

Standards of Midwifery Practice for Safe Motherhood

Volume 4: Guidelines for Implementation



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FOREWORD

Maternal mortality and morbidity are a major public health concern in many countries of the WHO South-East Asia Region. Despite concerted efforts made by the WHO Regional Office and Member States over the past few decades to improve maternal health in the countries, maternal morbidity and mortality remain high, and the Region still accounts for 40 per cent of the world's maternal deaths.

It has long been recognized that the cornerstone of good quality maternal health care is a person with adequate knowledge and skills in midwifery. In light of this, and in response to the needs expressed by Member States, the Regional Office for South-East Asia has undertaken a number of activities to strengthen national capacity in the areas of midwifery education and practice.

*One of the most important initiatives within this context is the development of **Standards of Midwifery Practice for Safe Motherhood**. These Standards have been prepared in close consultation with Member States. To assess their relevance and applicability, they have been field-tested in the countries of the Region where midwifery services are at different stages of development. During the field test, they were found to be a useful tool for improving the quality of maternal care.*

The midwifery Standards, if implemented appropriately, will no doubt enhance the level of performance that is required to ensure quality maternal care. Their utility and relevance to the Region's needs is therefore most timely and fulfils a long-felt need of midwifery personnel, especially those working in remote or rural areas, to improve their life-saving skills in settings where medical assistance is not readily available. The Standards can also serve as a foundation from which advocacy efforts can be launched to make quality assurance an integral component of the Safe Motherhood Programme and upon which, most importantly, public confidence can be built.

WHO is deeply committed to help Member States adapt these midwifery Standards to use within their own unique health systems and socio-cultural environments. It is certain that their application will contribute very substantially to reducing maternal mortality and to improving the health of mothers and infants throughout our Region. We firmly believe that our joint efforts can and will make all the difference to herald a healthier 21st Century.



Dr Uton Mughtar Rafei
Regional Director

LIST OF ABBREVIATIONS AND ACRONYMS

ANC	Antenatal care
FRU	First referral unit
Hb	Haemoglobin
HBMR	Home-based Maternal Record
MCH	Maternal and child health
NGO	Nongovernmental organization
OB-GYN	Obstetric and gynaecology
SEAR	South-East Asia Region
SEARO	South-East Asia Regional Office
WHO	World Health Organization

1. INTRODUCTION

Maternal mortality and morbidity remain a major public health concern in many countries of the South-East Asia Region (SEAR). WHO's Safe Motherhood Initiative launched in 1987 has actively supported countries in their efforts to improve maternal health care. The South-East Asia Regional Office (SEARO) of WHO has over the years undertaken various initiatives to support the goal of Safe Motherhood. In particular, it has worked to support and strengthen midwifery services and education.

A regional consultation in WHO's South-East Asia Region, held in 1993, recommended strongly that midwifery-trained personnel should be trained and equipped to provide specific essential obstetric functions and life-saving skills relevant to the care they provide. And in carrying out these tasks, they should also be supported and protected through regulatory mechanisms and standard protocols. This and other related recommendations made at subsequent regional meetings led to the development of the Standards of Midwifery Practice for Safe Motherhood, developed in consultation with countries of the South-East Asia Region.

Standards of Midwifery Practice for Safe Motherhood are essential tools to assure quality of midwifery services. Setting the standards of midwifery practice is more than merely writing out a **statement** on what midwifery-trained personnel should do. It is composed of many parts. It involves deciding on **expected outcomes** of midwifery care, agreeing on the **level of performance** of midwives, the **critical tasks** that they should perform and how they should perform these tasks. It also involves agreeing on the **prerequisites** (drugs, equipment, etc.) that have to be in place for midwives to effectively carry out the tasks stated in the standards. The **audit tool**, an integral of the standard, determines whether the standard is being met and maintained and the actions needed to strengthen the standard or correct its deficiencies if necessary. Improvements in quality of practice will result only when all parts of the standards are given equal concern.

The Standards of Midwifery Practice include only those practices that are routinely carried out in almost all countries of the Region. Attention is focused on practices relevant to the interventions outlined in the WHO Mother-Baby Package. Besides, only those standards for which there is scientific evidence to support the practice or where there are sufficient grounds to confidently recommend the practice have been included. The standards have been grouped under five categories as follows:

- A. **General Midwifery Practice**
- B. **Antenatal Care**
- C. **Intra-partum Care**
- D. **Postpartum Care**
- E. **Life-saving Midwifery Practice**

The standards were field-tested in four countries of the Region to determine their applicability and usability. Learning from the lessons learnt from this process, the standards were further modified, and are now ready for implementation.

The Standards of Midwifery Practice for Safe Motherhood are intended to be prototype standards, which can be adapted and implemented by each SEAR country, according to the country's needs and context. They can also be used to establish norms for all midwifery-trained personnel who are involved in providing maternal health care and services.

For ease of use, the documents have been packaged in four volumes that can be easily carried in a delivery kit:

- Volume 1:** **Standards Document**
(contains all standards presented in a common format of standard statement, outcome, prerequisites and process)

- Volume 2:** **Audit Tool**
(provides the audit tool for each standard to determine whether the standard is being met)

- Volume 3:** **Notes on Advances in Practice**
(contains critical notes on the latest evidence supporting recommended changes in practice included in the standards)

- Volume 4:** **Guidelines for Implementation**
(provides guidelines on how to effectively use the standards in a country)

Midwifery-trained personnel should have all four volumes. When this is not possible, they should have at least Volumes 1, 2 and 3.

Volume 4 has been specifically designed for policy-makers, managers and supervisors at national and district levels. The purpose of this volume is to provide guidelines to those responsible in countries for implementing the Standards of Midwifery Practice for Safe Motherhood. The guidelines are not country specific. They have been constructed for application in all countries of the Region. For example, terms like district, state or province have been used throughout, although it is known that some countries have specific names for these types of administrative units. In order to obtain the full detailed picture, these guidelines need to be considered in its entirety, before embarking on any action.

At various places in this document, references are made to sections included in Volumes 1 to 3. It is recommended that in implementing the guidelines as set out in this volume, the other three volumes also be read and referred to.

As outlined in Volume 1, the term 'midwifery-trained personnel' is used to denote any educated or trained health worker who provides midwifery care, regardless of whether they have the word midwife in their job title. In the SEAR context, this includes midwives,

auxiliary midwives, nurse-midwives, nurses, maternal and child health workers, etc. but excludes traditional Birth Attendants whether trained or untrained.

Finally, for ease of reading, the Standards of Midwifery Practice for Safe Motherhood are referred to throughout the document as 'Midwifery Standards'.

2. DEVELOPING STANDARDS OF MIDWIFERY PRACTICE FOR SAFE MOTHERHOOD –THE RATIONALE

Quality assurance is now becoming an integral component of health care delivery in most countries of the South-East Asia Region. Standards are a major part of quality assurance and provide useful links in improving the quality of care.

A STANDARD is an agreed level of performance to achieve a specific outcome.

Standards have many advantages and uses:

- ❖ They establish norms and allow community members and individuals to know what level of service to expect/demand. Because they are written down they can be made public.
- ❖ They demonstrate quality provision and act as a benchmark to monitor quality performance.
- ❖ They focus on the core and critical tasks that must be performed in the actual situation and can be tailored to meet specific and local situations.
- ❖ They improve efficiency and lead to better utilization of resources.
- ❖ They improve staff utilization and staff motivation.
- ❖ They can be used to assess the practical aspects of both basic and post-basic education and training.

With the high maternal mortality and maternal morbidity rates in the Region, setting Standards to ensure that every pregnant woman receives high quality midwifery services, is not only most relevant but also most urgent. Their relevance is particularly important as they are based on the best available evidence/research of good midwifery practice. They do not include standards for empirical or ritualistic practices which are not supported by such evidence/research.

