisée pour les populations des zones traversées.

L'objectif de cette étude est de décrire la stratégie utilisée et les résultats obtenus.

Méthode :
Étude transversale descriptive avec recueil prospectif réalisée du 23 juin au 13 juillet 2018 dans 3 directions régionales de la santé (DRS), 5 districts sanitaires (DS), 36 formations sanitaires (FS), 16 communes, 144 prestataires.

Résultats :
Au total, 4394 bénéficiaires des prestations gratuites dont 871 en planification familiale avec 551 nouvelles utilisatrices de méthodes contraceptives modernes et 100 % ont assisté à des séances de communications pour le changement social et comportemental. 3523 femmes dépistées dont 07 cas suspects de lésions précancéreuses du col et 03 cas de nodules du sein référés. 906 personnes dépistées pour le VIH dont trois (3) positives. 9896 préservatifs distribués dont 9501 masculins et 395 féminins. 136 cas d’infection sexuellement transmissible pris en charge.144 prestataires mentorés sur l’intégration des services SR/PF/VIH pour la pérennité de l’activité.

Conclusion :
La caravane a été une opportunité pour offrir gratuitement des prestations intégrées de services de SR/PF/VIH. Les objectifs ont été pour la plupart largement dépassé. La mise en œuvre du mentorat des prestataires a permis la poursuite des activités après le passage de la caravane.
S04 Midwives in a humanitarian crisis

O 13 – Prioritization of midwifery in humanitarian and fragile contexts

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In an ambitious and committed world to achieve the Sustainable Development Goals by 2030, humanitarian crises, often man-made, are increasing and continue to affect the most vulnerable populations. In 2018, more than 135 million people, in 59 countries across the world, were in need of humanitarian assistance, of which over three quarters are women and children, and more than 5 million are pregnant at any given time, be they refugees, internally displaced persons, migrants or stateless people.

The impact of these crises is reflected, inter alia, on the health outcomes and well-being of individuals and communities and particularly on maternal and child health and reproductive health. Statistics show that 60 % of preventable maternal deaths and 53 % of under-five deaths occur in settings of conflict, displacement, and natural disasters and in fragile contexts.

Although the international conventions and treaties ratified by almost all countries have called for giving more importance to reproductive health in humanitarian contexts, it is still not well prioritized among other needs such as food, water, and sanitation, shelter.

This conference will be an opportunity to draw up the situation in the Arab region 25 years after the ratification of the programme of action of the International Conference on Population and develop (ICPD 1994) and open the debate on the measures to be undertaken to ensure that midwifery is one of the national priorities during the development and implementation of national preparedness and emergency response plans.
Purpose
Competent human resources for health (HRH) is one of the building blocks of efficient and effective health service delivery and its related outcomes. Attendance at birth by competent, skilled birth attendants equipped with appropriate supplies and equipment has been found to be strongly associated with the reduction of maternal and newborn mortality. Tanzania still registers high maternal mortality ratio at 556 per 100,000 live births.

Demonstration of reflective thinking
The Jhpiego led Maternal and Child Survival Program (MCSP) funded by USAID, collaborated with the Ministry of Health to improve the quality of midwifery pre-service education (PSE) in Mara and Kagera regions in Tanzania, with critical shortages of HRH and poor maternal health outcomes. The program supported updating curricula, developing/reviewing key PSE documents, strengthening faculty and preceptor pedagogical skills, improving clinical practice processes and tools, establishing/strengthening skills laboratories and clinical practice sites and introduction of an educational quality improvement approach, to improve nursing and midwifery educational quality.

Using objective structured clinical exams (OSCE) with 100 senior students (50 in each group), students from MCSP-supported schools scored an average of 80 % compared to 68 % from non-MCSP supported schools. Of note, the difference in performing newborn resuscitation was most marked, at 80 % average performance for MCSP-supported schools, compared to 56 % for non-MCSP supported schools. In addition, while a direct comparison cannot be made due to variation in the tools and participants, in the 2014 baseline assessment, newly deployed midwives graduates from the same regions averaged 25 % in a similar OSCE.

Implications for midwifery practice
The results identified a substantial difference in competency from MCSP-supported PSE institutions, as well as promising, sustainable improvements to the PSE system. It is important to increase exposure to clinical practice among midwifery students, including expanding the availability of clinical staff to supervise students’ clinical practice.
In March 2017, a group of 23 actively practicing clinical midwives was brought together from the inside conflict zone of Syria to gather information on their needs, as a precursor to designing an appropriate inclusive midwifery strategy for strengthening maternity care. These midwives represented a cross section of midwives working in both the public, non-governmental, private home clinic and facility settings. Focus Group discussions were undertaken with the midwives to obtain first-hand information about the realities that they are facing in the midst of war and to provide a baseline assessment of the immediate past and current situation for professional midwives.

Findings revealed that the concerns, challenges, and professional realities for these midwives are very similar to the those of midwives who are practicing in non-conflict settings. Challenges related to pay structures, safety, professional respect and clinical learning are featured highly in the discussions. Midwives were found to play a key role at the community level, which has become a more distinctive role since the conflict began.

Conclusion; Lesson learned in both high and low-income countries in both peace and prosperity can be applied to find solutions for the midwifery crisis in Syria and other conflict/immediate post-conflict zones. Adherence to basic quality standards of care and focus on competency levels is even more essential to providing basic maternal health care when health systems are in chaos. Moreover, investments in scaling up core competencies for midwifery have huge potential pay offs as midwives become a central focus for the health and wellbeing of women, new-borns and adolescents.
Background: Since August 2017 to March 2019, more than 745,000 Rohingya refugees fled into Cox’s Bazar in Bangladesh. Most of these refugees were women and girls, with 52% of them being of reproductive age. This quickly became one of the largest refugee crisis of the modern time.

Programme: From the onset, midwives worked on the front line to ensure both quality sexual and reproductive health (SRH) services and gender-based violence treatment. National midwives of Bangladesh have been the majority of this workforce. Initially, the services provided focused on the minimum initial service package, including clinical management of rape (CMR) and emergency obstetrical services (EmONC). As the humanitarian crisis became prolonged, services expanded to comprehensive SRH-care including 24/7 access to CMR, triage, referral, and EmONC, including C-section in addition to antenatal, birth and postnatal care, cervical cancer screening, and women-friendly spaces.

Challenges: As with most humanitarian responses, there are many players, and in the haste to reach those in need, services can be poorly coordinated. Midwives were present from the beginning, however, they also represent a new cadre of health providers in Bangladesh and required more mentoring and initial supervision than was anticipated. Additionally, humanitarian response care was not part of their preservice education. As a result, gaps remain in the refugee community for women’s access to, and utilization of quality midwifery-led care.

Implications for practice: Midwives can offer emergency care at the onset of a crisis and expand to comprehensive SRH services as the situation stabilizes. Quality and evidence-based midwifery care can be offered with coordination of participating organizations from the onset, with robust education, mentoring and support of new midwives.
S06 Capacity building the knowledge and skills of midwives

O 20 – Capacity building to improve the knowledge and skills of midwives in order to provide quality care services

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Purpose
The purpose of capacity building was to improve the knowledge and skills of health care providers, to enable them manage unanticipated complications related to bleeding after birth, pre-eclampsia and eclampsia, birth asphyxia and prematurity. The Rwanda Association of Midwives (RAM), with support from The International Confederation of Midwives (ICM), and in partnership with Laerdal Global Health (LGH) is implementing the 50,000 Happy Birthdays Project from 2018 – 2020. The project focuses on training midwives and other healthcare providers in the Helping Mothers Survive (HMS) and Helping Babies Survive (HBS) suite of training programs.

Demonstration of reflective thinking;
Capacity building workshops were organized to train, Facilitators, master trainers and trainers and champions in health facilities and teaching institutions. The Association is using LDHF approach to implement the project, and this project will run for 2 years (2018 to 2019). The LDHF approach is supervised to make sure that quality of training is not compromised. The programme activities are conducted in both health facilities and education institutions

The evidence is that, currently the following numbers have been trained. Fifteen Facilitators, Seventy Master Trainers, Seven hundred and sixty nine Trainers and Nine hundred and thirty seven Champions.

Implications for midwifery practice
At the end of 2019 Rwanda Association of Midwives will be having knowledgeable and skilled and competent midwives. The target is to train 8000 healthcare providers. Guidance will be provided on best practice for implementing activities in health facilities and education institutions. Preventable causes of maternal and neonatal morbidity and mortality will be reduced, through midwifery pre-service and in-service evidence-based trainings.
O 21 – Competency-Based Education (CBE) as a strategy of improving quality of midwifery education

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Competent (Fullerton, Gherissi, Johnson & Thompson, 2011) and evidence-based midwifery care are vital investments needed to improve the health of women and childbearing families globally as noted in the Lancet Series on Midwifery 2014. Increasing the numbers of well-prepared midwives requires competent midwifery teachers and clinical preceptors (WHO, Educator Competencies, 2013). The International Confederation of Midwives (ICM) is implementing this initiative to create a critical mass of midwifery educators and clinical preceptors who can institutionalize competency-based education methodologies in midwifery education institutions.

Midwifery gap analysis conducted in Africa between 2011 and 2015 showed the pillar of education was weak especially in 22 French speaking countries. Two workshops were conducted in 2015 (11 individuals) and 2016 (8 individuals). Five CBE continuing education workshops were conducted in French speaking countries (DRC, Gabon, Comoros and Madagascar) and five in English speaking countries (Zimbabwe, Tanzania and Rwanda). Seven CBE capacity development workshops conducted in French speaking countries (DRC, Gabon, Côte d’Ivoire, Comoros and Madagascar) and two in English speaking countries (Uganda and Tanzania). Focus of workshops: CBE teaching methods, learning activities, assessment and evaluation methods, based on affective, cognitive and psychomotor domains.

Follow-up of the 19 participants trained at global level through the ICM head office has resulted in: 3 having attained Master Educator status and 7 attained Master Teacher status. A total of 94 midwifery educators and clinical preceptors have been trained in French Speaking Africa and 53 in English-speaking Africa. Individuals were required to fill in pre and post self-assessment questionnaires and results were compared to determine areas of growth. Preliminary findings through self-assessments found that this initiative increased both midwifery competence and confidence of individuals who attended the CBE workshops. This has resulted in improvements in the quality of teaching. This will have positive impact on midwifery graduates.
O22 – Developing and implementing objective structured clinical examination (OSCE) to assess midwifery student’s competency on EmONC at School of Midwifery Makeni

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Purpose: Reports in Sierra Leone have shown that majority of midwives lack the required competencies to manage and make clinical decisions in obstetric and neonatal complications/emergencies, contributing to a continuing rise in maternal deaths and morbidities.

The best way to assess student’s clinical competency is through an OSCE. In meeting ICM standards, the OSCE should be integrated as part of formative and summative assessment while students are exposed to different patient/client over a broad range of skills.

In Sierra Leone there is no literature on the use of OSCE in both nursing and midwifery institutions available.

The purpose of this project was to develop and implement an OSCE as formative assessment for final year midwifery students’ clinical competency on EmONC.

Demonstration of reflective thinking (including relevant evidence):

The OSCE system of assessment has a high demand for human resources irrespective of the Gold Standard assessment worldwide. This poses a huge challenge for its use in low resource country like Sierra Leone, a likely reason why it has not been utilized in nursing and midwifery institution.

Implications for midwifery practice:

The OSCE as a method of assessing clinical competencies has an important implication in formative assessment as it provides the student with a constructive feedback from which the student can learn.

The integration of OSCE in curriculum and use of OSCE in Midwifery Schools in Sierra Leone will increase the competency of graduates in not only EmONC but provides the assurance that students/graduates who pass exams are ‘fit for purpose’ and capable of practicing safely in clinical settings.

The use of OSCE for the assessment of certification or licensing examination is important as the candidate who passes the exams is truly ‘fit for award’ and confident to practice in clinical settings. The Sierra Leone Nursing and Midwifery Board therefore should adapt this instrument for that purpose.
O 23 – Clinical learning environment and supervision: satisfaction levels of University of Rwanda students

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**Background:** Nursing and midwifery students need to learn theoretical knowledge and practical skills. Students are satisfied with the clinical education program when the environment is conducive to acquiring the knowledge, skills and professional attitude essential for their nursing career.

**Objective:** To assess the level of satisfaction with the clinical learning environment among nursing and midwifery students at the University of Rwanda.

**Methods:** This was a descriptive cross-sectional study design, using the instrument entitled, the Clinical Learning Environment Supervision and Nurse Teacher Tool (CLES+T). Two hundred eighty undergraduate nursing and midwifery students attending the University of Rwanda participated in the study. Data analysis used descriptive statistics.

**Results:** The majority of participants were highly satisfied with the clinical learning environment (58 %), ward atmosphere (54 %), the leadership of ward manager (58 %) and supervisory relationship (62 %). Chi-square results showed a significant association between class level (p=0.001) and last clinical placement (p=0.000). Some participants (7 %) were dissatisfied with the supervisory relationship in the clinical learning environment.

**Conclusion:** Most nursing and midwifery students were satisfied with the clinical learning environment. However, the reported levels of dissatisfaction showed that improvements are needed to attain a quality education and meet the Sustainable Development Goal (SDG) Four: ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

**Keywords:** Clinical placement, learning, student, satisfaction, nursing, midwifery.
S03 Teaching quality obstetric emergency skills

O10 – Maximizing the population covered by quality Emergency Obstetric and Newborn Care services in Senegal by modelling physically accessibility

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As women and newborns are at high risk of death during childbirth, investing in obstetric, particularly in EmONC, is essential. However, in Senegal, limited strategic planning for EmONC led to the spread of scarce resources across too many facilities and, in 2017, only 38 EmONC facilities functioned while the norm for this country recommends 157 EmONC facilities. UNFPA therefore developed an approach for Senegal to identify its EmONC facilities among the maternity units and to estimate the gaps in midwives in this EmONC network to strategically deploy and support them.

The choice of EmONC facilities was mostly based on their location in a significant population catchment area. The first step of the approach was to define the minimum number of births required in EmONC facilities for staff to maintain their skills in managing complications. Then, the number of births in each facility and the potential number of births within the corresponding catchment area at maximum 2h travel time, simulated with the ACCESSMOD software, were analysed. Finally, referral linkages, staff, especially midwives, equipment, and gaps in EmONC signal functions were analysed.

Using this approach in September 2018, Senegal is among the first country in Africa to define its network of EmONC facilities to maximize the coverage of the population by EmONC services while ensuring that selected facilities can become functioning over the next four years, based on the resources available in the country. The proposed network is composed of 142 EmONC facilities and is estimated to cover 92% of pregnant women living at maximum 2h travel time to the nearest EmONC facility. The need for midwives in these facilities is estimated to 81 in order to ensure quality of care 24h/7d.
Purpose:
This presentation will demonstrate how, by empowering midwives and other healthcare providers to have short, frequent practice sessions after initial training in the Helping Mothers Survive (HMS) and Helping Babies Survive (HBS) programs, quality of maternal and newborn care is improved.

Reflection:
Using LDHF methodology, which includes demonstration and simulation-based practice on anatomical models shows tremendous improvement of frontline provider’s knowledge, skills and attitude. The provider’s expressed satisfaction that this method improves their confidence, unlike previously conducted one-off training programs.

Implications for midwifery:
This training approach teaches senior providers the importance of mentoring and supporting the junior providers to keep practicing their newly acquired skills. Providing coaching and encouraging others has resulted in improved clinical practice. All members of the health care team benefit from the continued practice and they respond more quickly to obstetric emergencies which means that less mothers and babies die. Women also say that they are treated kindly during childbirth, which is due to Respectful Maternity Care messages and content included in all the HMS/HBS training programs.
O 12 – Quality of institutional care (QuIC) – an innovative approach to measure and improve emergency obstetric and newborn care services

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Purpose
Emergency Obstetric and Newborn Care (EmONC) services are essential in saving maternal and newborn lives but extensive EmONC assessments are expensive to undertake. The Maternal and Newborn Improvement (MANI) project in Bungoma county, Kenya, uses an innovative, fast and low-cost telephone-based approach – Quality of Institutional Care (QuIC) – to generate and disseminate facility-level data on EmONC service readiness. QuIC data is collected quarterly and enables informed actions to be taken to improve quality of care.

Demonstration of reflective thinking
The approach collects data on EmONC services’ availability and/or their enablers embedded in 10 health system quality domains: human resource, infrastructure, equipment and supplies, drugs, hygiene and waste disposal, management and governance, data management and admissions and referral. Quarterly data is collected through a structured questionnaire with midwives via a mobile application from 37 EmoNC facilities by sub-county teams in participating facilities since January 2016. Data is analyzed in MS-Excel and the results for each quarter are presented through simple, user-friendly scorecards, reviewed at facility, sub-county and county levels to catalyze evidence based decision-making and action.

Implication for midwifery Practice
The QuIC approach has been key in catalyzing informed action around EmONC services. At baseline-(Jan-Mar-2016), only two facilities had CEmONC functionality, and none provided all BEmONC signal functions. By September 2018, four facilities achieved CEmONC and 29 facilities had BEmONC functionality meeting WHO recommendations. At baseline, the least performing signal functions were newborn resuscitation (0 %) and removal of retained placenta (6 %) due to lack of supplies, equipment and skilled providers. In December-2017, as a result of QuIC, the performance of the same signal functions had increased to 92 % and 97 % respectively. QuIC has contributed to building the capacity of midwives to provide quality EmONC services and readiness improvements by enabling midwives and managers to identify gaps and develop plans to address them.
O 09 – Health workforce and provision of emergency obstetric care in the Arab region: an analysis

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The United Nations (UN) sustainable development agenda and the UN Secretary General’s global strategy for Women’s, Children’s and Adolescents’ Health call for specific and dedicated attention to maternal and child health in all contexts. Documented evidence indicates that ensuring skilled attendance at birth and management of pregnancy complications can reduce up to 33% of maternal deaths. A key intervention to address this challenge is ensuring that women have access to quality and equitably distributed basic and comprehensive emergency obstetric care (B/CEmOC).

Despite the improvements in key health indicators in the Arab region in terms of improving life expectancy and reducing maternal and newborn mortalities and morbidities, there are still unacceptably high inequities in the geographical distribution of such fatalities. A thorough desk review was conducted by the United Nations Population Fund – UNFPA in partnership with the League of Arab States (LAS) that looked into the linkages between availability and quality of health workforce – including midwifery – to provide B/CEMOC and address the identified inequities.

The analysis identified common challenges that – if addressed – have high potential to reduce mortalities including significant deficiency in the numbers of midwives required to fulfil the unmet needs for BEMOC, wasteful deployment of competent workforce, limited national vision to benefit from existing capacities of midwifery/specialist workforce to address service gaps in the provision of B/CEMOC, limitation in data on the quantity and quality, and distribution of the required human resources; widening gap between educational institutes and what the public needs in addition to the brain drain of competent professionals to other countries for a variety of reasons.

The paper concludes by making specific recommendations to increase investments in midwifery workforce in charge of B/CEmOC with appropriate educational, deployment incentives/motivational and retention systems/mechanisms to address inequities in distribution and quality of care provided.
O 05 – Development of a national midwifery strategy to guide investment and development in Somalia

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Purpose
In fragile settings, investment in midwifery is often fragmented and donor driven, with only basic services and trainings supported. Leadership, higher trainings, regulations and other areas are widely neglected. These factors, accompanying the shortage of midwives in Somalia (less than 2000 midwives for 12.3 million population[1]), the high youth bulge and population growth rate of 2.8 %[2] led to the recognition of need for a national strategy to guide midwifery investment.

Demonstration of reflective thinking
In 2018 a national midwifery strategic plan was initiated to reflect on the status of midwifery, prioritize targets and direct investment for development. Somalia is politically fragmented, but on reflection there was common ground in the recognition of midwifery as 'gold standard' of maternity care[3] and overall directions to ensure progress. The strategy development process was led by government authorities and midwifery leaders to ensure ownership, commitment and leadership.

