



Nurse Practitioner Midwifery -Chance to Bring a Change

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ABSTRACT

The midwifery initiative was launched by the Government of India in view to improve the quality in the care provided to the maternal and child health of the country. In reference to the above initiative a new cadre titled as Nurse Practitioner in Midwifery (NPM) is created who will be skilled and trained to render women centered care in reference to the International Confederation of Midwives (ICM).

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INTRODUCTION

The Sustainable Development Goals (SDGs), which aim to make the world a richer, more equal, and safer environment for everyone by the year 2030, have gained the backing of 193 countries, including India. Without accelerating growth in the one-sixth of the world that is located in our country, these lofty aspirations cannot be realised, hence India certainly has a great deal of responsibility [1, 2].

The Indian government has made a number of commitments focused on health. If we want to ensure healthy lives and advance wellness for people of all ages, we must prioritise enhancing our fundamental health indicators, such as maternal and infant mortality [1].

With a focus on adolescence, menopause, childbirth, and development, a nurse practitioner in midwifery will be in charge of supporting the health of women at all periods of their lives.

Future-ready NPM (Nurse Practitioners in Midwifery) training. High-quality education is essential to give international-standard midwives who adhere to the ICM competencies the knowledge and skills necessary to provide the full spectrum of midwifery care that mothers and newborns need [8].

A pregnant lady who enrolls in the healthcare system believes she will receive top-notch care for both herself and the unborn kid. Because of this faith, India's National Health Mission has improved mother and child healthcare. India has made significant progress in the past few decades to increase institutional deliveries, which has significantly decreased maternal and newborn mortality. This has been made possible by the National Health Mission and programmes like the Janani Suraksha Yojana and Janani Shishu Suraksha Karyakram. Maternal mortality in India has dropped, from 254 per lakh live births in 2004–2006 to 130 per lakh live births in 2014–16, according to the Sample Registration System [4-6].

The fact that India has dramatically increased from 5.8 percent during (2007-09 to 2011-13) to 8.01 percent as the compound annual rate of fall of MMR attests to the country's impressive accomplishment in lowering maternal mortality (2011-13 to 2014-16). Similar accomplishments can be seen in the decline of baby and under-five mortality rates⁸.

India's "Midwifery Services Initiative"

The Government of India has proposed an alternative model of service delivery taking into account the need for trained human resources to provide quality care to 30 million pregnancies annually in India while also acknowledging the difficulties previously mentioned in order to strengthen reproductive, maternal, and neonatal health services provided by nurse practitioners in midwifery through Midwife Led Care Units (MLCUs). Without the top-notch maternity care provided by midwives through the MLCUs, this transformation is not possible. Since it is acknowledged that high-quality care would not only save lives but also result in a positive delivery experience, the change required must be revolutionary. To do this, it will be required to radically transform how services are provided and the culture of care that is promoted.

Transformative transformation must be at the core of midwifery education, according to the "Guidelines on Midwifery Services in India [4, 8].

Midwife (International Context)

The International Confederation of Midwives (ICM) defines a midwife as "...a person who has successfully completed a midwifery education programme that is duly recognised in the country where it is located, that is based on the ICM Global Standards for Midwifery Education and the framework of the ICM Essential Competencies for Basic Midwifery Practice; has acquired the necessary qualifications to be registered and/or legally licenced to practise midwifery and us." (ICM1).

Nurse Practitioner Midwife (NPM) (Indian Context)

A nurse practitioner midwife (NPM) is a professional who has successfully completed the 18-month programme in nurse practitioner in midwifery that was created by the Indian Nursing Council (INC) based on the ICM essential competencies for basic midwifery practise and approved in India by the Ministry of Health and Family Welfare, Government of India.

Practice Areas for ME and NPM

Refers to the 18-month, competency-based educational program's specialised midwifery care competencies.

