



**BRAC** SCHOOL OF  
JAMES P. GRANT PUBLIC HEALTH



# DEVELOPING MIDWIVES: TEN YEARS OF LEARNING

Developing Midwives:  
**Ten years of learning**

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# Acronyms

<b>ANC</b>	Antenatal Care
<b>BMS</b>	Bangladesh Midwifery Society
<b>BNMC</b>	Bangladesh Nursing and Midwifery Council
<b>BRACU</b>	BRAC University
<b>CSBA</b>	Community Skilled Birth Attendants
<b>DGHS</b>	Directorate General of Health Services
<b>DGFP</b>	Directorate General of Family Planning
<b>DGNM</b>	Directorate General of Nursing and Midwifery
<b>DMP</b>	Developing Midwives Project
<b>FP</b>	Family Planning
<b>FWV</b>	Family Welfare Visitors
<b>GOB</b>	Government of Bangladesh
<b>JPGSPH</b>	James P Grant School of Public Health
<b>ICM</b>	International Confederation of Midwives
<b>ME&amp;FWD</b>	Medical Education and Family Welfare Division
<b>MMR</b>	Maternal Mortality Rate
<b>MNCAH</b>	Maternal, Neonatal, Child and Adolescent Health
<b>MOHFW</b>	Ministry of Health and Family Welfare
<b>NVD</b>	Normal Vaginal Delivery
<b>OGSB</b>	Obstetrical and Gynecological Society
<b>PNC</b>	Postnatal Care
<b>PPH</b>	Postpartum Hemorrhage
<b>PSC</b>	Public Service Commission
<b>SOP</b>	Standard Operating Procedure
<b>TBA</b>	Traditional Birth Attendants
<b>UH&amp;FWC</b>	Union Health and Family Welfare Center
<b>UHC</b>	Upazila Health Complex
<b>UNFPA</b>	United Nations Population Fund
<b>WHO</b>	World Health Organization



# Preface

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It is widely accepted that midwives play a critical role for a mother during childbirth, and can even be the differential factor between life and death. This is particularly true for a resource-constrained country like Bangladesh, in which a significant proportion of deliveries still take place at home, often without the presence of a medical professional, and far from an institutional delivery facility. Despite its importance, professional midwifery was not established as a cadre even as late as forty years after the independence of Bangladesh. It was not until 2010, following a commitment from the Prime Minister of Bangladesh, that significant efforts were made to develop midwifery as a cadre.

BRAC James P Grant School of Public Health (JPGSPH) of BRAC University (BRACU) has been a pioneer in the development of midwifery education in Bangladesh. It introduced a three-year Diploma in Midwifery in 2012 with funding support from DFID (currently Foreign, Commonwealth, and Development Office or FCDO). Initially adopting a Hub-and-Spoke model, JPGSPH along with its partners adopted an extensive program that not only included the development of Diploma Midwives, but also a cadre of competent midwifery faculty and a set of comprehensive midwifery education support materials. Alongside the educational component, the institute has been facilitating the promotion of midwifery as a profession in Bangladesh, complementing the efforts of the Government of Bangladesh (GOB), particularly the Medical Education and Family Welfare Division (ME&FWD), Directorate General of Nursing and Midwifery (DGNM) and Bangladesh Nursing and Midwifery Council (BNMC). The midwives graduating from

BRAC JPGSPH, BRACU are currently engaged in a number of national and international organizations, as well as practicing independently – making significant contributions to bringing women and girls from even the remotest of places under quality care, and ensuring the safety and health of mothers and babies.

The journey of BRAC JPGSPH, BRACU, however, was asperous and challenging, particularly due to the absence of country or regional precedents, experts and guidelines. Despite these difficulties, this decade-long journey has seen a number of institutional and professional successes, changed individual lives, and resulted in important lessons. While it has been around six years since the first cadre of Diploma Midwives received their BNMC license, the profession is still in its budding phase, and challenges remain. In this context, it is important to look back and reflect on the history of the midwifery initiative to identify successes, challenges, and lessons that can contribute towards future planning and directions for the cadre. This document is an attempt at such a reflection and is intended to support policymakers, strategic partners and key stakeholders make an informed decision for the future. Moreover, the document hopes to inspire budding scholars to adopt midwifery as a profession, be it as a practitioner, academician, or researcher.

The lessons captured here predominantly reflect on the efforts of BRAC JPGSPH, BRACU, and its partners in the Developing Midwives Project in Bangladesh. It has been enriched by discussions with partners and stakeholders from the government, development agencies, NGOs, and private sector actors.



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# Chapter Highlights

## Midwifery Development Scenario in Bangladesh

- Maternal Mortality Rate (MMR) in Bangladesh declined by 40% (from 322 to 194 per 100 000 live births) in 10 years and stalled to 196 (BMMS 2016) It is still high considering the global and regional scenario.
- There was a significant geographical disparity in MMR, with higher prevalence in rural areas
- Midwifery development came into focus in 2010, after a commitment from the Prime Minister to deploy 3,000 midwives by 2015
- Currently, around 60 government, and 105 private institutes are offering the three-year Diploma-in-Midwifery program in the country
- The cumulative intake capacity of these programs is around 5,530 per annum
- Around 6,715 midwives have received licenses from Bangladesh Nursing and Midwifery Council (BNMC) to date
- In September 2018, the Directorate General of Nursing and Midwifery (DGNM), under MOHFW, created 2,996 midwifery service posts in 1,733 primary healthcare facilities across the country
- 2500 Diploma Midwives have been recruited into Class 2 (Grade 10) positions at the sub-district level.

# DEVELOPMENT OF MIDWIFERY IN BANGLADESH

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## Context of Midwifery Development in Bangladesh

Overall, there has been significant improvement in maternal healthcare in Bangladesh over the last decade. For example, seeking antenatal care (ANC) from qualified healthcare providers (e.g. doctor, nurse, midwife, family welfare visitor (FWV), community skilled birth attendant (CSBA), sub-assistant community medical officer (SACMO), paramedic, etc.) increased from 50 percent in 2007 to 80 percent in 2017, according to the Bangladesh Demographic and Health Survey (BDHS) 2017-18. Institutional deliveries increased to 53 percent in 2019 from 31 percent in 2012-13. Taking postnatal care (PNC) from a qualified healthcare provider increased from 41 percent in 2012-13 to around 67 percent in 2019. There is, however, a significant equity issue in terms of rural-urban segregation – it is highly likely that women from urban areas will receive better maternal healthcare than those from rural area. At the same time, judging by data from BDHS 2011, 2014 and 2017-18, it is quite clear that there exists significant inequity in service coverage among women from different wealth groups, with those from higher wealth quintiles receiving more services than those from lower wealth quintile. Moreover, around half the deliveries still happen at home, and in most cases, are assisted by household members or unskilled/traditional birth attendants. 196 women still die in the country in every 100,000 live births, the majority (around 54 percent) from issues like hemorrhage and eclampsia, both of which could

be addressed through birth assistances from qualified birth attendants. Global evidence also showed that increased investment in midwives could save up to 4.3 million lives every year by averting 67% of maternal deaths, 64% neonatal deaths, and 65% stillbirths (The world state of midwifery report 2021).

The government of Bangladesh (GOB) has long been concerned about the low attendance of births by skilled providers, and has attempted a number of strategies to address it. In the early 1980s, there was an attempt to train more than 50,000 traditional birth attendants (TBAs), which later proved unsuccessful in improving maternal mortality rate (MMR) in the country. TBAs continued their traditional practices, which contradicted their role in safe birth assistance as envisioned by the ministry. Later, in 2003, a new initiative was introduced to train a new cadre of workers – Community Skilled Birth Attendants (CSBA). Unfortunately, the number of deliveries attended by CSBAs remained low, averaging about 23-28 per year, despite considerable capacity building on conducting home deliveries and stabilizing obstetric complications in rural areas. Even though midwifery services were provided by other health workers (such as obstetricians, graduate physicians, nurse-midwives, Family Welfare Visitors (FWVs), female Medical Assistants and Community Skilled Birth



Attendants), Bangladesh did not have dedicated midwives till very recently. Considering the WHO estimation of one midwife per 175 births per year, the country would have required the services of 21,154 midwives. Despite the

available nurse-midwives, FWVs and allied professionals, there was still a significant gap in the availability of midwifery skills in the country.