Setting standards for midwifery practice is important for the following reasons:

- Implementation of standards ensures that pregnant women receive quality care.
- Setting standards fulfills an increasing ethical demand from the public for receiving the best services they can have. If there are no standards, no one can say with certainty what constitutes the best services because judgments about performance are open to personal subjective opinions, disagreements and abuses.

- Standards are beneficial to both providers and consumers of health care. They allow providers to know what to provide and purchasers/consumers and users to feel safe.
- Standards help to identify the actual competencies required by midwifery-trained personnel in their day-to-day practice.
- Standards guide midwifery educators to provide the health workers with appropriate knowledge, attitudes and skills and helps educational and training institutions to develop a 'fitness-for-purpose' curriculum.
- Standards can help identify what structures, systems and equipment are required for quality care.
- Implementation of standards leads to improved client satisfaction and increased utilization of midwifery-trained personnel.

The results of the field test of 'Midwifery Standards' in four countries of SEAR clearly indicated that standards were acknowledged as a means of providing better quality midwifery care and a basis for policy change in midwifery services. They defined the competencies expected of midwifery-trained personnel and provided a systematic approach to start action. They helped in increasing motivation and self-confidence of staff as well as enhanced client and family satisfaction. This led to increased utilization of midwifery-trained personnel. In addition, regular supervision during implementation helped in identifying deficiencies in using the standards, e.g. lack of drugs, equipment, deficiencies in midwives' skills, etc. and actions to be taken to remedy the situation. This led to better management in midwifery services. The use of standards also stimulated research for further improvement of services.

In general, 'Midwifery Standards' leads to overall improvement in the quality of care and not just in the direct care given by midwifery-trained personnel. It also contributes to better management of midwifery services and improvement in the health system.

3. IMPLEMENTING THE STANDARDS OF MIDWIFERY PRACTICE FOR SAFE MOTHERHOOD – PRINCIPLES AND APPROACHES

Principles

A framework for implementing the Standards of Midwifery Practice for Safe Motherhood is built on the following **principles**:

- The standards must fall in line with national policies and programmes of individual countries and should be implemented in phase-wise.
- Respective governments must ensure that the standards become an essential component of national health care delivery systems of the countries.
- Careful planning must precede the actual implementation of the standards.
- Each country must decide on its own implementation plan as well as on the best strategies and actions.

The Approaches

A framework for implementing the Standards considers three possible approaches:

1. **Centralized/National Approach**
2. **Decentralized/Local Approach**
3. **Combined Approach**

1. **Centralized/National Approach**

The Centralized/National Approach relies on the Centre taking a lead, making **all** the decisions and initiating **all** the activities. The approach is quite useful for countries where local expertise is insufficient. For this approach to work there must be an effective management system. However, far too frequently this approach has not been successful because it relies on decisions made at levels away from where the activities will eventually take place. Sometimes local level difficulties arise which cannot be foreseen at the national level at the time when the plan is being developed. Besides, this approach will not assist the local level to develop its own expertise in planning and implementing 'Midwifery Standards'. This means that the Centre will have to work with each district in turn to implement the 'Midwifery Standards' on a national scale. This may not always be practical.

2. Decentralized/Local Approach

The Decentralized Approach is when the Centre takes the lead in making the policy decision to use 'Midwifery Standards' as a major component of Quality Assurance. However the planning of activities and adaptations of the 'Midwifery Standards' are left to the local districts. While there are many advantages to this approach, sometimes local districts find it difficult to implement the Standards for a variety of reasons. These include lack of expertise at the local level, and various other barriers. For example, the decentralized approach will only be effective in districts where local managers and practitioners are committed to making the change. This is of course not always possible in all districts. In most areas, for local initiatives to succeed there will be need to reorient midwifery-trained personnel to change existing work patterns and even their attitudes. It would also require strong backup support from the central level.

The decentralized approach also does not ensure the use of national norms and consistency, as each site may make their own adaptations and decisions.

3. Combined Approach

This Approach combines the benefits of the first two approaches. The Centre at the national level remains responsible for the overall implementation of the 'Midwifery Standards', but uses local demonstration sites to try them out, to learn lessons on how they can be implemented elsewhere, and what adaptations are required to make them specific to the country situation. The Centre must therefore work closely and take action with the local demonstration sites at all stages, right from the initial decision making and planning stages to the evaluation stage.

The Combined Approach has several advantages:

- The approach is flexible. It allows for local differences, while at the same time ensuring consistency and uniformity in the 'Midwifery Standards'.
- The approach is good for developing expertise within and across the country, as each district is involved with all parts of the implementation process.
- The approach lends itself to long-term sustainability.

It is therefore strongly recommended that the Combined Approach be adopted to implement the 'Midwifery Standards'.

Implementation of 'Midwifery Standards' in a country needs follows:

- ❖ National policy and support
- ❖ Local action
- ❖ Involvement of all major stakeholders
- ❖ Trials in selected areas to identify or develop best practice models and to learn lessons
- ❖ Expansion to other areas.

4. IMPLEMENTING THE STANDARDS OF MIDWIFERY PRACTICE – ACTIONS

Implementing 'Midwifery Standards' is a new dimension for the Safe Motherhood Programme of the countries of the Region.

It is a well-known fact that whenever new changes or innovations are introduced, they are initially likely to be taken up by only a few leaders. When they are demonstrated to be successful, others begin to adopt the changes. Eventually these become routine practices.

To be successful, implementation needs to be undertaken in a careful and phased manner.

Using the Combined Approach, implementation should be carried out over the following three well-defined phases:

- Phase 1: **Preparatory Activities**
- Phase 2: **Use of the 'Midwifery Standards'**
- Phase 3: **Evaluation**

PHASE 1: PREPARATORY ACTIVITIES

First and foremost, it must be ensured that the government supports implementation of the 'Midwifery Standards' as an integral part of the National Safe Motherhood Programme. Once the decision has been taken to implement the 'Midwifery Standards', a number of **preparatory activities** need to be undertaken to ensure that implementation takes place smoothly and efficiently.

It is important for countries to:

1. **ADVOCATE WIDELY**

– for the need to implement 'Midwifery Standards'.

Commitment and motivation from organizations and individuals, at both national and local levels who will be involved in one way or the other in implementing the standards, is critical for successful implementation. Advocacy is specially needed to motivate midwifery-trained personnel themselves to accept the standards.

For effective advocacy:

- ◆ Provide a clear rationale for using the standards.
- ◆ Use a variety of effective methodologies to advocate and to communicate with people why it is important to implement standards, what its benefits are and how they link with the Safe Motherhood Programme.
- ◆ Organize a national orientation and advocacy workshop with participation of the major stakeholders - health policy-makers, planners, programme managers, professional bodies and associations related to midwifery, nursing and obstetrics, women's organizations, NGOs and national and international donors. An outline of such a workshop is given in Annex 1.

2. APPOINT FOCAL POINTS AT NATIONAL AND LOCAL LEVELS

- **to be responsible for coordination, management and completion of all activities related to all three phases of implementation.**

The focal point could either be an individual or a committee, preferably an existing quality assurance committee. It will be useful for the focal point to link with existing bodies related to midwifery services.

3. FORGE STRONG PARTNERSHIPS AND LINKAGES

- **to ensure coordination and collaboration from various partners for successful implementation.**

Strong partnerships and linkages should be developed between all those who will be directly involved with the implementation of the standards.

It is important that midwifery-trained personnel, managers, trainers and educationists, as well as service providers both government and non-government work in coordination and in collaboration with each other to achieve successful implementation of the standards.