Strategic objectives were developed to strengthen midwifery regulations, education, workforce management, practice and leadership representing the strategic directions of strengthening regulatory bodies and legal framework; education and research; employment and deployment; the workforce environment; and improved quality and professional leadership.

Implications for midwifery practice
The strategy raised the profile and prioritization of midwifery development in the government and aid arena, guiding investment and development, with local coordination to ensure progress, ownership and commitment. Activities previously neglected are in progress or on the fundraising agenda.

Strategy development has been valuable in Somalia. Investors are rarely midwifery experts, so some needs are rarely supported through lack of recognition. National midwifery stakeholders have prioritized and highlighted actionable areas for midwifery sustainability. This approach may be beneficial in other settings, developing context specific approaches.

[1] FGS estimates, 2019
The issue

Deaths of WRA from child-birth and other pregnancy-related complications remains high in Kenya; 362/100,000 live births. One of the SDGs targets is to reduce global MMR to less than 70 per 100,000 live births. Averagely for every maternal death, there are 30 women who suffer severe obstetric complications including obstetric fistula. Globally, over 2 million women and girls are living with fistula. Kenya has 1% VVF prevalence among WRA (KDHS, 2014). Low awareness, Limited VVF repair expertise and facilities leads to backlogging of repairs. UNFPA, through Amref has supported MOH build capacity of MNCH care givers on both technical and health system management (LMG) skills as twin enablers to reverse obstetric fistula and other obstetric complications.

Intervention and evidence

UNFPA and Amref initiated continuing education using blended eLearning to address targeted MNCH technical (vertical) and health system management (horizontal) skills for midwives using experiential learning approach. Upon completion each midwife implemented a quality improvement project. The MNCH content has been installed in 29/40 health facilities and mentorship of young midwives standardized with a toolkit that has been piloted with 47 mid-level MNCH managers. A Female Genital Fistula (FGF) manual has been developed to standardize VVF management. 119 midwifery managers have been trained on MNCH settings LMG skills and 72% of them have implemented their quality improvement projects in their facilities of origin.

Implications

In addition to technical skills, midwifery managers need health system management skills to reduce adverse perinatal outcomes. eLearning enabled MNCH training is cost-effective and doesn’t disrupt service delivery but content needs continuous updating and incentives to increase uptake by users. Mentorship of young midwives helps institutionalize quality of care but it also requires incentives for mentors.
O 07 – Contribution of e-learning to improve knowledge and skills of midwifery tutors in Rwanda

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Background:
In collaboration with Intel Corporation, WHO and JHPIEGO, UNFPA launched e-learning to strengthen capacity of midwives using multimedia e-learning modules.

The 2015 midwifery gap analysis revealed the lack of sufficient qualified midwifery lecturers, insufficient teaching materials and books to be among the main bottlenecks which affect the quality of education of midwives in Rwanda. The 2017 Analysis of the SRMNAH workforce in ESA region reported an unmet need for SRMNAH services of 41% in Rwanda. UNFPA Rwanda supported midwifery schools with e-learning materials which include core competencies of midwifery to improve quality of education. This abstract discusses main findings from the end-line evaluation.

Methodology
Descriptive study which enrolled 62 midwives’ tutors. Data collected using an open ended questionnaire. The data entry and analysis done by excel. An informed consent secured before enrolling participants.

Results
Ninety-eight percent of respondents were midwifery trainers with 2% nurses. Knowledge in managing Pre-eclampsia/eclampsia increased from 78% to 95% and managing puerperal sepsis increased from 64.1% to 75%. Skills level in essential new born care increased from 82.7% to 100% whereas skills in managing post abortion care increased from 76.6% to 85%.

Ninety percent reported e-learning as an innovative teaching approach which should be promoted across schools. User friendliness was reported by 80% of participants; “there is no need for you tube anymore” responded one young midwife.

Limitations
Descriptive methodology cannot determine causal relationship.

Program implications
E-learning is effective and user friendly. As developing countries strive to increase availability of qualified HRH, there is a need to tape in to opportunity presented by e-learning and expand further the pool of qualified health workers ready to provide quality SRMNCA health services toward achieving the SDGs.
S02 Investing in midwives (English/French – anglais/français)

O 08 – Growing community-based, integrative midwifery care to improve MNCH outcomes: a partnership of Makerere University, Yale University, and Mother Health International

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Despite considerable research into the reduction of perinatal mortality, mothers and babies die at an alarming rate throughout the Global South. The maternal mortality rate in Uganda is 343/100,000 (CIA, 2018). This rate is markedly higher in Northern Uganda. The infant mortality rate in Uganda is 54/1000, 10 times higher than anywhere in the Western hemisphere (CDC, 2016). However, there is a remarkable demonstration of how those statistics can be upended when a midwifery model of care is integrated and reflects the unique needs of the community. Ot Nywal Me Kuc, is a birth center that was established 10 years ago in northern Uganda. They have never lost a mother in over 10,000 births and have an 11/1000 infant mortality rate. When the birth center was founded women in the region had an average of 2 prenatal visits and only 11 % gave birth in a facility. Now they have 10 prenatal visits and 92 % give birth at the center. The 2014 Lancet Series on Midwifery demonstrated that over 50 maternal and infant outcomes are improved with midwifery care (Renfrew, et al, 2014) and over 80 % of maternal and infant deaths could be averted if midwifery were scaled up in countries that bear the greatest burden for poor outcomes (Homer, et al, 2014).

This presentation will use the evidence-informed framework in the Lancet Series to describe how this center has reversed perinatal statistics. Key elements include practice strategies, philosophy, values, organization of care within the region, and preparation of midwives. Critical to the model’s success is the collaboration of the midwives at the birth center with the traditional midwives in the region’s villages. Replication of the model to other settings will be discussed, as well as priorities for sustainability, midwifery education, and future research (Kennedy, et al, 2018).
S05 Improving the childbirth space for women

O 17 – Being-there: perspectives of women giving birth in Zambia

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Purpose: To understand the centrality of the childbirth phenomenon from the perspective of women giving birth in Zambia.

Methods: Interpretive phenomenological approach. Purposive sampling was utilised to recruit 50 participants from all the 10 provinces of Zambia. The ages of the subjects ranged from 16 to 38 years. The births (home and institutional) occurred between 2005 and 2011. Data were collected through tape-recorded in-depth unstructured interviews. Data analysis was performed using van Manen’s six steps of analysis.

Ethics: Ethics clearance was sought and given by the University of Zambia Biomedical Research Ethics Committee.

Results: The major theme of “Being-there” constituted by two subthemes, namely; “Feeling safe” and “Sense of achievement” emerged from the obtained data. The major theme elucidated the physical presence of the care provider, as well as feelings of safety, comfort, trust, being recognised and respected. The subtheme of “Feeling safe” explicated women’s feelings of being at ease and at peace with their care providers, while the subtheme of “Sense of achievement” clarified the participants’ expressions of pride that came through experiencing childbirth perceived by the woman giving birth to be satisfactory.

Conclusion: By being physically and psychologically present for the woman who was giving birth, midwives assisted in raising women’s confidence levels. Caring behaviours, such as showing kindness and respect, providing privacy, as well as making the women feel comfortable made a qualitative difference of the childbirth experience.

Implications for Midwifery Practice: The information showed that the main appeal for homebirths in Zambia was the provision of maternity care that encompassed the philosophy of Being-with-Woman. This care embraced the core values of the philosophy through the provision of maternity care that recognised the importance of caring behaviours, such as kindness, provision of privacy, and empathetic tone of voice of the care provider.
S05 Improving the childbirth space for women

O18 – Renovating Katondwe Hospital mother's shelter

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THEME:
Sharing midwifery practice experience
Key words: Advocacy, Antenatal care, Enabling environment

PURPOSE:
In rural hospitals, 60% of pregnant women are expected to deliver in health facilities for swift management of complications that may occur during childbirth. This submission highlights some challenges pregnant women in rural areas go through while awaiting delivery.

Background:
Katondwe Hospital (located in Rural Zambia, about 300km East of Capital Lusaka) currently has two structures being used as waiting shelters. These have been vandalized over the years leaving waiting mothers with no suitable resting place.

Design methodology/approach:
Data analysis of conducted facility deliveries.

Findings:
The Hospital in 2017 and 2018 recorded only 41.8% and 42.6% facility deliveries respectively, out of the expected 60% facility deliveries.

Implications:
Research to determine effects of poor conditions at waiting homes pre-birth should be undertaken in future.

Implications for midwifery practice:
Mothers coming from far places to await delivery at the hospital expect to live in a comfortable home away from home. However, the environment at the shelter is currently not conducive which may discourage waiting mothers from coming on time, reducing facility deliveries by skilled personnel and increasing risk of complications at birth. Sialubanje (2015) et al. states in his research conclusion that there is need to consider provision of basic social and healthcare needs such as adequate sleeping space, beddings, water and sanitary services, food and cooking facilities, and ensuring that nurses and midwives conduct regular visits to the mothers staying in the maternity waiting homes (MWHs).

Highlighted in this abstract are problems being faced by women in most rural maternal waiting homes thus in aiming to reduce maternal and neonatal complications at birth, attention should be given to the waiting homes.

http://doi.org/10.1186/s12978-015-0051-6 – "improving access to skilled facility-based delivery services: women's beliefs on facilitators and barriers to utilization of maternity waiting homes in rural Zambia"

https://doi.org/10.1093/heapol/czx100 – "role of maternity waiting homes"
O 19 – Descriptive analysis of midwifery birth centers in low and middle-income countries (LMIC) – a pilot study

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Background: Research in high-income countries finds that community-based midwifery birth centers are safe, cost-effective and highly satisfying models of maternity care when integrated into health care systems. Midwifery centers have been identified in over 56 countries, and are used throughout low and middle-income countries (LMIC), yet no analysis of their care in LMIC has been done.

Methods: A survey was developed with 81 questions, to assess 3 measures of care (safety, quality, and sustainability) based on American Association of Birth Centers birth center standards, World Health Organization MCH facility standards and White Ribbon Alliance Rights of Childbearing women. From the global database of birth centers at Goodbirth.net, a convenience sample of 50 midwifery centers in LMIC were invited to participate.

Results: 23 MLBC respondents, represented 10 LMIC with data on 3,549 births, participated in the survey. Results were stratified by individual center, country, outcomes, and quality of care and respectful care measures. There were 3 maternal deaths—all occurring at transfer sites, and 10 newborn deaths, 2 that occurred at midwifery centers, 564 transfers (16 %) with an average of 50 births attended a year per provider. Of the centers surveyed, an average of 70 % of BEmONC criteria were met, 88 % of the respectful care criteria, 84 % of quality of care criteria and 100 % of newborn care measures were met.

Implications for midwifery practice: Midwifery centers offer safe, high quality, respectful care experience for women that is facility based yet in their community. They strengthen the health care system by increasing access, using the referral system for safety and right-sizing birth care for equity and efficiency.
Maternal and neonatal mortalities need to be looked out into a broader context. Childbirth classes have been important maternity interventions in developed countries. In Tanzania, childbirth classes began in 2017 when seven midwives founded a Foundation for Childbirth Education with the aim of creating awareness to the public, midwives, pregnant mothers and their spouses about the best birth practices.

The Foundation for Childbirth Education in Tanzania envisions the communities that embrace healthy and safe childbirth, through improvement of community's confidence and knowledge on childbirth act and best birth practices to all pregnant mothers. The purpose of the childbirth classes is to help a pregnant mother and her spouse have information, self-assurance, and quality birth experiences, be satisfied and empowered in the act of giving normal birth to their neonates.

In Tanzania health care there are non-governmental organizations that deals with safe motherhood issues, such as White Ribbon Alliance, Tanzania Midwifery Association (TAMA), Jphiego, Swiss Tropical and Public Health (Swiss TPH), just to mention a few. However, none which provide childbirth classes with the particular focus of labour process to pregnant mothers and their spouses. Therefore, the Foundation for Childbirth Education (FCE) Dodoma, have taken this as a force driver and started to fill this gap. At this point the foundation members are involved in weekly volunteering activities, conducting childbirth classes in dispensaries and health centers. So far the team has already reached, 30 midwives, 415 mothers, and 19 fathers. The team appreciated audience's participation and questions, this demonstrated that families need information concerning maternal care.

This experience intended to improve the care as far as midwives practice is concerned. Certified Childbirth Educators should be developed in Tanzania healthcare. Tanzania midwives should realize the need for formal childbirth classes to support mothers and their family members during pregnancy and childbirth.
S07 Promoting good nutrition, preventing antenatal complications

O24 – Micronutrient status as predictors of low birth weight and pre-term delivery in women attending antenatal care in Lusaka, Zambia

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Purpose: measuring the levels of micronutrients in predicting low birth weight in pregnant women who attend antenatal care

Methods: This is an on-going cross-sectional study with multiple data collection at three-time points during first, second and third trimesters of pregnancy at Chilenje Hospital, Lusaka, Zambia. Blood was obtained and iron, zinc, calcium and selenium quantified by the OPTIMA DV 7000 Inductively Coupled Plasma and the nutritional status assessed by Mid-Upper Arm circumference. Data will be analysed by Graph Pad Prism 5 and Stata version 13.

Chi-Square will be used to analyse categorical variables, unpaired t-test and Mann-Whitney for comparisons of the levels of micronutrients between groups, ANOVA and Kruskal-Wallis test will be used to compare micronutrients within the groups at three-time point and Multivariate Multiple Regression to rule out confounders.

Ethical implications: Ethical approval was obtained from the University of Zambia Biomedical Research Ethics Committee.

Participants signed an informed consent. Privacy and confidentiality of all data and information collected was strictly maintained for study participants.

All data and information collected from the participants was kept in a secure place. Resuscitative equipment and drugs were made available in case of an emergency. Participants who were HIV positive were provided with a full package of HIV management according to WHO standards. The participants were in the natural setting and so were not exposed to any physical and emotional danger or harm.

Results and conclusion: Results will follow shortly as analysis is still going on.

Implications for midwifery practice (women and families, education, research or policy): To follow
**O 25 – Impact of childbirth education innovations into focused antenatal care on pregnancy outcome in Makueni County Referral Hospital, Kenya**

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**Background information:**
Child birth education (CBE) is an intervention that have been supported globally as one of the accepted preparation for safe pregnancy and child birth (World Health Organization, 2016; NICE, 2018). CBE offers the option to provide information about pregnancy, labor and birthing options which potentially improves birth outcomes. While this CBE is vital for good maternal outcomes, most clinics at Makueni county do not incorporate it in the usual antenatal clinic.

**Study aim:**
To assess the impact of integrating Child Birth education (CBE) as an innovation into focused Antenatal care (FANC) on pregnancy outcome within 48 months.

**Methods:**
Operational intervention study was conducted from October, 2015 to Sept, 2017 at Makueni County Referral hospital. It targeted the pregnant women attending ANC below 20 weeks gestation. The selected clients underwent four sessions of two hours in Childbirth Preparation Education with chosen partners, parameters of interest were HB, pregnancy outcome for mother – mode of birth, complications encountered during pregnancy, labour, birth and immediate post-birth for both mother and newborn.

Permission to conduct the study was provided by the county administration. After the education session at 38–39 weeks gestation the mothers were taken round to the relevant departments that will be involved in their care during childbirth.

**Findings:**
After CBE innovation in ANC: skilled birth attendance improved by 240 %, Post partum haemorrhage reduced 99 %, HB <10 gms reduced by 78 %, Caesarean section reduced by 89 %, Premature labour, fresh still birth and neonatal sepsis reduced significantly, Maternal and neonatal death were greatly reduced.

**Conclusion:**
The use of CBE improves pregnancy outcome and contributes to positive pregnancy experience. This innovation needs to be sustained and replicated in areas with high workload where key messages at individual level seems to be low especially to first time pregnant women.
O 26 – A criteria-based audit to improve the prevention and management of mothers with pre-eclampsia and eclampsia in Uganda

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Purpose: To improve the quality of care of mothers with severe Pre-eclampsia and eclampsia

Methods: Based on the audit cycle developed by Dr. Weeks, retrospective record review and exit document review of antenatal, labour and postnatal conducted.

Project design: It was a cross-sectional study data sources: Registers, admission records, mother’s antenatal (ANC) records.

Target sample size: 200 women/case records and 10 Health workers in Maternity.

Ethical consideration: Obtained administrative permission and support.

Data collection: Data was collected using structured questionnaires, from mothers attending ANC, case files for women admitted in labour and post-partum mothers admitted with severe pre-eclampsia and eclampsia.

Analysis: Data was computerised and analysed using SPSS Version 20.

Results: Majority of the mothers 96.1%, blood pressure were taken at antenatal. Mothers with blood pressure > 140/90mmHg majority 64.5% were not managed or referred for further management. Majority of the midwives did not know how to manage mothers with pre-eclampsia.

Conclusion: There is knowledge gap by the midwives in the prevention and management of pre-eclampsia and eclampsia

Implication for midwives practice: Improve the quality of care and health outcomes related to hypertensive disorders of pregnancy. Reduction of maternal and neonatal morbidity and mortality rate. It will also help the policy makers to institute policy which will improve on the knowledge gap not only for midwives but all medical practitioners.

External founders: [THET ] Manchester University team
O 27 – Prevalence and factors associated with malnutrition among pregnant women in Lamwo District Northern Uganda

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Background
Maternal malnutrition is one of the major causes of morbidity and mortality among pregnant women. While Malnutrition is a common problem in Uganda, the magnitude of malnutrition especially among pregnant women in a post-conflict situation where food may be scarce has not been documented. The purpose of the study was to determine the prevalence and factors associated with malnutrition among pregnant women in Lamwo District Northern Uganda.

Method
This was a cross-sectional descriptive study carried out among 523 pregnant women. Consecutive method of sampling was used to recruit women in four health facilities in Lamwo District. Anthropometric measure of MUAC 23cm or less was used to determine the prevalence of Malnutrition. The Factors associated with malnutrition was collected using an interviewer administered pretested questionnaire. Data was analyzed using a multivariate logistics regression method to assess factors associated with malnutrition. 95 % confidence interval and P value of < 0.02 was used to identify variables with significant association. The study was approved by the institutional review board.

Preliminary results
The prevalence of malnutrition among pregnant women was 8.8 %. The factors associated with malnutrition included maternal age and low level of education.

Conclusion
Malnutrition still exists among pregnant women in the post conflict Northern Uganda. It is important to address the need for education of the women in order to eliminate malnutrition in the pregnant women.

Implications for midwifery practice
Midwives carry an important role of ensuring the nutritional literacy of the pregnant women during antenatal care. Midwives can significantly reduce malnutrition among pregnant women through quality nutritional education.
Introduction :
L’accouchement du siège prête à controverse. La version par manœuvre externe (VME) est une alternative à cette présentation pour un accouchement voie basse.
La littérature diverge sur le déroulement des accouchements après VME réussie. Ces études ont des méthodologies variables d’étiologie et de justification inconstante. Les conclusions divergentes sont difficilement transposables et ne permettent pas d’anticiper les dystocies lors du travail.

Objectifs :
– Comparer le taux de dystocie maternelle et féotale en fonction des modalités d’accouchement.
– Qualifier les types de dystocies.

Méthodes :
Etude de cohorte rétrospective multicentrique conduite dans 3 maternités comparant les caractéristiques du travail d’une cohorte de patientes, hors complications materno-fœtales, ayant accouché après VME réussie dans les mêmes conditions qu’une cohorte de patiente ayant une présentation céphalique spontanée (même âge maternel, parité, date et lieu d’accouchement).

Critères de jugement :
– « Taux de dystocie maternelle » défini par le déclenchement du travail, l’issue d’accouchement, l’hémorragie du post partum, le mode de délivrance, la durée des phases du travail.
– « Taux de dystocie féotale » défini par les malpositions in utero, des scores d’Apgar <7 à 5 minutes, des pH artériels au sang du cordon <7,15, des lactates ≥5 et le transfert de l’enfant en unité de soins.