1. National Institute of Population Research and Training (NIPORT), and ICF. 2019. *Bangladesh Demographic and Health Survey 2017-18: Key Indicators*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, and ICF.
2. BBS. 2019. *Bangladesh Sample Vital Statistics 2018*. Dhaka, Bangladesh: Bangladesh Bureau of Statistics, Ministry of Planning.
3. National Institute of Population Research and Training (NIPORT), and ICF. 2019. *Bangladesh Demographic and Health Survey 2017-18: Key Indicators*. Dhaka, Bangladesh, and Rockville, Maryland, USA: NIPORT, and ICF.
4. National Institute of Population Research and Training (NIPORT), International Center for Diarrheal Disease Research, Bangladesh (icddr,b), and MEASURE Evaluation. 2019. *Bangladesh Maternal Mortality and Health Care Survey 2016: Final Report*. Dhaka, Bangladesh, and Chapel Hill, NC, USA: NIPORT, icddr,b, and MEASURE Evaluation.
5. Homer CSE, Friberg IK, Dias MAB, Ten Hoop-Bender P, Sandall J, Speciale AM, et al. *The projected effect of scaling up midwifery*. *Lancet*. 2014; 384(9948):1146-57.
6. Mridha MK, Anwar I, Koblinsky M. *Public-sector maternal health program and services for rural Bangladesh*. *Journal of Health, Population and Nutrition*. 2009:124- 38
7. Rowen T, Prata N, Passano P. *Evaluation of a traditional birth attendant training program in Bangladesh*. *Midwifery*. 2011;27(2):229-36.
8. Pathmanathan I, Rahman S, Biswan T, Nazeen QN, Kathun A, Mustafa M. *Evaluation of the community skilled birth attendant programme, Bangladesh*. Bangladesh: Government of Bangladesh & UNFPA; 2010
9. Anowar, M. 2015. *Nursing and Midwifery Services in Bangladesh: A Strategy for Better Employment and Maternal Services*. Directorate of Nursing Services. Prepared as a Policy Paper for Bangladesh Planning Commission.

# INITIATION OF MIDWIFERY IN BANGLADESH

## Context of Midwifery Development in Bangladesh

In 2010, at the 65th General Assembly of the United Nations, the Prime Minister of Bangladesh made an announcement committing to the development and deployment of dedicated midwives. As a direct response to this announcement, the diploma midwifery education curriculum was developed and introduced in public and private institutes. As a response to the GoB's commitment to introduce a separate cadre of professional midwives, a three-year Diploma in Midwifery was launched in January 2013. The Bangladesh Nursing Council (currently Bangladesh Nursing and Midwifery Council or BNMC), in collaboration with the Directorate of Nursing Services (currently Directorate General of Nursing and Midwifery or DGNM), developed the midwifery curriculum with technical assistance from WHO and UNFPA. The curriculum was informed by the International Confederation of Midwives' (ICM) Standards for Education and prepared midwives to meet the ICM competencies for practice. At the same time in the non-government sector, BRACU also launched midwifery program.

This is to be mentioned here in 2007, the Obstetrical and Gynecological Society (OGSB) proposed to the Ministry of Health and Family Welfare to provide a six-month post-basic advanced midwifery program for nurse-midwives posted as senior staff nurses. They were to be prepared for midwifery services in hospitals as well as for teaching. The program commenced from 2010, partially as a result of the strategic direction of midwifery introduced in the country in 2008, but mostly spurred by the commitment of the Prime Minister of deploying 3,000 midwives by 2015. By 2017, 1,600 midwives had graduated from the post-basic certificate midwifery program. However, following their training, they were reposted to their existing senior staff nursing posts. Later, in 2015, a group of 600 nurse-midwives were recruited by Ministry of Health and Family Welfare (MOHFW), and posted in Upazila Health Complexes (UHC).

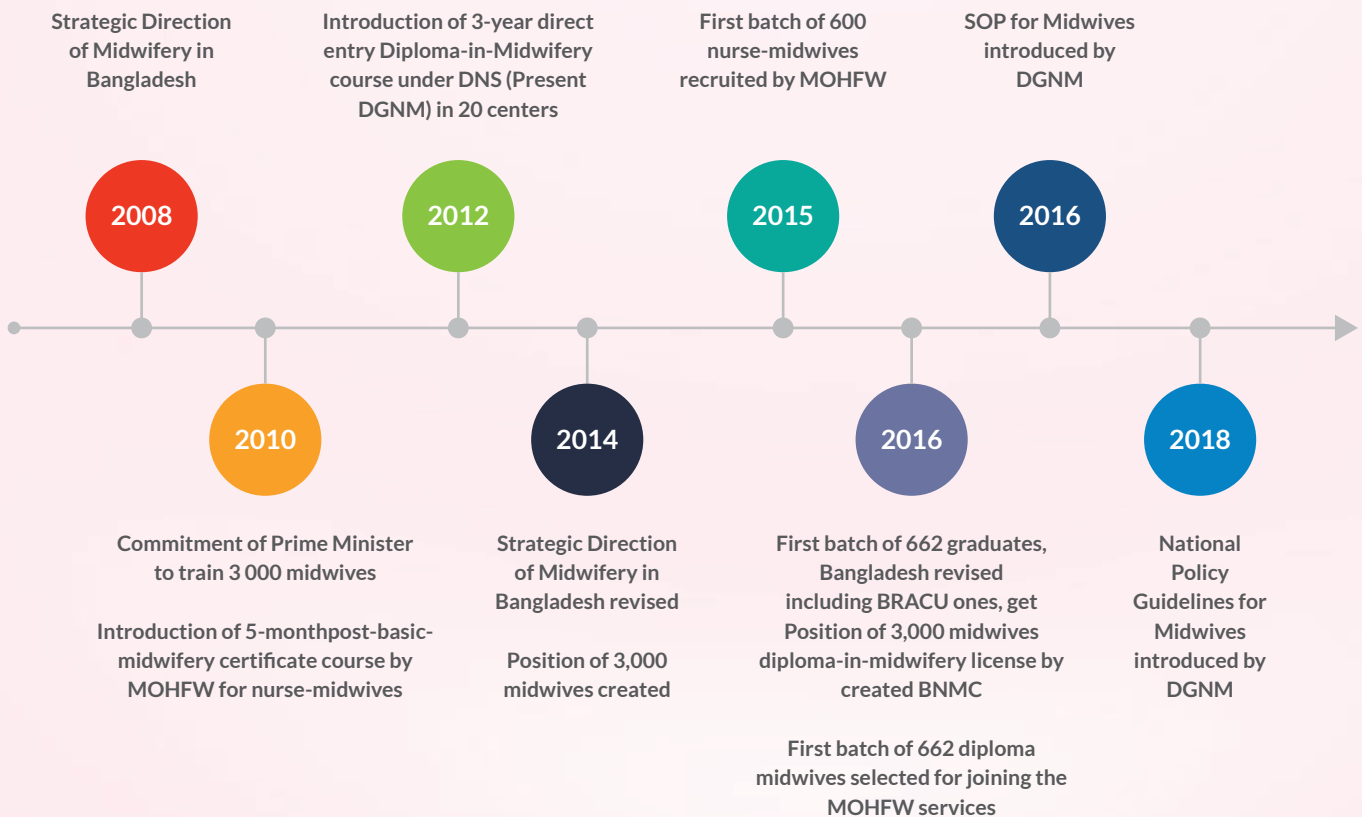
10. Shetty P. More midwives needed to improve maternal and newborn survival. *Bull World Health Organ.* 2013;91(11):804–5.
11. *Human Resources Report. December, 2018. Directorate General of Nursing and Midwifery. Dhaka, Bangladesh*

A young woman with dark hair tied back, wearing a pink shirt, stands outdoors on a paved path. She is holding a white rectangular sign with both hands. The sign has the text 'BANGLADESH NEEDS MORE MIDWIVES' written in large, colorful, hand-drawn letters. The background shows green trees and a clear blue sky.

