REPORT ON THE EVALUATION OF

ADVANCED MIDWIFERY TRAINING THROUGH THE

DECENTRALISED EDUCATION

PROGRAMME

AND

THE UTILISATION OF THE PERINATAL

EDUCATION PROGRAMME

IN SOUTH AFRICA

EVALUATION DONE BY : MS TINYIKO MARTHA MATIVANDLELA

PRODUCED BY : DEPARTMENT OF HEALTH: DIRECTORATE: WOMEN'S HEALTH AND GENETICS

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EXECUTIVE SUMMARY

Programmes in Advanced Midwifery were initiated in the 1980s in order to improve the quality of care of women during pregnancy and thereafter. Following the introduction of the DEPAM and the PEP, and the support through distribution of manuals of PEP and the training of facilitators of DEPAM, an evaluation on the knowledge about and utilization of Advanced Midwifery and Perinatal Education Programmes was undertaken.

The results of this evaluation revealed, amongst others, that:

Perinatal Education Programme is not widely implemented, with the manuals distributed not being utilized for in-service training.

The skills gained by advanced midwives are not utilized effectively because of various factors e.g. lack of recognition by other nurses, doctors, and administrators, improper deployment, lack of job descriptions, limited scope of practice, etc., the training programme is not being supported financially.

Recommendations with regard to Advanced Midwifery training and the Perinatal Education Programme include :-

Awareness-raising among the health workers and managers

Organizational strategies to fit into the health system

Maintaince of the programme for advanced midwifery

Reorientation of managers and health workers on importance of advanced midwifery programme

Establishment and strengthening of DECENTRALISED EDUCATION PROGRAMME IN ADVANCED MIDWIFERY AND NEONATAL NURSING SCIENCE and the PERINATAL EDUCATION PROGRAMME in the provinces.

Revision and review of the scope of practice of midwives with particular reference to advanced midwives.

1. BACKGROUND.

The fragmentation of health services of the past Government and the neglect of women and reproductive health services led to the high rates of perinatal, infant, under five as well as maternal mortality. The new Government and the Department of Health identified Maternal and Reproductive Health issues as one of the higher priority. Strategies are in place to correct the situation like the free health services for women and children under six years that was announced in July 1996.

The Directorate Maternal, Child and Women's Health is working towards the goal by seeing to the improvement of the quality of care given to women and children. The focus is on midwives who form the backbone of maternal, child and women's health care. As a way of capacity building on the part of the midwives, the Directorate awarded a tender to Mc Cord Hospital in November 1996 to train two facilitators per province for advanced midwifery training through the Decentralised Education Programme over the period of three years, who would in turn initiate similar programmes in their provinces.
The Decentralised Education Programme in Advanced Midwifery and Neonatal Nursing Science (DEPAM) is identified as the programme that produces the type of the midwife with the necessary knowledge and skill as well as the appropriate attitude when carrying for mothers and children.

Training of advanced midwifery in South Africa started in 1980 as a centralised course in some of the big institutions like King Edward VIII, Baragwanath and Groote Schuur Hospital. DEPAM was designed to overcome some of the educational, social and administrative problems of a one year advanced midwifery programme. DEPAM contains features of a distance learning programme though it is more decentralised and educational than distance and training because the educational experince is practical in nature and requires direct facilitation by practioner skilled in art of midwifery and neonatal nursing science. The programme is problem based with learning designed to take place around series of practical problems.
DEPAM curriculum is developed in a manner which enables a student to:-

- Analyse and interprint the population and health profile at a National, Regional and Local levels.
- Evaluate the Midwifery and Neonatal services at National, Regional and Local levels and analyse the factors which have an influence thereon.
- Identify and evaluate factors which promote the health of mother and child during pregnancy, labour and puerperium.
- Evaluate the appropriateness of diagnosis and intervention methods.
- Analyse different viewpoints and justify a personal viewpoint regarding the practice of Midwifery and Neonatal Nursing Science.
- Practice the Midwifery and Neonatal Nursing Science according to the Scientific method Within the scope of :-Professional Ethical formand
  -Legal provision and specification of
  practice.
- Develop and implement standards for quality assurance.

! Utilise and/or establish referal resources.

Skills acquired during the course is assessed throughout the programme by student and clinical supervisor / facilitator making use of the Competency Assessment Tool (CAT) See Appendix 8.

In 1996 again the Directorate distributed 20 sets of Perinatal Education manuals to all provinces to be used for Perinatal Education Programme as a way of inservice and continuing education for health workers.

The Directorate Maternal, Child and Women's Health appointed a manager for the period of three months during January to March 1998 to evaluate utilisation of advanced midwives and the Perinatal Education Training Programme in all provinces.The first month of the period was scheduled for planning and preparation. Evaluation therefore was done in seven of the nine provinces because of time constraints. These was made possible by funding from WHO and Europian Union.

2. DEFINITION OF TERMS

Booking:-

Attendance of antenatal care by pregnant women for at least three times.

Centralized Advanced Midwifery:-

A training program for advanced midwives where students stay for the duration of the course at a training centre .

Decentralized Advanced Midwifery (DEPAM):-

A training program for advanced midwives where students learn in their own clinical institutions and only goes to the central institution for a short period. The program is based on adult education strategies with some characteristics of distant learning.

Facilitators:-

Trained personnel who facilitates, guides and assist students advanced midwives during their period of training

Journal club meetings:-

Meetings that are held to discuss and review clinical practice based on development in scientific journal.

Labour graph(parto graph):-

A graphic representation of the progress of labour, maternal and fetal condition with aim of detecting problems during labour

Maternal death:-

Death of women during pregnancy, labor or pueperium due to causes directly and/or indirectly related to pregnancy until 42 days after termination of such a pregnancy irrespective of the nature, site, and duration of pregnancy.

Maternal mortality meetings:-

Meetings to review all maternal deaths, identifying possible causes of maternal deaths and planning strategies for prevention in future.

Perinatal Education Program(PEP):-

It is a program designed for health workers (midwives and doctors)for continuing education re:- knowledge, attitudes and skills needed to care for pregnant women and their newborn infants

Perinatal mortality:-

Death of a viable baby within the first week of life including stillbirths.

Perinatal mortality meetings:-

Meetings held to review all the possible causes of perinatal mortality and planning strategies to prevent such causes in future.

Unbooked:-

Antenatal visits less than three(3)times/occasions during pregnancy.

3. PURPOSE OF THE EVALUATION.

The quality of maternal and child care has never been an issue of concern in the then Government. The new Government' s plan located within the context of Reconstruction and Development Programme identified areas of priorities for Maternal, Child and Women's Health. They include a situational analysis of Health Status, Service Delivery and Utilisation to provide an overview of the current situation for health workers and policy makers.

4. OBJECTIVES OF THE EVALUATION.

Objectives of the study include the following:

* Identification of the current status of:

- Advanced midwifery training programme.

- Utilisation of advanced midwives.

- Utilisation of the Perinatal Education Programme.

* To determine the impact of the advanced midwives on the care of mothers and their children

* Make recommendations.

5. METHODOLOGY:

5.1. Sources of information and data collection:

Information for evaluation was collected through discussions and meeting with relevent stake holders in all the Provinces visited in the following format .

* Meeting with the Provincial Co-ordinator (+-1hour).
* Meeting with each regional Co-ordinator (+-1hour).
* A visit to one tertiary hospital (if any).
* A visit to one regional hospital.
* A visit to one provincial hospital.
* A visit to one clinic / community health centre.
* A visit to two community/district (the best and the worst)

6. DATA COLLECTION AND METHODS USED.

6.1. Perinatal Education Programme.

Information about the donated manuals was collected from the Provincial and Regional Maternal, Child and Women's Health co-ordinators**.**
Information and knowledge about the programme was collected from regional co ordinators, Nurse managers in charge of institutions, and Nurse managers in charge of the obstetric or midwifery unit as well as from the midwives in the wards.
In most provinces, statistics for health personnel who trained and are still through the PEP could not be found. However statistics from the ditributers of the programme according to provinces as on 31 December 1997 is as follows:

Province	Manuals used in the Province by doctors, Midwives and nurses	Number of Certificate issued
Eastern Cape	1 680	346
Free State	1 405	88

Gauteng	5 012	652
Kwazulu Natal	1 034	222
Mpumalanga	523	98
Northern Cape	536	201
Northern province	308	147
North West	303	119
Western Cape	4 515	871

There is however an increase in the number of personnel ordering the manual in some Provinces while the numbers are getting low in others. For the year 1997 the number of PEP manuals ordered accordind to Provinces is as follows:

Province	Number of manuals ordered
Eastern Cape	271
Free State	31
Gauteng	848
Kwazulu Natal	186
Mpumalanga	95
Northern Cape	33

Northern Province	104
North West	99
Western Cape	871

6.2. Advanced midwifery programme.

Training programme.
Information on advanced midwifery training through the Decentralised Education Programme was collected from Mc Cord Hospital facilitators and the Provincial Co ordinators.