4. SELECT THE MOST USEFUL MIDWIFERY STANDARDS

- **to ensure quality of care in the context of the countries' needs.**

Select from the list of standards prescribed in the "Standards Documents" (Volume 1). Relevant research used to support the recommended change in midwifery practice included in the standards is detailed in "Notes in Advances in Practice" (Volume 3).

If current policies turn out to be barriers in implementing some of the standards, then such policies must be changed, that is, if they are easily changeable. If delays are expected, identify only those standards which are in line with current

policy while efforts proceed to make the necessary policy changes to enable midwifery-trained personnel to carry out the other standards.

5. ADAPT THE STANDARDS

– to make them more appropriate to the country’s situation.

This involves a decision on whether the standards as prescribed in Volume 1 and the audit tool as prescribed in Volume 2 need adaptation.

Ask the following questions for each component of the selected standards:

AIM	<ul style="list-style-type: none">◆ Is the aim of the standard appropriate to the National Safe Motherhood Programme?
OUTCOMES	<ul style="list-style-type: none">◆ Are the outcomes appropriate to the National Safe Motherhood Programme?
STANDARDS STATEMENT	<ul style="list-style-type: none">◆ Are all the competencies and tasks that are listed required of the midwifery-trained personnel?
PROCESS	<ul style="list-style-type: none">◆ Are all the crucial tasks appropriate in the local context?◆ Are all terms used understood locally?
PREREQUISITES	<ul style="list-style-type: none">◆ Does the list of prerequisites include the policies/protocol and referral systems that are in place?◆ Does the list of prerequisites include local names of drugs and equipment?
AUDIT TOOL	<ul style="list-style-type: none">◆ Do the criteria included in the checklist appropriate?◆ Are all terms used understood locally?

If the answer to any of the above questions is NO, modify as appropriate.

Adaptation of the standards can be undertaken by a small expert committee or even by an experienced midwifery practitioner. Details of procedure for adapting the standards is given in Annex 2. It is important to ensure that adaptation or translation into the local language does not lead to a weakening or lowering of the standards. If adaptation involves introduction of new standards, then make sure that all parts of the standard are spelt out, viz. the standard statement, the outcomes, the prerequisites, the process and the audit.

With growing experience it may be possible to establish local groups of midwifery-trained practitioners, educationists and managers to develop local midwifery standards in addition to those included in Volume 1.

The standard setting process is given in Annex 3.

6. TRAIN PERSONNEL

– to use the standards effectively.

Midwifery-trained personnel as well as trainers/educators must be trained in the use of the standards. A review of job description of such personnel is useful to identify training needs. It will also be necessary to build and strengthen capacity in the local education/training institutes to offer and conduct training courses as well as review curriculum and revise it if necessary. If reviews cannot be done quickly, they can be undertaken as on-going activities to prevent delays in implementation.

7. STRENGTHEN RESOURCES

– to make the systems and structures which already exist more efficient.

A lesson learnt from the field testing of the standards has shown that in some countries where basic facilities needed to implement standards existed, very few extra resources were usually required.

As the intention is to begin in only a few demonstration sites, a large financial investment may not be necessary, except in some cases, where basic facilities are inadequate as for example for training and/or for equipment. The major investment will be in time and commitment of all those involved in implementation.

8. DEVELOP A NATIONAL PLAN OF ACTION

– for effective implementation of the standards.

The foregoing preparatory activities should lead to the development of a clear strategy and a clear, simple, practical and country-specific plan of action that can link into plans and activities that are already existent for safe motherhood. In drawing up the plan, it would be pertinent to consider and address the following major constraints identified during the field-test of the 'Midwifery Standards':

1. Lack of essential supplies and equipment.
2. Inadequate orientation and training of health workers.
3. Ineffective referral services.
4. Possible resistance from obstetric and gynaecology (OB-GYN) professionals.
5. Incompatibility of some standards with existing hospital protocols/standards.
6. Lack of authority for midwifery-trained personnel to perform certain life-saving midwifery interventions and therefore lack of protection when something goes wrong.

It is necessary to ensure that there is ownership of the plan by the policy-makers, planners, managers, midwifery-trained personnel and other major stakeholders. Everyone involved in implementation should be aware of the total picture and what action will be taken by whom and when. Where practical, they should also be given the opportunity to comment on the plan.

IT IS HOPED THAT AT THE END OF PHASE 1, THE MAJOR CHAMPIONS FOR THE USE OF 'MIDWIFERY STANDARDS' WILL EMERGE TO MOVE THE IMPLEMENTATION PROCESS INTO THE SECOND PHASE.

**SUMMARY OF ACTIVITIES FOR
PREPARATION FOR IMPLEMENTATION OF
THE 'MIDWIFERY STANDARDS'**

- 1. Advocate widely**
 - for the need to implement 'Midwifery Standards'.
- 2. Appoint focal points at national and local levels**
 - to be responsible for coordination, management and completion of all activities related to all three phases of implementation.
- 3. Forge strong partnerships and linkages**
 - to ensure coordination and collaboration from various partners for successful implementation.
- 4. Select the most useful midwifery standards**
 - to ensure quality of care in the context of the country's needs.
- 5. Adapt the standards**
 - to make them more appropriate to the country's situation.
- 6. Train personnel**
 - to use the standards effectively.
- 7. Strengthen resources**
 - to make the systems and structures which already exist more efficient.
- 8. Develop a national Plan of Action**
 - to effectively implement the standards, nation-wide.

PHASE 2: USE OF THE 'MIDWIFERY STANDARDS'

The second phase in the implementation of standards is the actual use of the 'Midwifery Standards' by midwifery-trained personnel. Several steps are involved in this phase.

Step 1: Select few demonstration sites before going nationwide.

By the end of Phase 1, a National Plan of Action for implementing standards is developed. However, it is often desirable to start on a small scale in a few demonstration sites before implementation is expanded to cover the whole country. The experience gained in the demonstration sites and particularly the lessons learnt can be utilized most usefully in improving the use of standards when its implementation is subsequently expanded to other areas. It is best for each country to decide on the number and locality of demonstration sites to be selected. In general, demonstration sites should be located in different parts of the country, both urban and rural, representing areas that have both good infrastructural facilities as well as areas that are remote and considered difficult with little or no access to referral services. They should also be representative of the various levels of the health care system, i.e., village/community, health centre and first referral unit levels.

CRITERIA FOR SELECTING DEMONSTRATION SITES

Demonstration sites should have:

- ❖ Previously undertaken safe motherhood activities.
- ❖ Recently conducted some updating of midwifery-trained personnel.
- ❖ Sufficient caseload of midwifery clients, preferably not less than 10 pregnant women under the care of each midwifery-trained personnel at the village level, and conducting not less than 30 ANC visits and possibly some deliveries either in the home or at the clinic, annually.
- ❖ Health centres having at least an average of 30 ANC cases and preferably two deliveries taking place every month.

Step 2: Prepare the selected demonstration sites for using the Standards

- Ensure that the prerequisites as far as it is possible, are in place such as drugs, equipment, transport facilities, etc.

- Ensure that midwifery personnel are trained in the use and audit of the standards. An outline for a local workshop on 'Midwifery Standards' for in-service updating and introduction of standards is given in Annex 4.
- Prepare guidelines to outline the actions needed with time frames, to implement the standards. These guidelines are best developed at a workshop in collaboration with the personnel in the demonstration sites.
- Involve the first referral units (FRU) in the early stages of preparation. Their role should be clearly defined. This includes keeping detailed records of all referrals made by midwifery-trained personnel. FRUs should also record and comment on the actions taken by midwifery-trained personnel prior to the woman arriving at the FRU and if any major action was omitted. An example of the notes to be kept by first referral units is given in Annex 5.