**BANGLADESH  
NEEDS  
MORE  
MIDWIVES**

A brief chronology of the midwifery development can be seen in figure 1. Currently, around 60 government and 105 private institutes are offering the three-year Diploma-in-Midwifery programme in the country, with a cumulative intake capacity of 5,530 per annum. Around 5342 Midwives received license from Bangladesh Nursing

and Midwifery Council (BNMC). In September 2018, Directorate General of Nursing and Midwifery (DGNM), under MOHFW, created 2996 midwifery service posts in 1733 primary healthcare facilities across the country. Till 2021 2556 have been recruited in to Class 2 (Grade 10 position ) at sub district level



# BRAC JPGSPH, BRACU in Midwifery Development

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BRACU approached DFID around 2010 for assistance to introduce a training program on midwifery. The initial proposition of BRACU to DFID was for a project titled “Community Midwifery Education Program (CMEP)” –a two years training program to develop midwives, especially in hard-to-reach and low-performing communities. This was designed based on BRAC’s experience of developing community-based midwives in Afghanistan. However, this modality was changed in the revised proposal to DFID, in which it was proposed that the program would be a three-year diploma on midwifery, and the curriculum would follow the ICM standard and approved by MOHFW and BNMC. The project title was also changed into the Developing Midwives Project (DMP).

The project followed a hub-and-spoke model to allow for simultaneous development of capacity, education of a larger number of midwives, and to create opportunities for young women in remote areas. BRACU developed partnerships with six local NGOs with considerable experience in maternal health and in training health workers in different parts of the country. BRACU Secretariat as the ‘hub’ was responsible for developing the course, setting standards, building capacity of the partners and managing the project, while the partners as the spokes facilitated student admission and delivered the curriculum. A seventh site, implemented by BRACU itself, was added a year later, and the program ran simultaneously in the seven academic sites (AS). The six partners working were – LAMB, Garo Baptist

Convention Christian Health Project (GBC-CHP), Shimantik, FIVDB, PHD and Hope Foundation. An evaluation done by external experts in 2016 found this model to be comprehensive and effective for wide-reaching implementation of midwifery education in Bangladesh, while maintaining quality of education and ensuring continuous improvement.

The first phase of DMP was completed in 2016, and soon after DFID supported JPGSPH to initiate a second phase which was supposed to be completed by the end of 2021. However, the project received an extension and will continue till 2023. There was an end of project evaluation conducted in 2016, which recommended looking at graduation of the partner AS and encouraging them to become independent upon gaining ample expertise and experience. Following that, JPGSPH will be providing technical assistance. Hence the six academic sites will operate under their respective management, although in technical cooperation with JPGSPH.

The modus operandi of the project has also gradually changed. During the initial phases, the philosophy of the project was to bring students from remote areas so that they would return to serve their communities upon graduation. The emphasis was put on poor and vulnerable households. The education was completely subsidized during the first phase of the program. With the gradual increase of public and private institutes offering Diploma-in-Midwifery



program, DMP gradually changed their focus also include students from other socio-economic and geographic areas. As per the business plan of DMP, the academic sites gradually started reducing the subsidy and introduced “fee-based” admission of students, although scholarships and full-free studentships were available for the primary target groups of the program, i.e. vulnerable households.

The DMP program of JPGSPH is a significantly important pre service education program for midwifery profession in the country. After MOHFW, this is the second-largest contributor to the pipeline for midwives in the country, and the largest among the private sector.

Among the 6,715 midwives who have received BNMC licenses till date, 1028 are the graduates of DMP programme of JPGSPH. The majority of graduates are working for GOB as midwives in different public health facilities, while a large proportion are engaged with non-government organisations and private sector health facilities and clinics.

The graduates of DMP program are also providing valuable maternal and newborn health services in Cox's Bazar Rohingya camps and supporting government and development agencies in mitigating the biggest refugee influx in the world.

# 1030

Midwives graduated from 5 batches

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# 1028

BNMC Licensed midwives from 5 batches

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# 379

BRACU Midwifery Graduates have been deployed by the GOB

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# 147

BRAC University Midwife Graduates are serving in Rohingya Refugee Camps

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# 337

BRACU Midwifery Graduates are doing job in different private health facilities (Medicine Sans Frontiers (MSF), International Rescue Committee (IRC) International Organization for Migration (IOM), RTM International, PHD, Hope Foundation, BRAC, etc.)

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# Chapter Highlights

## Significant challenges and constraints faced in initiating Midwifery Education in Bangladesh

- Lack of community awareness and interest amongst parent to send their daughters to become midwives
- Lack of awareness about the services and importance of midwifery as a cadre
- Limited understanding among allied professionals about midwifery, including physicians and nurses
- Continuously evolving guidelines – challenging regulatory environment
- Significant shortage of educational resources – faculty, course contents, support materials
- Very limited scopes for clinical practices for the students
- Prevailing misconception and stigma surrounding pregnancy and childbirth in rural Bangladesh

## Systemic approaches adopted to address the challenges

- Mass awareness programs to sensitize communities, guardians and local opinion leaders
- Inclusion of community engagement of students and graduate midwives (CEGM) into curriculum so that students could raise awareness among their neighbors, guardians and others in the locality on midwifery
- Collaboration with BNMC, OGSB, BMS and other regulatory bodies to conduct advocacy programs in enhancing awareness among allied professionals
- Institutional collaboration with entities under DGHS and DGFP to allow for clinical practice of the students
- Development of key course contents, support materials, faculty training modules, and other knowledge materials
- Institutional collaboration with leading international entities (e.g. International Confederation of Midwives (ICM), Liverpool School of Tropical Medicine (LSTM), City University, London, Royal College of Midwives (RCM), Auckland University of Technology, Johns Hopkins Program for International Education in Gynecology and Obstetrics (Jhpiego), University of Aberdeen, Edinburgh Napier University, University of Hull- UK, South Asia Federation of Obstetrics and Gynaecology (SAFOG), City University of London etc.



# OVERCOMING CHALLENGES – LESSONS LEARNED FROM DEVELOPING MIDWIVES PROJECT

As a forerunner in the field of establishing a midwifery cadre, JPGSH faced unique challenges while implementing the Developing Midwives Project. As mentioned earlier, the strategic guideline for midwifery was not clear and constantly evolving. Many communities had very limited understanding of the role and contribution of midwives, and hence, it was difficult to attract students, particularly from remote areas. Moreover, parents and guardians were not certain if the profession offered good prospects for their daughters, and were reluctant to let girls enroll into this program. Even obstetricians, clinicians and allied professionals had limited idea about midwifery and the implications for Bangladesh. There was a severe dearth of qualified faculty, teaching staff and teaching materials. These challenges were compounded by the stigma, and misconception surrounding midwifery. Some of strategies adopted by JPGSPH in addressing the challenges are illustrated here.

## Sensitizing Community and Earning Respect

During the early days of the program, midwifery was a little understood profession in communities, particularly rural ones, with many not even being familiar with the term. . The Bengali term for midwifery (Dhatri) was often confused with traditional birth attendants, a profession which in some cases was looked down upon. Guardians were also concerned about the future of their daughters, since the career progression of the midwives was not clear at that time. During the initial stages, there was a concern about students dropping out of the program, particularly to marry or to change career paths. A systemic approach was taken by the DMP and JPGSPH team. Mass awareness campaigns were conducted in remote rural areas, with the support of BRAC

## Shima Gaining the Trust of her Neighbors

When Shima received a call from a neighbor's house to handle a normal delivery case, her father and brother cautioned her to not take any risks that could damage their reputation. When Shima arrived at her neighbor's house, she saw a 'dai' (traditional birth attendant) neighbor was handling the case. The client's mother was reluctant to allow Shima to touch her daughter, and rebuked her daughter and her husband for calling Shima. The 'dai' also felt offended and was about to leave. Shima handled the situation by requesting the mother to let both 'dai' and herself be present. She also requested the 'dai' to allow her to assist. When the dai's practice contradicted her training, Shima respectfully resisted and explained the reasons and counseled the family to have faith on her. Eventually, with Shima's assistance, a healthy child was delivered successfully.

and partner NGOs. A series of consultations were done with local stakeholders, including local elected representatives, school teachers, religious leaders, government officers and civil society representatives. Community mobilization in terms of awareness raising of neighbors and others in the village was included into the academic proceedings of the students during their homestay in semester breaks. A mass awareness program was also conducted using electronic and print media. Later, community engagement was included as part of the curriculum. Under this component of the curriculum, the students would engage with locals, build relationship with them and promote midwifery as an

education program and a vital maternal and newborn health service. Advocacy was done with local thought leaders and community leaders for retention and continuation of education for the students. Through a combined effort of all relevant stakeholders, significant awareness on the importance of midwifery could be created. By the end of the first phase of DMP, the situation had improved considerably from the program's early days. The recruitment of the students from the first batch of DMP in various government and private facilities was also key to changing perceptions, as these graduates also helped raising awareness regarding the profession in their neighborhood and among their networks.



