

The Creation of a Worldwide Midwifery Education Accreditation Program

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Introduction

Sub-Saharan Africa continues to have high rates of maternal and neonatal mortality, accounting for an estimated 66% of all maternal deaths worldwide. Poor care, which has been linked to gaps in pre-service training programs for midwifery care providers, is responsible for a lot of deaths. In an effort to fill in the gaps in pre-service training, in-service training packages have been developed and implemented across sub-Saharan Africa. The purpose of this scoping review was to map the content of in-service training materials used by midwifery care providers in sub-Saharan Africa between the years 2000 and 2020 to the International Confederation of Midwives (ICM) Essential Competencies for Midwifery Practice [1].

Description

The Midwifery Services Framework was introduced in 2015 by the International Confederation of Midwives: a new, evidence-based tool that will help countries strengthen and grow their midwifery workforce in order to improve their sexual, reproductive, maternal and newborn health services. The 2014 Lancet Series on Midwifery's recommendations and key global architecture for sexual, reproductive, maternal and newborn health, as well as human resources for health, are aligned with the Midwifery Services Framework. The implementation of the Midwifery Services Framework is described in this second of three papers: the preliminary work, what occurs at each phase of execution and who ought to be involved at each stage. It gives an idea of how big the job is and how much money will be needed to put the Midwifery Services Framework into place in a particular country. The paper will be of interest to health policymakers, development partners and professional associations in countries that are considering various approaches to strengthening their sexual, reproductive, maternal and newborn health services. It will also assist them in deciding whether and when full or partial/staged implementation of the Midwifery Services Framework will be an appropriate initiative to address identified deficits in their particular context, given the current and projected availability of resources. This decision will be based on the fact that the paper will help them decide whether and when either full or partial/staged [2,3].

The existing theories and concepts of midwifery care, as well as the literature-based preferences of women for midwifery care, were analyzed and synthesised using the theory synthesis method (Walker and Avant, 2011). In order to extract the dichotomous target of midwifery care, the synthesis took the form of a means-end chain. From a women's and a scientific standpoint,

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the goals of midwifery could be compared and linked in this manner. The resulting means-end chain model of the midwifery process provides a three-level description of the goals and objectives of midwifery from the perspective of women. In order to make the quality of midwifery care measurable and to facilitate discussion on the subject, the hierarchical model of the process of midwifery that is presented here is the first attempt to illustrate the goals and objectives of midwifery practice in a means-end chain model. The first step toward improving the quality of midwifery care and, consequently, women's

This study showed that to further develop birthing assistance care, wellbeing strategy producers ought to consider both the quality and amount of maternity care training and advance birthing assistance HR through business. In addition, participants proposed strategies for improving midwifery care that included using a referral system, promoting and reinforcing the position of midwives in the family doctor program, encouraging, supporting and motivating midwives, enhancing and improving the facilities, providing hospitals and maternity wards with cutting-edge equipment and insurance support. Lastly, other strategies to improve midwifery services in Iran included establishing a powerful and effective monitoring system to control the practice of gynecologists and midwives, encouraging teamwork in midwifery care and encouraging the collaborative practice of gynecologists and midwives. By relying on the strategies that are presented in this study, policymakers and authorities may be able to set the stage for the development of midwifery care that is both affordable and of high quality.

The World Health Organization (WHO) made a recommendation in 2013 that international efforts be made to ensure that health worker education is properly regulated and guided by global standards in all nations. Medical education has benefited from such efforts as: In 2005, the World Federation for Medical Education released its first basic medical education guideline, which was intended to serve as the foundation for pre-service education program accreditation [4,5]. International efforts to improve the regulation of midwifery education were called for in 2016. Although there are some regional and national standards for midwifery education, no uniform global accreditation system has been developed around them. The International Confederation of Midwives (ICM) has developed a global Midwifery Education Accreditation Programme (MEAP) in collaboration with the Swiss Tropical and Public Health Institute (Swiss TPH) in recognition of this and the pressing need for investments in high-quality midwifery care, particularly in low- and middle-income countries, in order to achieve the health-related SDGs.

Conclusion

Her employer, the obstetrics department at the Radboud University Medical Center in Nijmegen, the Netherlands, reimbursed MH for her travel expenses for the interviews. Her employer, the AVAG school of midwifery in Amsterdam, Netherlands, reimbursed LH for her travel costs for the interviews. A professional company was able to transcribe approximately one-third of the interviews thanks to funding from Amsterdam's Academic Medical Center and AVAG school of midwifery. Volunteer medical students transcribed the other interviews. The study's design, data collection and analysis, decision to publish and manuscript preparation were all independent of the funders.

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Conflict of Interest

No conflict of interest.

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