Statistics for DEPAM facilitators trained at MC Cord hospital is as follows:

Province	Facilitators trained through Kellogs fund	Facilitators trained through Department of Health Tender	Total number of facilitators
Eastern Cape	4	5 will be starting in April 1998.	3
Free State	Nil	2 will be starting in April 1998	Nil
Gauteng	Nil	Nil	Nil
Kwazulu Natal	3	1	2
Mpumalanga	4	Nil	2
Northern Cape	Nil	2	2
Northern Province	3	2	4
North West	Nil	3	3
Western Cape	Nil	Nil	Nil

Knowledge and skill gained during training.

Advanced midwives and student advanced midwives were asked to evaluate themselves through the competency assessment tool (CAT) (included as annexure)

Perception, attitudes and opinion of nurse managers, advanced midwives, student advanced midwives and other midwives.

Structured interviews were conducted with nurse managers of the respective maternity units, advanced midwives, student advanced midwives and other midwives from sampled facilities about their views of advanced midwifery training through the Decentralised Education Programme. They were also asked about the impact of advanced midwives and the student advanced midwives in the units and the surrounding clinics. The information was complemented with information from Mc Cord Hospital DEPAM Facilitators as well as the Students from the Northern province who were on block at Mc Cords during the evaluation period.

Quality of care in the labour wards was based on evaluation of five randomly selected bedleters per institution of patients who were already in the postnatal unit .

Utilisation of Advanced Midwives was assessed through interviews of senior managers and the advanced midwives in the sampled institutions.

7. LIMITATIONS:

Lack of statistics at provincial level.
Statistics of the number of advanced midwives working in the public sector as well as midwives who have completed or are still on the Perinatal Education Programme could not be found in most of the provinces.

Lack of measurements on the impact of advanced midwives and quality care..

This evaluation does not measure any impact of advanced midwives and that of any advanced midwifery training programme.

The evaluation could also not assess the quality of care given to women and their children. Although use of the labour graph was analysed, this is not an indicator for the quality of care.

Time constraints
A short time period was allocated for the conceptualisation, design, field work and write- up of this report. Two of the Provinces could not be evaluated. In many cases the anomalies, discrepancies or contradictions in the information obtained could not be followed up for further clarification.
Little data on the private sectors.
The current status of the private sectors was not evaluated.

8. GENERALISATION AND APPLICABILITY.

The focus of the Department of Health is on primary health care with the midwives forming the

backbone of Maternal, Child and Women's Health. This should raise an awareness on the Policy Makers and Health Service Managers of the need for human resource development and capacity building for quality Maternal, Child and Women's Health care.

9. FINDINGS AND DISCUSSIONS.

RESULTS OF THE EVALUATION ACCORDING TO THE PROVINCES ARE AS FOLLOWS:

9.1.EASTERN CAPE

Institutions visited

Frere
Rietvlei
Motherwell

Perinatal Education Programme

The 20 sets were distributed to Maternal, Child and Women's Health regional co- ordinators. The Maternal, Child and Women's Health provincial co - ordinator don't know how the manuals were utilized. One co - ordinator who is facilitating the program in region "E" based at the hospital accounted for a set of manuals. She has 5 midwives ready to enrol in April - had no money earlier.

Knowledge about PEP.

The MCWH provincial co- ordinators stated that there are about ± 700 personnel trained in the PEP program. There are PEP co- ordinators in the various regions. She felt that the program is not widely used and the plan is to train all district managers i.e 21 managers as soon as district structures are in place so that they can own and support the program. Some managers are not having good knowledge about the PEP program for example in region E, in the district hospital the matron was not clear about the difference between DEPAM and PEP. Although in the same hospital there was a set of manuals given to the advanced midwife to start the PEP program and ± 5 midwives has shown interest and were motivated to enrol.

Advanced Midwifery

There is an advanced midwives seconded from the provincial hospital to assist in co ordinating the MCWH programmes. Advanced midwives have been identified to trained as facilitators at Mc Cord Hospital. Each facilitator will have 3 student to assist during training. Their target is to train ± 50 midwives through the DEPAM program.

Findings from the sampled institutions

In charge of hospital or maternity units.

The matrons were happy about the work the advanced midwives are doing. They acknowledges their experties.

The advantages of having advanced midwives is that they are able to manage complications in the absence of the doctor.They are able to teach medical and midwifery students. They also act as consultants for the staff and in one provincial hospital, few advanced midwives are made in charge of the different department in maternity i.e labour ward, postnatal and neonatal nursery. In region A the advanced midwives are being supported and made to attend all the perinatal mortality meetings at the referral hospital to get feedback of cases refered for further management.

Contraints / Problems
Lack of support and resistance from senior midwives who has worked in the hospital for years, some for ± 20 years are not happy about advanced midwives being in charge of maternity.
Lack of transport for the advanced midwives to visit the clinics and do in service education.
Shortage of staff which makes it difficult for advanced midwives to function effectively.

Recommendations.

Awareness workshops for midwives on the use of Perinatal Education Programme for continuing education and inservice as well as advanced midwifery training through the Decenntralised Education Programme

To set up programmes for inservice and continuing education for all practicing midwives

To train more advanced midwives to cover 24 hour shift.

9.2. FREE STATE PROVINCE

Perinatal Education programme
The manuals were distributed to various regions. They were handed over to the MCWH regional coordinators. The provincial coordinator not sure of how the manuals were used. One set of manuals is in region "E" in the coordinators office.

Knowledge about the PEP
Knowledge about the PEP is widespread. In other areas managers know about the program but don't know how to start. They are not aware of the regional coordinators e.g. senior managers in a district hospital in region D. In region E there are 21 midwives who are busy with the maternal manual and will write exams in June 1998. The statistics for the total number of trainees in the province not available.

Advanced Midwifery
Findings from provincial coordinators
There is a centralised advanced midwifery training program done through the university of Free State. There are plus minus 20 midwives trained and about 10 currently in training. The DEPAM program not yet started in the province they are planning to start soon. Two advanced

midwives are identified to train as facilitators at Mc Cord Hospital.

Findings from in-charge of hospital and maternity wards

In the institutions visited, managers stated that advanced midwives are fully utilised except in two hospitals i.e. one provincial and one district hospital. In both institutions the managers said that the advanced midwives has less to do because there are doctors 24 hours in the institutions, maternity wards included. They stated that advanced midwives would function much better if they are in the community health centres or clinics where there are no doctors. One of the managers stated that she doesn't know the role of the advanced midwives well. In two institutions in region "A" the advanced midwives were actively involved in various activities. They are part of the perinatal committee where problems affecting mothers and the babies are discussed as well as planning strategies to solve the identified problems.

Some of the managers had no knowledge about the DEPAM e.g. institutions in region"D" and in Region "E".

Findings from advanced midwives

Skills

Able to screen and stream patients according to risks.

Manage complications, in the absence of a doctor

Guide and educate other staff members on how to manage patients.

One was involved in the training of traditional births attendents

Able to do assistant and instrumental deliveries.

They have gained more confidence in managing complicated cases

They said they need new skills to be recognised and supported so that they can practice to get job satisfaction

Constraints

They are unable to apply what they have learnt in practice due to:

Non acceptance by other midwives and doctors they don't regard them as specialists and their opinions and advice not always taken into consideration.

Most of them are junior sisters in the maternity wards which makes it difficult for them to bring about changes in the unit.

They are allocated like the basic midwives.

Preference is given to student doctors even when the advanced midwife is skilled in doing procedures she is denied the chance to practice her skills.

All these lead to other midwives to be de-motivated in advancing their midwifery skills.

Job description

None of the six advanced midwives interviewed had a job description. They are using the job description of a basic one year midwife.

The advanced midwife stated that there is a need for their scope of practice to be revised and be different from that of a basic midwife. They need a job description that will enable them to function effectively.

Level of placement
Seven advanced midwives interviewed - 5 are senior professional nurses and 1 a professional nurse.
One is a chief professional nurses who is a coordinators of MCWH in Region "E" she feels frustrated because she is no more practising the skills she has specialised for. She became an administrative manager so that she can get a promotion and higher salary and she has no job satisfaction.