*Midwifery students of DMP engaged in awareness building on women empowerment and against gender-based violence*

## Advocacy Activities to Improve Image of Midwifery among Allied Professions

DMP had an advocacy and communication plan under which several activities were carried out to create demand for midwifery in the country. BRAC's local representatives in 69 upazilas and 116 unions were trained on motivating and sensitizing communities regarding midwives and their role in safe motherhood. Local level government officials, medical officers and NGO representatives were also oriented on midwifery. Numerous printed promotional materials and video documentaries were developed and distributed. Technical and discussion sessions were arranged on special days and relevant articles were published in newspapers. Apart from the local and regional level, JPGSPH has also been involved in a number of national and international level advocacy and networking activities. DMP is working on strengthening partnerships and collaboration with relevant agencies such as BNMC, which is responsible for accreditation and registration of the midwives as a

professional cadre, as well as the DGHS, DGFP and DGNM. The program is engaging with the International Conference of Midwifery (ICM), Bangladesh Midwifery Society (BMS) and the Obstetrical and Gynecological Society of Bangladesh (OGSB) to establish a strong framework of support for midwives. There are collaborations with private sector actors, development partners and overseas universities such as City University, London, and Auckland University of Technology, for improving the quality of midwifery education. DMP is upholding best practices in midwifery and exchanging experiences and learnings both at national and international level through collaboration with other countries. According to an external evaluation of DMP, this strategy has been successful in raising awareness among relevant government and non-government stakeholders on midwifery as an effective career path.



## Developing Faculty and Teaching Staff

In general, there has been considerable shortage of quality faculty in the medical education sector in Bangladesh. Being a new education stream, this was particularly severe for midwifery. Regardless of public or non-government institutes, there was no specialized midwife faculty available in Bangladesh during the initial period of the program. Although the curriculum was available, there were no teaching or support materials available. In the initial stages, faculty staff in DMP, as well as in all midwifery education institutes in the country, had faculty coming from a nursing background. To address this challenge, DMP undertook an extensive faculty development program. A Clinical Director was recruited from a midwifery background. Technical support was availed from reputed national and international institutes (e.g. Liverpool School of Tropical Medicine (LSTM), AUT, midwives from Afghanistan, Jhpiego and BRAC Institute of Language). These technical experts worked closely with the faculty staff to improve their capacity and expertise. The semester breaks were utilized for capacity development of the faculty. These technical experts also supported the development of teaching modules, improving course content and pedagogy. The updated pedagogy encouraged use of book-based knowledge as well as online research for case studies, good practices and latest information. Technical collaboration was established with leading academia with appropriate background for higher education and training of the faculty.

## Arranging Sufficient Clinical Practices for Students

As per the curriculum, four out of the six semesters have significant practical sessions with particular targets for specific procedures like antenatal care (ANC), normal vaginal delivery (NVD), intensive newborn care, postnatal care (PNC) and family planning (FP). Among these, there are procedures which a student needs to perform individually. For example, a midwifery student needs to perform 40 NVDs entirely by herself during her three years of academic life. In order to accomplish these targets, midwifery students have to work in clinical facilities, which is known as clinical placement. However, in general, the trend in NVD was declining in the health facilities into which the students were sent to receive clinical experiences. As only 37 percent of births take place in facilities, it was quite challenging to ensure the standard of clinical practice required by the students. Each AS therefore adopted a strategy of developing linkages and collaboration with a number of clinical institutions, which was very effective in ensuring the standard. A formal Memorandum of Understanding (MOU) was signed with the DGHS for using different health facilities (mostly medical college hospitals) for clinical placement of students, which also facilitated building relationships with the doctors, clinical staff and administrators, enabling smooth practices for the students and creating professional linkages between students and leading gynecologists. It subsequently helped in referral of complicated cases by the practicing midwives to the specialist doctors. At the same time, synergy was created with public health and allied

programs of BRAC and other NGOs which also enabled clinical practices for the students and helped in deployment after graduation. DMP management collected data from MIS to understand the frequency of NVDs in different facilities (including UHCs). During the later part of the program, students were sent to these facilities to get the required practical experiences

## Addressing Stigma and Misconceptions Regarding Midwifery

Community people often used to undermine the midwives, confusing them with traditional birth attendants, locally known as “dai” during the initial periods of the profession. Traditionally, the picture of a dai in people’s mind refers to an aged/matured woman, who has considerable experience in handling pregnant women and NVDs, and whose skills did not require academic education or degrees. This perception undermined the trained midwives’ systematic and scientific learning. Some of the family members and relatives of students sometimes expressed disrespect towards midwifery profession saying that they were just becoming a ‘dai’ after all these efforts and they should not continue this education. Such comments were demoralizing for the students, causing psychological and emotional barriers for continuing their training. However, the students took it as a challenge to explain midwifery to people, and help them understand its importance. They engaged with and garnered support from friends and family members. They earned more respect and felt more empowered in the family when their family members and relatives consulted them and involved them in decision making for pregnancy-related issues within the family. The situation changed when

they started practicing in the local communities as professional midwives and started supporting mothers and the newborns.

## Rupali Changed Her Family’s Mindset

During a very close relative’s delivery, Rupali, a DMP student, advised her family to bring her to the academic site hospital for a check-up. After checking, the gynecologist of the hospital recommended that the patient should immediately be sent for C-section. When Rupali observed that her complications were not severe, she consulted with one of her batch mates and decided to wait for NVD. She said, “I was confident because I handled many cases like this during my practice of 40 NVD cases. Other hospital staff were expressing concerns that I was taking a risk by disregarding the doctor’s recommendation. I thought, for the first time my family relied on me for a decision. If I cannot prove myself, my midwifery studies would seem useless.” So, she counseled her family to wait until the following morning and recommended the patient to walk, exercise and drink plenty of liquids to remain hydrated. Rupali heaved a sigh of relief and said, “By the grace of Allah, she gave birth to a baby through NVD at 4.15am.” The experience changed the views of the family members and relatives on midwifery. Now they think that midwifery is a very important profession – as important as other healthcare professions.

## Enhancing the Image of the Profession

There was uncertainty among the graduate midwives about the demand of midwifery services in the rural communities. This is primarily because midwifery is a new profession and many people are unaware about this service. The midwives were concerned whether people would seek for their service, especially since traditional birth attendants had been providing service in the rural communities for a long time. These dais are experienced women whom rural people trust and reach out to for pregnancy and child birth related issues in case of NVDs. Some rural families also sought care at the clinical facilities or OB/GYNs for complicated cases or sometimes because the pregnant women preferred pain-free C-section or simply because it was considered as a status symbol.

Therefore, the midwives had concerns whether people would value their service. Even if people sought midwifery services, the midwives were unsure about whether this would amount to an adequate number of cases to support a sustainable income. However, through the community engagement program and awareness raising initiatives described earlier, a positive image of the profession was created in the community. With the gradual engagement of midwives with local community, particularly after provision of quality care during critical cases, the community became quite supportive in ensuring an enabling environment for the midwives.