Step 3: Get all midwifery-trained personnel in the selected demonstration sites to use the 'Midwifery Standards'

- Distribute to all midwifery-trained personnel in the demonstration sites their own copies of the standards document (especially Volumes 1, 2 and 3).
- Instruct midwifery-trained personnel to do the following:
 - apply the standards in their daily work
 - keep notes of their work
 - record which standards were used each day
 - note major incidents or problems encountered and the actions taken
 - record mortalities and incidents that were life threatening to the woman or baby
 - record referrals made and the actions taken.

Guidelines on notes to be kept by midwifery-trained personnel are given in Annex 6.

Step 4: Monitor progress of the use of the standards in the demonstration sites

- Get midwifery-trained personnel to provide feedback on the use of the standards through regular meetings with the supervisors.
- Hold monitoring meetings once a month. They need not be long. The intention is to discuss problems and difficulties and explore how they can be resolved with suggestions made for strengthening the standard. One of the meetings should coincide with the time of the audit.
- Maintain record of all meetings.

Step 5: Audit the standards in the demonstration sites

- Make arrangements to audit the standards 3-6 months after their use. Make sure that a local workshop on audit is held prior to this. An outline for such a workshop is given in Annex 7. The role and responsibilities of the auditor are given in Annex 8.
- Conduct audit through a protocol detailed in Volume 2. For one example, see Annex 9.

AUDITING THE STANDARDS

The Purpose	:	To determine if the 'Midwifery Standards' are being met and maintained.
Who will audit?	:	Preferably the supervisor responsible for the provision of midwifery services in the district.
When to audit?	:	3 to 6 months after commencement of the use of the standards and then at regular intervals of one year or whenever major problems arise (see Volume 2).
How to audit?	:	Through observation, discussions, review of records and visits.
Use of Audit Results	:	Develop an action plan to further improve the 'Midwifery Standards'

Step 6: Implement and follow up the Action Plan as outlined in Part B of the Audit Tool (See Volume 2)

- Ensure that actions as listed in the Action Plan are being carried out.
- Communicate on the actions undertaken and their results to all concerned midwifery-trained personnel and to the local and national focal points responsible for implementing the standards.

Step 7: Disseminate the results of the audit

- Send to all appropriate personnel, including the focal points, the results of the audit from each demonstration site. The report can also be made public but names of patients and midwifery-trained personnel must be removed to maintain confidentiality.

Step 8: Review all audit reports collected from the various demonstration sites

- During review, consider the obstacles if any experienced by midwifery-trained personnel along with the recommendations for further local adaptation of the standards.

Step 9: Consider further local adaptations that may be required to strengthen the standards

- Make changes if necessary. These changes should be limited to making the standard easier to understand and follow.
- Alter the standards only if the process is being followed, all prerequisites are in place and the outcomes are **not** being achieved.
- Consider further local demonstration sites.

Step 10: Collect and collate additional data/information on the use of the standards

- Interview midwifery-trained personnel to obtain additional feedback on the implementation of the standards. An example of an interview questionnaire for participating midwifery-trained personnel is given in annex 10.
- Hold focus group discussions with auditors, midwifery-trained personnel and others, particularly the community and users of services to gather useful lessons learnt.

Step 11: Prepare a final report on the use of the standards with recommendations and present this to the national level

- Document the process and outcomes of implementing the standards at demonstration sites.
- Highlight lessons learnt from using the standards.
- Submit the report to the responsible authorities at the national level.

Step 12: Review Lessons Learnt from demonstration sites

- Organize a national workshop to critically review experiences from demonstration sites. An outline for a national workshop lessons learnt from demonstration sites is given in annex 11. It is important to get feedback from demonstration sites for planning for further action to strengthen the implementation of the standards including expanding to other areas.

**SUMMARY OF STEPS TO BE UNDERTAKEN IN
USING THE 'MIDWIFERY STANDARD' IN
THE DEMONSTRATION SITES**

- Step 1: Select few demonstration sites before going nationwide**
- Step 2: Prepare the selected demonstration sites for using the standards**
- Step 3: Get all midwifery personnel in the selected demonstration sites to use the midwifery standards**
- Step 4: Monitor progress of the use of the standards in the demonstration sites**
- Step 5: Audit the standards in the demonstration sites**
- Step 6: Implement and follow up the Action Plan as outlined in Part B of the Audit Tool**
- Step 7: Disseminate the results of the audit**
- Step 8: Review all audit reports collected from the various demonstration sites**
- Step 9: Consider further local adaptations that may be required to strengthen the standards**
- Step 10: Collect and collate additional data/information on the use of the standards**
- Step 11: Prepare a final report on the use of the Standards with recommendations and present this to the national level**
- Step 12: Review lessons learnt from demonstration sites**

SUCCESSFUL IMPLEMENTATION OF 'MIDWIFERY STANDARDS' – THE CRITICAL FACTORS

- ❖ Government commitment and consensus by stakeholders to implement the standards.
- ❖ An appropriate action plan.
- ❖ Highly motivated and trained midwifery personnel, managers and supervisors to use and audit the standards.
- ❖ Timely provision of supplies and equipment.
- ❖ Strong linkages between primary health care facilities and the first referral units.
- ❖ Regular supervision and monitoring.

PHASE 3: EVALUATION

As with any new health intervention, it is important to evaluate the effectiveness of the implementation of 'Midwifery Standards'. It is recommended that this be carried out one year after the standards begin to be implemented and then at regular intervals of 1-2 years.

To a large extent, the process of evaluation is expected to take place throughout the implementation process through regular monitoring and audit. In fact, a large amount of the information used for evaluation is obtained from the audit reports. To begin with, the first two phases of the implementation process itself must be evaluated to assess its completeness for the tasks they set out to achieve. It is especially important to assess if the valuable lessons learnt from the implementation of the standards in the demonstration sites were fed back into the national level for strengthening the implementation of 'Midwifery Standards'. In addition, there is still need for a final evaluation to ensure that all the experiences and lessons learnt have been documented.

It is important to evaluate both the **methodologies** that were used in the implementation process as well as the **outcomes** of the 'Midwifery Standards'.

Steps Involved in Evaluation

Step 1: Establish criteria for evaluating the process and effectiveness of the 'Midwifery Standards'

This can include qualitative and quantitative data. Criteria could be how many sites using the 'Midwifery Standards', which 'Midwifery Standards' most frequently used, profiles of midwifery-trained personnel in each area and other locally decided essential factors/variables which can indicate success.

Step 2: Develop tools and methods for evaluation

Interview protocols, questionnaires and focus group discussions are some of the tools that can be used in evaluation.

Countries may decide to choose a tool that they are already familiar with. Whatever tool is used, it is important that the information collected is of a qualitative as well as of a quantitative nature. This will allow for important lessons to be learnt and built on for further action.

Step 3: Collect and analyze data

It is important to analyze all data from:

- Audit reports.
- FRUs.
- Midwifery-trained personnel.
- Supervisors and auditors.
- Others, e.g. community to see if they are more satisfied with the care they received.

Step 4: Write an evaluation report.

The report must be well structured with clearly spelt out objectives of evaluation. The results must be unambiguous and concise, highlighting both the successes and the failures of implementing the 'Midwifery Standards'. Statistical and other information to support evaluation findings must be provided.

Step 5: Present results of the evaluation and disseminate to all concerned, especially to all areas and all staff involved in the use of 'Midwifery Standards'.

Step 6: Plan further action to strengthen implementation of 'Midwifery Standards' based on the evaluation report.

Who Will Evaluate?

It is desirable to have an independent individual or an organization to conduct the evaluation, to provide more objectivity and therefore more valid results. However, it is also important to fully involve the persons involved in the implementation of the standards, in particular the national convenor/committee member, in the evaluation process, not merely because they will have most of the information, but because they also need to have feedback and to know for themselves the results of their efforts. If an independent evaluation is to be undertaken, it is essential to ensure that the criteria for the evaluation are clearly understood by all parties.