Perinatal and maternal mortality meetings.
Only one hospital was conducting perinatal and maternal mortality review meeting. This is done on monthly basis. In the other institutions they collect the statistics and send to the region and no review is done.

Quality assessment: 15 charts analysed.
Antenatal care
12 booked with records and blood results recorded
1 unbooked
2 there was evidence that they might have booked because there were booking results but no other antenatal records.

Use of labour graph
11 labour graphs were used
3 were correctly plotted
8 were in-correctly plotted
4 cases had no labour graphs as it was not indicated
- 2 elective Caesarean sections
- 1 emergency Caesarean section
- 1 was admitted in advanced labour

Protocols
Protocols and guidelines were available in the satellite clinics same kept in the file in the sister's office.

Discussion.
Advanced midwives have special skills that they have acquired and the feel competent and have confidence in providing care and promoting safe motherhood. Their concern is that their skills are not recognised and as such they don't have job satisfaction. They're frustrated and always juniors in the professional ladder. No specific job description and scope of practice to enable them to practice the acquired skills
Although the total statistics of trained advanced midwives in the province was not available, the impression is that there are few advanced midwives trained in this province. Some managers didn't know the role of the advanced midwives as well as the other advanced

midwifery program i.e. DEPAM.

Recommendations

Awareness on benefits of the advanced midwifery programme to be made to all managers in the province.
The provincial coordinator to keep statistics of the trainees to be able to identify the need.
Orientation of doctors and managers about the role and benefits of advanced midwives.

A job description for the advanced midwives to be designed.
Review of the level of placement of the advanced midwives so that they can be promoted to a higher level within their clinical area.

9.3.KWAZULU NATAL

Institutions visited
King Edward V111 Hospital.
Eshowe Hospital
Kwadebeka Clinic
Mc Cords Hospital
St. Mary's Hospital
Osindisweni Hospital

Perinatal Education Programme(PEP)
Provincial statistics
Number of midwives who completed Maternal and Newborn manual as on 31 December 1997= 68
Number of midwives who completed Maternal Manual as on 31 December 1997= 112
Number of midwives who completed Newborn Manual as on 31 December 1997= 248

Donated manuals to initiate the inservice program were all distributed to the district hospitals for reference purposes. More manuals were bought by the province to add to the donated manuals to cover all libraries of the regional hospitals. The manuals were used for the inservice education program at St Mary's Hospital only.
In some institutions no one had any knowledge about the PEP e.g. Kwa- Dabeka Clinic. The program was being launched in region C but not yet started. In region B the program started in 1997, 33 midwives trained the maternal manual. 10 were from the private sectors. In region H all MCWH programmes are still going to be launched including the PEP. Pilot studies have already started in Eshowe Hospital and some of the clinics with eight candidates who have

written the maternal manual and still to study the neonatal manual. MCWH co-ordinators in the region were stil new and not well vested with MCWH progammes.

Advanced midwifery
Two types of programmes are conducted in the province namely, centralised advanced midwifery and decentralised advanced midwifery.
The centralised programme is offered at KEH
The decentralised was conducted in two centres i. e Mc Cords hospital and St Mary's Hospital. St Mary's is no longer conducting the programme because of financial constraint

Total number of Advanced Midwives as on 31 December 1997= 293
Total nuber of students Advanced Midwives as on 31 December 1997 = 21
See table 1 for distribution of advanced midwives in the province.

Findings about utilization of advanced midwives
Senior managers MCWH Regional coordinators
Representatives from 4 regions : Region C,G,B and H
Senior managers stated that advanced midwives are fully utilised in the various regions.
Advanced midwives were said to be allocated in the maternity ward and clinics which renders 24 hour service.
In Region C it was said there are few advanced midwives. Not sure about number.
They manage complicated cases especially where there is shortage of doctors.
Advanced midwives were said to be also involved in staff development (training of other staff members)

In-charge in obstetric units and matrons
6 hospitals were visited.
From the 6 institutions, in 2 the in-charge of maternity were advanced midwives. St Mary's and Mc Cord.
One (1) institution two matrons were advanced midwives.

Advanced midwives.
Findings - Skills acquired
Screening and streaming.
Management of complications where necessary stabilise patients before transferring to higher level of care.
Performing instrumental deliveries e g vacuums
Ability to manage pregnancy related conditions
Teach and advice other midwives and staff and always consulted for advice

Students advanced midwives - centralised
Findings
They expected to gain knowledge and skills in:

Risk identification
Prompt management of patients and proper referral.
How to do procedures and why it be necessary e. g. vacuum extraction etc to ensure safe mother and baby even in absence of an obstetrician and paediatrician.
Being clinical consultants

They liked the programme because it exposed them to various cultural groups i.e Indians, Africans, Whites, Coloureds etc which equipped them with transcultural nursing skills.
They are able to perform procedures e. g. breech delivery and also can interpret and act on investigation results.
Their dislikes are:
some doctors not eager to teach and assist them. They should first get permission from registrar otherwise they watch when the medical students do procedures.
At times they are unable to meet their expectation because they do the normal routine.
The students recommend to have a decentralised problem based type of advanced midwifery - they do in their own areas where there are fewer doctors and medical students - can have enough procedures and cases.
They are able to apply their knowledge acquired but need permission from the registrar and supervision.

Problems / Constraints
Few advanced midwives not covering all the shifts, not able to perform their role properly example visiting the clinics to give feedback about transferred patients etc.
Resistance from colleagues.
Though advanced midwives are few can't send more for training because of shortage of staff.
Suggestions and advice undermined by doctors.
Unable to practice since there are always doctors and medical students - priority given to them.
Allocated like basic midwife and feel their knowledge will "rust".

Quality assesment
Five (5) charts were analysed.
Antenatal care:
Three (3) women booked
Two (2) unbooked - One (1) never attended antenatal care
One (1) attended antenatal two (2) times only
All four had booking blood results

Partographs
All partographs were used
One (1) not completed
According partograph patient still seen dilated
Two (2) correctly completed
Two (2) incorrectly completed

Only 5 records were assessed in the whole province due to time constraints

Causes of Maternal and Perinatal mortality/morbidity.
Hypertension in Pregnancy
Wound sepsis (HIV)
Prematurity
Untreated syphilis

Reasons -
Not attending the Ante Natal Clinic.
Migration from one area to another due to unrests.
Teenagers hiding the pregnancies.
Incorrect use of partograph.
Lack of knowledge and skills of personnel.
Lack of equipments.
Sometimes due to overwork and negligence
Lack of education about antenatal care and no proper education during antenatal care
Mother rely on traditional healers because they are readily accessible and acceptable

Discussion
Advanced midwives are performing a vital role in the care of mothers and babies especially where there is shortage of doctors.
Advanced midwives are said to be very useful as they can screen and stream patients according to needs and can manage complicated deliveries.
They educate other staff in the maternity especially one (1) year midwives and junior doctors.
However there is no good knowledge about the DEPAM programme since some managers still worried about sending advanced midwives away for a year which would create more shortage of staff.
The students have expectations of gaining skills in promoting safe motherhood but they have constraints of some medical doctors not eager to teach them. The students are able to apply all skills learned whilst still practising.

Antenatal care is well attended and blood results are available in two (2) hours.
Partograph in this particular institution was used though 50% were incorrect.

Recommendations

Awareness workshops to be planned in the province to ensure that all health workers are aware of the PEP and DEPAM as well as the role of an advanced midwife.
Newsletters on DEPAM and PEP to be sent to all managers so that they can also distribute amongst the staff.
PEP and advanced midwifery programmes to be well organised and budgeted for to ensure sustainability.

More advanced midwives to be trained to ensure 24 hour coverage.

9.4.NORTH WEST PROVINCE

Institutions visited
Tshepong
Taung
Oddi
Jouberton Poly clinic

Perinatal Education Programme
The twenty sets still in the Provincial office and the provincial co ordinator still to liaise with Prof. Woods on how to start the program.

Knowledge about PEP.
Only two institutions have good knowledge about PEP. One (1) is a district hospital which started running the program in 1995 and has already trained 38 midwives and the other is a community hospital with 6 (six) midwives who has shown interest in starting the program.