Implication éthique :
Approbation des maternités obtenue.

Résultats :
316 patientes incluses. La cohorte « VME » présente plus de « dystocies maternelles », de voie basse instrumentale principalement pour « non progression de la présentation », de « dystocies féotales » à type de malpositions (présentations bregma/front, variétés postérieures, asynclitisme), sans sur-risque de césarienne.
Implication pour la Sage-femme :
Elle est la seule étude à impliquer directement la VME comme cause de ces malpositions féotale pour l’accouchement. Le mécanisme reste à démontrer par de futures études et leurs identification précoce pendant le travail pourrait permettre d’anticiper les dystocies du travail.
S10 Améliorer les compétences des sages-femmes en matière de soins intrapartum (session in French/ session en français)

O 36 – La gestion active de la troisième phase d'accouchement »GATPA »

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Introduction
L'hémorragie du post-partum (HPP) survenant après l'accouchement est la principale cause de décès maternels au Burundi. L'atonie utérine est la principale cause de l'HPP et peut être évitée, dans une majorité de cas, grâce à une pratique clinique basée sur l'évidence connue sous le nom de gestion active de la troisième phase de l'accouchement (GATPA).

La GATPA réduit les HPP de plus de 50 % lorsqu'elle est pratiquée une immédiatement après l'expulsion du bébé en réduisant la durée de la troisième phase d'accouchement l'Hémorragie du post partum et le risque de la transfusion

La GATPA comprend 6 étapes essentielles faite par un prestataire qualifié dont l'une est l'injection d'ocytocine ou le misoprostol là où il est impossible d'administrer l'ocytocine.

En conclusion:
La réduction de l'hémorragie du post partum nécessite une attention à toutes les femmes qui accouchent, que ça dans des formations sanitaires et celles qui accouchent dans la communauté.

L'utilisation du misoprostol dans la communauté peut aider à faire des progrès significatifs vers l'atteinte de l'objectif de développement du Millénaire 3 pour la réduction des décès maternels.

La GATPA devrait faire partie intégrante des normes et directives nationales concernant la maternité sans risques et la gestion de toutes les naissances normales dans les FOSA

Les associations professionnelles, comme les associations de sages-femmes, devraient activement promouvoir la GATPA pour toutes les naissances dans tous les secteurs que ça soit publics ou privés
S10 Améliorer les compétences des sages-femmes en matière de soins intrapartum
(session in French/ session en français)

O 68 – Les sages-femmes du district sanitaire de Pô œuvrent pour la réduction des besoins non satisfait en planification familiale

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Introduction: Les sages-femmes du district sanitaire de Pô œuvrent pour la réduction des besoins non satisfait en planification familiale.

Objectif: l’objectif de cette étude était de mettre en lumière la contribution des sages-femmes de la province dans la réduction des besoins non satisfait en planification familiale.


Résultats : sur 9795 accouchements réalisés en 2016, 20 % des accouchés ont choisi une méthode de contraception avant la sortie de la maternité. 37 % ont choisis une méthode avant les 48heures suivant leur accouchement. 41 % ont adopté une méthode avant les deux mois du post partum.

Conclusion : En somme, nous dirons que les formations sur site et des cohortes ont permis au DS/PO d’améliorer ses indicateurs PFPP
S10 Améliorer les compétences des sages-femmes en matière de soins intrapartum
(session in French/ session en français)

O 65 – Suivi post-formation de 40 prestataires formés en planification familiale du post-partum dans les districts sanitaires de Léna et Sabou

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Objectif : évaluer les compétences des prestataires formés en PFPP en décembre 2017

Méthodologie :
Une approche transversale a été utilisée. Par une revue documentaire les offres de prestations ont été quantifiées. Une grille d’observation a permis d’apprécier leur qualité technique. Les données collectées ont fait l’objet d’une analyse grâce au tableur Excel.

Résultats : De Janvier à Mai 2018 les 40 prestataires formés ont insérés 785 implants et 58 DIU. Par ailleurs on note une bonne disponibilité des équipements pour l’insertion des implants ainsi que celle des intrants, une bonne maîtrise de la technique d’insertion des implants et un niveau satisfaisant de maîtrise du counseling. Cependant les équipements pour la pose de DIU sont insuffisants et par conséquent la technique n’est pas suffisamment maîtrisée. Des insuffisances également relevées en matière de prévention des infections.

Conclusion : Le suivi post formation des prestataires a permis d’apprécier leur niveau de compétences et surtout de formuler des recommandations à même d’apporter des améliorations à l’approche de renforcement des compétences en Planification Familiale du Post-Partum .
S12 Strengthening midwifery associations

O 41 – South Sudan nurses and midwives association strengthening

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Purpose
Developing human resource for health (HRH) requires a multidisciplinary and multisectoral approach to ensure that health care consumers have access to high quality and cost effective services. Building a sustainable member led professional association in a fragile state can be quite challenging. Due to shifts in funding, policies, transition among government officials, shortages of human resource, impoverished infrastructures, limited income from members; which is also the same case for South Sudan Nurses and Midwives Association. Thriving from non-existing to existing, profession that is believed to be of no value to a career path development, from apprentices to professional training to acquire knowledge, skills and attitudes for quality health service delivery and best midwifery practices.

The purpose of this abstract is to show case the milestone of SSNAMA, register success and gain support, partnership and networking to save the mothers, children, families and communities of South Sudan through association strengthening to empower members deliver quality health care services.

Demonstration of reflective thinking
Registering the success of MACAT and SMAVI tool for SSNAMA as a professional organization advocating for quality health care service delivery

Internal structure and organizational effectiveness
The MACAT and SMAVI tool has informed the development of strategic plan, operational plan and polices, and revised constitution
Well-structured board and functional secretariat with fully employed staffs for SSNAMA

Strengthening activities that enables enhancement of skills of members
Increased awareness through state visit, mentorship, continuous professional development training and Governance and advocacy skills, resource mobilization skills, and well equipped resource center

Implications for midwifery practice
Regulatory body launched with full structure and functions
Growing and developing professionally
Increasing visibility and pride of profession
Addressing members well fare in a humanitarian setting through IGA
Lobbying for political will to address nurses and midwives challenges
Increasing partnership with Implementing Partners for accessibility of members due to poor infrastructure
**O 42 – Intention to stay in midwifery profession and associated factors among midwives working in referral hospitals of Amhara regional state, Ethiopia**

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Introduction: Midwives have been playing a central role in the reduction of maternal and neonatal morbidity and mortality. However, we notice that a considerable number of midwives change their profession especially to medicine and public health. So to ensure sustainability of the midwifery service; studying intention of midwives to stay in their profession and associated factors is important to policy maker to plan appropriate interventions.

Objective: to assess intention to stay in midwifery profession and associated factors among midwives working in referral hospitals in Amhara regional state.

Methods and materials: – institution based cross sectional study design was conducted in Amhara regional referral hospitals’ midwives. A 255 midwives were included in the study. Data was collected by using structured and pretested questionnaire. Then it was entered in to Epi info version 7 and analyzed using SPSS version 23 software. Binary logistic regression model was fitted to identify factors associated with intention to stay in midwifery profession. An adjusted odd ratio with 95 % confidence interval was used to decide the presence of statistically significant association.

Result: A total of 255 midwives were participated in the study with the response rate 100 %. 23.10 % (95 % CI = 18 %, 28.20 %) midwives had intention to stay in the midwifery profession. Marital status (AOR=2.45, 95 %CI: 1.23–4.86), job satisfaction (AOR=4.29, 95 %CI:2.04–9.00) and organizational commitment (AOR=2.59,95 %CI:1.27–5.27) were statistically significant association with intention to stay in midwifery profession.

Conclusion and recommendation: Intent to stay in the midwifery profession among midwives working in referral hospitals of Amhara regional state is low. Being married, satisfied with job, and having higher level of organization commitment increases the odds of having intent to stay in midwifery profession. Thus, Ethiopian ministry health has to plan appropriate strategies to increase the current low level of intent to stay in the midwifery profession.
O 55 – Promoting respectful and compassionate care among nurses and midwives: experience from Tanzania

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Background
In Tanzania, nurse-midwives (NM) constitute about 60% of health care workforce; their performance both positive and negative impacts on quality of care. National evidence indicates disrespect and abuse (D&A)/mistratment in childbirth and poor relationships between midwives and clients contribute to client dissatisfaction and low utilization of reproductive and Child health (RCH) services. A study by Sando et al, 2014 reported 70% of women experienced at least one instance of D&A from NM; 8% experienced abandonment in labour; 6% experienced non-dignified care and 5% were physically abused. With stagnant maternal mortality ratios and slow progress in improving newborn survival, this situation requires urgent action.

Improving workforce and client satisfaction
Principles of Quality, Equity and Dignity are at the forefront of national efforts to support provision of high quality RCH services, increase client satisfaction and utilization of health services. This presentation will discuss close collaboration between Tanzania Midwives Association (TAMA), Jhpiego, and other stakeholders to support national efforts to improve quality RCH care in a range of activities to improve nurses’ and midwives’:

- Attitudes of caring, respect and compassion
- Interpersonal relationships between NM and clients
- Professional practice by adhering to ethical code of conduct

This included the development and implementation of National Nursing and Midwifery Respectful and Compassionate Care (RCC) Guidelines. This presentation will highlight why the guidelines are needed, their goals and how Jhpiego and TAMA collaborated with each other and other stakeholders to support their development. 75 staff from three regional hospitals have been oriented on RCC. Further dissemination to all health facilities starting with all regional referral hospitals is planned as well as follow up monitoring visits. This collaborative process highlights an important way that NM’s voices via their professional association, can be mobilized to advocate for and influence national policymaking, with the support of strong partnerships.
S16 Promoting respectful compassionate care

O 56 – Empowering communities for respectful and dignified maternity care

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Background: Disrespectful and non-dignified maternity care is reported in the literature as one of the obstacles that prevent women from accessing skilled care during pregnancy and child birth. For Malawi, episodes of disrespect and abuse have been reported in the media but actual documentation of its prevalence is inadequate. An intervention study was therefore implemented quantify prevalence of D & A in health facilities to empower communities to demand for respectful and dignified care during perinatal period.

Methods: Boren’s typology of disrespect and abuse was used to collect baseline data from midwives and women. Analysis of baseline data was followed by implementation of interventions that included: training of midwives on human rights and respectful maternity care, supportive supervision, provision of medical supplies; orientation of HAC and facility ombudsman; citizen's hearing. Implementation of interventions was done over a three year period

Results: Baseline survey revealed prevalence of wide range of disrespect and abuse among women that were not reported due to lack of knowledge on what constitutes respectful and dignified care. Data from service providers also attested to occasional provision of disrespectful and abusive care. Community leaders reported awareness of D & A experiences of women but felt helpless in addressing the issues. Project interventions empowered them to report cases of abuse and demand for respectful care from their providers. Citizen’s hearings provide opportunity for communities to dialogue with their health providers and developed consensus on how to promote delivery of dignified and respectful maternity care.

Conclusion: Disrespect and abuse exists in health facilities of Malawi and can be corrected through implementation of interventions focused on service providers, support staff, recipients of care, facility infrastructure as well as community leaders.
O 57 – Evidence on implementation challenges in mainstreaming respectful maternity care in 21 countries in East and Southern Africa Region

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Background
In 2017, UNFPA conducted a survey involving 21 countries in the East and Southern Africa region on state of midwifery. Data was collected on Availability, Accessibility, Acceptability and Quality of Care (AAAQ). This paper focuses on data on RMC which was part of Acceptability and Quality of Care component of the AAAQ effective coverage framework.

Purpose:
This paper examines whether countries in ESA region have mainstreamed RMC in a systematic way or not. The questions asked were

- Is there a policy framework in place that promotes RMC (Policy, Charter, service delivery guideline)?
- Are implementation modalities integrated with national plans (sector plans, pre-service training, in-service training, sensitization, monitoring, oversight)?
- What is the extent of engagement of women and the community promoting RMC?
- Are service providers themselves respected and valued?

Methods:
Data from SRMNAH workforce assessment in 21 countries in East and Southern Africa region was utilized to examine respectful maternity care which is a critical component of effective coverages.

Ethical implications:
The analysis was done on already existing data which was validated by participating countries therefore no ethical implication

Results and conclusion:
Only a few countries in the region are taking action to promote the concept of RMC. Only 2 countries have systematically mainstreamed RMC. Countries need to take a systematic approach that will ensure RMC is sustainably integrated. In some cases, policies are place without any evidence of modality of implementation. Community participation is critical gap. Countries should ensure that women and adolescents contribute to service planning processes to ensure RMC. Regulated codes of ethics would help to define and frame a mandate for respectful care.

Implications for midwifery practice (women and families, education, research or policy):
This study draws attention to respectful maternity care which highly valuable to the experience of women during childbirth.
The aim of the study was to explore the experience of expatriate mothers’ pregnancy and childbirth in a host city, Cape Town, South Africa when accessing public healthcare and adapting to motherhood away from home.

**Purpose:** In developing countries like South Africa, maternal morbidity and mortality are 14 times higher than in developed countries and the SDGs 2030 specifically goal 3.1 &3.7 emphasizes the importance of reducing morbidity and mortality for all mothers, enabling and promoting accessible reproductive healthcare services. Expatriate mothers have additional stresses when navigating public healthcare systems during pregnancy and childbirth in a foreign country.

**Methodology:** A qualitative research design with a descriptive method was utilized. There were nine expatriate mothers interviewed and semi-structured interviews were done to collect data. Thematic data analysis was done using Colaizzi’s (1978) seven steps to formulate themes.

**Findings:** The mothers were from Malawi and Zimbabwe. Four themes emerged from the participants interviews: (i) the presence of better healthcare resources in Cape Town; (ii) the higher than anticipated cost of living; (iii) the lack of physical and emotional support from older women as they would have back home while going through pregnancy and childbirth process; (iv) challenges that related to the healthcare system including overcrowded hospitals, healthcare provider negative attitude while in labour that made motherhood in a foreign hospitals difficult. The study show use of BANC[1] and MOU[2] in Cape Town promotes accessibility of reproductive healthcare service. Issues of overcrowding and overburdened resources have been and were confirmed again in this study and this needs attention.

**Implications:** It may be of importance to support the midwives with empathy training at local clinics on how to provide quality care for expatriate mothers going through pregnancy and childbirth in a foreign country.

[1] Basic Antenatal Care
[2] Midwife Obstetric Unit
Limited data is available but it is estimated that worldwide, 45% of abortions (i.e. approximately 25 million in 2014) are unsafe, nearly all occurring in LMICs and resulting in approximately 24,000 maternal deaths, or 7.9% of all maternal deaths. Nearly 7 million women are treated annually for complications resulting from unsafe abortions[1].

Unintended pregnancy rate in Africa is 89 per 1000 women (of which 34/89 end in abortion and 55/89 end in unplanned birth/miscarriage). Abortion rates in Africa are estimated at 34 per 1000 women aged 15 to 44, and 6.7 per 1000 women (15–44) are treated annually for health complications of induced abortion[2]. Unsafe abortion resulting in complications and death is a preventable global health problem that deserves increased efforts towards eradication.

Costs related to treating major complications from unsafe abortion are estimated at over US$ 553 million annually[3]. Treating every abortion with QAed products and care would cost a fraction of that amount.

Through this workshop, CF will highlight the importance of using quality-assured products for medical abortion to prevent mortality and morbidity from unsafe abortion and will present the method of administration, benefits and risks of medical abortion (with QAed mifepristone and misoprostol products packaged separately or in combination). CF will also touch upon the latest WHO guidelines that provide guidance on the management of medical abortion by midwives. Learning outcomes will include knowledge of quality-assured abortion medicine management by midwives, how to recognise complications and when to refer women to a higher level of care. A comprehensive explanation of the drugs, their quality, therapeutic indications, posology, and contraindications will be provided, as well as description of the elements that a complete abortion and post-abortion care should include.

WS06 Safe abortion & genetic counselling

**W 04 – Early diagnosis and genetic counseling for sickle cell disease across the care pathway in limited-resourced community health clinics**

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**Learning Outcomes:** The huge burden of sickle cell disease (SCD) coupled with a correspondingly high morbidity and mortality in Sub-Saharan Africa, has made it imperative to find ways of reducing the prevalence of this disease. Genetic counseling has been shown to have efficacy in educating individuals about SCD. The use of emergent SCD point-of-care (POC) diagnostics across the whole care pathway (i.e., antenatal, neonatal, and early childhood) can drastically improve survival and mortality rates. The purpose of this workshop is to provide an overview of SCD genetic counseling and SCD POC diagnostic screening with the SickleSCAN™. Sickle SCAN™ is a multiplexed qualitative point-of-care immunoassay used for the rapid diagnosis of SCD. Upon successful completion of this activity, participant should be able to:

1. Understand the genetics of SCD.
2. Appreciate the burden of SCD in Africa.
3. Describe basic benefits of SCD newborn screening for parents and infants.
4. Evaluate the utility of the SickleSCAN™ POC diagnostic.

**Process/activities:** Participants will take part in the following activities:
1. Take SCD pre/post tests
2. Participate in an interactive SCD and genetic counseling PowerPoint presentation.
3. View the SickleSCAN™ demonstration video.
4. Observe a hands-on demonstration of the principle of lateral flow immunoassay with the SickleSCAN™ device.

**Implications for midwifery practice:** The World Health Organization estimates that 70 % of SCD deaths in sub-Saharan Africa are preventable and has declared SCD a public health priority. The Sickle SCAN™ test is a simple, low-cost device that can use for rapid identification of SCD and trait in rural community health centers in Africa. The test can also be used proactively for genetic counseling of at-risk persons to enable them to make informed decisions on marriage and pregnancy.

**References:**
**043 – Factors influencing maternal choice during early initiation of infant feeding**

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**Purpose:**
The purpose of the study was to describe the factors influencing maternal choice during early initiation of infant feeding in a private hospital.

**Methods:**
A quantitative design with a semi-structured questionnaire was used to describe the factors influencing maternal choice during early initiation of infant feeding. The population included 300 mothers who were day two post-delivery in a private hospital in Gauteng Province, South Africa, as these women had already selected their infant feeding method. The data was analysed using descriptive statistics.

**Ethical implications:**
With beneficence, harm and discomfort was minimised by asking mothers to complete the questionnaire voluntarily at a suitable time. Anonymity and confidentiality was assured and mothers could withdraw at any time from the study.

**Results and conclusions:**
The majority of women (65.67 %) were breastfeeding, 14.67 % formula fed their infants and the remainder were mixed feeding. Family and friends, pictures and information in doctor’s rooms, having a medical condition such as being HIV positive and not having enough milk were the main motivating factors for these women deciding not to breastfeed or to mixed feed. Information from family and friends, doctors rooms and healthcare professionals influence the feeding choice. Breastfeeding knowledge of mother are inadequate and health professionals in the private sector are not informing these women of the benefits of breastfeeding, especially when being HIV positive.