আমি একজন  
মিডওয়াইফ



# Chapter Highlights

## Outcomes of DMP

- Ensuring equity in access to quality education– particularly for the poor, vulnerable and those living in remote areas
- Development of a confident and empowered group of midwives with leadership capacity from the early stages of their studentship through counseling, creating an environment for raising voice and engaging in logical dialogues with stakeholders, and establishing linkages for continuous monitoring and support
- A competent cadre of midwifery faculty, created through continuous faculty development initiatives, in institutional collaboration with leading midwifery academia and international agencies
- Promotion of empowerment and entrepreneurship among the students
- Creation of employment in public and non-government sector

## Initiated Alliance of Private Midwifery Education Institutes in Bangladesh (APMIB)

- Hub-and-spoke model of midwifery education for simultaneous development of a larger number of midwives while maintaining the standard and quality
- Utilization of semester break for faculty development
- High quality course contents, support materials and teaching aids for faculty
- Use of information technology for teaching, faculty development and students' skill development from the very beginning
- Hybrid learning model created an opportunity for best utilization of resources.
- 24/7 hotline counselling service , student welfare commiitee
- Midwifery-Led Model of Care to promote Respective Maternity Care in Bangladesh through the MLCs



# DEVELOPING MIDWIVES PROJECT – CHANGING SYSTEMS, PROMOTING INNOVATIONS AND IMPROVING LIVES

## Uplifting Equity: Ensuring Fairness in Reaching Those in Need

Equity was addressed in two ways by DMP– creating access to education for poor young women, and ensuring services for the underserved. The program was fully subsidized for the first three batches of students, and enrollment of those who could not afford mainstream education was prioritized. The admission guideline set this as one of the most important criteria during the initial stages of the program. Local government representatives and elites were involved in the

process to ensure that students from vulnerable families were selected for admission. At least two-third of the students belonged to poor families and at least one-third were from the lowest wealth quintile. For some of the students DMP was the only possible pathway to higher education. Entry into the program supported girls vulnerable to early marriage.

### Ray of Light for Ummol

Ummol was from a family in where adversity was more common than privilege. “There were days when my family had to think what we are going to eat tomorrow”. The environment she grew up was not at all friendly toward education. She could only pass HSC due to the efforts of her mother and sister. However, she did not have the means to go higher education out of poverty. But, getting into the midwifery programme of JPGSPH, BRACU changed her situation. As she said, “Not finding any other way, I started volunteering for a local NGO to become a field worker someday. During my training a senior co-worker gave me a leaflet of BRAC University. It was for the course of Diploma in Midwifery and it said I could avail a scholarship which will include my food and living cost. It was my one chance to fulfill my dream, my last ray of hope that I couldn’t just let go. I sat for the admission test, passed and availed the scholarship to finish my higher education. From that very moment my life changed forever. Never have I ever thought it would be possible for me to receive a higher education, get a government job and take part in a noble profession like midwifery. The opportunity BRAC University gave me was truly life changing. Sometime when I look back, can’t even believe I am standing here at this point of my life, holding my head high for my education and all the things I have accomplished so far”. Ummol Khayer was a student of 1st batch from FIVDB Academic Site under DMP. She has been deployed by the Government of Bangladesh to work in Comilla UH&FWC as a midwife

Considering this, DMP could create equitable access to education for those in need. Although the criteria was relaxed in the later part of the program, there are scholarships and subsidies for students from poor and vulnerable households. This value was embedded into the working principles of not only JPGSPH, but also among the partners. Even after being separated from BRACU, the six partner NGOs have continued creating access for the girls from poor and vulnerable families through sponsorship and patronage of different individuals and entities.

It was assumed that enrolling students from a specific community would increase their chances of return and service in those communities after graduation. The majority of the students in the first three batches were selected from remote, hard-to-reach or underserved communities where mainstream health services were not available. Around 88 percent of the deployed graduates from the first three

batches were in hard-to-reach and underserved areas. This includes the Cox's Bazar region, where Bangladesh is tackling a serious refugee influx. There are hundreds and thousands of girls and women living in cramped camps in Cox's Bazar, who do not have access to even minimum maternal, reproductive and sexual healthcare. In overcrowded camps, many of these girls and women are giving birth in their shelters, with a high risk of exposure to diseases. In these cases, most Rohingya women deliver under the care of dais, who were often older women in the community with knowledge that has been passed down through generations. But without access to modern medical knowledge and resources, their practice can be both dangerous and unhygienic. GOB, along with development community, has been recruiting midwives in these camps since late 2017 and early 2018. Currently, these midwives are probably the sole source of quality maternal and reproductive healthcare for these girls and women.



## Saving Lives in Cramped Settlements, A Case of Cox's Bazar

"I am Kanata Akter. My home is in Cox's Bazar. I'm a midwife, working with HOPE Foundation in HOPE Hospital as a midwife supervisor. Among many responsibilities that I have, I provide family planning counseling to the migrant Rohingya refugee communities. Around seven hundred thousand refugees are living in the camps surrounding our field hospital. Among them, at least sixty percent are women and children. Due to social, cultural and rigid religious views, Rohingya women are not at all interested to learn about family planning methods. Because of this mass negligence, they are not even aware of the types of family planning methods. It is difficult to explain family planning to them. But we're trying to convince them to accept family planning methods and counseling them with empathy seems to work.

One day while I was working in my chamber, a Rohingya mother named Nur Nahar came to my facility for consultation with a doctor. She's about 32 years and lives in a nearby camp. She asked for the direction to the doctor's room. I asked what she needs and tried to learn about her family history. She told me she has six children and would probably end up having another one. She wanted to ask the doctor if she could conceive once more. I asked her if she had been using any family planning method and she replied no. Nur Nahar admitted that she was afraid of using family planning methods. I asked her to come to the maternity corner after consulting with the doctor. After half an hour, she came to me and I convinced her to adopt Long Acting Reversible Contraceptive (LARC) methods after speaking to her and using flip chart to explain the methods. Finally, she understood and chose an implant.

During our course in BRAC University, we had to go through extensive trainings to provide counseling services to the community. There, I learned how to approach a person and how to create an environment where they feel free to share their thoughts and feelings without any hesitation. I also learned that counseling with sincerity can bring positive results most of the time. That is what I am applying in my work on a daily basis. The results we are getting are impressive. Usage of contraceptives among the refugee community has increased significantly. I feel proud that I chose to become a midwife where not only I can save lives, but also help families to build them as well."

[Kanata Akter WAS a STUDENT of 2nd batch from HOPE Academic Site. She IS now working in HOPE Foundation, CoX'S Bazar AS a National Midwife Coordinator.]

## Developing Confident Midwives

The professional career of a midwife is somewhat different to that of other health workers. A midwife needs to be prepared to provide services in health facilities as well as at domiciliary level. This means the midwife needs to work in environments that are not under her control. A midwife needs to take rapid and sometimes, difficult decisions as per the situation. Hence it is very important that the young midwives are empowered adequately to cope with such situations. Unfortunately, the socio-cultural context of Bangladesh is limiting in this regard. In the initial stages of DMP, this challenge was not clear to the management but later on several interventions like extensive community engagement, simulation exercises/ role plays and frequent home visits, training of students leaders, and organization of

student welfare committees were introduced. Students were encouraged to interact with unknown people so that they could overcome their shyness and become adept at dealing with challenges in the professional setting. The informal referral system established with gynecologists and health facilities also enhanced the confidence of the students. Linkages with BRAC health program in the vicinity where graduate midwives were deployed also greatly increased mutual support and guidance. The end evaluation of first phase of DMP phase specifically indicated this.

<sup>13</sup>Himel, FB. Rahman, T. 2016. End Evaluation of Developing Midwives Project. BRAC James P Grant School of Public Health. Dhaka, Bangladesh



*Michelle A Williams, Dean of the Faculty Harvard T. H Chan School of Public Health, and Dr. Richard A Cash, Senior Lecturer of the same institute, visited the Academic Site of DMP, as part of the global technical collaboration to enhance quality of midwifery education in Bangladesh*

## Improving Quality of Education

Quality was the major focus of the program since the very beginning in 2012. However, along with improvement of its own quality, the program also spurred systemic improvements that benefitted all relevant stakeholders. For example, initially, there was no scope of internship in the midwifery curriculum. In a clinical programme like midwifery, it is of utmost important to gain initial experience through internships. Within this internship period, midwifery students learn necessary skills and consolidate knowledge to fulfil the role of midwife under the supervision of experienced personnel. From this consideration, DMP introduced the paid internship for a duration of six months after graduation in 2016, soon after the first batch of students had graduated. Since then, this program has become critical in familiarizing graduates with professional practice quickly. DMP BRACU strongly advocated to include internship in the midwifery policy. From the experience of DMP, very recently, BNMC has included the internship in the curriculum and other institutes are following this.

In 2017, BRACU initiated an Alliance of Private Midwifery Education Institutes in Bangladesh (APMIB), a platform of midwifery institutes who are offering midwifery education in private settings. It is an advocacy-focused network of independent private institutes who are carrying forward midwifery education and service linked issues to Government of Bangladesh, to influence policies and, strategies in favor of midwifery. The prime focus of BRACU to ensure quality of midwifery education, advocate for professional opportunities and support midwives with an enabling environment through this platform. The alliance updates global and national midwifery related information and exchange knowledge for further development to benefit its members and the midwives of Bangladesh.