Evaluation is critical for further refinements for more effective implementation.

HIGHLIGHT OF ACTIVITIES DURING THE THREE PHASES OF IMPLEMENTATION OF 'MIDWIFERY STANDARDS' AT NATIONAL AND LOCAL LEVELS

National level activities:

- ❖ Carry out advocacy to get commitment and motivation from the major stakeholders.
- ❖ Appoint a national focal point to coordinate, manage and oversee the implementation of the standards.
- ❖ Develop a national plan for implementation.
- ❖ Select standards for use and adapt if found necessary.
- ❖ Review job descriptions and roles of midwifery-trained personnel as well as policies related to the practice of the standards selected.
- ❖ Review curriculum and revise if necessary to ensure that future practitioners are equipped to practice the standards.
- ❖ Select and prepare demonstration sites.
- ❖ Collect information and lessons learnt from the demonstration sites.
- ❖ Disseminate results to all levels of the health sector.
- ❖ Consider/develop a national plan for expansion of the implementation of the standards.

Local level activities:

- ❖ Carry out advocacy to get commitment and motivation from all stakeholders at the local level.
- ❖ Appoint a local focal point who will report to the national focal point.
- ❖ Convene a small working group to oversee the implementation of the standards at the local level.
- ❖ Prepare demonstration sites jointly with the national level.
- ❖ Try out the standards in the demonstration sites.
- ❖ Organize training workshops for midwifery-trained personnel and auditors.
- ❖ Monitor the use of the standards.
- ❖ Oversee the audit to ensure it is conducted according to the audit protocol.
- ❖ Obtain feedback from auditors, midwifery-trained personnel and others, including the community to gather useful lessons learnt.
- ❖ Analyze feedback and all other records and reports received pertaining to the use of the standards.
- ❖ Prepare final report and send to the national level as well as to all staff involved.

5. CONCLUSION

The Standards of Midwifery Practice for Safe Motherhood, developed in close consultation with Member States, have been prepared for a very definite purpose – to improve the quality of maternal care in the WHO South-East Asia Region.

The standards have been field-tested and are found to be effective tools for improving the quality of midwifery services, especially in remote and rural areas.

The time has come for implementing the standards as widely as possible in the countries of the South-East Asia Region.

The process of implementing the standards is a phased event. In the first phase, wide advocacy is necessary to gain the support of the government and other major stakeholders to accept the standards, identify those that are relevant in the country's situation, adapt them, if necessary and try them out in a few demonstration sites. Adaptation may imply setting new standards to address specific local problems. It may also involve establishing more appropriate mechanisms to coordinate and monitor the application of the standards. The second phase in implementation is critical. It involves the actual use of the standards, initially in the demonstration sites selected and gradually throughout the rest of the country. In this phase, monitoring the use of the standards is important. It is also important to conduct an audit after 3-6 months of using the standards, to establish what factors assist midwifery-trained personnel to use the standards as well as the problems and other difficulties that act as barriers and constraints.

For successful implementation, the Standards of Midwifery Practice for Safe Motherhood must fall in line with local policies and programmes in the national context. It is important that each country develops its own national implementation plan selecting the most appropriate strategies and activities.

The third and final phase is that of evaluation. From the evaluation, further modifications and actions can be identified to make the implementation more effective.

WHO is deeply committed to help Member States to implement the Standards of Midwifery Practice for Safe Motherhood.

ANNEXES

AN OUTLINE FOR A NATIONAL ORIENTATION AND ADVOCACY WORKSHOP

Suggested duration:	1 day minimum
Participants:	Key stakeholders, representatives from professional bodies, professional associations, from training/education, institutes, from State/Provincial/District Health Services, from the medical profession especially OB-GYN specialists working at district levels and in FRUs, and from the NGO sector as well as others providing MCH/midwifery services at potential demonstration sites.
Purpose:	<ol style="list-style-type: none">1) To orient participants on 'Midwifery Standards';2) To advocate for its implementation;3) To identify demonstration sites.
Content:	<ol style="list-style-type: none">1) Standard setting, including an outline of how the 'Midwifery Standards' were developed2) The benefits of 'Midwifery Standards' and why they are useful to implement.
Methodologies:	<p>Participatory teaching methodologies to allow participants to discuss 'Midwifery Standards' and their envisaged benefits in the national maternal and child health programme.</p> <p>It is important to have sufficient copies of all volumes for all participants of the workshop.</p> <p>Participants can be requested to express an interest in their area becoming a demonstration site or some of their sites can be approached prior to the workshop to find out if they would be willing to be a demonstration site. It may be useful to have a written copy of the criteria for selection of demonstration sites, so that each site can assess its own ability to match the criteria before volunteering/agreeing to be one.</p>

PROCEDURES FOR ADAPTING THE 'MIDWIFERY STANDARDS'

There are a number of crucial steps that must be taken when adapting the prototype "Midwifery Standards". These can be undertaken by either a small expert committee or by an experienced practitioner with midwifery skills, in order to set a satisfactory, user-friendly and culturally appropriate standard.

It is crucial that the size of the volumes remain small and that all volumes are printed on durable material that can withstand daily use. This is particularly important for *Volume 1: Standards Document*.

It is also important that any adaptation or changes made does not weaken the standard. The prototype Standards of Midwifery Practice for Safe Motherhood are designed to be minimum standards required by any midwifery-trained personnel in order to ensure safe pregnancy, a safe birth and a safe puerperium.

The following steps are recommended for successful adaptation

Step 1: Decide which of the 'Midwifery Standards' require adaptation.

- Identify which of the standards can be used initially. For example, it is likely that all countries require all their midwifery-trained personnel to provide quality antenatal care. Therefore they may decide to adopt ANC Standard 2 of the 'Midwifery Standards' (see Volume 1), because without quality antenatal care, many interventions i.e. prevention of tetanus, identification of anaemia and hypertension, cannot be guaranteed.
- Once it has been agreed which standards will be used, then begin to work on the adaptation. Make it specific for each grade of worker.
- Include at least one or two of the Life-saving Midwifery Practice Standards even though these may not be frequently used or even considered as usual practice for midwifery-trained personnel. However, it is important to begin the process and to ensure that midwifery-trained personnel are equipped with the skills needed in a life-threatening situation
- The best way to decide which standards are required, is to review and revise the job descriptions and responsibilities of all those providing midwifery skills. Then decide which standards match the job description or responsibilities. Reviewing and revising job descriptions may not be possible in a short time, in which case a quick review of the current roles will help identify which standards appear to be most beneficial or match the work already expected of the midwifery-trained personnel.

- It is not possible to make the **final decisions** about which standards are useful until there is clarification regarding the role and responsibilities of the practitioners providing the care, and that the regulations and policies will support them to carry out the standards. It is important to check that written job descriptions are available. It is recommended that the local midwifery-trained personnel, managers and supervisors should be involved in reviewing and if necessary revising the job descriptions. This may be a task that can be done while some of the more common and frequently used standards are being tried out.

Step 2: Review the outcomes. Check that they are desirable, achievable, measurable, and realistic, in the country situation.

It is possible to make any part of the standard higher, but no part of the standard must be lowered.

For example: One way to reduce maternal and infant mortality/morbidity is to ensure that complications in pregnancy are prevented and where this is not possible, they must be detected and treated early. To do this, the woman must receive regular and appropriate antenatal care. The recommendation is that, ***“all pregnant women should be seen at least 4 times in the pregnancy for an appropriate antenatal monitoring and examination”*** (WHO, 1994). However, some countries may wish to set a different number of antenatal examinations as their minimum. They may decide on a minimum of 6, or they may wish to state a specific regime such as, once in the first trimester, twice in the second and once a month in the final trimester.