Advanced midwifery programme
Findings from the provincial co ordinator.
There is a provincial co ordinator who is an advanced midwife based at Tshepong hospital.
She stated that she is unable to facilitate the program due to the following :
Lack of transport which hampers her from visiting the various regions and institutions.
Lack of communication facilities i.e. Telephone.
Lack of support from Top managers and at times permission is not granted to visit various places.
Not sure of her position.
Her role as a coordinators and DEPAM facilitator not yet clear.
She stated that the program (i.e. DEPAM) is very good as it solves the problem of shortage of staff and adm's are able to function independently where there is a shortage of doctors.
There are three facilitators being trained together with seven students.
The students started in October 1997.
The co ordinator not sure who should pay tuition for students.

Findings from managers in various institutions
Managers stated that they like the program because it solves problems of shortage of staff because midwives are training in their own hospitals and only goes away for a short period.
The student form part of the team as they are experienced midwives.
Advanced midwives can manage complications and function independently in areas where a shortage of doctors.
They also assist in training of the one year midwives. One manager in a provincial hospital stated that adms are not utilized in her institutions because there is a 24 hour coverage by doctors.

Managers recommended that more advanced midwives be trained and program be done locally other than sending students to Mc Cords for theory.

Findings from advanced midwives

Skills.
Able to manage complications in the absence of a doctor.
Able to educate and guide other staff members on how to manage patients.
They conduct in service education programs.
The advanced midwives program enable a midwives to function effectively especially if given the opportunity and necessary support.
DEPAM act as a continuing education programme for the staff because everybody in the ward is learning with the students. (discussions of cases involves all staff members).

Constraints
It is difficult for advanced midwives to bring about change as they are always juniors. (The seniors are not conversant with the role of an advanced midwife) .
Lack of recognition of the clinical expertise, as the doctor should always counter sign for procedures done even in their absence.
They have no scope of practice specific for advanced midwifery and they are allocated and treated like basic midwives
Poor working relationship with doctors as their suggestions not always considered.
DEPAM facilitators not sure of their future.
They don't know the clear requirements of being a facilitator.
There is no recognition and promotion in the professional ladder.
Advanced midwives further stated that they don't grow in the speciality which demotivates other midwives to specialize.

Perinatal mortality.
Meetings were started by the DEPAM students. The plan is to continue with these meetings on monthly basis. These are not well attended especially by doctors because they are regarded as a witch hunt.

Job description
From the five advanced midwives interviewed only 2 had a job description They were however not able to fulfill their roles due to shortage of manpower. Those who didn't have, needed one because they said it will quide them and orientate other staff members on their roles.

Allocation
All allocated in the maternity ward except the provincial co ordinator who is in the nursing school.

Level of placement
One is a chief professional nurse

four are senior professional nurse- two are DEPAM facilitators

DEPAM students
Students expected to gain more knowledge and skills.
To be able to manage compilations in the absence of a doctor.
To educate the community with the aim of promoting safe motherhood.
They liked the program because : all aspect related to maternal and perinatal care are dealt with in details.
They are able to apply what already learned in their clinical practice whilst training.
They are able to function and promote health with available resources.

Dislikes
Lack of adequate clinical accompaniment .
Lack of exposure to complications in smaller / lower level hospitals.

Discussion
Knowledge about PEP is not widespread. One institutions has been running the program for 3 years whilst other institutions in the same province has no idea about the program.

Advanced midwifery is regarded as a good program especially the DEPAM because it solves the problem of shortage of staff.

Recommendations

The provincial co -ordinator to make awareness programme about MCWH programs in all institutions in the province.
The MCWH co ordinator to play a major facilitation and co - ordination role of the PEP and other MCWH programme.
Institutions to share knowledge and skills regarding MCWH programs.
PEP training to be made available to all practicing midwives.

9.5 NORTHERN CAPE.

Perinatal Education Programme.
All the 20 sets were taken to the nursing college to support the PEP training. The PEP program was integrated with the Primary Health care course. This didn't work well. Fewer students were trained in this integrated course and later the PEP was disintegrated from the PHC course. PEP training was stopped and re-started late in 1997 (around November)

Knowledge about the program.
The knowledge about PEP is not so good, There are co-coordinators in various regions who are facilitating the programs e.g in Kalahari area - at Kurumani hospital with 4 students. PEP was

integrated within the PHC course, many people interested in the PEP enrolled in the PHC course but it was stopped in 1997. The reason for stopping was not known by the Provincial co-coordinators of MCWH programs. 145 were trained up to 1996, now there are 60 candidates ready to enroll in the province.

Advanced Midwifery

Provincial Findings
There are only 2 practising advanced midwives in the province who were trained as facilitators in 1996/1997, 4 students are being trained through DEPAM.

Regional Findings
The regional co-coordinators had good knowledge about advanced midwifery but they couldn't send any midwives because of shortage of staff in the hospitals. This was in Kalahari region - Kurumani there were only 4 midwives in the Maternity unit, 2 on day duty and 2 on night duty.

In-charge of maternity wards and hospital's findings
They have good knowledge about the advanced midwifery program and they need advanced midwives because they don't have full time doctors e.g Kurumani hospital. They also have a shortage of midwives since they had only 4 and couldn't send any for advanced midwifery training. Most of the doctors resigned in 1996.
In the hospital where the program is running there are problems with facilitators.
The in-charge stated that the two facilitators are not in good terms, which affects the smooth running of the program. The in-charge was concerned that the facilitators were not fully functioning as advanced midwives before they went for training. One of the facilitators want to terminate facilitation. There is also no good communication between the in-charge of maternity, facilitators and students.
Communication and personal problems between facilitators and students.

Advanced Midwives (Facilitator)
Problems
No enough cases for clinical experience of students therefore they should be allocated in other institutions for more exposure.
No continuity - not being able to correlate theory into practice.
Strained communication with the colleague (a one year midwifery tutor) as they once failed to reach consesus with pelvic assessment
Lack of administrative and education skills.
Concerned about the future of facilitator and not sure of her level of placement.
Not sure of where to report i.e either at the college or hospital.

As an advanced midwife

Skills
More knowledge about midwifery issues (Because what motivated her to do Advanced midwifery was that people were always complaining and dissatisfied about referrals from her centre).
She now has gained more confidence in dealing with patients.
Able to teach other staff members.

Constraints
Inability to apply what one has learnt into practice.
Not looked upon as a clinical specialist.
Other midwives in the province motivated to study advanced midwifery course after her.
Not enough clinical exposure because of a lot of doctors and students.
Other midwives don't see the difference.

DEPAM students
Utilization - they are regarded as the one year midwifery students. Not allowed to do certain procedures. Difficult to make suggestions. Not being included in decision for management of problem cases.
Doctors and staff don't know the role and objective of student advanced midwives
Done community diagnosis but not knowing what to do with information.
Facilitators consulted with little assistance.
Preferences is given to student doctors and interns.
For example - one of the requirement is to assist in caesarian section. There is a theatre in maternity but students were not allowed to assist - told that they will only assist when there is no doctor available.
Other students in Gordonia don't have a facilitator. They are short staffed to such an extent that at times they have to forfeit their study days. The other student is in-charge of maternity ward which affect her practical part of learning.

Quality assessment
10 Charts analysed from the 3 institutions due to time constraints.
7 booked with ANC records
3 - 1 private patient
1 record taken back with the clients (evidence of having attended ANC booking blood results were entered)
1 - no records
8 had blood results entered
Risks identified and managed appropriately

Use of partograph
10 charts analysed
Only 3 used partographs
7 partographs not used

Three (3) where partographs were used
1 - was only plotted once at 6 cm and no more recordings were done
2 - It was used correctly
1 - admitted in latent phase (both phases plotted)
1- admitted in active phase - partograph plotted

Seven (7) partographs not used
1 - was fully dilated
1 - was an emergency Caesarean section
5 - were in active phase 5 - 8 dilated

Protocols
No protocols available in both institutions
Discussion.
The advanced midwifery program is well known but more personnel can't be sent for training due to shortage of staff.
No good communication between the managers and facilitators in the training institution which warrants attention by senior managers.
The facilitators have got problems, not knowing where to report either at college or hospital.
Facilitators not sure if they will be promoted.
Role of the DEPAM students is not fully understood and there is lack of support and consultation.
Perinatal mortality meetings are held only when students are there
No protocols for management of common conditions.

Recommendations

Awareness of managers and staff about the role and benefits of advanced midwifery program.
Awareness and orientation of senior managers and doctors about the expectation and how to assist the students.
Meeting in the evening to include doctors.
Senior managers to intervene in the relationship in Kimberley hospital as it may hamper the advanced midwifery training program in the province. Kimberley is a pilot in running the program and it should be a role model to motivate other centres.
The problem of shortage of manpower to be addressed by senior managers.
Proper co-ordination of the DEPAM from the provincial level to ensure smooth running - good communication.
Guidelines and policy re- DEPAM and PEP.
Review of placement of facilitators to allow them to make appropriate decisions.