**Implications for midwifery practice:**
Midwives can use leaflets and videos to inform women regarding breastfeeding. Lactation consultants should initiate breastfeeding soon after delivery. The use of infant formula should be controlled and a dedicated breastfeeding clinic can provide the necessary support with breastfeeding problems.
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Kangaroo mother care (KMC) implies placing the newborn premature baby in intimate skin-to-skin contact with the mother’s chest and abdomen coupled with frequent and preferably unlimited exclusive breast-feeding. KMC is important because it helps to regulate the temperature of premature baby through non-conventional low cost method by providing warmth, touch, and security to the newborn. Globally, about 70% neonatal deaths occur in low birth weight and preterm babies and KMC believed to increase survival benefit. This study purpose was to explore the experiences of mothers during the hospitalisation of their premature babies at KMC unit at Katutura Intermediate Hospital. A qualitative, exploratory, research was used. The ethical approval was obtained from the University of Namibia Research Ethical Committee and the Ministry of Health and Social Services of Namibia Research Ethical committee. Data was collected through face to face interview among 10 mothers selected using simple random sampling. The sample was determined by data saturation. This study found out that mothers had mixed experienced such as positive and negative experience. Participants experienced negative experience such as shock, fear, worry, financial loss, inadequate nutrition and feeling nervous. Furthermore, positive experiences are happiness that the baby gained weight, good care given by health professionals and conducive environment at the KMC unit. The study concluded the importance of KMC in premature babies' weight gain and breastfeeding on demand. In addition, the study reveal the need for the provision of psychosocial support to mothers with premature babies admitted in KMC unit to alleviate fear and anxiety. This study recommended the establishment of the self-catering unit for mothers for proper nutrition as well as provision of psychological support to the mothers to prevent stress.
O 45 – Parents’ perceptions of stress in a neonatal intensive care unit in Rwanda

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Purpose: The purpose of this study was to describe and analyze parental perception of stress that resulted from having their infant admitted to a NICU in Kigali, Rwanda.

Methods: A quantitative survey was used to describe and analyze parents’ perceptions of stress when they had an infant admitted to a NICU. The parental stress scale: neonatal intensive care unit was used to measure the level of stress that those parents experienced.

Ethical implications: The permission to conduct this study was obtained from institutional review board and from the hospital where the study was conducted. Eligible parents were informed about the purpose of the study and written consent was obtained prior to participation in the study. Parents were assured that their participation was voluntary and data could not be traced back to them.

Results: The results indicated that parents experienced stress from having their infants cared for in a NICU. The most stressful aspect was the appearance and behavior of the baby with a mean score of 4.02.

Conclusion: Babies’ appearance and behavior, parental role adjustment as well as sights and sounds were found to be source of parental stress when a baby was cared for in a NICU. Identification of these factors could enable health professionals to facilitate parents’ adjusting and coping.

Implications for midwifery practice
When NICU healthcare professionals are aware and understand sources of parents stress in NICU, they attempt to reduce them where possible. In-service education for NICU healthcare professionals can be implemented and the educational curriculum of nurses and doctors should also be interrogated in respect of these issues. Further research, can be conducted using a qualitative approach that could provide more detailed information about parental stress. Finally, these results inform policy designed to improve care provided to infant admitted to NICU.
O 46 – Neonatal Hypothermia: prevalence and associated factors among term neonates in Lira Regional Referral Hospital in Uganda

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Background: Neonatal Hypothermia, even in tropical countries, is a potential threat to newborn survival. In Uganda, the exact prevalence of hypothermia is not known, thus more research is needed to determine the magnitude and associated factors of neonatal hypothermia.

Objective: To determine prevalence and the factors associated with neonatal hypothermia in Lira Regional Referral Hospital.

Methods: A hospital-based cross-sectional study conducted from January to February 2019 in Northern Uganda. Direct observations of 271 mother-pair and 15 midwives were recruited in the study. The axillary temperature of neonates was measured at intervals of 10 minutes, 30 minutes, 60 minutes and 2 hours after birth. The multivariate binary logistic regression, with a 95% confidence interval and p-value <0.05 used to identify variables which had a significant association with neonatal hypothermia.

Ethical implication: The study was approved by institutional review board.

Results: Axillary temperatures taken at 10, 30, 60 minutes and 2 hours revealed 64.5%, 80.8%, 76.0%, and 49.1% of the newborns had hypothermia respectively. Hypothermia was associated with neonates who had low birth weight AOR=2.78; (95% CI: 1.01, 7.62), male neonates AOR= 1.69, (95% CI: 1.04, 3.33), not dried properly AOR = 3.06, (95% CI: 1.64, 5.72), no skin-to-skin contact AOR = 2.17, (95% CI: 1.15, 4.10), maternal body temperature < 36.5oC AOR= 2.70, (95% CI: 1.49, 4.76).

Conclusions: The prevalence of neonatal hypothermia was high in the first two hours. Neonates who were more likely to have hypothermia were male, not dried properly, low birth weight, no skin-to-skin contact and mothers’ low body temperature.

Implications for Midwifery Practices: Proper drying of the newborn and skin to skin contact can reduce the burden of neonatal hypothermia.
Purpose: Nursing and Midwifery employ specific science and skill to advance patient’s health and are among the complicated fields in medicine. Clinical education is an essential part of nursing and midwifery. It offers students an opportunity to convert conceptual knowledge into intellectual and psychological skills and apply them in the dynamic of caring for patients. The experiences while in the clinical settings help students gain knowledge and skill for the discipline they are joining.

To explore midwifery students’ experiences in acquiring skills for basic midwifery practice during clinical placement.

Methods: The study was conducted at seven (7) schools of midwifery in Zambia. A qualitative (phenomenology) approach was utilised to explore the learning experiences of midwifery students during clinical placement. This was to help identify the challenges students meet during clinical placement and if any, help strengthen teaching, learning and assessment of students during clinical placement. A total of 21 students in their last quarter of their training were interviewed and tape recorded and content analysis used to analyse the data.

Ethical implications: Students were still in training and there need to maintain confidentiality and anonymity to protect the students. Ethical Clearance obtained from the University of Zambia Biomedical Research Ethics for clearance. Approval for the National Health Research Authority (MOH). Permission was sought from the General Nursing Council of Zambia and study sites to conduct the study in the selected schools. Anonymity was ensured by use of numbers. Confidentiality (students were still in training at the time of data collection – fear being victimised by teachers).

Results and conclusion: Three themes emerged from the analysis; inadequate time, minimal supervision, unwilling mentors/supervisors, lack of proper equipment.

From the above theme, we can conclude that there are several factors that lead to non-acquisition of skills by midwifery students.

Implications for midwifery: Several implications can be drawn from the study regarding education and policy. This entails change of curriculum for midwifery to accommodate the proper learning of students and also develop a mentorship programme for student midwives during their clinical placement.
**O 48 – Clinical practice experience of nursing-midwifery students at the International University of Management, Namibia**

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The purpose of the study was to investigate the student nurse/midwives experience of clinical practice.

**Method:** Qualitative research method with a survey design was used. Data was collected using a self-administered questionnaire. Participants were the first cohort of final year nursing-midwifery students trained at the International University of Management (IUM). Questionnaires were handed over to all final year students on their last day of examination at the IUM. Computer Assisted Qualitative Data Analysis Software Atlas.ti (version 8) was used to analyze data.

**Ethical implications:** The study was approved by the Ethical committee of the Faculty of Health and Social Sciences at IUM. Participants were informed about the purpose and study objectives and written consents were obtained. The ethical principles were explained to participants with emphasis that anonymity will be maintained.

**Results:** The experience of students of the clinical practice were varied. On the first day of first year into the clinical environment students experienced anxiety, fear, excitement and support from qualified nurse-midwives, however this support decreased with student’s academic progression. Further, students had negative experiences through their clinical placements including inadequate clinical supervision, lack of teaching and guidance from qualified nurse-midwives. Clinical practice in the maternity department produced negative experiences such as lack of integration between theory and practice.

**Conclusion:** The study revealed the need for clinical practice supervision by nurse/midwives and lecturers for students to develop into confident and capable practitioners.

**Implication for midwifery education:** There is a need for midwives and midwifery educators to create a conducive environment for students to learn and gain clinical competence. Moreover, building capacity among midwives will enable them to facilitate the practice of evidence-based practice.
O 49 – Participatory approach in Midwifery Curriculum Review in Comoros, Ivory Coast and Madagascar: satisfaction study among stakeholders

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Background
A study conducted in 17 francophone African countries revealed that most of midwifery curricula are not derived from core competencies and that there is no midwife’s professional profile (Ibinga Koula & Gherissi, 2012). In 2017–2018, ICM in partnership with Sanofi Espoir Foundation conducted a midwifery curriculum review in three Francophone African countries (Comoros, Côte d’Ivoire Madagascar). The exercise emphasized on bridging the missing components with the midwifery curriculum within a participatory educational approach to foster national ownership and sustainability. Henceforth, each country has a national repository of the professional midwife, a midwife core competencies and a revised and contextualised midwifery curriculum.

This survey aims at analysing participant’s perceptions and perspectives about their involvement in such an experience.

Conceptual framework
The adopted conceptual framework addresses education as interlinked with regulation and professional association, built on core competencies (ICM, ERA) and on a formal professional identity (Gherissi & Brown, 2014). The curriculum review adopted a participatory training-mentoring approach (La Fortune, 2012).

Study population
The study is conducted in the three countries concerned by the ICM/Sanofi Foundation Espoir project. A quantitative study is addressing systematically all participants. A qualitative study involves selected and accessible members of the technical working groups using a sampling technique based on diversity and saturation criteria.

Data collection
A mixed research approach was adopted, using a self-administrated questionnaire and individual in-depth interviews (Mayer & Saint-Jacques, 2000). Data collection is planned for April-May 2019.

Ethical considerations
Ethical approval was obtained by each steering committee and key ethical principles are rigorously respected during data collection such as respect of the person (WMA, 2018).

Data analysis
Descriptive statistical analysis will concern quantitative data and qualitative data will be analysed using the content analysis technique (Mayer & Deslauriers, 2000).

The education project was funded by Sanofi Espoir Foundation
Purpose
South Sudan being a vast country in Africa with rich natural resources has serious maternal and neonatal health indicators.

According to the State of the World Health Report 2011, South Sudan indicated the lowest number of skilled attendants to deal with a high maternal mortality rate of 2054 per 100,000 live births. At the time of independence, women accessing safe deliveries was limited only to areas that are well supported by International organizations. As a result training of health professionals has remained a big economical dilemma, hence need to train professional midwives.

Demonstration of reflective thinking
As a step forward the Ministry of Health, the Health Sector Development Plan of 2012 addressed the need to scale up the midwifery profession in reducing the high maternal and neonatal mortality. This was important realization which supported the fact that midwives and other midwifery competencies do form an important part of the health workforce.

Since all schools of midwifery are at Diploma level, there is a production of one cadre and limitation to deploy as tutors in training schools. There is no University that has Bachelor Degree for Midwifery, however through partner collaboration, the MOH has approved for training of midwives as tutors for 1yr as a gap filling measure for the ever changing health care system.

Implications for midwifery practice
The Ministry of Health has produced from 8 registered midwives in 2011 to about 600 registered midwives by 2018, through 24 functional Health Training Science Institutes (HSI) countrywide. The decree by the MOH states that all Health Science Institutes must train midwives at Diploma Level. There is a national curriculum in line with ICM Education Competencies and being used by all midwifery schools. Majority of the schools donor supported by International agencies.
O 62 – Study on acceptability and retention of male midwives in Ethiopia

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Background:
Ethiopia is one of the countries that have been training male midwives. In 2012, male midwives constitute 30 percent of the midwifery workforce. Though there are no nationwide studies in Ethiopia, there are concerns on acceptability of male midwives among community and its role as barrier to MNH care access. There is also a belief and perceptions that after graduation male midwives like to work in managerial positions than in the clinical setting.

Purpose: Explore acceptability and retention of male midwives and influencing their acceptance in the country in relation to geographic, health facility setting and sociocultural factors.

Methods: The study was conducted in 40 health facilities, 30 Woreda health offices and 25 Midwifery training institutions. Quantitative and qualitative data were analyzed using SPSS and thematic content analysis respectively.

Key Findings:
About half (48 %) of women prefer to be attended by female midwives during labor and delivery. Women were more sensitive to provider's gender especially for IUCD insertion, labor and delivery services. Acceptability of male midwives varies among the different regions and cultural values and social norms as a factor that influence women's attitude towards male midwives. There is high turnover of midwives both male and female from facility in rural areas to urban settings and sometimes to private sector (NGOS).

Discussion
Women from rural area, pastoralist communities and Muslim Women were more likely to prefer for female providers (midwives) than their counterparts. Though most mothers prefer to be attended by a female midwife most mothers said though they prefer females they will use male midwives service when that is the only option available. It is only about ten percent of mothers reported that they will refuse labor and delivery service from a male midwife. Rate of retention and motivation of male midwives is not different from female midwives.
O 63 – Pastoralist community perspectives on antenatal care services: findings from a focused ethnography

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Background: Maternal health is a critical pillar to global development in the Sustainable Development Goal (SDG-3) frameworks. The aim is to end preventable maternal mortality and reduce the global maternal mortality rate to less than 70 per 100,000 live births by 2030 (WHO, 2015). One indicator is to increase Antenatal Care (ANC) coverage, as use of ANC is linked to improve maternal and child health outcomes (Benova et al., 2018). While there is literature available on factors influencing ANC services utilization globally (Ogundairo and Jegede, 2016, Roberts et al., 2017), there is a dearth of literature on ethnic minorities and pastoralist pregnant women’s health seeking behaviours in Kenya and globally (El Shiekh and van der Kwaak, 2015, Biza and Mohammed, 2016). Pastoralist communities lag behind in education and access to healthcare (Kirupi and Ridgewell, 2008a).

Methods: Focused ethnography was carried out in Marsabit County, Northern Kenya to explore factors specific to the pastoralist women’s health seeking behaviour, namely antenatal care. Fifty-eight participants were recruited. Individual in-depth interviews were conducted with women and nurses, focus group discussions with men and traditional birth attendants, and observation of clinics providing ANC. Thematic data analysis is ongoing.

Ethics clearance: Ethical committees of Faculty of Medicine and School of Health Sciences, Research Ethics Committees, University of Nottingham and Kenyatta National Hospital/University of Nairobi Ethics Research Committees (KNH/UoN), Nairobi, Kenya, approved research.

Results: Preliminary analysis identified several factors that shaped pastoralist women’s attendance at ANC services. These include; cultural and socio-economic factors and facilitators for ANC service use.

Conclusion: Based on preliminary findings recommendations may involve exploring potential strategies that will address the set of factors identified, which are specific to pastoralist pregnant women lifestyles in this region.
S18 Social influences in midwifery

**O 64 – Professional nurse/midwives responses on active participation in research activities in Namibia**

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**Purpose:** The purpose of this abstract is to report on how professional nurse/midwives working in a Namibian teaching hospital actively participate in research activities.

**Method:** This abstract is part of a larger study which was conducted using a descriptive quantitative method. Data was collected using a previous validated questionnaire and Confirmatory Factor Analysis (CFA) method with SPSS AMOS version 23 was used to analyse data. The total sample of the study was 365 professional nurse/midwives.

**Ethical implications:** The researcher obtained permission from the executive director of ministry of health and social services and also the superintendent of the health facility in which the study was conducted. All participants signed an informed consent after the researcher explained the study information and the purpose of the study.

**Results:** All questions related to research had low means meaning that participants did not agree with the items. The results found that 84% of nurse/midwives indicated that they do not actively perform research. In addition, the results further indicated that 89% of the participants do not review literature with regards to best practices, and or write articles for professional journals.

**Conclusion:** It can be concluded that participation in research on a daily practice by nurse/midwives is not a common practice and may be an effort associated with other nursing and midwifery job categories. Therefore, there is a need to emphasize the creation of organizational cultures which value research use and support nurse/midwives’ participation in research activities.

**Implications for midwifery practice and research:** Conducting research is an effective way of stimulating nurse/midwives through capacity building for conducting and applying findings in clinical practice, thus leading to improved services towards the midwifery services and practice and personal and professional development.
O 89 – Role of Safe-motherhood Action Groups in referral of mothers to health facilities: a case of Chadiza district, Eastern province Zambia

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Introduction: The concept of using Safe motherhood Action Groups (SMAGs) is emerging to be useful in referral of mothers to health facilities for Safe motherhood services. Chadiza district formed SMAGs in 2009 in the quest of reducing the first delay at community level.

Research objective: A study was conducted to determine the role of SMAGs in referral of mothers: a case of Chadiza district, eastern province of Zambia.

Methodology: A cross-sectional study using simple random sampling was used. The sample comprised 133 SMAGs participated in the study. SPSS version 20.0 was used to analyze quantitative data while content analysis for qualitative.

Results: The study revealed that 69.1% (n=92) of SMAGs were only trained for one day and that 61% (n=81) of SMAGs were not given written guidelines on referral process. It was revealed that 59% (n=79) of SMAGs did not receive any resources to use from the district. It was discovered that 51% (n=68) of SMAGs reported staying 10 kilometres away from the health facilities. The study revealed that 88.7% (n=118) said mothers did not afford to pay for transport costs when referred to the health facilities for Safe motherhood services. Focus Group discussion revealed that pregnant women were referred to health facilities by SMAGs when already in labor.

Conclusion
The message for midwifery practice is that it is important to strengthen the referral system of SMAGs at community level in order to prevent the first delay. The evidence could be used by Midwifery managers to address issues affecting referral of mothers to health facilities.
O51 – Perspectives of South African women and midwives on clinical practice in public maternity units: facilitating the scaling-up of clinical practices

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The study was the culmination of an investigation into the problem of poor performance regarding maternal and perinatal outcomes as identified by the researcher. The aim of the study was to understand the experiences and perceptions of the women and the midwives regarding the clinical practices in public maternity units in South Africa in order to facilitate the scaling-up of the midwifery practice. A mixed-methods (sequential exploratory) design was used, and the study was conducted in three phases.

In Phase One, a qualitative research design was implemented. The population were all the midwives in the Eastern Cape who had been working in public maternity units and women who had delivered in those settings. Non-probability purposive sampling with inclusion criteria assisted in selecting a suitable sample. Data collection was done using semi-structured audio-recorded interviews. On data analysis, three themes emerged, namely participants had diverse experiences of the midwifery practice, midwives highlighted the burden with regard to the shortage of skilled midwives, and midwives identified managerial issues that affect their performance. Phase Two of the study comprised the quantitative research. The population was the midwives in South Africa who were working in public maternity units and non-probability purposive sampling criteria were used to select participants. Data collection was done by means of a survey with questions based on the results of Phase One.

Phase Three of the study comprised the integration of the results of the first two phases. The study found that midwives were committed to provide quality care but major factors needed to be addressed to facilitate scaling-up of clinical midwifery practices. The midwifery profession needed to be strengthened and an enabling working environment provided. Two strategies were developed. The study contributes toward knowledge regarding assistance needed to improve the clinical maternity practices in the South African public maternity units.
Purpose: The study aim was to explore health workers' fetal monitoring practices during labour in Gulu Hospital.

Methods: A parallel mixed methods study design was adopted. We reviewed 252 case files of mothers in labour over 2 months, made 26 observations, 10 interviews and 1 FGD with health workers at Gulu Hospital. We analyzed the data from document reviews using SPSS to obtain frequencies. Content analysis was done for qualitative data to generate codes, categories and themes. Analysis was conducted by the principal investigator, and two members of the research team. We triangulated findings from the document review, observations, interviews and the FGD. Ethical approval was obtained from relevant committees and consent sought from participants.

Results and conclusion: Abstraction of maternity case files indicated that fetal heart rate monitoring was done among 233/251 (92.8 %) of women at admission and (178/251) 70.9 % during labour. However, only 102/178 (57.3 %) of all records indicated fetal monitoring intervals of 30 minutes or less. Monitoring of fetal heart rate in second stage was only seen in 9 % of records. On the contrary, the observed monitoring was less than documented. The emerging themes from the interviews with health workers included inadequate resources, numerous competing roles and the labour environment. Health workers recognized that fetal monitoring is important and had the necessary competences. Too few maternity providers and working alone were recurring themes in interviews. Supplies, equipment and space constraints were barriers to effective monitoring. In conclusion, effective fetal monitoring was affected by context specific factors.

Implications: There is need for tailored interventions to improve fetal monitoring practices. Findings of this study will inform quality improvement efforts in maternity care and policy formulation in Northern Uganda and in similar settings.
O 53 – The experiences of adolescent mothers on providing continuous kangaroo mother care

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Purpose
This study explored the experiences of adolescent mothers on providing continuous kangaroo mother care (KMC) to their infants. In South Africa, approximately 30 % of 15 to 19 year olds have been pregnant. The most frequent complication of adolescent pregnancy is preterm labour. Adolescents are thus at high risk of having to provide KMC to their infants.