It is for each country to decide its own regime given the local and cultural situation and resources. If for example 6 is the minimum a country decides they want, they will alter the outcome in ANC Standard 2 (see Volume 1), to read, “women receive appropriate antenatal monitoring and examination on a minimum of 6 separate occasions during pregnancy”.

The outcome must also be measurable. In the example above, this can be done by collecting data over a period of time from records to show how many antenatal examinations each woman received over the period of her pregnancy.

It should be remembered that outcomes are sometimes affected by outside influences other than the standard of care received. Floods or bad weather for example, can affect the ability of the midwifery-trained personnel to visit the village and/or the woman's ability to travel to the clinic or health facility to receive the care. In other situations it may be the cultural superstitions and taboos that stop women receiving appropriate antenatal care. Such taboos and beliefs will take many years and much effort to overcome. In these cases, the outcomes will have to be set with this in mind. This is another reason to involve the local community and local field staff in the setting of ‘Midwifery Standards’.

Step 3: Agree that the standard statement is what is required of the midwifery-trained personnel – it must state who will do what and at what level of competence.

It is important to first review the job descriptions of the health care workers involved in this area of care. This allows those who are making the adaptation of the Standards to identify which midwifery-trained personnel carries out which functions as core elements of their post (and therefore must perform to a standard), and which health worker only needs to have some basic knowledge about a certain task.

The standard statement must specify the grade of health workers, what they will do, (express in behavioural terms) and what level of competence must be achieved. The standard statement may vary slightly for each different grade of health worker, even though they are related to similar outcomes.

For example: A certain grade of midwifery-trained personnel may not be allowed to perform a particular task. For example, with reference to ANC Standard 2, they may not be allowed under their present job description to carry out immunizations and vaccinations. If this is the case, the Standards statement could be altered to say that the midwifery-trained personnel *“should refer the pregnant women for immunization”*. Therefore it is possible to use the same standard for different levels of workers, or to adapt the standard differently for different levels of workers.

This is where local adaptations become important. It is essential that the standard statement meets the minimal level as recommended in the WHO/SEARO Standards of Midwifery Practice for Safe Motherhood.

Step 4: Agree that the process is applicable and practical in the local situation

The process is the critical tasks that must be performed to achieve the correct level of performance. It is important to check with the local/field level to ensure that the tasks outlined in the prototype 'Midwifery Standards' are realistic and achievable. The local/field workers will be in the best position to say if the process is really workable and what resources, training and assistance they require to achieve the process. This is where there is the greatest potential for local variations.

Step 5: Check that all essential prerequisites have been identified in the standard. Choose one or two sites to ask them to identify if all parts of the standard are achievable, realistic and practical in the local situation.

This need not be a lengthy procedure and could be done during a single meeting with local/field level staff. It is not intended to rectify all problems or missing components as these will be identified during the actual use of the standard.

Some prerequisites will be easily identifiable, others such as lack of skills in certain areas may not be identified until there has been some testing of the 'Midwifery Standards'.

Those making the adaptation should test 1 or 2 areas where 1 or 2 of the 'Midwifery Standards' can be checked out. From the results of the checking, essential elements or lack of training will become obvious and it will be important to correct these before standards are used in the demonstration sites. Any deficiency in training can be included in the local workshop (see Annex 4). Other less obvious problems will be resolved during the implementation in the demonstration sites.

For example: Midwifery-trained personnel may not have been taught how to measure the distance of the fundus from the symphysis pubis using a tailor's tape measure. They may rely on using landmarks such as the umbilicus, which can vary a great deal between each woman and have been shown to be subject to operator variability. Therefore during step 5, the lack of this skill will become apparent and local training in this procedure will have to be arranged.

Different countries may have different policies and practical structures/systems and problems that must be addressed.

Step 6: Check the audit tool to see if any local name changes or variations in equipment is required.

Ensure that any changes made in the standards are followed through the audit for consistency.

THE STANDARD SETTING PROCESS

Standard setting is more than merely writing out a statement on what midwifery-trained personnel should do. Setting the standard involves deciding on the outcomes and agreeing on the level of performance of midwives, critical tasks that they should perform and how they should perform these tasks. It also involves agreeing to the prerequisites (such as drugs, equipment, etc) that have to be in place to enable midwives to effectively carry out the tasks stated in the standards as well as agreeing on how to audit the standards.

Standard setting therefore requires that an agreed level of performance, implementation, monitoring and audit be established. All parts of the standards must be given equal importance.

Who Sets the Standards?

In the context of the South-East Asia Region, setting standards will have to be done by a small committee or panel who has expertise in the field.

Recent work on quality assurance and standard setting suggests that ideally practitioners at the local level should set the standards and the criteria against which their practice will be judged. However this presumes that the local practitioners have knowledge of standard setting and have some autonomy over their own practice as well as the technical ability. This is unlikely to be the case in most SEAR countries. Expert panels therefore may be used to initiate the process until such time as local practitioners are able and competent to do so. The use of expert panels however has some disadvantages, i.e. local practitioners may see such an approach as hierarchical and imposing from above. If the practitioners hold this view there may be little motivation to follow the standard correctly. Therefore, it is recommended that where expert panels are used, consideration should also be given to including discussion and consultation with local/field workers.

The expert panel should ideally consist of representatives of all those health workers who provide midwifery skills as a core responsibility of their role. The group should meet regularly.

Process of Standard Setting

The process takes place in four stages corresponding to the four elements of standard setting, viz. (1) setting the standards; (2) implementing the standards (3) monitoring; and (4) audit.

Stage 1: Setting the Standards and Field Testing

- Spell out the aim of the practice standard, viz. the intended objectives of the standard.

- Set the standard statement.

This describes what the midwifery-trained personnel will do and at what level of competence. This must be realistic and doable.

- Define the specific outcomes.

These relate to what is expected from the midwifery-trained personnel. They are expressed as both measurable and observable statements

- Decide on the critical tasks or process that must be followed by midwifery-trained personnel that are essential for the standard to be reached.

This may require establishing national protocols or procedures drawn up by the expert panel. It is important to have local field level input to establish if the critical tasks are realistic and doable.

- Decide on essential prerequisites that are required to allow the health worker to perform the standard within the resources available.

For example: Decide on local drugs and equipment to be used. If they are not available, find out if there are alternatives. If none are available, find out if there is any action that can be taken with the community to provide these, for example, can transport be arranged for midwifery-trained personnel to visit the local community, or for women to attend the health centre or FRU?

Decide on training that will be required. This must include discussions with the local training and education institutions.

Decide on what systems must be in place before the standard can be used, e.g., local policies, procedures and guidelines and local arrangements for referral of obstetric patients.

- Decide on what to audit.

Prepare a checklist of all essential components that are being audited.

- Field test the standard.

Field testing is best conducted by a team of in-country investigators comprising of (but not limited to) specialists in midwifery practices, MCH managers of the field-testing sites, and social science researchers. The first phase of the process involves identification of

field testing sites, holding of orientation workshops and translation of documents into the local language for ease of use. The second phase involves the actual field testing and auditing of the selected standards. Final assessment through observation, interviews, focus group discussions, questionnaire, etc take place in the third phase. In the fourth and final phase the information is analyzed and reported.

It may be necessary to develop a protocol for field-testing. Based on the field test results, some revisions of the standards may be necessary.

Stage 2: Implementing the Standard

- Ensure that all the prerequisites as far as possible, are in place.

The prerequisites arise once agreement is reached about the critical tasks expected from the midwifery-trained personnel. Often this takes a great deal of time with checking and revisions.