9.6.NORTHERN PROVINCE

Institution visited
Tshilidzini Hospital
Pietersburg Hospital
Mankweng Hospital
Mankweng clinic
Sekororo Hospital
Grace Mugodeni Clinic
George Masebe Hospital

Perinatal Education Programme.
MCWH coordinator has no knowledge of what happened to the 18 sets of manuals. One region stated that they were given one set of manuals which was taken back to the province after a few months but cannot be traced. Another set was given to Prof Theron who facilitated the programme in the Northern province.

Knowledge about the programme
From the six (6) institutions visited, 2 have the programme running and one is ready to start on 1 April 1998. Forty two midwives have indicated readiness to enrol with the deadline on 30 March 1998 for payment of manuals. Two senior managers don't know about the PEP. One senior manager know about the PEP but don't know how to start the programme. Senior management in some big institutions were not aware of the presence of the programme in their institution. The lower levels of institutions e g clinics and health centres did not know about the programme.
No statistics of the total number of people in training or who completed in the province. No doctors who enrolled in the training. From the institutions visited there are 8 completed and 2 in training.

Advanced Midwifery programme

Total number of Advanced Midwives as on 31 December 1997 =95
Total number of of Advanced Midwifery students as on 31 December 1997 =16
See Table 2. For distribution of Advanced midwives in the province.

The programme is running in the province and 5 facilitators has been trained at Mc Cords to run the programme locally. At the moment the curriculum is being drawn to adopt the programme so that it can be run locally in the province. There are logistic problems which hampers the progress of speeding up the curriculum. No candidates for 1998/1999 since the curriculum is not yet ready. The managers in the training institution visited stated that they were not actively involved in the running of the programme therefore they could not give support. They say the programme was not started well. The sustainability of the DEPAM in the provinces is doubtful. In one region there are 7 midwives interested in starting with the training, only 2 were accepted in the centralised training in Gauteng Province and the other five still on the waiting list. The manager wanted them to do the DEPAM programme but was told to await the curriculum and that there are still logistic problems.

Advanced midwives

Five (5) midwives were interviewed. Skills acquired are:
Screening and streaming patients according to risks identified.
Management of complications even in the absence of a doctor.
On the spot training of staff in the obstetric unit ie Junior doctors and midwives.
In service education to the clinics and hospital staff.
Performing life saving procedures e g neonatal resuscitation.
The advanced midwives felt that their skills were not taken into consideration.
They stated that there is shortage of manpower which hampers them from doing their advanced skills. They are forced to do the routine work. In one big hospital the advanced midwives were rotated on weekly or even daily basis with the obstetric unit (nursery, postnatal and labour ward) due to shortage and there was no continuity of care of patients.

Job description
From the 5 - four had a job description and 1 did not have. The 3 were from the same hospital and one from another hospital. The one who was alone was unable to work according to the job description because of shortage and lack of support from other midwives. The three because they were many they worked as a team, consulting each other and giving each other support which made things easier for them. The one who had no job description had problems as all the complications even those that she could manage were referred to the doctor. There was a difference between the advanced midwives in tertiary (higher level)and district (lower level). The advanced midwives in lower level got chance to practice as the doctor is not always there and the one in tertiary had very little chance as specialists are always there.

Level of placement -
Four were senior professional nurses and one professional nurse as such they were unable to influence change because of their junior positions.

Allocation
All allocated in maternity except one who was initially in a male ward (she was transferred from one hospital to the hospital she was allocated in the male ward). In her former hospital she was working in maternity ward.

Response from students.
A questionnaire was given to five students to complete.Their expectations were:
To gain knowledge risk identification and management of complications.
To do instrumental deliveries and how to involve the community and promoting safe motherhood.
There is one student who expected to be taught by obstetricians and paediatricians.
All the students liked the self-directed, self-discovery, self-discipline, assertiveness building and self-dependency of the course.
Communication with facilitators is however not good according to them.
They also stated that they need adequate clinical supervision.
All the students are able to acquire the knowledge they have acquired whilst still in training. All

students recommend that the programme be conducted locally to reduce travelling and for them to continue with their families while on training

Quality assessment
Done through analysis of charts of women who were recently discharged.
Charts were randomly selected.
Five charts from each institution were assessed. A total of 20 charts from different regions and different levels of care were looked into. The assessment was based on :antenatal care and the use of the labour graph.

Antenatal care
Booking investigations and antenatal system
fifteens (15) were booked with antenatal records
One (1) was unbooked
Four (4) were said to be booked but with no antenatal records
From the booked five (5) had no blood results though there was an indication that blood was collected on booking.
Ten (10) records from the booked had blood results entered
All the ten (10) with blood results were from the district hospitals and the reason of getting the results were as follows - The laboratory staff collected the blood specimens and brought back in one (1) week or two to the clinic.
The five (5) with no results were charts in the Regional hospital and the reason was that blood specimens were sent to hospital and results were not sent back to the clinics.
Unbooked and those with no records were from the provincial hospital - Reasons were that the women were referred from the lower hospitals either with no records or records taken back with the women or antenatal was attended at the general practitioners and no records taken along to hospital.

Use of partograph
From the 20 charts analysed - 9 - had no partograph for analysis
From the 9 with no partogram 3 were elective caesarian sections
Two reference was made to the partogram but it was not available for analysis (provincial)
4- partogrammes were said to be out of stock - not indicated in the patient's records only said verbally by the staff when asked (regional).
The remaining 10 partogram were used and were there for analysis and the findings are as follows:
One (1) partogram had no action and alert like findings were plotted without these to determine whether the women was progressing well/not
Ten (10) partogram was used and were correctly plotted.

Discussions
Knowledge about PEP not widespread.
There is a need for proper coordination and management in the province. Managers were not aware of programmes conducted in their institutions.
Communications among institutions in matters relating to MCWH is poor. The lower the level of

institution, the less likely they are to know and utilise the programme. All practising midwives to have access to PEP training. Stronger institutions to share knowledge, skills and information with lesser institutions.
Advanced midwives hold junior posts and as specialities it hampers them to influence change.
Advanced midwives are all allocated in the obstetric unit which is a good thing because they are their area of specialisation. Not all advanced midwives have job description which shows that there is no uniformity in the province. Fewer midwives have more problems in their clinical area than those who are many.
The students are happy about the programme except the communication problem with their facilitators.
Only one (1) partogram was available in the higher level of care i.e. Regional and provincial hospitals were usage is expected to be high and best. The only available partogram was not correctly plotted which indicate lack of knowledge in the use of the partogram.

RECOMMENDATION

Provincial coordinators to play major facilitation and coordination role.
Provincial mobilization of Perinatal Education Programme need to be undertaken.
There is a need to strengthen the DEPAM in the province so that more advanced midwives can be trained for each institution.
Review of the role and skills of advanced midwives to acknowledge their clinical expertise.
Orientation about benefits and roles of advanced midwives to managers, other midwives and doctors to gain cooperation.
Higher level of placement within the clinical area so that they can influence change.
A policy on allocation and level of placement to be made in the province.
The senior managers and provincial coordinate to facilitate DEPAM curriculum planning.
Further investigations about why managers feel that they were not actively involved.
Strategies to solve these to ensure good coordination and ensure sustain ability of the programme need to be in place.
Re-emphasising of how the programme is run during selection and orientation to clarify the students on what to expect.
To further investigate about the communication problem between the facilitators and students so as to work on the strategies for solutions.

9.7.WESTERN CAPE

Perinatal Education Programme

Donated manuals still in the regional office. One set given to MCWH coordinator of programmes.
To be given to areas where PEP is not yet fully running.
The province not sure about who will be accountable for the manuals. The regional PEP coordinator in the metropole - had the manuals. The programme has long started in the province and individuals have purchased their own manuals.

Knowledge about the PEP
There is good knowledge about the PEP programme. It formed part of the advanced midwifery training and is widely used in the province.

Advanced midwifery
The centralised one year diploma course that was offered at Nico Malan Nursing college was discontinued at the end of 1996 because the facilitator had taken the severence package. Applicants for 1997 were then refered to Unuiversity of Stellenbosch which offers the course on a part time basis.
Outreach programmes e.g. Cape and Cope are made available to the health workers in the rural region.
No good knowledge about how to run the DEPAM programme
Human Resource Development and Trainig Directorate is developing resources in preparation for implementation of DEPAM for 1999.