Methods
A qualitative approach with a descriptive phenomenological design was utilised. Purposive sampling was applied to select participants aged 15 -19 years from two hospitals in the Western Cape. Ten individual semi-structured interviews were conducted, transcribed and analyzed using Colaizzi's framework. Data was collected over 20 weeks from May 2017 to October 2017.

Ethical implications
The Health Research Ethics Committee of Stellenbosch University, Tygerberg Hospital and the Department of Health of the Western Cape granted permission to conduct the study.

Results
The adolescent mothers had to accept the pregnancy and later accepted motherhood after they have gained self confidence in caring for their infants. Information was provided to the adolescent mothers on how to practice KMC, but no information was provided about the benefits of KMC and the specific care of a preterm infant. Care and support provided by the doctors and nurses was focused on the infants but was either ineffective or lacking for the adolescent mothers.

Conclusion
The focus of care and support within the KMC ward should be on the mother-infant dyad. The adolescent mothers require continuous information and holistic support to develop their skills and confidence to provide effective care for their infants while in the KMC ward, but also for when they are discharged.

Implications for Midwifery
The introduction of holistic adolescent-specific care and support, counselling and health promotion and health education strategies within the KMC wards.
Midwifery management of obstetric and newborn emergencies: training needs assessment in Shinyanga and Simiyu regions, Tanzania

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Purpose: Studies from around the world have shown a reduction in maternal and perinatal mortality when women receive professional obstetric care during pregnancy and childbirth. Assessment of midwives competencies is critical in achieving Maternal and Newborn health.

Methodology: The assessment was conducted in May 2017 in 21 health facilities in Simiyu and Shinyanga regions, including regional referral hospitals, district hospitals, health centers and dispensaries. Data was gathered using a combination of methods, including observation of midwives providing emergency obstetric and newborn care, document review, focus group discussion and semi structured interviews. Participants were midwives working in maternity units and in managerial positions (patron/matron). Observation checklists and interview guides were the main data collection tools used. Ethical approval was granted from National Medical Research Institute. Data was analyzed using SPSS and content analysis.

Findings: The observed gaps included management of a woman with antepartum hemorrhage (APH), postpartum hemorrhage (PPH), severe pre-eclampsia or eclampsia, shoulder dystocia, assisted breech delivery, and recognition and management of a woman with prolonged and obstructed labor. Out of five main assessed Respectful Maternity Care components, significant gap areas included ensuring privacy and confidentiality during provision of obstetric and newborn care and not seeking informed consent from patients before procedures. With respect to the referral system, most assessed midwives were aware of the importance of referring women and newborns with complications to higher level health facilities for further management but they lacked the knowledge and skills for effective pre-referral management, triage of patients, and transportation.

Conclusion: Midwives need hands-on experiences, supportive supervision and clinical mentorship for improving their midwifery competencies.

Implication for midwifery practice: Continuous Professional Development including supportive supervision is key for maintaining midwifery competencies.

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O 38 – Initiation of the mobile learning system for capacity building of midwives in rural health facilities of Rwanda

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Background
Global disparities in the quantity, distribution and skills of health workers pose a threat to attainment of the SDGs and deepens existing global health inequities. Rwanda face a critical shortage of health professionals, particularly nurses and midwives.

Continuous professional development of midwives is challenging especially in rural areas due to shortage of health workers, qualified trainers and insufficient infrastructure. UNFPA in collaboration with MoH launched the use of Mobile Learning System (MLS), innovative technology device-projector with incorporated learning modules. This paper aims at sharing best practices of MLS: enabling access to quality training for midwives in remote settings in a cost effective manner thereby improving health outcomes.

Progress of MLS program in Rwanda
Preliminary results show a high uptake across facilities. So far 18 facilities launched learning sessions and 141 health providers are participating. Since mid-September 2018 one facility already completed all modules where as 17 remaining completed at least 6 out of 10 modules each. We estimate a direct cost savings on trainings with MLS up to 300 % comparatively to the traditional trainings. This cost saving is even higher if other advantages are considered such as sustainability of trainings when the MLS is fully institutionalized.

Knowledge contribution
Strong government ownership, good collaboration with health professional bodies, integration with the 50 000 Happy Birthdays project, adaptation of the content to users’ needs are among key factors which contribute to the project success. MLS technology bring efficiency in continuous capacity building of midwives. The innovation is highly adapted to rural and hard to reach areas with limited access to electricity and internet connection. As developing countries strives to further reduce preventable maternal and neonatal deaths there is a need to tape into the opportunity offered by the MLS to keep the level of midwifery skills up to the ICM standards.
Skilled health workforce is a key pillar in reducing maternal and new-born mortality which in Tanzania has remained high (556 per 100,000 live births according to Demographic Health Survey, 2015).

UNFPA Tanzania in collaboration with Ministry of Health, Community Development, Gender, Elderly and Children are implementing innovative Mobile Learning System (MLS) project to enhance midwifery skills for midwives and other health workers to effectively manage complications of pregnancy and childbirth. The MLS is branded Technology Kit comprising of a palm-size smart projector that runs android, battery and a solar panel. Each MLS contains multi-media e-training modules in all major maternal and new-born life-saving skills, such as post-partum hemorrhage, eclampsia and pre-eclampsia, sepsis, obstructed labour, and post abortion care that account for more than 90% of all maternal deaths.

The project was launched in 2016 and piloted to 15 sites mainly health training institutions. The aim was to test the applicability of using mobile devices in midwifery training and mentor-ship programs. Learning from the pilot sites that has necessitated for scaling up of MLS to additional 30 sites, demonstrated the uniqueness of MLS in its effectiveness and efficiency because of its cost effectiveness, simplicity and adaptability to integrate other training. MLS is instrumental in improving the quality of education using variety of teaching learning methods. Furthermore, MLS proven a manifold return on investment because conducting similar training for a group costs up to $4000 – $5,000 in Tanzania. However by doing a one-time investment on the MLS (about $700) repeated trainings on multiple subjects can be held. In rural areas, in the absence of qualified trainers, MLS fulfils the function of a tutor. Since 2016, over 3,000 midwives and other health workers have been trained using MLS.
O 40 – Acceptability of digital technology in providing MNCH health information to working mothers in Nairobi and Kisii, Kenya

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Purpose: The Kenya Innovative and Sustainable Solutions for Midwives Education and Employment (KISSMEE) Project is a pilot intervention in Nairobi and Kisii counties. It is a model social enterprise intervention geared towards improving MNCH indicators within the first 1000 days of life while transforming the social-economic lives of unemployed and underemployed midwives. This survey explores opportunities in the use of handheld technology to support provision of MNCH information in personalised care to mothers.

Methods: The study employed a cross-sectional mixed-methods design. The sampling frame comprised the Ministry of Health’s Master Health Facility List (MFL), as well as, the lists of health care providers operating in the middle income estates of Nairobi and Kisii. A sample of health facilities was then selected, 635 mothers attending ANC and PNC were interviewed. The qualitative component comprised nine Key Informant Interviews with a diverse group of respondents that included mobile service and internet providers, officials of relevant professional organizations as well as employers. In addition, eight Focus Group Discussions with ANC and PNC mothers. Quantitative data were electronically gathered using android phones while qualitative data were collected using printed questionnaires. Analysis was conducted with STATA and NVIVO software respectively.

Results and conclusion: Ninety seven percent (97 %) of respondents owned a mobile phone, 72.3 % had internet access. Seventy seven (77 %) of respondents indicated that they use their mobile phones to obtain information on pregnancy. Mothers sought information on conception, nutrition during pregnancy, ANC and PNC visits, signs of labour, and baby care.

A large proportion of the young urban Kenyan mothers in the survey have accepted to use digital technology for obtaining health information for themselves and that of their children.

Implications for midwifery Practice: Emanating from this survey there is plausible reason to consider innovative digital mobile application to deliver MNCH information to mothers and their families.
WS05 Technology for midwives

**W 01 – The Safe Delivery App: a digital tool for midwifery training and support**

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**Learning Outcomes:** The majority of the deaths related to pregnancy and childbirth can be prevented through access to skilled and quality care. One key element is to build the capacity of health workers when managing childbirth emergencies. Participants will learn how the Safe Delivery App can be used to bridge this gap and provide guidance on how to manage complications, as well as provide access to a self-directed learning platform. Participants will also learn how to implement the Safe Delivery App within their own context, whether this is in-service or pre-service, and how the Safe Delivery App can strengthen the capacity of midwives.

**Process/Activity:** The Safe Delivery App – a smartphone application that provides direct access to evidence-based and up-to-date clinical guidelines on Basic Emergency Obstetric and Neonatal Care (BEmONC) and a selection of essential preventive protocols will be introduced to the participants. Presenters will lead participants through a mix of engaging activities to demonstrate how the Safe Delivery App can be used by trainers and trainees to make training interactive. The workshop will conclude with how to introduce and continue to use the Safe Delivery App at their workplace.

The Safe Delivery App can be downloaded for free at the App Store or Google Play Store – it is advised participants download it prior to attending the workshop.

**Implications for midwifery practice (women and families, education, research or policy):** The Safe Delivery App has been proven to increase knowledge and confidence of midwives in eight countries in Sub-Saharan Africa. This workshop will provide the midwifery community with a greater understanding of how the Safe Delivery App can contribute to greater knowledge retention, how to implement such tools in various contexts, and how it can be integrated into existing training and curricula. Moreover, it will create a dialogue around different training approaches and the use of mHealth solutions to reduce training duration.
WS05 Technology for midwives

W 02 – Clinic in a box: the role of technologies in emergency obstetric care and the support of preterm babies

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Transforming our world: the 2030 Agenda for Sustainable Development sets out 17 goals which UN member states have committed to work towards. Goal 3: Ensure healthy lives and promote well-being for all at all ages identifies multiple targets related to improved Global Health by 2030. These include: reducing maternal mortality; and ending preventable deaths of newborns and children under 5.

A key component towards realizing these goals is the ability to diagnose and monitor illness. It is well-recognized that availability and access to healthcare, particularly in low income countries, is inversely related to health needs. In most high-income countries, health care systems make use of the latest technological solutions, whilst in low income countries often basic primary healthcare is unavailable or inaccessible. Due to the limited availability of services in rural and remote regions, many expectant mothers travel to urban centres to give birth, which can result in adverse health outcomes and undue stress and trauma for mother and baby. Therefore, there is an urgent need to develop technologies which can improve access to healthcare in rural and remote settings.

The presentation will describe the development of low cost Clinic-in-a-Box (CIAB) technologies for the provision of emergency obstetric care and the support of preterm/low birthweight babies. The project is highly interdisciplinary and involves engineers and midwives.

We have developed a solar-powered, portable neonatal CIAB system which integrates physical measurements with a simple machine learning algorithm to aid in early detection and prevention of neonatal health issues. The system also provides basic treatment options such as phototherapy for neonatal jaundice and infra-red warming units for pre-term babies and can be deployed in rural areas and used outside of a hospital or clinic setting to provide care locally. The system has basic networking ability so the results can be sent to a central health facility for advice. The potential of Point of Care assays which allow high precision lab-based detection techniques to be taken directly to the individual, irrespective of the setting and how these can be integrated into a CIAB system will also be discussed.
O 81 – Création de trois centres d’excellence pour la formation des enseignants des écoles de formation des sages-femmes en Afrique de l’ouest

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Objectif

Sept écoles de cinq pays d’Afrique de l’Ouest (Burkina Faso, Côte d’Ivoire, Mali, Mauritanie et Niger) ont postulé pour abriter ces centres.

Méthodologie
L’évaluation s’est déroulée en plusieurs étapes entre juillet et novembre 2017. La première étape a consisté en l’élaboration, par une équipe d’enseignants d’écoles de sages-femmes, de médecine, de spécialistes de la pédagogie – de l’outil d’évaluation des écoles accompagnée d’un guide de remplissage lors d’un atelier. Cet outil comportait quatre rubriques pondérées de la manière suivante : système organisationnel (30 %), système de gestion financière et immobilisations (20 %), gestion des ressources humaines (20 %) et système pédagogique (30 %).

Cet outil a fait l’objet d’un pré-test dans une école non candidate et réajusté.
La seconde étape de l’évaluation a consisté en des visites de terrain dans les écoles candidates.

Résultats et conclusion
Suite à l’évaluation, trois établissements ont été retenus par ordre de mérite.
- INFAS Abidjan, Côte d’Ivoire (83 %)
- ENSP Niamey, Niger (80 %)
- INFSS Bamako, Mali (78 %)

La mise en place de centres d’excellence pour la formation des enseignants des écoles de sages-femmes est un premier pas vers une formation de qualité.

Implication pour la pratique sage-femme
A travers ces centres l’UNFPA et l’OOAS contribuent à doter l’Afrique de l’Ouest d’enseignants de niveau requis pour la profession de sages-femme.
O 82 – Intérêt des laboratoires de compétences dans le préceptorat et le mentorat, expérience du Gabon

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Objectif: Contribuer à l’amélioration de la qualité de la pratique sage-femme au Gabon.


Celui situé dans l’enceinte du centre hospitalier universitaire de Libreville (CHUL) est un bâtiment d’environ 1833 Mètres carré, constitué de neuf (9) box dont : deux (2) bureaux, une (1) salle de cours, six (6) salles réservées pour les stations d’Examens Cliniques par Objectifs Structurés (ECOS) et deux (2) vestiaires. Ces laboratoires de compétences vont assurer une meilleure formation pratique des étudiantes.

O 69 – Reasons for delay in decision making and reaching health facility among obstetric fistula and POP prolapse patients in Gondar University Hospital

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Background: Obstetric fistula and pelvic organ prolapse remains highly prevalent in sub-Saharan Africa where women has poor access to modern obstetric care. Women having these problem tend to stay at home for years before getting access to treatment. However, information regarding reasons contributing for late presentation to treatment is scarce especially at the study area.

Objective: The objective of this study was to assess reasons for the delay in getting treatment of women with obstetric fistula and pelvic organ prolapse at Gondar University Hospital.

Method: A hospital based cross-sectional study was conducted among 384 women. Delay was evaluated by calculating symptom onset and time of arrival to get treatment at University of Gondar Hospital. Regression analysis was conducted to elicit predictors of delay for treatment.

Result: Of the total 384 participants 73(19.1 %) were fistula cases and 311 (80.9 %) were pelvic organ prolapse. The proportion of women who delayed for treatment of pelvic organ prolapse was 82.9 %, and that of obstetric fistula was 60.9 %. Women who had fear of disclosure due to social stigma (AOR=2; 1.03, 3.9), and financial problem (AOR=1.97; 1.01, 3.86) were associated with delay to seek treatment for pelvic organ prolapse. While increasing age (AOR =1.12; 1.01, 1.24) and divorce (AOR = 16.9; 1.75, 165.5) were associated with delay to seek treatment among obstetric fistula cases,

Conclusion: Fear of disclosure due to social stigma and financial problem were the major factors that contributed for delay to seek treatment for pelvic organ prolapse. While increasing age and divorce were the predictors for delay to seek treatment for obstetrics fistula patients. It is imperative that midwives along with health extension worker to educated community on the importance of care from skilled providers and about the nature of the problem will help patients to get the necessary support from the community.
O 70 – Prevalence and predictors of gestational diabetes mellitus among pregnant women attending antenatal clinic in Dodoma region Tanzania

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Purpose: To determine the prevalence and predictors of GDM among pregnant women in Dodoma region, Tanzania.

Methods: A cross-sectional study was carried out in Dodoma region, between March and June of 2018. A total of 582 pregnant women were recruited from four local health facilities. Convenient and simple random sampling were used to select health facilities and study participants. Screening and diagnosis of GDM was performed using the 2013 WHO criteria. Analysis was done by using SPSS version 23 to determine the prevalence and predictors of GDM.

Ethical implications: Ethical clearance were obtained from the University of Dodoma, and women who were screened and found to have GDM and diabetic in pregnancy were referred for proper treatment and follow up.

Results and conclusion: Among 582 participants, 170 (29.2 %) women were diagnosed with GDM. GDM was significantly associated with maternal age of more than 35 years (AOR= 2.775), low physical activity level (AOR= 4.684), alcohol use (AOR=4.437), non-healthy diet (AOR=2.262), lack of awareness about GDM (AOR= 3.406) and family history of diabetes (AOR=2.455).

Prevalence of GDM is relatively high in Dodoma Region. This represents a significant number of high risk pregnancies that are currently being undetected and sub-optimally managed.

Implications for midwifery practice (women and families, education, research or policy): This findings emphasize the need for screening and intervention on GDM. Due to the resource constraints, high risk women could be identified and prioritized for screening.
O 71 – Perceived barriers of Human Papillomavirus Vaccination among students in selected secondary schools in Lagos, Nigeria

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Purpose
The study set out to investigate the perceived barriers of HPV vaccination among secondary school students in Lagos State, Nigeria.

Methods
The descriptive study was conducted among 500 male and female students from selected public and private schools located in Education District 1 area of Lagos State. A 44-item adapted questionnaire with a reliability coefficient of 0.703 was used. Statistical analyses were both descriptive and inferential at 95 % confidence interval using the SPSS version 20.

Ethical considerations
Ethical approval was granted by Lagos State University Teaching Hospital, Nigeria and permission was also sought from the Lagos State Ministry of Education. Participation in the study was made voluntary. Informed consent was sought and each student signed the assent forms attached to his/her questionnaire prior to filling them.

Results
The mean age of respondents was 14.4±1.7 years. The study established that over half (53.0 %) of respondents agreed that being busy with school and extracurricular activities could hinder them from receiving HPV immunization. Most importantly, 71.0 % accepted that inadequate information about the vaccine could serve as barrier. About half (52.8 %) of the respondents worried that there may be complications from taking HPV vaccine while majority of the respondents disagreed with all the listed parental/caregiver/guardian factors and concerns as a hindrance to accepting HPV immunization.

Implications for midwifery practice
It was recommended that HPV vaccine education be included into the syllabus of basic school and secondary school students in order to increase their knowledge prior to HPV-vaccination (school-based health education) while school nurses could be used to convey this information. Also, parents/teachers of pre-adolescents and adolescents needs to be given sufficient education on HPV/HPV vaccine and its link to cervical cancer as these people serve as decision-makers and major influencers in the acceptance/uptake of HPV vaccine amongst adolescents, especially before they become sexually active.
O’72 – Factors influencing uptake of HIV testing of exposed infants at 18 months by parents at Mulamba urban clinic, Zambia

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Zambia has had a long standing national programme on prevention of mother to child transmission of HIV. Statistics show that 98% of pregnant women seeking antenatal care are tested for HIV but not all exposed children are tested at different intervals with the lowest being at 18 months. Early diagnosis of HIV is crucial for timely initiation of ART to reduce morbidity and mortality in this vulnerable group that is dependent on parents to have them tested. Literature is sparse on the factors influencing uptake of the 18 months HIV test in Zambia. This study aimed to assess factors influencing parents having their HIV exposed infants tested for HIV at 18 months. A descriptive cross section design was employed among 112 randomly selected parents attending children’s clinic at Mulamba urban clinic in Zambia after approval for University of Zambia research ethics committee. Data were analysed using SPSS version 23 descriptive statistics and chi-square was used to determine associations. The results showed a statistical association between having the infant tested with the following factors level of education, attitude towards HIV testing, level of knowledge on HIV testing. There was no statistical association between having the child tested with the gender of a primary care giver, age of the parent and occupation. Findings suggest that parents who are well informed and can easily access the health facility are more likely to have their children tested at 18 months. We therefore recommend that the health care providers should continue educating the parents on HIV and importance of a confirmatory test at 18 months.
O’73 – Clinical outcomes of postpartum TCu380A intrauterine contraceptive device inserted by midwives in Tanzania

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Purpose: To assess the rate of complications following immediate postpartum insertion of TCu380A intrauterine device by trained midwives in Tanzania.