## Parboti's Very Own Entrepreneurship

Parboti Sutrodhar is a graduate midwife of BRACU. While midwives often seek a secure government job or a high-paying non-government one, Parboti decided to do something on her own. She opened up her own delivery center in Sylhet. In December 2018, Parboti started her journey as an entrepreneur. With a commitment to ensuring high quality maternal and neonatal care for her clients, she has taken the initiative to become an entrepreneur on Midwife-led Care Services. She is serving pregnant mothers and their newborns from her very own "Maayer Hasi Delivery Center."

Parboti was a student of the second batch in BRAC University's Shimantik Academic Site in Sylhet Uposhahar. She stood first in the Bangladesh Nursing and Midwifery Council licensing exam of 2018, competing with midwives from all over Bangladesh. Despite her excellent academic achievement and national recognition, she decided to remain an independent midwifery practitioner rather than taking a job somewhere.

Parboti said, "In my delivery center, I am providing delivery care, ensuring high quality and respectful services with integrity, for the comfort of the pregnant mother. All of these at an affordable cost in comparison to any other private clinics in Sylhet." Maayer Hashi Delivery Center – which translates to Mother's Smile Delivery Cener, is a name that justifies Parboti's cause. It is situated in a convenient location accessible to all, even those from remote areas. In case of an emergency, the location of this delivery center will allow a mother to be referred to any hospital of Sylhet city with ease. Maayer Hashi Delivery Center has received satisfactory response from the community within just a few months of its inauguration. In nine months, 23 normal vaginal deliveries have already been performed and 7 mothers were referred to hospital because of complicacy. In addition, 110 antenatal checkups and 50 postnatal checkups were done and recorded. Parboti has also served 16 different patient with family planning methods. Several pregnant women and their relatives consulted with Parboti to have a normal delivery rather than going for a Caesarean Section.

নরমাল ডেলিভারীর  
নির্ভরযোগ্য প্রতিষ্ঠান




# মায়ের হাঙ্গি ডেলিভারী সেন্টার

কম খরচে সেরা সেবা নিন  
রেজিস্টার্ড মিডওয়াইফ      লাইসেন্স নং : ১৪৩৩

স্থান : হাজী আজমান হোসেন কমপ্লেক্স, শিববাড়ী, পাঠানপাড়া, সিলেট। (হুমায়ুন রশিদ চত্বরের নিকটে)  
মোবাঃ ০১৭১২-৯৪১৪৫৩, ০১৬৪৩-৩০৭১০৭

**নির্ভরযোগ্য**

## হাজী আজমান হোসেন কমপ্লেক্স

শিববাড়ী পাঠানপাড়া, সিলেট।  
ফোনঃ ০১৭২৬-৬৩৬১৭৭, ০১৭২৩-৬৩৬০০৬

১. অস্ত্রের সাহায্য ছাড়াই পূর্ণ প্রসঙ্গের সময় জটিল কোনো রোগ প্রতিরোধে ১-৩ মিনিটের মধ্যে সাহায্য পরিচালনা করতে পারিব।
২. অস্ত্রের সাহায্য ছাড়াই রক্ত, মূত্র, বমি, বালক প্রভৃতি জটিল কর্ম করতে পেরে মানুষ বিশ্ব ভেদেই খ্যাতি অর্জন করে গেছেন।
৩. মাত্র ১২ঘণ্টার পরে অস্ত্রের সাহায্য ছাড়াই সন্তান উদ্ধার।
৪. অস্ত্রের সাহায্য ছাড়াই বাচ্চু, স্নান, খাওয়া, ঘুমের সমস্যা সমাধান।
৫. অস্ত্রের সাহায্য ছাড়াই সন্তানকে সঠিকভাবে পরিচালনা করতে পারিব।
৬. অস্ত্রের সাহায্য ছাড়াই সন্তানকে সঠিকভাবে পরিচালনা করতে পারিব।
৭. অস্ত্রের সাহায্য ছাড়াই সন্তানকে সঠিকভাবে পরিচালনা করতে পারিব।
৮. অস্ত্রের সাহায্য ছাড়াই সন্তানকে সঠিকভাবে পরিচালনা করতে পারিব।
৯. অস্ত্রের সাহায্য ছাড়াই সন্তানকে সঠিকভাবে পরিচালনা করতে পারিব।
১০. অস্ত্রের সাহায্য ছাড়াই সন্তানকে সঠিকভাবে পরিচালনা করতে পারিব।
১১. অস্ত্রের সাহায্য ছাড়াই সন্তানকে সঠিকভাবে পরিচালনা করতে পারিব।
১২. ১০ মিনিটের মধ্যে সন্তানকে সঠিকভাবে পরিচালনা করতে পারিব।
১৩. ১০ মিনিটের মধ্যে সন্তানকে সঠিকভাবে পরিচালনা করতে পারিব।
১৪. ১০ মিনিটের মধ্যে সন্তানকে সঠিকভাবে পরিচালনা করতে পারিব।
১৫. ১০ মিনিটের মধ্যে সন্তানকে সঠিকভাবে পরিচালনা করতে পারিব।

স্বাস্থ্যকর পরিচালনা • ১০ মিনিটের মধ্যে



## Promoting Empowerment and Entrepreneurship

Another important aspect of DMP in terms of empowering young women was through its potential for income earning and becoming a breadwinner for the family. After deployment of the first batch of graduates and the government's plan to recruit 3,000 midwives in the near future, the job security of midwives is now quite established. The DMP graduates entering into government services were recruited in 10th grade position, and are now getting around BDT 26,000 per month. Those entering into private clinics and hospitals are now getting an average salary of BDT 39,000 per month, with some of them even getting BDT 85,000 per month. This is significantly higher than the average income of their respective households when they entered into the program, which ranged from around BDT 15,000 to 18,000 per month. Some of the graduates are even the main source of income for their families now. With this, the social position of the girls has been uplifted. Their views and decisions are now valued in important family matters. A significant number of graduate midwives are staying in areas quite far

from their homes. This is indeed a sign of self-dependency for the girls.

Apart from the income from salary, there has always been a focus on entrepreneurship in the program. DMP initially had a vision of developing independent midwives who could practice in their own rural communities. With this vision, DMP included an entrepreneurship module, which mainly focused on behavioral issues on how to work and communicate in the communities. As part of this initiative, the students went door-to-door introducing midwifery to the communities and offering services, and took part in pop-up fairs. Later, there was specialized support from the program to enhance capacity of interested students on planning for entrepreneurship, including financial planning, assessing potential problems and crisis management. The cumulative result helped a number of graduates becoming successful entrepreneurs.





## Promotion of Technology

Although the utilization of online technology in training and capacity development has become quite common as the “new normal” after the COVID-19 pandemic situation, students under DMP have been using ICT since the first phase of this program. Each of the academic sites are equipped with personal computers and high-speed internet. Since the program is residential, time was allocated for each students to use computers as their learning aid during their stay. The management encouraged students to look for relevant articles, papers and knowledge pieces in the online to complete different assignments as part of their curriculum. They were also encouraged to partake in different online-based learning programs and tests administered by ICM and allied professional bodies. This was done for the knowledge development of the faculty as well. During the semester breaks, faculty were encouraged to take online training courses for their self-development and take online tests for the certification and acknowledgement of their skills development.

During the restrictions imposed due to the COVID-19 pandemic situation, DMP had to close its academic proceedings, following the instructions of GOB similar to other educational institutes. However, due to its previous familiarity, the program could rapidly shift to virtual learning arrangements. BRACU immediately convened a remote learning team and provided appropriate guidance to the teachers who would be engaged in remote learning. 628 students were divided into several small groups led by a responsible teacher for each group. Monthly study and assessment plans were shared with all students well ahead of time to establish routines that allowed everyone to get

organized and be engaged. Regular online classes were initiated using Zoom and Facebook Live. The day before a scheduled class, the responsible teacher posted a reminder message in the group mentioning the time and topic of the class, with a reminder an hour before the class. Follow up sessions were also held to gather feedback and assess understanding. At the end of the class, the video recording and other study materials were uploaded on the same page so that those failing to attend the scheduled class could catch up. Students’ attendance was tracked and recorded. Following the scheduled class, teachers continuously interacted with individual student over phone, Google classroom, WhatsApp and Facebook Messenger to monitor their progress and respond to their questions. Students also connected with the teachers and their peers. In addition, teachers kept the parents updated and encouraged them to monitor study progress. Live streaming attendance reached as high as 84%, and 99% of students attended classes through the recorded versions. Furthermore, around 95% students passed the exams. There was no drop-out case due to the COVID-19 pandemic. Hence, although it became a norm, DMP could embrace the ICT-based virtual learning mechanisms due to the familiarity with the technology from its early adoption in the midwifery education program. Online midwifery education helped the students to achieve self-learning skills and became more responsible for their education. Both teachers and students enhanced their digital expertise. students remained connected among themselves, got motivated which prevented dropout and early marriage. Online learning platform also created opportunity to address faculty drop out issue.