Maternal death notification
Maternal death notification still in its infancy.
Maternal death committees not yet set up in various regions
Workshops were held in all the regions.
The workshops were well attended by midwives and lesser by Doctors from public and private sectors.
Most of maternal deaths occur in tertiary hospitals for the simple reason that complicated cases are transfered from primary and secondary levels of care.
The province is confident that non of the maternal death is missed.
Maternal death notification is not new in the Western Cape because they formed a pilot earlier in 1989.
Difficult to trace death because of the people moving from one area to another.

Five (5) advanced midwives were interviewed. (2 - CPN's, 1 - SPN)
Findings
Able to manage complications of pregnancy, labour and those of a neonate in the absence of a doctor (5)
Able to reach the junior doctors and other midwives (5)
Advocacy for the patients by giving advice during care (3)
Gained confidence in new care of patients because of the increased knowledge (5)
Able to coordinate functions of all the MOU's (1)
In-service education programmes (4)
Presentation of newly appointed personnel (1)
More job satisfaction because of the knowledge

Problems
Not allowed to perform all the skills acquired e g vacuum extraction
Started an in service education but there was no support and enthusiasm from the staff which led to

failure. Wanted to do community education but because of lack of support it did not materialise.
No support and resistance from immediate seniors which lead to frustration and demotivation.
No appreciation or acknowledgement of doing a good job.
The role as an advanced midwife not understood.

CPN -
No problems, in charge of the unit, able to implement and influence change e. g. orientation of all personnel in the unit.
Plan education sessions e. g. two hours session of neonatal resuscitation. Chairperson of the perinatal mortality meetings
No clinical exposure
Spent approximately 80% of her time doing office work. Doing management duties supervising all MOU's. Resistance from medical staff and midwives in tertiary hospital - Trust referrals from MOU's - which poses a problem to her own in-charge in the MOU. She would like to be a clinical manager not an administrative manager.
Unable to practice all the skills learnt because there is always a 24 hour coverage with doctors, interns and registrars.
Always giving assistance to the doctor.
The doctor is always there to do all the work and you just act as on assistance to him.
Can't work as specialist/independent practitioner.

Job description
None of the five advanced midwives interviewed had a job description specific for an Adm.
<u>One(1)was satisfied because:</u>
-She is recognised as a clinical specialist
-She is involved in planning , decision making and can influence change as she is a clinical manager. She has job satisfaction.
<u>The rest i.e. four (4) were frustrated because:</u>
-They worked like basic midwives ,their clinical expertise not acknowledged ,not allowed to practice the skills learnt. Supervisors prescriptive and restrictive.
-There is a 24 hour coverage by doctors especially in the Provincial And Regional hospitals which hampers the Adm to function independently because their expertise is undermined by doctors.
-One of the four is made an administrative manager instead of a clinical manager.

Findings from managers
Skills
able to identify risks, diagnose complications and act timeously in managing them.
Conduct perinatal mortality meetings
do in service education
In one institution (i.e. tertiary hospital) plan is to train advanced midwives to staff all M.O.U'S and the lower level hospitals because in the tertiary hospitals there is a 24 hour coverage by doctors and students and advanced midwives take the duties of the doctors and students.
In one institution the manager had no good knowledge about advanced midwives whilst others had

good knowledge and needed more Adm's to be trained for their institutions.
Constraints /problems
Their expertise is undermined by doctors
Unable to perform their roles due to shortage of staff more especially where the Adm is alone in the whole institution.

Quality assessment
8 charts were analysed to look at the antenatal care and use of partograph.
Findings

Antenatal care
In all records women were booked ,blood results recorded, risks identified and managed accordingly.
In the Regional hospital all the initial bookings were done by the obstetrician and the advanced midwife and women referred either to hospital or local clinic for follow up visits

Use of partograph
From the 8 charts analysed, 5 partogaphs were used and out of these only two were correctly plotted and 3(three) were incomplete.
3(three) partograph was not used in 2(two) it was not indicated as both had elective c/section. For one partograph was not used though it was indicated the patient was in active labour for 5 hours and 25 seconds.

Discussion.
Advanced midwives in charge in the clinical setting had very little or no problems.
Advanced midwives in charge administratively were unhappy and stated that they want to be in the clinical setting.
Advanced midwives in junior posts had many problems namely:
- lack of support
- No recognition,
- No ground to practice,
- Inability to influence and bring about change

Advanced midwives working in institutions where managers felt that they are very helpful and needed more, were happy and had job satisfaction meanwhile those where managers had very little knowledge about their roles and stated that they would be best placed in lower level hospitals were not happy and were also frustrated.

In all the records women attended ANC. The use of partograph not well known since it was only used correctly in two records.

Recommendations

Training of all practising midwives on the PEP.
Orientation of managers on the roles and the benefits of the advanced midwives.
Training of more advanced midwives.

Proper placement of advanced midwives so that they are able to perform all the skills they are capable of doing.
All managers and doctors to be oriented about the role and benefits of the advanced midwives
Review of scope of practice of advanced midwives.
To have a clear job description to ensure that they are able to function effectively.
To be placed correctly where there is a need for their clinical expertise.
The department to ensure that the advanced midwives are promotable within the clinical area to avoid them becoming administrative managers for promotions- a waist of money for their training.
Continous in service training on the use of partograph with regular evaluation.

10. CONCLUSSION.

The Perinatal Education manuals distributed to the provinces to assist with the establishment of inservice education programme were not properly utilised dispite the fact that there are no clear continuing education programme for health workers providing care to women and children in the provinces.

Advanced Midwifery training through the Decentralised Education Programme is not yet established in the provinces. Of the seven provinces visited, five are having students training advanced midwifery through DEPAM. However all students receive their theory at Mc Cord Hospital as they are still strugling to establish their own programmes.
Midwives, doctors and managers appreciate knowledge and skill of advanced midwives, however advanced midwives are not being fully utilised.

11. RECOMMENDATIONS

There is a need to establish, strengthern and maintain advanced miwifery training programme through the Decentralised Education Programme in all provinces.
Awareness raising programmes and reorientation of health workers and managers on :

Importance of advanced midwifery programmes.

The role of an advanced midwife.

The use of Perinatal Education Programme for inservice and continuing education.

There is a need to establish and / or maintain Continuing Education Programme for health workers providing care to women and and children so as to improve Maternal, Child and Women's Health.

There is a need for review and revision of scope of practice for midwives with particular reference to advanced midwives.

12. DISTRIBUTION OF ADVANCED MIDWIVES IN PROVINCES.

TABLE 1. PROVINCIAL DISTRIBUTION OF ADVANCED MIDWIVES IN KWAZULU NATAL.

REGION	NAME OF HOSPITAL	NUMBER OF ADVANCED MIDWIVES	NUMBER OF MIDWIVES ON ADVANCED MIDWIFERY TRAINING
A	G.J. Ccookes	6	-
	Assissi	1	-
	Port Shepstone	4	-
	Kokstad		-
	TaylorBequest	3	-
		3	
B	Greytown	6	-
	Northdale	5	-
	Edendale	12	2
	Christ the King	2	-
	Appelsbosch		-
	Greys	4	-
	St. Appollinaris	6	-
		1	
C	Laddysmith	12	1
	Emmaus	3	-
	Estcourt	4	1
D	Vryheid	2	-
	Benedictine	7	-
	Ceza	3	-
	Nkonjeni	9	-
E	Manguzi	4	-
	Mosvold	2	2
	Mseleni	1	-
	Bethesda	4	1

F	**Adding ton**	**5**	**2**
Hospitals	**Clairwood**	**3**	**-**
	King Edward	**18**	**3**
	V111		**-**
	Mahatma	**8**	**-**
	Gandhi		**1**
	McCord	**6**	**2**
	Hospital		**1**
	Osindisweni	**1**	**-**
	Prince Mshiyeni	**15**	
	R.K. Khan		**2**
	Stanger	**12**	**-**
	St. Mary's	**6**	
CLINICS.	**Marianhill**		**-**
	Montobello	**7**	**-**
		0	**-**
	Psychiatric		**-**
	Section	**1**	**-**
	Kwamashu Poly		**-**
	Stanger	**3**	**-**
	Isithundu		**-**
	Tongaat	**4**	**-**
	Verulam	**1**	**-**
	Newtown	**3**	**-**
	Ntuzuma	**1**	**-**
	Lindelani	**3**	**-**
	Beatrice street	**1**	**-**
	Phoenix	**1**	**-**
	Umlazi D	**1**	**-**
	Umzomuhle	**6**	**-**
	Ekuphileni	**1**	**-**
	U21	**1**	**-**
	Commercial	**1**	**-**
	CityFP	**1**	**-**
	Folweni		
Local Authority	**Umbumbulu**	**1**	**-**
	Kwa Dabeka	**1**	**-**
	Hlengisiwe	**1**	**-**
	Halley Stott	**7**	**-**
		2	**-**
	Region 1	**2**	
	Region 4		**-**
	Region 5	**2**	**-**
	Region 6	**1**	
	Kingsburgh	**1**	
		2	
		1	

F **Local authority**	**Umhlanga** **Pinetown** **Shallcross /** **Isiphingo**	**2** **1** **1**	**-** **-** **-**
G	**madadeni** **Dundee** **Charles Johnson** **Church of** **Scotland**	**10** **5** **10** **2**	**2** **-** **-** **1**
H	**Hlabisa** **Empangeni** **Nkandla** **Ekhombe** **Eshowe**	**8** **8** **2** **1** **8**	**-** **-** **-** **-** **-**

TABLE 2. PROVINCIAL DISTRIBUTION OF ADVANCED MIDWIVES IN THE NORTHERN PROVINCE.