Methods: A prospective cohort study of women who underwent immediate postpartum IUD (PPIUD) insertions provided by midwives between December 31, 2016 and October 15, 2017. Midwives received standardized training via the FIGO initiative. Women who returned 6 weeks after delivery were evaluated for complications. Outcomes of interest were uterine infection, IUD expulsion, medical removal of IUD, and method discontinuation.

Results: There were 40470 deliveries, 2347 (5.8 %) PPIUD insertions, and 1013 (43.2 %) women with a PPIUD who returned for a follow-up visit in the program-affiliated clinics. Midwives were providers in 596 (58.8 %) of these follow-up cases and clinicians in 417 (41.2 %) cases. All PPIUD insertions by midwives were transvaginal and among them 43 (7.2 %) had PPIUD-related complications by the end of sixth week. These complications included 16 (2.7 %) cases of uterine infection, 14 (2.3 %) IUD expulsions, 26 (4.4 %) IUD removals, and 33 (5.5 %) overall method discontinuation. Only one case had uterine infection severe enough to warrant hospitalization. These results were comparable or better than the rates searched in literature in which providers were experienced Physicians. In Conclusion PPIUD insertions by Midwives is safe.

Ethical Implications: Ethically cleared by the National Institute for Medical Research (NIMR) and the Muhimbili University of Health and Allied Sciences (MUHAS) Institutional Research Board.

Implications for Midwifery Practice: Task shifting of PPIUD insertion of CuT380A IUD to Midwives in Tanzania is feasible.
Concept Foundation’s (CF) goal for Safe Medical Abortion (SMA) is to ensure that all women have access to quality-assured (QAed) and affordable products for the termination of pregnancy. CF has gained substantial expertise in developing ways to improve and increase the pipeline of QAed medical abortion and would like to share its experience.

Unsafe abortion resulting in complications and death is a preventable global health problem that deserves increased efforts towards eradication. Midwives can play a substantial role in providing safe abortion care, preventing and treating abortion complications, and reducing mortality and morbidity rates.

Although there are a number of abortion drugs on the market, unfortunately only a few of them are QAed. CF will be working with the World Health Organization to introduce affordable QAed mifepristone-misoprostol combipacks in Botswana, Lesotho, and Zimbabwe. This will involve multiple activities including training of midwives and other healthcare workers as well as professional organisation engagement workshops.

During the presentation, CF will discuss the challenges of Quality-Assurance and will share recommendations on the ways to guarantee procurement of affordable QAed products for SMA and provision of SMA care. CF shall also present abortion-related data that was collected through the market/country assessment activities conducted in Botswana, Lesotho and Zimbabwe.
O 75 – Determinants of immediate post partum intrauterine contraceptive device uptake among mothers delivering in meru hospital

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It is through family planning that unplanned pregnancies can be prevented. Post partum method of contraception is highly recommended because it is long acting, convenient, safe and highly effective with minimal side effects. According to the Meru Hospital records for the year 2017, the immediate PPIUCD uptake was very low at 3.4%. The purpose of this study was to assess the factors that determine uptake of PPIUCD at Meru Hospital. A descriptive research design was used and Simple random sampling was used to get the sample for the barriers and a census done for the facilitators. Permission was sought from National Commission for Science, Technology and Innovation through Chuka University Ethics and Research Committee. The study revealed that:

The main client related determinant to low PPIUCD uptake was lack of knowledge (67.2%) on the method as a result of the providers’ reluctance to share information. The provider determinant to low PPIUCD uptake was reluctance to provide timely counseling and insertion. 68.9% of the clients who did not have the insertion reported that neither counseling nor insertion was provided to them. 20% of those who had the insertion said that timely counseling was done during antenatal period. The method related determinant to PPIUCD uptake was past experience and preference to alternative methods of contraception. 12% of those who refused the insertion opted for other alternative methods. 50% of those who accepted the insertion had previous bad experience and side effects of other alternative methods. 24% of non users perceived that the method is generally ineffective and 30% of users perceived that the method was effective and convenient because once inserted no need for frequent visits to the clinic. The study recommends putting in place strategies to improve uptake of the method by considering the client, provider and method related barriers and facilitators.
The availability of lifelong antiretroviral therapy (ART) has improved the health outcomes of people living with HIV, which influences the sexual and reproductive health choices of people living with HIV (PLHIV), particularly in high prevalence settings. Fertility desires and associated factors among women living with HIV (WLHIV) have been documented in many countries like South Africa, Tanzania, Kenya, Uganda, yet in Malawi there is little data available. Of concern is health worker attitudes towards WLHIV, which is reportedly negative.

To explore the factors that influence the sexual and reproductive health choices of WLHIV and health worker attitudes, data was collected from 138 HIV positive women of reproductive age, defined as being between 18 to 45 years of age in this study, using an interviewer administered questionnaire. Social, demographic, and sexual and reproductive health characteristics of WLHIV were explored. In addition, a self-administered questionnaire was administered to 20 health workers at the study site to explore service provider perceptions regarding perspectives of the sexual and reproductive choices of WLHIV, and the support for the fertility desires and intentions among HIV positive pregnant women.

The mean age of HIV positive women in the study was 27 years and 96 % were sexually active. All women (100 %) were in relationships with 69.6 % being married. About 86.6 % of the women reported that their current partners were responsible for their current pregnancy and 81 % had less than three children, while 71.2 % disclosed their HIV status to the partners and 23 % of these pregnant mothers had not disclosed their HIV status to their partner. Health worker attitude was positive 96 % and 65 % of the participants had fears about contraceptive use. The service provider environment was generally friendly towards PLHIV; however, 70 % of health workers discouraged childbearing, especially among women who had more than three living children.

The analysis showed associations between elevated fertility desires and/or intentions, young age 18 to 24 years, some form of basic education levels (62.7 %), less than 3 children per woman (81.3 %), known HIV negative status of the child in the family (63.3 %), availability of ARV’s, and lack of safe conception guidelines and women’s fertility decision and choices over time.
O 77 – Midwives crucial to ending deaths and injuries from unsafe abortion in Zambia

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Background: In Zambia, it is estimated that 30% of maternal deaths are due to unsafe abortion. Zambian Ministry of Health guidelines on comprehensive abortion care (CAC) recommend task-shifting of 1st trimester CAC service provision from medical doctors to mid-level providers including midwives. Ipas Zambia, an international NGO, has been implementing CAC services in public facilities since 2008. Mid-level providers undergo a 7-day woman-centered skills CAC training. The training equips providers in assisting women to make reproductive health choices including contraception, safe termination of pregnancy (TOP) and post-abortion care (PAC).

Purpose: This paper presents midwives’ work in CAC service provision in four provinces (Southern, Central, Lusaka and Copperbelt) in Zambia between 2014 – 2018. We present findings on midwives’ competencies and compliance to clinical guidelines to enhance quality service provision.

Reflection and Relevant evidence: 61 midwives provided CAC services to 43,389 women (69% safe TOP, 31% post abortion care) over 4 years. Midwives used appropriate technology (96% TOP medical abortion, 93% PAC manual vacuum aspiration). More than half of the women who received care through midwives-led intervention were older than 25, 30% were between 19–24, and the rest were younger than 19. The majority (91%) of the abortion services were performed in the first trimester. Only 1% of women experienced serious complications. The proportion of second trimester cases (9%) seen by midwives although minimal indicate the need for a continuous mentorship as these could have been referred to medical doctors for specialized treatment and management.

Implication: Midwives are compliant to clinical guidelines and can competently provide CAC services to women in the 1st trimester and can ultimately contribute to reducing the number of unsafe abortions. This intervention has potential to contribute to the UN 2030 agenda for global maternal mortality reduction to less than 70 per 100,000 live births.
O 78 – Making institutional delivery services possible at Walela Health Post in Chipata District of Eastern province, Zambia

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Purpose
Availability of quality delivery services to women, to reduce expenses and home deliveries thereby prevent maternal and perinatal deaths.

Demonstration of reflective thinking
MCSP offered Technical Assistance (TA) to Chipata District in RMNCAHN beginning August 2017 to Chipata District Health Office (DHO) and Health facilities such as Kapata HAHC and Walela HP.

Advised Chipata DHO to open Walela HP as a delivery centre, discuss with the Walela team on the need to start conducting deliveries, source for equipment, supplies, protocols/guidelines, and registers, and transfer staff to Walela due to inadequate staffing,

Supported Walela team to identify/set up delivery room, develop schedule including night duty, identify and orient CBVs on demand creation and collaborated with SM360+ in mentoring Staff in Emergency Obstetrics and Newborn Care (EmONC) to improve their competencies to manage pregnancy, labour and delivery complications.

Chipata District Integrated Meeting and Performance Appraisal done at beginning of 2018, revealed that Kapata was overwhelmed with deliveries because Walela was not conducting deliveries. This was expensive for pregnant women; transport to get to Kapata, leading to home deliveries.

62 deliveries conducted in Oct-Dec 2018, 0 in Jan-Mar 2018 at Walela. Home deliveries reduced to 3 in Oct-Dec 2018 from 26 in Jan-March 2018 for Kapata, Chipata district reduced from 360 to 163 after Walela started conducting deliveries

Implications for midwifery practice (women and families)
Strong community collaboration and well-informed volunteers improve and sustain institutional deliveries. Walela HF was designed and equipped to provide delivery services due to unclear leadership will from DHO and HF recorded 0 deliveries from 2016 to March 2018. Need more midwives for every woman in labour to receive quality skilled midwifery support. If all HFs could offer labour and delivery services then the equity to quality institution deliveries will be increased.
S22 Midwives influencing safe motherhood

O’79 – Views of midwives about the independent, dependent and interdependent role of the private sector labor ward midwife in Namibia

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Challenges of midwives in the nursing practice as independent practitioners and advocates for women was the motivation to understand their role in the private sector in promoting well-being of mother and baby. Midwifery is an independent profession, dependent on the regulations of the Act and midwives are directed by their scope of practice in carrying out their professional duties to promote well-being of mothers in their child-bearing years. Seven midwives were interviewed from two private hospitals in Windhoek as they are an integral part before, during and after childbirth. Ethical clearance was granted prior collection of data. Various literature reports that their role as independent professionals in ensuring healthy pregnancies and positive childbirth experiences affected by a myriad of factors. The factors include the relationship of midwife and the doctor, the patient and the institution; trust among and between health professionals, and availability of adequate antenatal information for women to make informed decisions. The midwife, has the mandate to exercise her independent role within her scope of practice to ensure individualized women care and to act as advocate for the women. The main theme in the study was the midwife and sub-themes were defined by their role function and how they viewed their independent, dependent and interdependent role function in the Namibian private sector labour wards. Midwives’ roles in the Namibian private sector were found to include decreased independent and increased interdependent functions due to the enlarged role of the private doctor as the primary care-giver, as well as expectations of the institution and the doctor. The implication of the research is to increase awareness of midwives in their role function as advocates and independent, dependent and interdependent health professionals in facilitating women led care.
Purpose: Sharing knowledge and practice is an important aspect of implementation so that both local and wider communities can share experiences and learn from one and another. During this presentation, lessons learnt and best practices from implementation of the Safe Delivery App within existing maternal health programs and activities will be shared from eight Sub-Saharan African countries – Benin, Ethiopia, Ghana, Guinea, Sierra Leone, Somalia, Tanzania, and Togo.

Reflective thinking: The Safe Delivery App is a smartphone application that provides midwives with direct and instant access to evidence-based and up-to-date clinical guidelines on BEmONC. Across all Safe Delivery App programmes in Sub-Saharan Africa, it is observed that the knowledge and confidence of health care workers using the app improves irrelevant of the implementation model (e.g. pre-service education, in-service, job aid) and roll-out approach. On average, a 26% increase in knowledge and a 36% improvement in self-reported confidence has been observed; however, variations exist. Spatial and implementational differences will be presented, including considerations around the enabling environment – or lack of – and its importance in relation to how the Safe Delivery App can contribute to midwife’s knowledge and confidence.

Implications for midwifery practices: Innovative digital health tools, and namely the Safe Delivery App, can contribute to building capacity of service providers whilst reducing the need for lengthy intensive training. This presentation will provide the midwifery community with a greater understanding of how to implement such tools, overcome challenges in implementation and learn from the experiences presented here. Moreover, it will create a dialogue around how training is given, collaborations are formed, and the motivation needed for success.
S24 Sages-femmes travaillant dans des circonstances exceptionnelles  
(session in French/ session en francais)

O 84 – Contribution de l'Association des Sages-femmes à la promotion de la planification familiale à travers la stratégie mobile au Mali

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Introduction : Le Mali a un TPCM parmi les plus bas au monde respectivement de 9,9 % et 16,4 % selon l’EDSM V et VI, avec des besoins non satisfait en PF de 26 % et 24 % et un taux de mortalité maternelle, néonatale et infantile très élevés selon l’EDSMV réalisée en 2012-2013, 368 /100000 NV, 34 ‰ NV et 56 ‰ NV. Les femmes qui ont moins d’enfants avec des grossesses plus espacées peuvent davantage participer aux activités génératrices de revenus et communautaires, ce qui favorise l’équité entre sexes et l’autonomisation des femmes.

Objectif : Renforcer l’offre des services de PF de qualité à travers la stratégie mobile par l’ASFM.

Méthodologie a été : – création de demande ;
– offre de services PF de qualité à travers la stratégie mobiles

Les activités ont été réalisées dans les régions de Sikasso, Mopti, Koulikoro et de Bamako, en raison d’un district par région.

Résultats : Pour la période mars à décembre 20118, 96 sorties ont été réalisées, et environ 5938 pers ont été mobilisées, dont 895 soit 15 % filles, 297 soit 5 % de garçon et 119 2 % d’hoes. Sur 5522, 2938 ont été conseillés et 2498 soit 85 % ont choisi une méthode de Pf. 80 % des acceptantes ont choisi l’implant.

Conclusion : Les SF jouent un rôle important dans la promotion de la PF au Mali. Cette intervention de proximité est nécessaire si nous souhaitons l’atteinte des résultats en matière de droits sexuels et reproductifs en faveur la PF.
O 85 – Expérience de l’implémentation du processus du cadre pour les services de la pratique sage-femme (Midwives Services Framework, MSF) au Togo

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Objectif : Présenter les activités du processus de l’implémentation de l’outil

Méthodologie : il s’est agi d’un rapport synthèse décrivant tout le processus de l’implémentation de l’outil qui s’est déroulé à Lomé du 15 au 28 Novembre 2016 au Togo. Plusieurs activités ont été réalisées. La synthèse des différents rapports nous a permis de présenter les résultats ci-dessous.


Conclusion : L’implémentation de cet outil, a permis de mener une démarche scientifique dans l’analyse de la situation de la pratique.
S24 Sages-femmes travaillant dans des circonstances exceptionnelles
(session in French/ session en français)

O 86 – Expérience de la Guinée dans la contractualisation et le déploiement des sages-femmes dans les zones difficiles

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Résumé de présentation Marie de Guinée : Sage-Femme Conseillère Pays

But Etablir des bases d’un système de santé plus solide et résilient.

Objectifs
– Améliorer l’offre de soins de qualité dans les structures sanitaires en santé maternelle, néonatale, adolescents, en PF et les VBG dans les communautés.
– Fournir des bases de données solides d’un système de santé durable à travers: des services de base, une participation communautaire, une surveillance de la mortalité maternelle et néonatale.

Stratégies
1. L’évaluation de base des besoins des structures sanitaires.
2. La contractualisation de 282 sages-femmes et 3 médecins gynéco-obstétriciens.
3. Le recrutement par l’État de 529 sages-femmes
4. La réduction de besoins en sages-femmes à 1004 au lieu 2400.
4. La dotation en médicaments, kits d’accouchement et équipements des maternités
5. La collecte des données en SR

Résultats
Les principaux résultats sont :
1. Un accroissement des accouchements assistés et de la de CPN et CPoN avec l’utilisation des outils de gestion
3. Une amélioration de la qualité de l’information et de l’offre de services SR/PF au niveau communautaire.
4. Une meilleure gestion de la chaîne d’approvisionnement et de la logistique.
5. Un suivi régulier des indicateurs de santé reproductive

Leçons apprises
1. La gestion des maternités par les sages-femmes a contribué à rassurer la communauté à utiliser les services, à améliorer l’offre de soins de qualité et la disponibilité des donnés
2. Le déploiement des sages-femmes est un outil de plaidoyer à l’endroit des politiques en faveur de la santé maternelle et néonatale.

Conclusion
Le développement de partenariats stratégiques, notamment pour la mobilisation de ressources financières est cruciale pour le maintien des acquis et le passage à l’échelle dans le relèvement et de résilience communau-
taire post-Ebola.
O 59 – Les meilleures pratiques en soins humanisés au cours de l’accouchement

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4 Centre Hospitalier Universitaire Yalgado Ouédraogo

Contexte et justification : Malgré les efforts louables du gouvernement et des partenaires l’objectif du millénaire pour le développement N°5 (OMD) n’a pas été atteint. La mortalité maternelle reste toujours élevée: 330 décès pour 100 000 naissances vivantes au Burkina Faso (2015). On note toujours un déséquilibre entre la couverture en consultation prénatale et les accouchements assistés ainsi qu’une persistance des accouchements à domicile de l’ordre de 16,1 %.

Introduction : La qualité de l’accouchement dans la perspective de la satisfaction des clientes est reconnue en santé reproductive. L’accouchement doit intégrer les systèmes traditionnel et biomédical pour la définition d’un paquet minimum de comportement consensuel de soins obstétricaux garantissant à la fois l’efficacité clinique et la satisfaction des clientes.

Types de positions pour accoucher

Couchée sur le côté

Avantages : la veine cave est libérée permettant une bonne oxygénation pour la parturiente et le fœtus. La tête du fœtus n’étant en appui sur le coccyx, la colonne vertébrale ne sera plus secouée à chaque contraction. C’est la position idéale avec moins d’inconvénient.

A quatre pattes

Avantages : elle libère le dos, la descente et la rotation sont faciles et le fœtus souffre moins. Inconvénients : les poignets ou les genoux deviennent douloureux.

Conclusion : L’accouchement étant un phénomène naturel et physiologique, en dehors de tout facteur de risque biologique et mécanique, il appartient au praticien de coopérer avec la parturiente en tenant compte de son contexte socio culturel pour lui permettre d’adopter la position la meilleure pour évacuer le plutôt possible l’utérus et la soulager.
Poster presentations

Présentations par affiches
P 01 – Competencies of South African midwifery educators: an appreciative inquiry

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Despite global midwifery education documents such as the World Health Organisation (WHO) midwifery educator competencies (MEC) (2013), no formal programme has been developed to assess and address the competencies of midwife educators in SA.

Against the backdrop of a disempowered midwifery profession, the lack of data on MEC in SA can contribute to not meeting the demand for human resources for health. Therefore the current competence levels of midwife educators was assessed. This is a quantitative component of a mixed methods study and is not the primary focus of the presentation.

Whist a MEC gap analysis can inform the process of strengthening midwife educators’ competencies and autonomy in SA, it is unlikely to bring about change. A strengths-based approach, in this case, appreciative inquiry (AI), was employed to explore and expand the existing competencies. Appreciating MEC, serves as a positive trajectory for transformation as change is co-created by the midwife educators.

The paper will share the qualitative component of the mixed method study where the aim was to answer the research question: What are the appreciated MEC strengths of SA midwife educators?

The method used to gather data was AI. The target population was educators at a peer reviewed congress workshop of the Midwives Association in 2018. The sampling method was non-probability: convenient sampling. A facilitated workshop based on the 4D process of Appreciative inquiry was used. Data was analysed by participants using nominal group technique.

Ethical approval was obtained for the study from higher education institution and national health research structures. Participants consented before the workshop commenced.

The major themes as appreciated by participants will be shared of which the most appreciated is passion.