- Ensure that midwifery personnel are trained.
- Agree on strategy for implementing the standards.

It is often better to begin with only one site, ensuring that the plan and dates are agreeable to the local field level staff.

- Ensure that there are people in place to oversee and manage implementation.
- Ensure that the plan and dates are communicated to all relevant staff.

Stage 3: Monitoring the Implementation of the Standards

- Ensure first that a monitoring system is agreed upon and is operational.
- Ensure that midwifery-trained supervisors are in place and have knowledge of the standards.
- Ensure that all related services are also operating effectively, for example, the distribution and replenishment of drugs.
- Ensure that there is an effective feedback mechanism to report and act on any obstacle encountered.

It is helpful to have midwifery-trained staff keep daily records of the standards they used, difficulties encountered and what assistance they

received. This should be a simple record and should not prevent the midwifery-trained staff from carrying out her other daily duties.

Stage 4: Auditing the Standard

- Prepare a checklist of all essential components that are being audited.
- Test to see if all the essential resources are in place. If not, are local alternatives available?
- Test to see if all the policies are being implemented. If not, how can they be implemented or improved?
- Develop an action plan to strengthen process or correct defects.
- Implement action and review the standard again by carrying out the audit again.
- Try the standard in other areas/sites/units/situations. Once it works in one area, it can be tried in other areas.
- Conduct an evaluation of the standard.

Based on the evaluation, continuing action may include undertaking a review of new research to see if any new interventions, knowledge, equipment, tests/investigations or drugs have been developed and if the standard matches what is required. Also, further action could be to alter the standard statement to meet these new developments.

AN OUTLINE FOR A LOCAL WORKSHOP ON 'MIDWIFERY STANDARDS'

Suggested duration: 5 days

4 days on use of 'Midwifery Standards' to improve quality of care and updating on recent advances in practice (through review of Volumes 1 and 3).

1 day on audit, for information only through a brief review of Volume 2

The duration will depend on the local situation and the skills of midwifery-trained personnel . If there is a need to include any new practical skills such as life-saving skills, then duration will need to increase.

Participants:

Local midwifery-trained personnel who will be using the 'Midwifery Standards', supervisors of midwifery-trained personnel and representatives from training/educational institutes. It is acknowledged that it may not be possible to have all staff attend the workshop at the same time. Therefore, consideration should be given on the number of times required to repeat the workshop to ensure all midwifery-trained personnel who will be using the 'Midwifery Standards' have the opportunity to attend and be updated.

Purpose:

- 1) To introduce 'Midwifery Standards';
- 2) To provide updates on recent advances in practice;
- 3) To create awareness of the national plan for implementation of 'Midwifery Standards'.

Content:

- 1) Review of Volumes 1, 2 and 3;
- 2) Rationale for using standards;
- 3) Recent advances in practice and its implication for local practice.

Methodologies:

Participatory teaching methodologies to allow participants to discuss the practice of the 'Midwifery Standards' in small groups.

Include practical demonstrations of new/recent advances in practice and in some cases provide initial training for Life-Saving Midwifery Practices. It is likely that inputs from OB-GYN trainers will be required for some of the practical demonstrations. However, it is first important to ensure the OB-GYN trainer has the required competency and skills to conduct this training. In some instances national or outside of district trainers will be required to assist when local capacity cannot provide this.

EXAMPLE OF NOTES TO BE KEPT BY FIRST REFERRAL UNITS

Name of FRU:

Name of Patient.....

Date and time of arrival of patient at the FRU:.....

Name of the referring midwifery-trained personnel:

Reason(s) for referral:

.....

.....

How the referral was made:

Actions taken by the midwifery-trained personnel before referring.....

.....

.....

Were all necessary actions taken by the midwifery-trained personnel before referring?
(Necessary action is that action which is possible, given the local situation, which will save the woman or baby's life or which will prevent the condition becoming more serious).

Yes

No

If no, please indicate what action the midwifery-trained personnel could/should have taken:

.....

.....

.....

.....

.....

.....

.....

.....

**GUIDELINES ON NOTES TO BE KEPT BY MIDWIFERY-
TRAINED PERSONNEL**

Each participating midwifery-trained personnel is requested to keep notes of her work related to the use of the standards, in addition to her routine clinic/home visit records.

The purpose of these notes is to assist the midwifery-trained personnel to keep accurate details and recommend personal reflections on the use of the standards. She should record all her thoughts and significant points regarding the use of the midwifery standards whenever she has applied the standards in her work. This will assist her to effectively respond during the in-depth interview in the evaluation phase.

The notes are the midwifery-trained personnel's personal record and therefore she can write down her own thoughts as she wishes using her own words. In order to facilitate the note-taking process, special forms may be used for each standard as well as for each referral. (Example of notes on the use of standards and their effectiveness as well as information on referrals are provided below.)

AS NEEDED, THE MIDWIFERY-TRAINED PERSONNEL IS TO RECORD THE FOLLOWING:

1. Notes on the use of standards:

After reading through the standards that relate to the work done, note the following:

- If any of the standard statements of the outcomes are not relevant to the local situation, and why.
- If any of the prerequisites are missing, specifying which are missing and why.
- If the processes as stated in the standards were not able to be followed in carrying out the work; indicating the reasons or circumstances involved and making a special note of the difference(s) in the process as written versus those as practised.

2. Evaluation on the effectiveness of the standards:

- Note if any of the standards were not useful in carrying out the work clearly indicating why.

- Note if any of the standards were not easy to follow and why.
- Record any suggestions for further improvements to any of the standards as well as to any of the relevant documents.

3. Information on referrals:

- Patient's name, date and time of referral.
- Reason(s) for referral.
- Place to which patient was referred.
- How the referral was made (e.g. whether by referral note, letter, writing on Home-based Maternal Record or pregnancy record card, telephoning the centre, accompanying the patient in person, etc.).
- Actions taken before referring (list all actions taken, indicate whether any necessary action was not taken and why).
- Outcomes of the referral (patient admitted, treatment given, etc.).
- Dates of follow-up.

AN OUTLINE FOR A LOCAL WORKSHOP ON AUDIT

Suggested duration:	3 days
Participants:	Supervisors - those who will conduct the audit
Purpose:	<ol style="list-style-type: none">1) To familiarize auditors with 'Midwifery Standards', especially recent advances in practice and the content of the audit document;2) To train auditors how to carry out audit and develop action plans;3) To review and refine basic skills for inter-personal communications and observations skills.
Content:	<ol style="list-style-type: none">1) Review 'Midwifery Standards' as included in Volume 1.2) Review audit and audit tools as included in Volume 2.3) Review recent advances in midwifery practice as included in Volume 3.4) Interpersonal communication skills5) Observation skills
Methodologies	Participatory teaching methodologies providing practical examples and time for small group work/case studies to allow participants to gain experience in auditing, developing action plans and dealing with staff in need of further training.

ROLE AND RESPONSIBILITIES OF THE AUDITOR

The auditor (who will normally be the supervisor of the midwifery-trained personnel) should have a detailed understanding of the 'Midwifery Standards' and have received training in how to conduct the audit.

The auditor should have copies of all four Volumes of the Standards of Midwifery Practice for Safe Motherhood.