Institution	**Number of Advanced Midwives**	**Number of midwives on advanced midwifery training**
Warmbad Hospital	**2**	**Nil**
Pietersburg Hospital	**1**	**Nil**
Mankeng Hospital	**1**	**nil**
Seshego Hospital	**2**	**nil**
W F Knobel Hospital	**3**	**nil**
Helen Frans Hospital	**1**	**nil**
Botlokoa Hospital	**2**	**nil**
Tshilidzini Hospital	**13**	**1**
Donald Frazer	**5**	**Nil**

Siloam Hospital	**4**	**nil**
Elim Hospital	**9**	**2**
Malamulele Hospital	**4**	**2**
Louis Trichard Hosp.	**2**	**1**
Letaba Hospital	**4**	**2**
Nkhensani Hospital	**6**	**2**
Kgapane Hospital	**1**	**Nil**
Van Verden	**2**	**1**
SekororoHospital	**2**	**1**
Maphuta Malatjie	**3**	**2**
Mpulaneng	**6**	**1**
Tintswalo Hospital	**11**	**Nil**
St Ritas Hosp	**1**	**Nil**
Jane Furse	**4**	**Nil**
H C Boshof	**2**	**1**
Machupe Phahlele	**2**	**Nil**
Matlala	**2**	**Nil**

13. TOOLS USED FOR DATA COLLECTION.

APPENDIX 1.
STATISTICS FOR 01 NOVEMBER 1995- 31 OCTOBER 1996 (PERIOD 1)

AND 01 NOVEMBER 1996- 31 OCTOBER 1997 (PERIOD 2)

NAME OF REGION: _____
NAME OF PROVINCE: _____
NAME OF INSTITUTION _____

NAME AND DESIGNATION OF PERSON

PROVIDING DATA:_____

1. Level of this institution [Tick in the appropriate space number]
(a) Community
(b) District
(c) Regional
(d) Provincial
(e) Tertiary

2. INSTITUTION STATISTICS.

Total number of:	**PERIOD 1**	**PERIOD 2**
(a) beds in the hospital		
(b) beds in maternity ward		
© deliveries in the institution		
(d) deliveries in satellite clinics		
(e) referring institutions		
(f) babies who died within the first week of life		
(g) stillbirths		
(h) maternal deaths		
(I) unbooked mothers		
(f) registered midwives		
(g) trained advanced midwives		
Total number of :-	**PERIOD 1**	**PERIOD 2**
(j) advanced midwives in training		
(k) medical officers working in maternity:		
*** full time**		
*** part time**		
(l) Obstetricians and Gynaecologists:		
*** full time**		
*** part time**		
- Other [specify]		

3. Which program/programs for midwives is this institution implementing?

(a) PEP(Perinatal Education Program)

(b) DEPAM(Decentralised Education Program For Advanced midwives)

(c) Centralised Education Program For Advanced midwives

(d) All of the above programs

4.How many has completed the PEP?

Midwives

Doctors

5.How many are still in training?

Midwives

Doctors

Appendix 2

Advanced Midwifery programme.

Name of the Province:

Name of the Region:

Name of the institution:

Position of interviewee:

1. Is this institution sending midwives for(tick in the appropriate box)

Centralised advance midwifery

Decentralised advanced midwifery

Both programs

2. What do you like most about advanced midwifery ? Explain

_____

_____

_____

3. What are the advantages of advanced midwifery for this institution? Explain

_____

_____

_____

4. What do you like least about advanced midwifery programs?

_____

_____

5. you think there are problems or difficulties that advanced midwives encounter? Please explain

_____

_____

_____

6. What can be improved or changed to make the practice of advanced midwives more effective

_____

_____

_____

7. What is the job descriptions of the following personnel

Advanced midwife?

Registered midwife?

Medical officer in the maternity ward?

(NB ask copy for each category)

8. What is your view about the job description of the advanced midwives?

9.What is the policy about placement of advanced midwives?

10. Where Are they placed according to the policy?

11.Do you have students training in advanced midwifery in your institution?

Yes

No

12.What do you like most about having students in your institution ?

13. What do you like least about having students in your institution?

14. What do you have to improve regarding students in this institution?

15. What are the specific meetings and activities conducted in the maternity unit

16. What is your view regarding these meetings and activities?

17. What is the impact of these meetings and activities on the quality of maternal and child care?

18. Between the two programs of advanced midwifery(centralised and decentralised programs) which one is working better for you and why?

19. Did you have any meetings on maternal death notification?

Yes

No

19. If, yes how many?

APPENDIX 3

EVALUATION FOR ADVANCED MIDWIVES

Province:

Region:

Name of the institution:

Position of the interviewee:

1. Which program of advanced midwifery training did you undergo?
Centralized Advanced Midwifery
Decentralized Advanced Midwifery

2. What did you like most about the program? (Advantages)

3.What did you like least about the program? (Disadvantages)

4.Do you think this program has equipped you with enough knowledge and skills to nable you to function effectively?

5.Are you able to apply what you have learnt in this course in your work place?

6.Are there any problems or difficulties that you experienced as an advanced midwife in the working situation?

7.What do you think can be the solution to the problems or difficulty experienced?

8.What do you think need to be changed or improved in the program

9.What is your job description?(Get a copy)

10. What is your view about this job description?

11.Where are you currently allocated ?

12. Are partograph(labor graphs) used in this institution?(samples of patients' records to assess how they are used)

Yes

No

13.Do advanced midwives visit satellite clinics and how often?

_____

14.What is their roles/ functions during their visits?

_____

15.What do you think are the major causes of the following:

- Maternal mortality_____

_____**- Perinatal mortality**_____

_____

_____**-High rates of unbooked pregnant women**_____

_____

16.What can be done to solve the above problems?

_____

_____

_____

17.What are the specific meetings and activities conducted in the maternity unit?

_____

_____

_____

18.Who conducts this meetings and activities?

_____

19.How often are this conducted?

_____

20.What is the impact of this meetings to the quality of care of women and their babies?

_____

_____

_____

21. Do you have protocols?

_____

22.Who draws/designs the protocols?

_____

23.Tell more about the protocols?

_____

_____

_____

APPENDIX 4

STUDENTS

EVALUATION FOR ADVANCED MIDWIVES

Province:

Region:

Institution:

Advanced midwifery program: DEPAM(decentralised program for advanced midwives)
CEPAM(centraalised program for advanced midwives)

1. What is your expectation from the advanced midwifery program?

2. What do you like most about the program?

3. What do you like least about this program?

4. Are you able to apply what is already acquired in practice?

5.What changes/improvements should be made regarding the program?

APPENDIX 5
IN CHARGE OF HOSPITAL/ MATERNITY UNIT

PERINATAL EDUCATION PROGRAM

NAME OF PROVINCE:

NAME OF REGION:

NAME OF INSTITUTION:

POSITION OF INTERVIEWEE:

1. Is your institution using the Perinatal Education Program?
Yes
No
What is your views on this program?[Let's discuss]

2. Do you think this program is important or necessary

3. **What do you like most about this program?**

4. **Which are the necessary resources for running this program?**

5. **Who is paying for this resources?**

6. **Are any of the guidelines used as protocols for management?[Get copy of]**

7. **What is the policy for placement of personnel with PEP?**

8. **What do you like least about this program?**

9. **What do you think need to be improved regarding this program?**

10. **What is your way forward?**

APPENDIX 6

THE PEP TRAINEE

1. **What do you like about the PEP ?**

2. **Did this program equip you with knowledge to render quality care to pregnant women and the babies?**

3. Are **you able to apply what you learnt in your working situation?**

4.Do you think there is any change in the quality of care?