The use of the appreciated strengths and how that aligns with transforming midwifery education and policy implementation in midwifery will be shared.
P 02 – Délégation des tâches dans le domaine de la planification familiale à Dandé et à Tougan, au Burkina Faso

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La population du Burkina Faso était estimée en 2017 à 19 632 147 habitants. Le pays enregistrait une prévalence contraceptive de 22,5 % et 19,4 % de besoins non satisfaits (EMDS 2015). La délégation des tâches dans les Districts Sanitaires de Tougan et Dandé a consisté à autoriser les infirmiers(ères) brevetés(IB), les accoucheuses brevetées (AB), les accoucheuses auxiliaires (AA) et les agents itinérants de santé (AIS) à offrir les implants, le DIU et aux agents de santé à base communautaire (ASBC) d’offrir des pilules et d’administrer les injectables.

Une Approche longitudinale a été utilisée allant du 1er Février au 31 Décembre 2017. La méthodologie a consisté à les suivre et à mener une collecte de données qui a faire l’objet d’une analyse grâce au tableur Excel.

Résultats : Les personnes formées étaient au nombre de 79 pour les AA, AB, IB, AIS et de 124 pour les ASBC. Tous les agents de santé et 120 ASBC ont été déclarés aptes. De Février 2017 à Décembre 2017 : 653 DIU ont été insérés par les prestataires de santé dont 185 par les IB, 70 par les AB, 247 par les AA et 151 par les AIS. Nous avons enregistré 394 nouvelles utilisatrices de DIU recrutées au CSPS. Quant aux implants, 1807 ont été insérés. Nous avons également enregistré 1657 nouvelles utilisatrices de méthodes contraceptives injectables et 399 nouvelles utilisatrices de pilules recrutées par les ASBC.

Discussion : La Délégation des tâches une opportunité pour améliorer l’accès des populations à l’offre des services de planification familiale.
P 03 – Durée adéquate de séjour hospitalier après un accouchement normal à la maternité de Do au Burkina Faso

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Introduction : Le retour à domicile sécurisé du couple mère enfant après une durée de séjour à la maternité doit être au centre des préoccupations des acteurs de la santé des différents pays du monde. Accélérer les actions visant à la réduction de la mortalité maternelle et néonatale amène à déterminer une durée de séjour hospitalier sans répercussion sur la santé du couple mère enfant.

L’objectif : Connaître la durée adéquate de séjour hospitalier après un accouchement normal.


Discussion : un séjour de 24 heures après un accouchement normal est le délai adéquat pour un retour sécurisé à domicile pour le couple mère enfant.

Conclusion : La lutte pour la réduction de la mortalité maternelle et néonatale s’inscrit dans un cadre universel. Bien gérer les sorties des accouchées et de leurs nouveau-nés doit être au centre des préoccupations des différents acteurs de la santé.
P 04 – MyCpdZw-clinical decision support and continuing health education digital platform for midwives and other health professionals: a Zimbabwean experience

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Background
There is inadequate clinical decision support for midwives and other health professionals working in rural settings where there is limited access to continuing professional education. This project has been developed to promote universal access to continuing education.

Purpose
To provide continuing professional development (CPD) to midwives and other health professionals.

Demonstrated Practice
The team developed a 360 degrees fully integrated e-learning mobile and web application called MyCpdZw which brings tech assisted algorithmic protocols, clinical tools such as existing national guidelines, the essential drug list of Zimbabwe, standardized continuing professional development activities, modular blended learning for primary health care cadres. The platform also has a continuing professional development points management system which allows midwives and other health professionals to fulfil annual registration CPD requirements for authorities such as Nursing and Midwifery council. It also has a library, offers live streaming, QR-code scanning to record meeting attendances and the application works in offline mode as well. The mobile application is on the play store as MyCpdZw and the web url is www.mycpdzw.org.

Implications for midwifery practice
Continuing professional development has been identified as a key intervention to improve midwifery essential competencies which can lead to improved quality of midwifery care. It is feasible to digitize continuing professional development and aid clinical decision making by placing existing national guidelines on the phones of midwives and other health professionals. It is possible to provide continuing professional development to midwives and other health professionals through digital platforms including in remote locations in Zimbabwe and other African countries.
Early Essential Newborn Care (EENC) is a package of interventions provided to the mother and newborn with a demonstrated effectivity in prevention of newborn deaths. In this study, we worked with a midwifery team in an urban Tanzanian healthcare facility. This study (a) observed the process of promoting EENC on-site by the team; and (b) identified the barriers affecting EENC team action.

This qualitative descriptive study consisted of participant observations with the team for their action on team meetings and training sessions. Observations were made of the regular team meetings, its strategies (i.e. when, how and who) should be planned at the first. During subsequent meetings, the current situation of training would be informed and reflected while identifying and addressing the environmental and sociological barriers. Team meetings were taped, and the recordings were used in combination with notes taken. Data was recorded and analyzed sequentially i.e. meeting/training cycles to describe the actual team action process. Ethical approval was granted by National Institute for Medical Research in Tanzania.

For 12 weeks, the team conducted lecture and training sessions and held two team meetings a de-facto schedule that differed from the initial plan: failure of regular team meetings and delay in the training plans. The failure of regular team meetings were affected by (a) a lack of effective teamwork; and (b) a lack of motivation from exhaustion and/or unsatisfying rewards for effort. The delay in the training plans were caused by (a) absence of team leaders; (b) a lack of experiences in continuing education; and (c) the challenge for non-incentivized training plans. This study’s findings enumerate the difficulties in planning and conducting on-site EENC training at the field level.

For successful EENC propagation, this study’s results suggest a holistic approach to ameliorating the existing barriers to adoption with an emphasis on drawing together teams comprised of all stakeholders.
P 06 – Utilisation de la ventouse obstétricale par les sages-femmes au Togo

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Purpose: L’objectif ici est de présenter l’expérience du Togo sur le renforcement des SONU, la délégation de tâches en l’occurrence l’utilisation de la ventouse obstétricale par les sages-femmes services des maternités SONU au Togo

Demonstration of reflective thinking (including relevant evidence): Il s’agira d’une présentation et de partage d’expérience sur la thématique

Les Soins Obstétricaux et Néonatals d’Urgence (SONU), est implémenté par le Togo depuis 2014 pour réduire la mortalité et morbidité maternelles et néonatales

L’une des fonctions essentielles SONU, souvent déficitaire à la maternité est l’accouchement par ventouse. Les résultats de l’évaluation des SONU 2012 au Togo donnaient une disponibilité presque nulle pour la ventouse. Les SF n’avaient pas compétence à l’utilisation de la ventouse dans le système de santé, souvent reléguée aux médecins, pourtant elles sont seules à faire face aux complications de l’accouchement dans les maternités. Sur les 59 % de naissances assistées par des prestataires de santé, les infirmières ou sages-femmes représentent 37 %.

Professionnaliser et renforcer les soins de maternité et accroître le nombre et le niveau de compétences des sages-femmes pour l’offre des services intégrés est l’une des approches utilisée par le pays à travers entre autres l’intégration de l’utilisation de la ventouse sur les sites SONU.

A compter du 2ème semestre 2015 elle est montée à 0,13 %, et est restée stagnante variant entre 0,13 et 0,15 % à ce jour. Les communautés ont reconnu l’impact de l’accouchement par ventouse sur les références.
Background: It is estimated that globally 8–10 % of pregnancies are complicated by HDP that account for 5–15 % of all maternal deaths. In particular, hypertensive disorders and their complications are the most common cause of maternal death in Middle East. In Africa and Asia, nearly one tenth of all maternal deaths are associated with hypertensive disorders of pregnancy. The study aims to assess risk factors associated with hypertensive disorders of pregnancy in Nekemte Referral Hospital.

Methods: Facility based retrospective unmatched case–control study was employed to identify risk factors associated with HDP in Nekemte Referral Hospital just two years back from study period from July 1, 2015 to June 30, 2017. Accordingly, by adding 10 % for the non-response rate, 243 cases and 534 controls (a total sample size of 777) is the estimated sample size.

Result: Out of 6826 total delivery records from July 2015 – June 2017, 243 (3.56 %) women had HDP. Of 777 selected records, 44 cases and 136 controls were excluded from analysis because of lack of necessary information. The final data of the study were then collected from 199 (81.9 %) cases and 398 (74.5 %) controls which adds to up 597 women.

Conclusions: Women with hypertension during pregnancy have greater risk of having adverse pregnancy outcome as compared to normotensive pregnant women. Old age, rural residential area, being single, null parity, positive history of abortion, twin pregnancy, lack of ANC follow up, positive pre-existing hypertension, positive family history of hypertension and positive diabetes mellitus were identified as independent risk factors for developing hypertensive disorders of pregnancy.
P 08 – The Respectful Maternity Care workshop in Tanzania: gathering ideas to make changes

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Purpose
This paper introduces the overview of the “Respectful Maternity Care (RMC) in Tanzania” workshop, and the ideas which the Tanzanian midwives stated.

Demonstration of reflective thinking
The “RMC in Tanzania” workshop was held in August 2018 at Muhimbili University of Health and Allied Sciences in Dar es Salaam, Tanzania, for clinical midwives, graduate and undergraduate midwifery students (N=52). Participants were informed about their discussion data being used and consent was obtained.

The workshop was composed of three sections: lecture, role-playing, and group discussion. In the lecture section, the concept of Women-Centered Care (WCC) and Disrespect and Abuse (D&A) was explained. In the role-play section, we prepared two scenarios that helped participants think about interpersonal situations between a midwife and a mother including D&A during antenatal check-up and childbirth. After each role-play, participants discussed and shared what they thought which needed to be improved and then played the same situation including the improved attitude and behavior. Details of the role-playing session is introduced elsewhere.

At the final group discussion, participants discussed what they learned from the workshop and how they attempt to promote RMC at their own facility or situation. Ideas which the participants stated were as follows: the importance of advocating to the policy makers, the importance of working as a team, enhancing midwife’s attitude and behavior, building good relationship between clients and midwives, and showing respect to the clients. The participants all talked so passionately about they learned and what they re-acknowledge through the workshop.

Implications for midwifery practice
Since the participants were from various backgrounds, they were all able to share many ideas. The workshop seemed to be a good opportunity for Tanzanian midwives and students to think deeply about what WCC and D&A is, and what they can do to provide RMC.
P 09 – Nursing model for early detection of sickle cell disease in rural African community healthcare settings

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Purpose: The incidence of sickle cell disease (SCD) and trait in newborns in Sierra Leone is unknown. Early diagnosis of SCD and treatment can greatly improve patient outcomes. This study demonstrates the feasibility of a nursing model for SCD newborn screening using a point-of-care microtechnology screening device.

Methods: This cross-sectional study was conducted at a regional government hospital in Sierra Leone. Immediate, free screening was offered to newborns over 24 hours old delivered at the maternity ward. We used a validated, low cost, point-of-care, lateral flow immunoassay (SickleSCAN®) device to screen for SCD and trait. The screening tests were conducted by 12 nurse-midwives. A brief questionnaire was used to record the test evaluators’ experience with the device.

Ethical Implications: Over 200,000 babies are born with SCD annually in sub-Saharan Africa. In many African nations however, 50% to 90% of children with SCD will not survive to their fifth birthday and will die due to susceptibility to malaria, sepsis, anemia and infection without being diagnosed of SCD. Approval for the study was received from the Ministry of Health and Sanitation Ethics Board.

Results: Fifty-two (30 males/22 females) newborns screened within 24–48 hours of birth over a four weeks period. Two newborns were identified with sickle cell disease (HbSS). The test identified 13 newborns with sickle cell trait (HbAS). Thirty-seven newborns had the normal HbAA genotype. The heterozygous HbSC genotype was not observed in the study cohort. 12 nurse-midwives evaluators rated acceptability and feasibility of screening for SCD at the bedside as very good. None of the evaluators deemed the device to be inappropriate for SCD screening.

Conclusion: Our study demonstrates a practical method of instituting SCD screening in maternity wards.

Implications: Our study is a “real world” confirmation that the SickleSCAN device produces reliable results in the African clinical settings.
Background and Purpose
In Uganda, Malaria in pregnancy is still a public health problem which predisposes pregnant women and the newborns to poor pregnancy outcomes. Midwifery-led provision of Sulphadoxine-Pyrimethamine (SP) remains the lynchpin for effective prevention of malaria in pregnancy. The purpose of this study was to determine the effect of intermittent preventive therapy with SP on placental malaria during delivery among parturient women in Uganda.

Methods
This was a cross-sectional study which was conducted among 366 women who delivered in Lira Regional Referral Hospital. Interviewer-administered questionnaire was used to collect the socio-demographic and obstetric factors. The Standard Bioline rapid diagnostic test was used to diagnose placental malaria. Logistic regression was done to determine the association of SP with placental malaria. The study was approved by the respective institutional review boards of the School and the Hospital.

Results: In this study, 42% of women received at least three doses of SP, while 13% of women did not receive any dose of SP during pregnancy. The prevalence of placental malaria was estimated at 4.4% (16/366). The use of SP was not statistically associated with placental malaria.

Conclusion: In this study, the practice of providing SP during antenatal care was inadequate. In this study, a significant number of women had placental malaria.

Implications for midwifery practice: Midwives should be encouraged to provide SP in order to prevent malaria infection during pregnancy.
P 11 – Sexually transmitted infection and adverse pregnancy outcomes in Makama community

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Purpose: To investigate the association between STI and episodes of stillbirth and miscarriage. To identify the influence of STI’s on stillbirth in pregnancy and to assess the influence of STI’s on miscarriage.

Methods: The study was targeting women of child bearing age in Makama Community, Makeni, Sierra Leone. The respondents were randomly selected and a total number of 35 women above 18 years and with obstetric history participated in the study. To gather the data interviews with standardized questionnaires were administered. The study used quantitative and qualitative methods. The Analysis was done by descriptive statistics and the utilization of Microsoft Excel and 2x2 tables.

Ethical implications: Informed consent was collected with the school document; participants were informed to be able to drop out without any disadvantages at any point and information are kept confidentially and anonymously.

Results and conclusion: 30 women were treated for genital infection and out of them 14 had a still birth. This confirms quite a strong association between stillbirth and sexually transmitted infection. 46 % of women who are living in polygamous homes reported infection during pregnancy compared with 2 % women who are living in monogamous homes. The association between STIs and Stillbirth was given. The main findings were that women with STI had a sevenfold higher with STI than without. Furthermore women in polygamous households had a double quote in having an infection compared with women in monogamous households.

Close monitoring for women in reproductive age is needed. There is a necessity for further clarification of the findings regarding the association of STIs and stillbirth and polygamy and infections on national level.

Implications for midwifery practice: Research need on national level to confirm findings. The correct assessment and treatment by midwives is key to reduce STIs in pregnancy. Midwives are needed to educate and sensitize communities about the risks of STIs in pregnancy.
Introduction
Au Bénin, les ratios de mortalité maternelle et néonatale restent encore élevés et sont respectivement de 347/100000 (MICS 2014) et de 30/1000 naissances vivantes. Même si les complications obstétricales (hémorragies/éclampsie/infections...) en sont les causes directes, des facteurs comme la faible implication des communautés, le retard dans la prise en charge des urgences obstétricales/néonatales et la qualité des soins sont préjudiciables à la santé de la mère et du nouveau-né.

L’évaluation des besoins en SONU révèle que l’un des principaux facteurs des décès maternels/néonatals est le dysfonctionnement du système de santé caractérisé par les trois retards. Pour réduire ces retards, le Ministère de la Santé a lancé l’initiative « A Call for Life » dans la Commune de Ouinhi avec la téléphonie mobile (TM).

Objectif
Contribuer à la réduction de la mortalité maternelle, néonatale et infantile

Méthodologie
La phase pilote est mise en œuvre de 2012 à 2014 dans 35 villages. La stratégie consiste à créer une approche participative et à renforcer les capacités des communautés et prestataires de santé pour la mère et l’enfant avec l’utilisation de la TM.

Résultats
Les prestataires/Relais Communautaires (RC) ont été formés à l’utilisation du téléphone portable avec l’application CommCare (CC) pour suivre les gestantes/accouchées/nouveau-né, sensibiliser les gestantes/accouchées/familles par la transmission de messages spécifiques.
En trois ans :
- Prestataires: 2027 femmes enregistrées
- RC: 2473 femmes enregistrées
- Total : 4500 femmes enregistrées
- 1541 gestantes
- 1935 accouchées
  - 422 cas référés par les RC,
  - CPN: 82,2 %
  - Accouchement assisté: 78,8 %

Leçons apprises :
- L’application peut être déployée aisément dans d’autres localités ;
- La TM peut contribuer à améliorer les indicateurs des autres domaines de santé.

Conclusion
Le CC développé dans l’initiative «A Call for Life » a fait preuve de sa simplicité/adaptabilité/efficacité pour contribuer à la réduction des décès maternels/néonatals dans les communautés rurales au Bénin.
P13 – Accès à base communautaire des produits/services de planification familiale : Introduction du contraceptif injectable en sous-cutané Sayana Press au Bénin

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Objectifs
Contribuer à la réduction de la mortalité maternelle, néonatale et infantile à travers la planification familiale (PF).

Démonstration de la réflexion (preuves)
PF : premier pilier de réduction de mortalité maternelle.

Les preuves de la recherche mondiale sur l’accès à base communautaire des contraceptifs injectables (CI) montrent que les Agents de santé communautaire (ASC) formés peuvent en toute sécurité, fournir des services de PF y compris les CI acceptables et efficaces dans leurs communautés. De plus, la récente orientation technique internationale favorise l’introduction, la poursuite, et l’intensification de ce modèle de prestation de service.

Actuellement, les femmes béninoises ne peuvent accéder à des CI que dans un Centre de santé, limitant ainsi l’accès à celles qui vivent dans les communautés rurales. L’enquête démographique et de santé de 2012 montre que le Taux de prévalence contraceptive (TPC) des méthodes modernes n’est que de 6,8 % dans les zones rurales par rapport à 9,5 % dans les zones urbaines. Le TPC des méthodes modernes national est de 12 % (EDS 2017–2018). En effet, au Bénin, l’utilisation des méthodes modernes de contraception est passée de 6,1 % à 12 % entre 2006 et 2018 tandis que les besoins non satisfaits sont passés de 27,3 % à 32 % (EDSB-IV, 2012).

Implications pour la pratique de sage-femme
Formation de 314 prestataires sages-femmes ;
1077 ASC formés travailleront dans leurs communautés pour faire augmenter le TPC
L’intervention est coût-efficace (adhésion des communautés, augmentation des nouvelles acceptantes, non enregistrement des effets indésirables…) ;
Elargissement de la gamme des produits disponibles afin de réduire les besoins non satisfaits en PF et d’améliorer l’accessibilité des bénéficiaires au produit ;
Facilité d’accès du CI aux couples béninois en général et ruraux en particulier ;
Réduction des décès dus aux complications de la grossesse et de l’accouchement ;
Le CI Sayana Press apparaît comme une stratégie qui répond mieux aux besoins du niveau communautaire.
P 14 – Accouchement humanisé (AH) : stratégie de réduction de la mortalité maternelle et néonatale (MMN) au Bénin

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Démonstration de la réflexion (preuves)

Objectif
Contribuer à la réduction de la mortalité et de la morbidité maternelles et néonatales au Bénin. La MMN reste élevée au Bénin. Le ratio de mortalité maternelle (MM) est 347/100000 naissances vivantes (NV) et le taux de mortalité néonatale est 38‰ NV (MICS 2014).

La plupart des décès maternels sont évitables, grâce à la présence de prestataires qualifiés pendant la parturition. L’amélioration continue des performances du secteur santé préoccupe les gouvernants, engagés dans la mise en œuvre de l’AH depuis 2007. L’AH, ensemble de conditions permettant à la femme d’être à l’aise et de vivre l’accouchement comme un évènement heureux, offre un environnement propice à la quiétude et à la détente.

