

Establishing a Centre of Excellence for Midwifery Education: Collaboration for a Sustainable Emergency Obstetrics and Newborn Care (EmONC) in-service training system in Nigeria

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Nigeria

- Population of 216 million⁶, MMR is 512/100,000 live births, Skilled Birth Attendance of 43%.³.
- Nurse-patient ratio 1: 1160 (WHO 1: 5). 90% of Skilled Health Personnel (SHP) have poor knowledge of EmONC.⁵
- Health workers retain knowledge and skills in EmONC up to 1 year after training.¹
- To tackle the high maternal deaths in Nigeria; we need a skilled workforce working within functional teams. Therefore, in-service training in EmONC through a sustainable system is essential.²



Emergency Obstetrics Care Training in Nigeria

- National Life Saving Skills (LSS) supported by UNICEF and WHO. This is tied to donor funding.
- Nursing and Midwifery Council of Nigeria (NMCN) run a Mandatory Continuous Professional Development Programme (MCPDP) Linked to license renewal, done annually.
- EmONC training organized by LSTM, UNICEF, UNFPA, JHPIEGO, etc -This is funding-related and usually ends at the end of the project

Objective To evaluate CoE for EmONC as a sustainable system for in-service EmONC training

	National LSS	NMCN MCPDP	LSTM MCPDP
No of participants per training	40-60	120	32
No of days of training	21 days	5 days	4 days
Number of facilitators	28	9	8
Cost per participant	USD 1247	USD 47.4	USD 47.4
Training Equipment	Improvised materials	None	Simulation mannequins
Mode of training	Lecture, practical Clinical posting	Lectures (5 hours daily) Clinical posting	Competency based, short lecture, breakout, Videos, mentorship
CPD points	0	3	3

Methods

- In 2020 LSTM and NMCN established a Center of Excellence (CoE) for Medical Education at Kwara State College of Nursing and Midwifery for competency-based training in EmONC,
- Accredited by NMCN for MCPDP, Training (fees \$50) for 3 CPD points for license renewal.
- The training runs for 3.5 days; lectures (25%), simulation-based and skills training through break-out sessions(75%).
- 2021-2022 subsidized training fees for each participant (\$25 dollars scholarship)
- Mixed methods before and after study; Kirkpatrick framework for training evaluation (Levels 1 and 2) was used.
- Likert scale of 1-5 (Level 1), Multiple Choice Questions (MCQs), and Objective Structured Clinical examinations (OSCEs) were used before and after the training (Level 2)
- Qualitative data collected from stakeholders and Analyzed through content analysis.
- Ethics was obtained from LSTM, Nigeria REC, and Kwara state REC.



Results

Cadre	Private	Public	Total	Percentage
Nurse Midwives	3	191	194	64.6
Midwives	4	12	16	5.3
Nurse	12	35	47	15.7
Doctors	6	35	41	13.7
Specialist OBGYN	0	2	2	0.7
Total	25	275	300	100

Pre/post-test results and reaction to the training	
Pre/post-test mean difference in knowledge	10.3% (SD 9.5%)
Pre/post-test mean difference in skills	44.5% (SD 18.8%)
Found the course enjoyable	92%
Found lectures and breakouts extremely useful	78%
Had all their expectations for the course met	86.3%
Most improved skill (Newborn resuscitation)	98%

- Impression about the competency-based method of training**

“... It surpassed my expectations; I didn’t know it will be hands-on I thought it will just be lectures and I really enjoyed every bit of it” Nurse-midwife

Impact of having the center of excellence in the school

- The Midwifery regained its accreditation with NMCN.
- Midwifery students are trained in EmONC training before graduation.

Impact of the training on the state “The training has assisted our nurses to **develop confidence in performing procedures; For example, **before nurses and midwives cannot do MVA on their own, but now they are able to do it**. What I am **happy about is the referral of patients**, they stabilize them before referral not like before” Director Nursing Services Kwara state**

Challenges

- Nurses and midwives can get free CPD points from online platform
- Poor participation from private practitioners: License renewal is not enforced, in private hospitals,
- Community Health Workers who form the bulk of SHPs in PHCs may not be able to access the training.
- The government and professional associations have not made EmONC training mandatory for maternity workers.
- Frequent transfer of trained staff from the maternity unit (only 66% retained).

Conclusion

- Tackling maternal and perinatal mortality is complex, but at the heart of it, is a knowledgeable and skilled workforce working in an enabling environment.
- The Centre of Excellence Model if utilized has the potential to improve and maintain the knowledge and skills of the workforce working in maternity units.
- However, there must be a commitment from the NMCN and professional bodies to make EmONC training mandatory for all staff.

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