## Technology Enabled Education of Priyanka in COVID Situation

Priyanka Bania is a third-year student of the Diploma in Midwifery from BRAC University, in Shimantik Center, Sylhet. She resides in a tea garden in Srimangal, and does not have a smartphone of her own because of her family's financial situation. Her father does not work because of an illness and her mother is a tea garden worker. The mobile network is also poor in the garden due to remote location, so every alternate day during the pandemic, Priyanka walks more than one kilometer to a friend's place and watches the videos of last two days from her friend's smartphone. She takes notes from the video and gets clarification on questions from her teacher using her own button phone. She is regular in attending online model test exam, and is doing well in every exam. Priyanka is working hard to succeed in her studies, and proving that where there is a will, there is a way.

## Midwifery-Led Model of Care

Midwifery care is a new concept in Bangladesh. While the technicalities of midwifery care can be taught, it is hard to transfer a complete understanding of the scope of midwifery-led-care in the absence of any demonstration model. To provide the faculty and students an opportunity to experience first-hand midwifery-led-care in its true sense so that they can imbibe this in their teachings, and to raise awareness of policy makers in this regard. Midwife-led continuity of care is defined as care in which midwives are the lead professionals to support women in the planning, organization and delivery of care from the initial visit to the postnatal period. The concept of a midwifery-led care evolved around several grounds, including minimizing the mishandling of pregnant women, practicing respectful maternity care and sensitizing people about new and effective childbirth methods. DMP is a pioneer in conceptualizing and implementing midwifery-led model of care in Bangladesh and the first entity to establish Midwifery-led Care (MLC) in the country. In an effort to provide quality midwifery-led maternity services to the community, a 24/7 maternity center led and operated by midwives was established in Mirpur, Dhaka by the program. MLC has been promoting alternative birth positions and pain relief exercises to make normal vaginal delivery easier. MLCs are equipped with all necessary equipment for NVD, specially exercise balls and birthing chairs. Evidence based routine care, such as, respectful and meaningful communication, eating and drinking in early labor, encouraging women to

be upright and mobile, and continuous companionship/labor support are special value additions of these centers. Moreover, this model center enables the midwifery students to learn how to provide professional midwifery services, and at the same time, promote the midwifery profession to the community people.

Observing the success of first MLC, the program opened another two in collaboration with Charikata Union Health & Family Welfare Center (UH&FWC) of Jaintiapur, Sylhet and Shahosh Union Health & Family Welfare Center (UH&FWC), Dumuria, Khulna. The services have also continued during COVID-19 pandemic. The midwives ensure personal protection, maintain proper social distancing, hygiene and screening of body temperature of the clients before offering services. As of February 2022, a total 4,546 normal deliveries have been conducted by the midwives at the MLCs – of these, 79% clients accepted the alternative birthing chair deliveries. 10,354 women participated in the exercise sessions; 15,846 women received antenatal checkups and 4,659 women received postnatal checkups.

<sup>14</sup>Sandall J, Soltani H, Gates S, Shennan A, Devane D. *Midwife-led continuity models versus other models of care for childbearing women. Cochrane Database of Systematic Reviews 2016, Issue 4. Art. No.: CD004667. DOI: 10.1002/14651858.CD004667.pub5.*



Midwives providing services in MLCs

Asma Khatun Lovely is a BRACU midwife graduate and been elected as the President of Bangladesh Midwifery Society (BMS). She completed a Diploma in midwifery from Dhaka Center, Developing Midwives Project, James P. Grant School of Public Health, BRAC University in 2017. Alongside midwifery education, she has also completed B.Sc degree from National University & M.Sc from Dhaka University in Mathematics.

She joined the Midwife Led Care Centre (MLC), Developing Midwives Project as a midwife. She was elected as the Educational Secretary of Bangladesh Midwifery Society (BMS). As the Educational Secretary of Bangladesh Midwifery Society (BMS) she worked to promote Midwifery education and midwifery service. In promoting midwifery education she had organized training on database e-learning education platforms in different Midwifery institutions.

She had joined the Dhaka Center academic site, Developing Midwives Project, JPGSPH of BRAC University as a Junior Instructor in BRAC University. Then she was recruited as a midwife in a government facility by the DHGS. At present, she is working as the president of Bangladesh Midwifery Society (BMS).

During her involvement in BMS, she has been engaged in various activities

**Workshops:**

MACAT workshop Organised by Royal College of Midwives (RCM), UK  
Strategic planning, Organised by Royal College of Midwives (RCM), UK

**Trainings:**

Media & Advocacy Trainings

**Media Advocacy Program:**

FM Radio Dhoni 91.2  
Selection of candidates for Training Grant of Funds





# Chapter Highlights

**Despite plans, DMP could not introduce the B.Sc. in Midwifery although it had the potential and capacity as indicated in feasibility studies**

- Policy for permitting B.Sc. in Midwifery by non-government entities was not enacted by BNMC
- Curriculum was only recently introduced by BNMC
- COVID-19 situation delayed the overall planning from the policymakers
- Expansion of Network to Ensure Respectful Maternity Care (RMC) beyond the existing MLCs
- Scarcity of resources

# UNFINISHED AGENDA

## Introduction of Bachelor of Midwifery

At present, there is no Bachelor-level degree education available for midwives in Bangladesh. Unlike the previous attempts of developing CSBAs or SBAs in Bangladesh, midwifery is not a training, rather a full-fledged education. In countries where midwifery has flourished, higher study options including undergraduate and post-graduate education are available. While diploma education provides a “quick fix” to the problem of short supply of midwives, graduate and post-graduation level education ensures quality and specialization. This is very important in Bangladesh’s context, as the students taken into diploma-in-midwifery faced very flexible enrollment conditions, resulting in a cadre with varying skills and understanding. Higher level education will ensure more consistent standards in the profession, which is essential to quality of care in maternal and neonatal health services.

Moreover, because of their young age, varying educational backgrounds and upbringing in relatively remote rural areas, midwives from the initial batches lack confidence and perceive themselves as being of a relatively lower social status. Higher level education will be helpful in boosting

confidence and improving their self-perception, which is essential in actual service delivery as midwives also have to coordinate with a wide range of service providers, including physicians, obstetricians, senior nurses and ancillary healthcare staff. From this context, it is important for midwives in Bangladesh to pursue at least post-basic bachelor-level education.

Very recently, the government has introduced a curriculum on Bachelor of Science in Midwifery and opted for the introduction of this curriculum in 2022-23 session in four nursing colleges. It is expected that Bachelor in Midwifery graduates will be positioned to practice autonomously in midwife-led centers, providing evidence-based, woman-centered care. They will also be involved in practical and theoretical education of the diploma midwifery program, meeting the strong need to expand the midwifery faculty in Bangladesh. However, the cumulative intake capacity of these nursing colleges is only 100, which is inadequate compared to the number of registered midwives in the country.

15. Flint, J. 2018. *Feasibility study report for initiating BSc and Post Basic BSc in Midwifery programmes of study by JPGSPH BRAC University. Study conducted for Developing Midwives Project. Dhaka, Bangladesh*

16. Himel, FB. 2021. *Feasibility Study For Bachelor in Midwifery Course by BRAC JPGSPH in Bangladesh. Developing Midwifery Project, JPGSPH, BRACU. Dhaka, Bangladesh*

A study conducted by Flint. J identified that a school of midwifery offering Bachelor's programs for post-graduate entry short and direct entry long midwifery program as prerequisites to changing the culture of childbirth across the country and reducing maternal mortality. The study also found that JPGSPH has the potential for setting up such a school. This need was felt long before the study, even in the first phase of DMP, and a proposition was included in the second phase proposal regarding introduction of a post-basic B. Sc., as well as a direct-entry B. Sc. in Midwifery. An extensive study was conducted in 2021 for operationalizing the idea and to develop recommendations on required budget and policy direction . However, the delay in curriculum development from government along with the COVID-19 pandemic situation did not allow for introduction of such a program. After completion of the second phase of DMP, there was no fund reserved for introduction of such a bachelor's program in the extended phase.