Following are the guidelines for NPM practise in India as described in the publication, which combines and adapts key competencies for critical midwifery practise (ICM 2019):

A. Care during pregnancy (Sexual and Reproductive Health)

- Offer services and counselling for family planning
- Perform steps for prevention and screening for sexually transmitted infections and offer treatment recommendations based on the syndromic management approach.

B. Prenatal treatment

Identify and confirm pregnancy, and determine gestational age using the specified set of investigations, history, physical exam, and laboratory test guidelines.

- Assess maternal and foetal wellbeing;
- Track the development of pregnancy;
- Encourage and encourage healthy behaviours that enhance women's wellbeing, such as ANC exercises.

Women with complex pregnancies should be identified, managed, and referred for counselling on the following topics for both the woman and her family:

Creating a birth readiness and complication readiness plan Antenatal education and proactive parenting advice regarding pregnancy, birth, nursing, parenthood, and postpartum family planning and family transitions.

Self-care during a healthy pregnancy at every opportunity; Pregnancy alternatives; Care for women who become pregnant unintentionally or at the wrong time; Safe abortion services; Post-abortion care for women.

Methods of Post-partum and Post-Abortive Family Planning

C. Assistance in Labour and Delivery (Intrapartum Care)

Confirm the start of labour; give all women in normal labour at term and in the immediate postnatal period supportive, respectful care 2 (e.g., support different birthing positions, birth companionship chosen by women, support informed decisions/rights-based care); identify complications during labour, childbirth, and the immediate postpartum period and immediately manage [3] and refer as necessary; encourage the physiological birthing processes that result in a safe delivery;

Warmth, early nursing, delaying cord clamping, Vitamin K, eye care, and cord care are among the primary necessities for newborn care. Neonatal resuscitation is carried out when necessary. Identifying infant issues is done immediately, and when necessary, a fast referral is started.

With the woman's permission, perform and repair episiotomies for reasons supported by evidence. Mend perineal, vaginal, and vulval lacerations (but not complex or third- or fourth-degree tears) [1, 2, 7].

D. Ongoing care for pregnant women and new mothers (postpartum care)

- Offer postpartum care with a focus on regular assessments of the mother's and child's health, health education, calcium and IFA consumption, assistance with breastfeeding, early diagnosis of problems, and family planning services.

- Encourage maternal-child contact and sane parenting practises

- Recognize postpartum difficulties in the mother and the newborn, offer rapid care, and where necessary, start referral procedures right away.

Postpartum family planning services counselling

- Proactively advise the lady and her family on how to spot danger signs in the mother and infant and encourage them to get help right away.

The fundamentals of Collaborative Care

NPMs are a specialised cadre of nurse-midwives in India, operating within a healthcare system that recognises the need for consultation, collaboration, and referral among medical professionals. Within the confines of their assigned practise area, they bear full responsibility and accountability for the care provided. Working together as NPMs, Obstetricians, Pediatricians, and Medical Officers In-Charge (MO) requires self-assurance, trust, and effective communication. The treatment of expectant mothers and newborns who are ill and require specialised care might benefit more from the specialists' effective collaboration.

NPMs can help in the care of women having high-risk pregnancies, problems related to pregnancy, and mothers and newborns as a member of the multidisciplinary team.

DISCUSSION

A meta-analysis of nurse practitioners (NPs) and nurse midwives (NMs) in primary care was carried out in order to compare the patient outcomes of NPs and NMs with those of doctors. The sample consisted of 38 NP and 15 NM trials. 33 outcomes in all were looked at. In trials that employed provider randomization, NPs were shown to have higher patient compliance with treatment recommendations than doctors. In trials that employed techniques other than randomization to adjust for patient risk, NP patients had greater levels of patient satisfaction and the remission of pathological diseases. NPs and MDs were equivalent on the majority of other traits in controlled studies [1, 2, 3, 8].

CONCLUSION

The Nurse Midwifery practitioner course will help the students to get a thorough grasp of midwifery as a profession and the role and scope of the midwife in both the local and global environment with the use of principles of professional management, leadership, and research-informed midwifery practise.

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