- The auditor must observe the practice of the midwifery-trained personnel in a helpful rather than in a threatening way. It is important to establish a good rapport with the midwifery-trained personnel and focus on the standard and how it is working. Probing questions must be asked to establish what factors assist the midwifery-trained personnel to use the 'Midwifery Standards' as well as the problems, obstacles and difficulties encountered.
- If the 'Midwifery Standards' are not functioning because of some local problems or difficulties, for example if there is some equipment missing or drugs are not available, the auditor should try to work with the midwifery-trained personnel to resolve and correct the difficulty.
- Auditors, particularly in the early days of using the standards documents, may choose to ask a second person from either another demonstration site or one of the local audit trainers, or a trainer/educator from the local midwifery training/education institute, to accompany them during the audit. Inviting a second person can give validity to the results and ensure fairness. However, if a second person is to be invited, the midwifery-trained personnel should be informed of this prior to the audit.
- A copy of the audit findings should be sent to the local focal point/coordination committee. This should also include a brief report of the interview with the midwifery-trained personnel. It is important that this report is kept factual and contains only items discussed during the interview. The report should be confidential between the auditor, the midwifery-trained personnel and the local focal point/coordinator.
- Once the audits have been completed on all the midwifery-trained personnel involved in the demonstration site, the local focal point/coordination committee should hold focused discussions with groups of midwifery-trained personnel and auditors (if more than one). It is important to obtain the opinions and views of midwifery-trained personnel and auditors separately. During these focused discussions, the local focal point/coordination committee should probe to obtain more detailed qualitative

information on the use of the 'Midwifery Standards'. It is important to probe into both the usefulness/practicality and the problems/obstacles.

- The results of both the audit and the focused discussions should be used to compile a district report for the national workshop, to review lessons learnt. It is important that this report is also made available to participating midwifery-trained personnel, auditors/supervisors and midwifery educators/trainers.

THE AUDIT TOOL

Audit of	Antenatal Care Standard 4: MANAGEMENT OF ANAEMIA IN PREGNANCY
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Locality where audit took place:

Date of audit:

Name of person(s) conducting audit:

A. CHECKLIST

Method:

- 1) Direct observation of the midwifery-trained personnel conducting antenatal examination;
- 2) Discussion with the midwifery-trained personnel;
- 3) Discussion with the pregnant woman, her husband/family; and
- 4) Review of all records, including case registers and HBMR/pregnancy records.

Criteria	Yes	No
National/local policy/protocol for management of anaemia in pregnancy is available.		
Midwifery-trained personnel have knowledge of the national/local policy/protocol for treatment of anaemia.		
All records are available for review.		
HBMR/pregnancy records are in use.		
All records are complete and accurate.		
Midwifery-trained personnel have been trained in the recognition and management of anaemia in pregnancy.		
Midwifery-trained personnel have been trained in taking a blood sample for Hb testing.		

<i>Criteria</i>	<i>Yes</i>	<i>No</i>
Midwifery-trained personnel have been trained in correct dosage for iron supplementation in pregnancy.		
Essential equipment/supplies for taking blood samples including clean soap, safe water and clean towels for washing hands, sterile hypodermic needles and syringe, blood collection bottles and/or lancets and blood slides, if appropriate, are available and in good working condition.		
Iron and folic acid supplementation and where appropriate vitamin C are readily available locally.		
Pregnant women have sufficient supplies of iron supplementation.		
Anti-malarial and malarial treatments are readily available, (if appropriate).		
Investigations are available locally for diagnosis and treatment of parasitic infections.		
All information given is correct.		
All findings are discussed with the pregnant woman and her husband/family.		
A fully operational referral system is in place for pregnant women with anaemia to receive appropriate care and treatment.		
Referrals are made as appropriate.		
All referrals are followed up by midwifery-trained personnel.		
All procedures are carried out in the agreed upon manner and the process, as written in the standard, is followed.		

Signature of person(s) conducting audit

.....

B. ACTION PLAN

Purpose: *To identify areas which need strengthening or correcting, i.e. prerequisites or process in order to ensure that the standard is being maintained.*

Method: *Meeting to discuss findings (both positive and negative) and actions required to ensure that the standard is being maintained.*

Are all the criteria as specified in the checklist for audit of the standard being met?

Yes No

If yes (all criteria are being met):

- Is there anything else that can improve the process? Specify.
- Are there any other prerequisites that could be included to make the process easier? Specify.

If no (all criteria on checklist are not being met):

- Are all prerequisites in place? Yes No
If no, specify what is missing.
- Is the process being followed? Yes No
- Is the process as it is written appear faulty?
Yes No
If yes, specify what is faulty.
- What action is required to correct the process?
Be specific.

If prerequisites are missing:

- What action is needed to rectify it? Be specific.

Who must implement the action for rectifying all of the above?

Date action must be completed by:

Responsible person(s) for implementing action:

Date of next review:

Signatures of auditor(s)/supervisor

AN INTERVIEW QUESTIONNAIRE FOR PARTICIPATING MIDWIFERY-TRAINED PERSONNEL

Name of interviewer:

Name of midwifery-trained personnel:

Implementation site: Date of interview:

Directions

Please tick the appropriate boxes and record the comments in the space provided. Please use additional paper if needed, clearly indicating which question the comments relate to:

The midwifery-trained personnel should be encouraged to check her "Notes on the use of standards" (Annex 6) during the interview, as appropriate.

1. The documents on midwifery standards may be difficult to read. Did you have time to read the documents thoroughly?

Yes No

If yes, what parts of the documents did you find most difficult to understand, if any?

.....

If not, why?:

.....

2. After reading the midwifery standard documents, do you find the standards easy or difficult to follow?:

Easy Difficult

Please explain why it is so.

.....

Can you give three examples of midwifery practices that you have changed after reading the documents?

.....
.....
.....

3. Can you describe the national Safe Motherhood goals?:

Yes No

If yes, please state the goals as you understand them in your own words:

.....
.....
.....

In what ways, if any, will the 'Midwifery Standards' affect achievement of these goals?

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.....
.....

What are the barriers in your local area, if any, that make it difficult to achieve the goals?

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.....
.....

(If barriers described) Do you find the standards may help you overcome these barriers?

.....
.....
.....

4. Do the standards require you to perform duties that you have not previously been doing in this setting?:

Yes No

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.....
.....

If yes, please give examples. Explain any difficulties you encountered and suggest possible solutions..

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.....
.....

5. What does the community expect from the midwifery-trained personnel?

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.....

How do you see these expectations? (Are they reasonable and realistic?)

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.....
.....

Do the standards help in any way to meet the expectations of the community better than before, or the contrary? Please explain.

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.....
.....

6. Do you see the intended outcomes of the 'Midwifery Standards' as realistic, given the specific circumstances that you work under?

Yes

No

If no, please explain.

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.....

11. Do you find that all essential supplies, equipment and drugs as listed in the “prerequisites” are available for you to implement the standards effectively?

Yes

No

If no, please explain.

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12. Overall impressions on the use of the standards with respect to:

Ease of use

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Feasibility/possibility of routinely applying the standards in the setting.

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Others (please specify)

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**AN OUTLINE FOR A NATIONAL WORKSHOP ON LESSONS
LEARNT**

Suggested duration: 2 days

Participants: Similar to the National orientation and advocacy workshop (Annex 2), but also include representatives from midwifery-trained personnel who used the 'Midwifery Standards' and their auditors.

Purpose:

- 1) To critically review the lessons learnt in implementing the standards in demonstration sites.
- 2) To recommend actions to further strengthen the implementation of the standards.

Content:

- 1) Reports from demonstration sites.
- 2) Suggestions for further adaptations of *Standards of Midwifery Practice for Safe Motherhood*.
- 3) Action needed to strengthen policies and guidelines to ensure effective implementation of country-specific Standards of Midwifery Practice for Safe Motherhood.
- 4) Further action required for strengthening the implementation of 'Midwifery Standards'.

Copies of Chapter 4: "Implementing Standards of Midwifery Practice for Safe Motherhood – Actions" IN Volume 4 may be useful for all participants as background reading prior to the workshop.

Methodology: Participatory teaching methodologies to encourage sharing of experiences and lessons learnt from demonstration sites.

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