## Expansion of MLC Network to Ensure Respectful Maternity Care (RMC)

Respectful care and protection include in the basic rights for all child-bearing women. Negligence in maternity care is not only a violation of basic rights, but also detrimental for physical and cognitive development of the newborn. The World Health

Organization's (WHO) quality of care framework for maternal and newborn health directly relate effective and responsive communication, care provided with respect, dignity, and emotional support as a part of respectful maternity care (RMC). The curriculum of DMP was designed in a way that RMC is understood by all the students, and they can implement it in their professional lives. MLCs were part of that philosophy of ensuring RMC for childbearing women, and to increase the prevalence of NVDs in the country. MLCs had two assumptions in this regard – orientation of the midwifery students to implement their theoretical knowledge of RMC into practice while they were in their practicum attachment/internship at MLCs, and also to ensure RMC for mothers to encourage them to undertake NVDs. An important recommendation in the feasibility study of Flint was, in the original words – “Begin to develop more Midwifery-led birthing units across Bangladesh that provide practice placements for students, providing a non-obstetric culture of childbirth. This will enable the true midwifery skills to emerge and develop which in turn informs student learning”.

Unfortunately, despite their importance, the number of MLCs that will enable the midwives to practice true midwifery is limited. Strong institutional collaboration could not be increased beyond the existing three. The expansion of MLCs would strongly require institutional collaboration with government departments (e.g. DGHS, DGFP) or relevant non-government entities for maintenance and operability.





# DELIVERY INSTRUMENT



GALLYPOT



FORCEP



COND CLAMP



GAUZE



SCISSORS



### Conduct of Labour

- 1. Watch for signs of labour
- 2. ...
- 3. ...
- 4. ...
- 5. ...
- 6. ...

### POSTNATAL CARE

- 1. ...
- 2. ...
- 3. ...
- 4. ...
- 5. ...
- 6. ...
- 7. ...
- 8. ...
- 9. ...
- 10. ...



# WHY DMP NEED TO BE CONTINUED

As indicated before, DMP is in an extension period till 2023, will provide technical assistance to the partners and also to the private midwifery alliance. The possible impacts of the interrupted continuation of DMP on midwifery education and the profession more widely are discussed below.

i.

**Equity in Access to Quality Education:** The education of midwifery was completely subsidized during the first phase of DMP, with the support of funds received from DFID. It was also highly subsidized in the second phase. Hence, DMP could promote equitable access, including students from extreme poor households and remote areas. Due to this access, a number of students of DMP who came from under-privileged backgrounds could establish themselves as government officials, competent private service providers or entrepreneurs. The majority of these graduates are contributing significantly to their families, while some of them are the

sole income-earning person in their respective families... Hence, overall, there is a potential impact on equitable access to quality education for girls from poor and vulnerable households, if the program discontinued.

ii.

**Empowered Midwives:** Midwifery is a unique healthcare cadre from the aspect that the midwives often have to work in isolation of the institutional health service delivery, in challenging environments, and often in situations where rapid medical care is unavailable or very limited. Hence, empowerment is essential to the development of capable midwives. However, the authoritarian socio-cultural context in Bangladesh often does not allow for empowerment of students, particularly in the case of girl students. Contradicting or disagreeing with male colleagues and seniors are often discouraged in the culture, and particularly in case of healthcare services, relationship between doctors and nurses/midwives are often hierarchical rather than collaborative. DMP made a conscious effort to empower the students from the very beginning of their student life. There were mechanisms established to coach students on gender-sensitive programs planning and management. The student welfare committees in the academic sites encouraged health



conversation between management and students, and encouraged collaboration. Counseling services were available to provide emotional and psychological supports. There were orientation and training programs on gender-sensitive and healthy learning environment. All these mechanisms were placed to boost confidence of the students and make them feel empowered. Beyond DMP, these options probably will not be continued with the midwifery education at BRACU due to scarcity of resources. Beyond BRACU, it is unlikely that other institutes will include such initiatives, although DMP ensured that the academic sites implement them. Hence, the empowerment of midwives from their early career phase might be hindered.

### iii.

Faculty Development: Availability of competent faculty is a constant issue in medical education sector overall. This is particularly severe in midwifery sector. There is no formal midwifery faculty development or training institute in Bangladesh. There are some discrete training programs

carried out by development projects with funding from donors, however, these are not regular and often are not customized to the specific need and absorption capacities of the faculty. DMP's faculty

development initiative was unique due to the fact that it was regular (taking place during semester breaks) and designed to cater to individual needs. Quite a number of faculty developed under DMP are currently involved in teaching in a number of government and private midwifery institutes in the country. After DMP, the regular faculty development of midwifery may be hindered, unless such a regular training programs are introduced by another entity.

### iv.

Facilitation of Promotion of Midwifery: An important role of DMP was to promote midwifery as a profession among young professionals and as a service among general people. DMP helped in bolstering the current image of midwifery as an important part of sexual and reproductive health and rights (SRHR) in Bangladesh. The tireless efforts of DMP included arrangements of countless technical discussions, seminars, workshops and mass awareness programs. Moreover, DMP could play the facilitator and mediator among multistakeholder dialogues among national and international midwives, healthcare professionals, policymakers and civil society. Although these are being carried out by organizations like BMS and BNMC, the systemic and planned approach adopted by DMP is missing.



অনাকাঙ্ক্ষিত গর্ভপাত  
কোনো কারণে  
গর্ভে

পদার্থ নিঃসরণ  
জননীয়  
নির্দিষ্ট আয়ুর্কাল পর্যন্ত  
বৃদ্ধি করে দক্ষিণ

বিষ  
কিছু আশ্রয়  
মৃত্যু পর্যন্ত  
কোনো কারণে  
অভিভাবক

রোমাঞ্চ  
সৃষ্টি হলে  
ভুলে যায়



পরিবার

# CENTER OF EXCELLENCE IN MIDWIFERY EDUCATION AND SERVICE – POTENTIAL WAY FORWARD OF DMP IN FUTURE

Bangladesh has a mammoth milestone to achieve in ensuring Universal Health Care (UHC) for its citizens, particularly quality maternal and newborn healthcare. For a resource-constrained country like this, midwifery as a profession can contribute significant in that effort. The profession is, however, only in its infancy in Bangladesh, with the first batch of professional midwives having been recruited less than seven years ago. The enabling environment surrounding the cadre is still evolving, with updated strategies, guidelines, roadmaps and visions emerging every now and then. In such a changing environment and given the early stage the profession is at, institutional support through collaborative approach of government, development agencies, academia and experts is needed, a part of which could be extended from the DMP project and for that, a collaborative platform is required.

Considering its importance, a Center of Excellence in Midwifery Education and Service can be established under BRACU. This will be a platform to promote institutional support in midwifery education and profession development in Bangladesh, encouraging participation from government entities, professional associations, development agencies, universities, even individuals. The center will work as a one-stop place to provide facilitation services for education, training, research and professional development in midwifery sector. Specifically, the center may provide the

## Following services:

- Diploma-in-Midwifery programs for direct-entry students
- Specific short courses for professional midwives
- Regular training programs for midwifery faculty
- Thematic research for midwifery education and service development
- Policy advocacy in collaboration with other professionals and civil society
- Knowledge development through facilitation of technical discussion, knowledge exchange, exposure visit and collaboration among national and international universities, educational institutes, research institutes, researchers and professionals

The formation of the center should be in a way that government institutes, donors, development agencies, and even individuals can collaborate through financial support or technical assistance. In Bangladesh, examples of collaboration is not very common in public health education and research. However, beyond the public health sector, similar examples are available in the industrial sector, including the COEL in leather sector and the IRT in RMG sector. A model similar to these successful examples can be adapted in the midwifery sector in Bangladesh.

## **Developing Midwives Project (DMP)**

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