Contraintes à l’accouchement dit „classique“, sur une table, en décubitus dorsal, avec des mouvements limités et sans accompagnateur, l’acte de donner vie semblait être une punition pour les béninoises. Dans ce contexte, plusieurs d’entre elles évitaient alors d’accoucher à l’hôpital, et cela augmentait le risque de MM. La phase pilote a été mise en œuvre de 2009 à 2011 dans deux formations sanitaires. De 2011 à ce jour, elle s’est étendue à onze autres formations sanitaires.

Implications pour la pratique de sage-femme
- Prestataires formées;
- Salles d’accouchement aménagées pour favoriser un environnement de détente pour la parturiente;
- Consentement éclairé de la parturiente;
- Sécurité/réconfort/sérénité dans l’accouchement
- Offre de soins axés davantage sur le processus que sur le résultat
- Confiance mutuelle entre prestataires et clientes
- Accouchement naturel

Résultats
De 2009 à ce jour, environ 2500 AH ont été enregistrés dans les formations sanitaires qui disposent de salles aménagées à cet effet. L’enquête de satisfaction initiée a révélé que l’AH est bien apprécié par tous.

Conclusion
L’AH présente des avantages pour la mère/bébé/prestataires et peut vraiment réduire la MMN. Nécessité pour les gouvernants d’aménager les salles d’accouchement dans toutes les maternités du pays.
P 15 – The causes of home delivery in Congo Town Community, Makeni, Sierra Leone

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Purpose: To assess the influence of home delivery by the attitude of health care workers and the influence of health education on home delivery.

Methods: A survey with n = 30 was conducted in Congo Town Community, Makeni, Sierra Leone. The respondents were chosen by a simple random sampling. After collection of data it was analyzed by using simple statistical techniques. The data were analyzed with Excel.

Ethical implications: Informed consent was collected with the school document; participants were informed to be able to drop out without any disadvantages at any point and information are kept confidentially and anonymously.

Results and conclusion: Most of the respondents know about health centre delivery but still preferred to deliver at home due to various factors. 50 % of participants have delivered at home. 27 % of respondents agreed that they get good care from the TBAs, 20 % of respondents said they fear the nurses due to bad attitude and lack of encouragement, 13 % of respondents said health care staffs always shout. Therefore 33 % of women delivered at home because of the attitudes of health care workers. The attitudes of health care workers have a significant influence on the choice of delivery place among participants. This issue needs to be urgently addressed to the relevant stakeholders in Sierra Leone. The influence of their health education on their decision on home delivery needs further research.

Implications for midwifery practice: Counseling skills and approach of women is key and needs strengthening, research health education on home delivery decisions is needed.
P 16 – The influence of peers and sexual education on teenage pregnancy in Masuba Community

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Purpose: Sierra Leone has one of the highest rates of teenage pregnancy in the world, with 28 % of girls aged 15–19 years pregnant or gave birth. The study was conducted to create awareness in the community about the risk involve in teenagers becoming pregnant. Also to assess how peer groups can influence teenage pregnancy in Masuba community and to investigate how a lack of sex education leads to teenage pregnancy in Masuba community.

Methods: The target population were female teenagers who are already pregnant. And all the participants were selected through random sampling and a total number of 30 participants were selected from the Masuba Community Health Clinic. A standardized questionnaire has been developed and applied to collect quantitative and qualitative data. The set of data are analyzed as descriptive statistics with Excel.

Ethical implications: Informed consent was collected with the school document from parents and teenagers (participants). Participants were informed to be able to drop out without any disadvantages at any point and information are kept confidentially and anonymously.

Results and conclusion: No participant was able to state any related consequences of teenage pregnancy. Most participants know friends with pregnancy followed by cousins and sisters and neighbours. Among the participants 13 pregnancies were planned and 17 were unplanned. Planned pregnancy was often related with early marriage and the wish of having a baby at early age or seeing a friend with a baby. 28 % of pregnancies were related to the influence of peers. 9 participants have received any type of health education with the topic stated in figure 3 and 27 % received health education at school about STIs, Biology, Fertilization, Health Science, Family Planning. 11 participants know where to get health information.

Implications for midwifery practice: Higher need of cooperation with social workers in the communities, empowerment of youth to take over responsibilities for their health.
P 17 – Midwives mentorship in Rwanda: improving maternal and newborn health by expanding best midwifery practices

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Purpose
The purpose of this mentorship was to equip midwives with updated knowledge and skills as well as sharing best practices in midwifery in rural districts hospitals, in Rwanda. Therefore, ensure that midwives mentees can provide quality maternal and newborn care in their working place. This also aimed to address the increased reporting of preventable maternal and neonatal morbidity and mortality from national maternal and neonatal audit.

Demonstration of reflective thinking
Reflection and reflection on practice was seen as key; we used an inductive model which emphasized on relationship between theory, practice, reflected observation and active experimentation to bridge the gap between theory and practice in midwifery care. To achieve this, experienced midwives from national level shared their knowledge, skills and midwifery best practices with midwives working in rural district hospitals. This approach helped mentees to develop competencies and confidence in providing maternal and newborn care as this was evidenced by the results of evaluation done by mentors and also indicated by the positive change in maternal and newborn health indicators.

Implications for midwifery practice
This mentorship on EmONC allowed midwives mentees to become competent and confident to provide quality midwifery care in their respective working place. This has decreased the number of mothers and newborns referred and their families were satisfied with respectful midwifery care provided by midwives mentees. Nationally, it has reduced the cost midwives could consume when taken out of their working place for training. In education, other health professionals may adopt this approach to improve their practice. Moreover, research needs to be conducted to measure the impact of this mentorship and the results will inform the existing policy designed to improve maternal and newborn health. Finally, contributed to the reduction of maternal and newborns morbidity and mortality in Rwanda which is in line with sustainable development goals.
P 18 – Increasing demand for antenatal visits and birth skilled attendance

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Investing in health knowledge related to RMNCAH will improve the health indicator of maternal and child health as well as reducing maternal and neonatal morbidity and mortality rates. Knowledgeable couples related to reproductive health will embrace the preconception hence take the fourth ANC visits and the skilled birth attendance unlike those with knowledge deficit. This leads to quality health of the mother and the baby. Government of Makueni county, department of health, unit of health promotion, has best practice of mapping all pregnant mothers and empower them with knowledge of importance of ANC visits and utilizing skilled birth attendance and linking them to health facilities. This is done through various strategies and methodologies e.g. local radio stations, bulky sms from ICT department, through community health volunteers, through medical outreaches, antenatal mother classes, through male involvement, through public participation forums. This has increased the uptake of ANC visits and birth attendance up-to 67 % according to DHIS. Marked reduced maternal obstetric complication, increased hospital deliveries is evidenced; quality health of mother to child is evidenced; increased work load of RMNCAH in health facilities is evidenced; knowledge empowerment is a key to quality health.; quality health knowledge is a drive to attainability vision 2030. Knowledge empowerment is a platform for strengthening primary health care hence leads to attainability of SDGs. Through knowledge and behavior change communication we refined negative cultural practices, lifestyles, behaviors, attitude, myths and misconception related to RMNCAH. Application of models and theories of health promotion related to RMNCAH has transformed the citizens of Makueni County in Cohort of reproductive age, 15 – 49 and therefore investing in health education and promotion (knowledge) is of great paramount. Constitution of Kenya, article 35 embraces right of information and for this matter, quality health education and promotion related to RMNCAH is highly emphasized.
**P 19 – The influence of caesarean section on breastfeeding at CEmONC facilities in Makeni**

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**Purpose:** To find out the factors influencing the initiation of breastfeeding after caesarean section birth (C/S).

**Methods:** A total of 30 women with C/S experience have been interviewed with a questionnaire. The women were selected from the 3 CEmONC Hospitals in Makeni, Sierra Leone. The focus was to outline and discuss factors influencing breastfeeding after C/S and investigate the promotion of breastfeeding by health professionals after C/S. The Analysis was done by descriptive statistics and the utilization of Microsoft Excel.

**Ethical implications:** Informed consent was collected with the school document, participants were informed to be able to drop out without any disadvantages at any point and information are kept confidentially and anonymously.

**Results and conclusion:** There is a delay in initiation of breast feeding after C/S. 7% initiated breastfeeding within the first hour after surgery. A major factor responsible for CS mothers not to commence breastfeeding immediately after CS is Pain. Another result has been, that not recommended analgesics are used for lactating mothers after C/S. 38% (11 participants) experienced pain after CS. Data about the promotion of breastfeeding by health professionals after CS shows, that 50% (15 participants) of health professionals promote breastfeeding after CS.

Pain management strategies and standards are getting into practice to improve the health outcomes after C/S and ensure early initiation of breastfeeding. It is not clear how efficient the demonstrations of midwives are to assist mothers with breast feeding after C/S. Midwives need to be sensitized on supporting mothers with breastfeeding after C/S. Especially for pain relief positions of feeding.

**Implications for midwifery practice:** It is needed to implement standards for breastfeeding after C/S in Sierra Leone. A monitoring system has the potential to support to ensure early initiation of breast feeding. It is highly relevant to do further education on this issue.
Introduction : Le Burkina Faso est un pays francophone situé en Afrique de l’Ouest. Le pays s’est engagé à faire de la sage-femme un moignon essentiel dans la lutte contre la mortalité maternelle, néonatale. Sur le plan de la lutte contre la mortalité maternelle et néonatale, des progrès ont été engrangés avec un taux de mortalité maternelle passée de 484 à 330 pour 100 000 naissances vivantes, de 1999 à 2017. Le nombre de sages-femmes en 2018 étaient de 3642 selon la statistique du pays et comprend aussi bien des femmes que des hommes.

Objectifs : partager l’expérience du Burkina Faso en matière de formation de sages-femmes et l’intégration des hommes dans la profession.

Méthodologie : Nous avons effectué une revue de la littérature sur les écrits, les statistiques, disponibles en matière de formation de sage-femme.

Résultats : les résultats montrent qu’au Burkina Faso la profession sage-femme peu bien être occupé par des femmes que par des hommes. Les hommes représentent 20 % du corps de la profession sage-femme. Aussi le corps des sages-femmes bénéficie d’une promotion linéaire à savoir les sages-femmes niveau licence peuvent aller à sage-femme niveau master2 et dans le future proche le pays contrat des sages-femmes niveau doctorat. Aussi notons que depuis 2010, chaque année, le pays recrute régulièrement 200 sages-femmes par ans.

Conclusion : Les sages-femmes sont des agents de santé qualifiés, compétents, capables d’aider les femmes à traverser certaines périodes critiques de leurs vies. L’amélioration de leur niveau connaissance et leurs capacités à agir dans la communauté contribueront sans doute à la réduction drastique de la mortalité maternelle et néonatale.
P 21 – The role-play workshop of Respectful Maternity Care in Tanzania: putting heads together to improve care during childbirth

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Purpose
This paper introduces how the “Respectful Maternity Care (RMC) in Tanzania” workshop was, which was held in August 2018, focusing on the childbirth session. The results focusing on the antenatal checkup session is introduced elsewhere.

Demonstration of reflective thinking
The workshop was held at Muhimbili University of Health and Allied Sciences in Dar es Salaam, Tanzania for clinical midwives, and graduate and undergraduate midwifery students (N=52). The participants were informed about their discussion data being used and consent was obtained.

The workshop was composed from the followings: lecture, role-playing, and group discussion. In order to cause participants to realize the points to be improved, the instructors role-played a scenario of interpersonal situations between a midwife and laboring women during childbirth that could possibly happen at clinical areas. The scenario included scenes which a midwife was frustrated because there were a lot of laboring women she had to care for. Also, the midwife did not obtain consent before taking medical procedures, beating and threatening the women when they did not comply with her/his request, not protecting women's privacy, and ignoring women's voice even they were yelling loudly and complaining about their labor pain. After the discussion among participants, in order to share what they discussed with all, two groups played the same situation, but improved the behaviors and care according to what they thought and discussed.

Implications for midwifery practice
The participants were expressive with high presence unique to Tanzanian situations during the role-playing. During and after the role-play, participants gave feedback to each other, and a variety of opinions were expressed how to reduce disrespectful and abusive care. Role-playing might be a dynamic teaching method when the learner needs to consider ethical problems of childbirth care which are especially needed to image with realistic sensation.
P 22 – Peer to peer mentorship and learning strategy to improve access to quality comprehensive abortion care and family planning services

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Purpose
Forum for frontline staffs to learn from one another with the aim of strengthening skills, competencies, build confidence and motivate them to assess, strengthen working strategies, for Standardized Comprehensive Abortion Care (CAC) and Family Planning (FP) services and data management.

Demonstration of reflective thinking
The teaming approach checks, tracks performance, share implementation experiences and develop strategies for improvement. This approach includes values clarification of clinic staff, meetings and clinical peer support creating a winning spirit strategy. A cocktail of activities modified as per emerging issues from the paired facilities include; peer review of action plan implementation, quality of care assessment, feedback, Clinic Information Management System (CMIS) and data quality assessments, capacity building, imparting skills, motivation, build confidence and clarify attitudes towards CAC/FP services.

The intervention resulted in positive attitudes of staffs to provide CAC/FP services with improvement in the number of clients accessing abortion related services and long acting FP methods from clinics.

Improved access to services by clients who would have been turned away; 12,980 CAC & Treatment of Incomplete Abortion (TIA) clients against 11,141 and 21,221 family planning clients of whom 54% chose a long acting contraceptive method.

Implications for midwifery practice
Peer to peer learning is a magic approach to motivating and building capacity of staffs; provides opportunity for focused support supervision, backup, performance tracking, forum for experience and best practices for scale up, motivate service providers to implement recommendations and action plans.

Project staff attributes; teamwork, commitment and technical competency are built with a ‘shared vision’ strategy motivating staffs to contribute positive energy to project work.

The ‘teaming’ approach of pairing facilities for peer support, tracking performance trends is useful in cross learning, staff motivation, winning spirit among facilities and standardize Quality family planning services provision which significantly improve access to long acting FP methods.
P 23 – Using CMIS and data to influence programmatic decisions to improve access to quality comprehensive abortion care and family planning services

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Purpose
Health care providers generate data however, rarely reflect or use it to impact day to day operations. The project design focused on strengthening data utilization by empowering frontline health care providers to analyze, interpret data generated for evidence-based planning and decision making.

Demonstration of reflective thinking
Strategies used included data review meetings, External and internal Data Quality Audits, Client exit interviews, Clinic Information Management System (CMIS), capacity building to collect, store, validate, analyze and make evidence-based decisions using Decision Making Tool.

Data based decisions included; Change and adoption of new strategies; due to low growth and declining trends across clinics, during school holidays, branches recruited peers out of school to supplement the in-school peers and community mobilizers. Strengthened partnerships through demand generation meetings with key stakeholders; adoption of quarterly camps to replace routine monthly free service days; demand generation drives and radio announcements resulted from analyzing the sources of information for clients.

CMIS compliance reduced data loss, paper work from multiple registers and costs, data completeness, enhanced clinic staffs’ use of data, accurate, timely, quality reports and reinforced internal capacity, quality of care approaches to improve clients’ confidence, reduce waiting time, tracking project indicators and strategy development to address emerging challenges.

Positive performance trends with 62 % growth in uptake of Post abortion family planning, realized through integration and acceptability of contraceptive method counselling as an integral component of comprehensive abortion care.

Implications for midwifery practice
Knowledge management through quality data analysis (statistical and qualitative) for every result is subjected to what, why, when, where, How questions. The outcome generated forms the basis of recommendations to improve, sustain or change approach.

Data review for decision making, performance/trends analysis are key monitoring and evaluation approaches to keep track and enabled providers to have common understanding of the project outputs and approaches.
P 24 – Ethiopian Midwives Association adapting simulation-based helping mothers survive and helping babies survive training programmes to improve the competency of Midwives

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Introduction

In Ethiopia, Ethiopian Midwives Association has implemented 50,000 Happy Birthdays project since July 2018 with the support of International Confederation of Midwives through funding from Laerdal Global Health. It is a 22 months project and has implemented both in pre – & in – service area. The intervention areas are 30 Health Science teaching institutions across the country, 100 Hospitals and 50 health centers from four Regions and one city administration.

In Ethiopia the common approach for training of health professionals are offsite and group-based. Currently the Association has endorsed a new approach which is simulation-based Low Dose High Frequency approach best practices to transfer skills into practice after training.

Objectives

• To train Midwives on HMS and HBS modules
• To introduce “low-dose high-frequency pedagogy in the country
• To strengthen the capacity of Association

Methodology used

To achieve the objectives the following strategies were used:
• Conducted Advocacy and planning meeting with Regional officials and MNH Experts, Health science institutions department head, key partners and regional chapter office representatives.
• Integrated this project activities with other association duty
• Included the Regional Association chapter Office representatives, MNH experts from Ministry of health and Regional Health Bureau in TOT training

Key achievement

• The project is well accepted by the Ethiopian Ministry of Health
• Provided Training: totally 1198 trained on HMS and HBS modules
• Different Educational materials and Simulators has distributed to project intervention site health facilities and teaching institutions
• The approach of this training is appreciated by most of our Partners and some of them already started training with same approach
• Individual Low Dose High Frequency practice has started in some health facilities

Conclusion & its significance

• This new training approach is a good opportunity to improve the quality of maternal and newborn health care
• The training approach is expanded in Ethiopia and is in the way to integrate into existing in-service training and midwifery education programs
• For graduating class health science students it helps them prepare for National Licensing Examination to the best score
• Thus, we can make a difference by adapting this training approach that promotes onsite training that includes all the health care team and promotes team spirit.
Objectif: Le présent article est axé sur la création d’une prise de conscience, ainsi que sur le renforcement et l’assurance que les sages-femmes sont capables de pratiquer de manière autonome dans le cadre de leur champ de pratique prescrit. À l’échelle mondiale, la pratique de sage-femme constitue une menace notable en raison de son autonomie limitée et de l’absence de sages-femmes dans certains contextes.

Cette situation n’est pas différente en Afrique et au Cameroun en particulier, malgré les preuves montrant que l’accès aux soins dispensés par des sages-femmes est le principal facteur de réduction de la morbidité et de la mortalité maternelles et néonatales. Il est crucial de déterminer la notoriété et la pratique des services dirigés par une sage-femme parmi les accoucheuses qualifiées dans certains grands hôpitaux du Cameroun.

Méthodes: Un schéma mixte (quantitatif et qualitatif) d’étude transversale descriptive impliquant quelques hôpitaux sélectionnés au Cameroun a été réalisé. Les données quantitatives et qualitatives ont été obtenues au moyen de questionnaires et de discussions de groupe. Une technique d’échantillonnage de complaisance avec un total de 250 accoucheuses qualifiées a été utilisée. L’analyse des données SPSS a été utilisée pour l’analyse quantitative et manuelle pour l’analyse qualitative.

Implications éthiques: Une approbation éthique impliquant les établissements de santé sélectionnés a été obtenue. Des consentements éclairés gratuits dûment obtenus de tous les participants et une autorisation obtenue des administrateurs des divers établissements de santé.

Résultats et conclusion: Les résultats ont montré que 70,2 % avaient des connaissances; 50 % ont montré une mauvaise pratique dirigée par une sage-femme. Il existait une association statistiquement significative entre la connaissance et la pratique dirigée par une sage-femme à un niveau de signification de 0,05. Il existait également une relation statistiquement significative entre la connaissance et l’acceptation des soins dirigés par une sage-femme à un niveau de signification de 0,05. Des lacunes ont été révélées dans la connaissance / sensibilisation et la pratique des services dirigés par des sages-femmes dans ces environnements. Cela peut avoir montré une faible implication dans la décision des établissements de santé et du système et des stratégies limitées dans l’organisation de leur rôle dans le travail.

Implication de la pratique de sage-femme: Celles-ci ont des implications pour la formation continue des sages-femmes et la formulation de la réglementation visant à renforcer la pratique de sage-femme afin d’améliorer les résultats pour les mères et les nouveau-nés.
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