

Evaluation of the implementation of community midwifery model of care in Siaya County

Worldwide, nearly 600 000 women between the ages of 15 and 49 die every year as a result of complications arising from pregnancy and childbirth due to conditions which could be avoided if preventive measures were taken and adequate care were available while many more suffer from serious conditions that can affect them for the rest of their lives. Most of the deaths result from lack of skilled attendance during childbirth. The new Reproductive Health Policy released in October 2007 outlines priority actions for maternal and neonatal health, which includes increasing access to skilled attendance for poor and hard to reach women (NHSSP II). The first edition of the community midwifery guidelines was developed in 2007 and has been revised in order to standardize the implementation of community midwifery services as a strategy for improving skilled attendance in the provision of maternal and newborn health care at the community level. The Model or approach discussed in these guidelines focuses on linking retired or out of work nurse midwives to health facilities and the community and work as a team in improving the quality of Maternal and Neonatal Health in the community. Many nurse midwives working in rural facilities were to be encouraged to provide antenatal, intra-partum and postpartum services. This would mean that a sustainable Community Midwifery model of care should consider the specific communities for purposes of acceptability, hence the need to address the sustainability of the community midwifery model for equitable access to skilled attendance. The objective of the study was to assess the Community Midwifery model of care in Siaya County. The study was carried out in Ugenya, Ugunja, Gem and Siaya sub-Counties of Siaya County, in western Kenya. It was a cross-sectional study that used both quantitative and qualitative data. A convenient sampling method was used to sample the study facilities as well as select the community respondents. It involved skilled attendants in the health care facilities of the primary levels of the health care system providing maternity services, the sub-county public health nurses in charge, the community health workers, the mothers within the community, who were served by the sampled health facilities. The expected outcome was to be a community midwifery model of care that is sustainable and which involves the community at all levels of operation. The study instruments included, mainly, questionnaires, checklists, FGDs and key informant interviews. Data analysis was done using statistical package of social sciences (SPSS). Provisional results so far show that the level of implementation of the model is poor (48%) with some midwives not even aware about its rollout and the presence of the community midwives practicing in the community. However, there is a modification of community involvement in all the four sub-counties. In conclusion the originally intended community midwifery model of care is not practiced in Siaya County.