5. **If you have to start all over again what you like the program to be like?**

6 What do you like least the program about the program?

_____
_____
_____

7. What are the problems you experienced in the program?

_____
_____
_____

8.**How were the problems addressed?**

_____
_____

APPENDIX 7

PROVINCIAL INTERVIEW

NAME OF PROVINCE:

NAME OF REGION:

POSITION INTERVIEWEE:

PERINATAL EDUCATION PROGRAM

1. Is Perinatal Education Program active in this province?
   Yes
   No
2. For how long has it being running?

_____

3.When was it started?

4.How is the program coordinated?

_____
_____
_____

5. Who is the contact person for PEP in this Province?_____
6. What are the support structures?_____
7.What happened to the 20 manuals given?

_____
_____
_____

8.Did the quality of service improve in this province since the PEP?

_____
_____
_____

9. What problems did you experience in running this program?

_____
_____

10.How were the problems addressed?

_____
_____
_____

11.What is your aim regarding this program?(How many midwives to you plan to train)

_____

12.What is your way forward?

_____

_____

_____

APPENDIX 8

COMPETENCY ASSESSMENT TOOL(CAT) FOR SKILLS FOR ADVANCED MIDWIVES

Rating of score:

STUDENT	**ADVANCED MIDWIFE**
0 - I know nothing about it	No knowledge
1 - I know something about it	Some Knowledge
2 - I have good knowledge	Good Knowledge
3 - I can do it under supervision	Still needs supervision
4 - I can do it alone	Can do it alone
5 - I can teach it	Has taught it satisfactorily

SKILL	**SCORE**					
PRECONCEPTION SKILLS	0	1	2	3	4	5
Detection of risks						
Management of risks						
Counselling						
ANTENATAL CARE						
History taking						
Examination- general						
- abdominal						
- speculum						
- vaginal						
Blood pressure measurement						
Cervical scoring						

Micro & Rx of vaginal discharge						
Pelvic assessment						
Risk assessment						
Estimate gestational age						
Monitor fetal growth						
Interpretation of CTG						
Papanicoloau Smear						

	0	1	2	3	4	5	
Fetal movement count							
Health education							
Detection& Mx of complications							
Safe use of drugs							
Exercises							
Preparation of labour							
Administration of antenatal clinic							
INVESTIGATIONS							
Haemoglobin/full blood count							
Urine chemistry							
Urine microscopy							
Syphilis							
HIV							
Rhesus							
GTT and profiles							
Ultrasound							
X-ray							
Amniocentesis							
CARE IN LABOUR							

FIRST STAGE						
Diagnose labour						
Risk assessment & management						
Labour graph completion						
Detect - CPD						
- maternal distress						
- fetal distress						
- imminent uterine rupture						
AROM	0	1	2	3	4	5
Conduct induction of labour						
Monitor progress using graph						
Conduct augmented labour						
Correct use of drugs						
Consultation skills						
Analgesia						
Epidural care						
Use of entonox						
SECOND STAGE						
Normal delivery						
Use of forceps						
Use of ventouse						
Symphysiotomy						
Repair of episiotomy						
Repair of second degree tear						
OPERATING THEATRE						
Preoperative care						
Mx of patient with - GA						
- spinal						

- epidural						
Assisting:						
- caesarean section						
- ruptured uterus repair						
- hysterectomy						
- T/L						
- vasectomy						
Manual removal of placenta						
Postoperative care						
SKILL	**SCORE**					
THIRD STAGE	0	1	2	3	4	5
Adult resuscitation						
Delivery of placenta						
Placental examination						
Management of PPH						
NEONATAL CARE						
Diagnose asphyxia						
Resuscitate newborn						
Check congen abnormalities						
Dx & Mx of dysmaturity						
Gest age(SPLEN score)						
IV infusion						
Tube feeding						
Supervision of BF						
Blood sampling						
Mx of sick neonate with						
-prematurity						
-IUGR						
-respiratory distress						

- jaundice						
- hypoglycaemia						
- hyperglycaemia						
- hypothermia						
Immunisation schedules						
Education of carers						
POSTNATAL CARE	0	1	2	3	4	5
Breast care						
Detect & manage problems						

SKILL	**SCORE**					
POSTNATAL CARE	**0**	**1**	**2**	**3**	**4**	**5**
Exercise						
Counselling next pregnancy						
Grief counselling						
Genetic counselling						
TRANSPORT OF EMERGENCIES						
Maternal						
Neonatal						
FAMILY PLANNING						
Relevant history						
Methods & side effects						
Advice on choosing method						
Insertion/removal IUCD						
Relationship counselling						
TRAINING						
Conduct PNM meeting						
Conduct Journal club						

In service training						
Organising OSCA						
CLINIC SUPERVISION						
Clinical supervisor's role						
Training						
Evaluation						
COMMUNITY INVOLVEMENT						
Community education						
Community participation						
Preventive health programme						

SKILL	**SCORE**					
COMMUNITY INVOLVEMENT						
0 1 2 3 4 5						
Teamwork with other agents						
Training CHW's						
RESEARCH						
Community needs assessment						
Prioritising health risks						
Monitoring PNM rate						
Research protocols						
Publishing						
Presentations						
ADMINISTRATION						
Staff management						
Health service management						
Problem solving						
Maintenance of equipment						
Conflict resolution						

Evaluation						

priate management of the following medical conditions:	**VERY GOOD**	**GOOD**	**FAIR**	**POOR**
Anaemia				
Cardiac diseases				
Diabetes				
Hypertensive conditions				
Urinary tract infections				
Malaria				
Ability to perform the following procedures:				
Neonatal resuscitation				
Adult resuscitation				
Breech delivery				
Ability to prevent, early detect and correctly manage the following emergencies:				
Post partum haemorrhage				
Cord prolapse				
Uterine rupture				
Eclampsia				
Antepartum haemorrhage				
Shoulder dystopia				
Ability to early detect and appropriately manage the following:				

CPD				
Multiple pregnancy				
Pre labour and premature rupture of membranes				
Previous uterine scar				
Polyhydramnious				
Preterm labour				
Ability to prevent, early detect and appropriately manage the following:				
Neonatal jaundice				
Prematurity				
hypoglycaemia				
Neonatal convulsions				
Congenital syphilis				

APPENDIX 9

SKILLS AND ACTIVITIES
Meetings and activities
Referral guidelines and referral networks
Clinic visits
In service program
Protocols for management
Community diagnosis
Research
Waiting time and organisation of the unit /clinic

ANTENATAL CARE
Number of ANC clients

Number presenting for the first time during first trimester
Number presenting for the first time during second trimester
Number presenting for the first time during third trimester
Syphilis screening
Haemoglobin testing
Streaming into categories for management and referral- low risk
- moderate risk
- high risk
Protocols for management of the following: PIH
Diabetes
ROM
Preterm labour
Antepartum haemorrhage

LABOUR WARD

Streaming into categories for management and referral- low risk
- moderate risk
- high risk
Correct use of partograph

Protocols on the following: cord prolapse
Multiple births
Breech delivery
Resuscitation-Newborn
Argumentation of labour
Induction of labour
Preterm labour
Eclampsia
Scarred uterus
Antepartum and Post partum haemorrhage

POSTNATAL
Screening and streaming into categories for management-low risk
-moderate
-high risk
Protocols on the following: Post operative care
Promotion of bonding
Breast problems
Post natal exercises
Post natal checking
Family planning

NEONATAL
Screening and streaming into categories of management: low risk
Moderate risk
High risk
Protocols on the following :Neonatal jaundice
Prematurity
Hypoglycaemia
Neonatal convulsions
Neonatal infections

Prevention, early detection and appropriate management of the following medical conditions: VERY GOOD GOOD FAIR POOR

Anaemia

Cardiac diseases

Diabetes

Hypertensive conditions

Urinary tract infections

Malaria

Ability to perform the following procedures:

Vacuum extraction

Low forceps delivery

Induction of labour

Neonatal resuscitation

Adult resuscitation

Breech delivery

Ability to prevent, early detect and correctly manage the following emergencies:

Post partum haemorrhage

Cord prolapse

Uterine rupture

Eclampsia

Antepartum haemorrhage

Shoulder dystopia

Ability to early detect and appropriately manage the following: