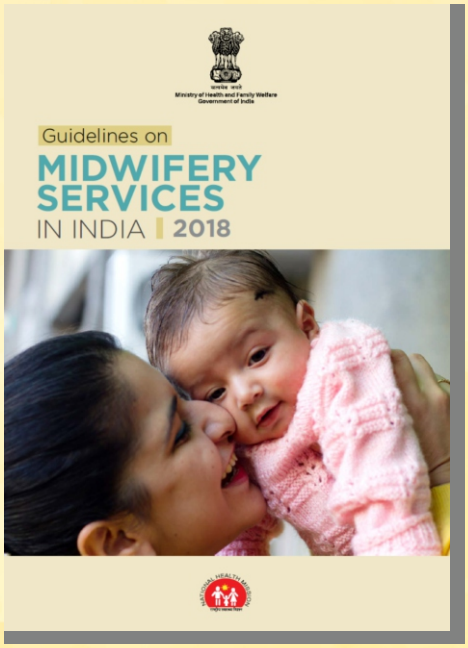
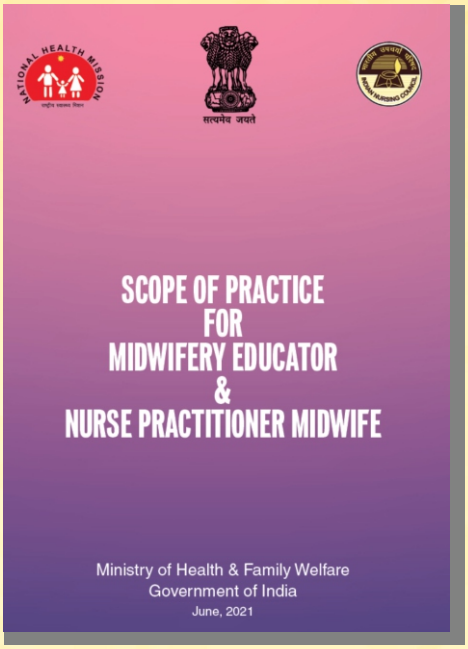
MIDWIFERY VISION DOCUMENT

ODISHA





Launch of NPM Course
at SCB,Cuttack

Inaguration of SMTI/MLCU
at MKCG, Berhampur

Observation of International
Midwifery Day at SMTI, Cuttack

Foreword

Smt. Shalini Pandit, IAS
Commissioner-cum-Secretary to Govt.
Health & FW Department,
Govt. of Odisha

Government of Odisha state has taken numerous steps to reduce maternal and neonatal mortality in the state and is committed to provide quality health care to its citizens. Remarkable progress has been made in the past decade to reduce the number of maternal deaths from 180 in 2014-16 to 119 per 100, 000 live births in 2018-20. Evidence suggests that midwives trained to international standards and competencies can play a crucial role in reducing maternal mortality, neonatal mortality and still births. Introducing Midwifery Led Care in Odisha is one the important steps in this regard.

The Nurse Practitioners in Midwifery (NPM) are trained specialized professionals who will be designated to work in maternity service areas to provide compassionate, respectful, and quality birthing care which would lead to a positive childbirth experience. The key elements of midwifery practice like alternate birthing positions, pain relief strategies, birth companion of choice and collaborative care models are based on the WHO recommendations for a positive childbirth experience.

I hope that this important initiative would be taken forward with a pragmatic timeline and wish all success, so pregnant women in Odisha are provided high quality care leading to improved physical and emotional outcomes.

S. Pandit

Ms Shalini Pandit IAS,
Secretary, Health and Family Welfare,
Govt of Odisha

Preface

Dr. Brundha D, IAS
Mission Director
National Health Mission
Odisha

Odisha's Journey in addressing maternal and neonatal mortality has come a long way with many of significant achievements. The initiation of midwifery programme and setting up midwifery training institutes to train midwives as per international standards is one among them.

This document is a roadmap to move forward on the journey of establishing midwifery within the state, and as a step towards strengthening maternity services. It is a valuable resource for policymakers, healthcare planners and other stakeholders interested in ensuring high-quality midwifery services in the State. It details on the establishment of ecosystem for training, arrangements for effectively managing the midwifery program, human resource requirement, establishing regulatory framework and the process of mainstreaming the NPMs in the existing health care system and collaborating with other sectors and the community This document would also be helpful to other states who are keen to take up the midwifery programme in the future.

The document is prepared in partnership with UNICEF and I am sure it would be of immense help to the state in steering our way to ensure positive birthing experience.

Dr Brundha D, IAS
Mission Director
National Health Mission, Odisha

Message

Dr. Rama Chandra Rout
Director Nursing
Govt. of Odisha

The care and medical attention received during pregnancy and childbirth are crucial factors that determine the survival of both mothers and new-borns. Respectful care is equally important, as it ensures that women are treated with dignity, respect, and kindness during their childbirth. This includes ensuring that would be mothers have access to pain relief, privacy, and informed consent. It also means ensuring that women are not subjected to any form of physical, verbal, or emotional abuse.

A NPM (Nurse Practitioner Midwife) who has completed 18 months of training designed by the Indian Nursing Council (INC) based on the ICM essential competencies for basic midwifery practice can offer a conducive environment for respectful and physiological birthing experience more effectively.

The Lancet study in 2014 found that expanding midwifery services to provide universal coverage could reduce maternal mortality by 83% and stillbirths by 71%, as well as decrease new-born mortality by 58%. The study also found that midwifery care could prevent up to two-thirds of all maternal and newborn deaths in low and middle-income countries. With Odisha's high maternal and new-born mortality this is highly relevant.

Odisha has started its 1st batch of NPM course at SCB College of Nursing from May-2022, where in Nursing officers of 4 districts such as Capital hospital, Kandhamal, Bolangir & Malkanagir are enrolled for the course. Similarly, the 2nd , is started at SMTI MKCG College of Nursing from April-2023 with the participation of Nursing officer of MKCG, City Hospital Ganjam, Rayagada, Koraput. The state is committed to continue this training through 3 SMTI SCB-Cuttack, MKCG-Berhampur & VIMSAR-Burla and quite hopeful to achieve the target set to reduce the MMR and provide women centric quality services in the state.

Dr. Rama Chandra Rout
Director Nursing
Govt. of Odisha

Message

Dr. Bijaya Kumar Panigrahy
Director Family Welfare
Department of H&FW, Odisha

Govt. of Odisha has been consistently moving in the direction of strengthening maternal health activities and addressing all challenges coming in the way towards meeting the Sustainable Development Goal of MMR 70 per 1,00,000 live births. One such initiative is the introduction of midwifery-led care through establishment of midwifery training institutes to train midwives on conduction of physiological normal births. This intervention will definitely improve intrapartum care and contribute to reducing the perinatal mortality rate of the state Odisha. Although the introduction of midwifery services is still in its early stages, the document provides a structured roadmap for the development of midwifery services in the coming years. The goal is to provide respectful and physiological birthing experiences to mothers in Odisha, Overall, the government of Odisha is committed to improve the quality of healthcare provision to the community and achieve sustainable development goals.

Dr. Bijaya Kumar Panigrahy
Director Family Welfare
Department of H&FW, Odisha

Message

Dr Sachidananda Mohanty
Director of Medical Education and Training
Govt. of Odisha

The "Midwifery Services Initiative" in India aims to create a new cadre of midwives titled "Nurse Practitioner in Midwifery" (NPM), "who are skilled in accordance with ICM competencies, knowledgeable, and capable of providing compassionate women-centered reproductive, maternal, and new-born health services" (RMNCH). The programme also seeks to develop an enabling environment for the integration of this cadre into the public health system in order to achieve the SDGs for maternal and new-born health.

I am sure medical colleges can take an active role in promoting midwifery initiatives by 1) introducing midwifery concepts in the medical curriculum and 2) providing training opportunities to medical students on midwifery. 3) provide mentoring support to the other health care institutions in the community.

It is heartening to share that Odisha has already initiated the NPM programme in May 2022 and aims to upscale the numbers of NPMs in the state through the State Midwifery Training Institute, which is established in the College of Nursing and situated in three Medical College Hospitals. All SMTIs are affiliated with the Odisha Nurses and Midwifery Council. Registration of NPMs and midwifery educators will be done by the council. The step initiated by Govt. of Odisha will support enhancing the capacity of the nursing officers and further help in providing a respectful maternity to all pregnant women in the state.

Dr Sachidananda Mohanty
Director of Medical Education and Training
Govt. of Odisha

Background and Introduction

Despite considerable investments in improving institutional delivery rates after the launch of the National Health Mission (NHM) in 2005, the rate of decline in maternal and newborn mortality in the previous decade was insufficient to achieve the Millennium Development Goals, 4 and 5. Although the institutional delivery rates have increased to nearly 90% across the country (NFHS-5, 2019-2021), a commensurate decline in maternal and newborn mortality has not taken place.

In Odisha, 92.2% of pregnant women are under institutional care at the time of childbirth (NFHS-5, 2019-21). Of these, 78.7 % of women birth in public health facilities and 13.5 % in private facilities. In the last five years, there has been an overall increase in institutional births in the State, (85.3% NFHS-4 to 92.2%, NFHS-5). At the same time, the Caesarean Section (C-Section) rates have also increased from 13.8% to 21.6 % (NFHS-4 and 5), with the increase being more in the private sector (70. 7%). Of note, more than 2/3rd of the total births in the private sector are by C-Section.

While the drivers of increased C-section rates are beyond the scope of this document, poor quality of services received in public health facilities is considered to be an important underlying factor, pushing more and more women to seek care in private institutions.

Rising C-section rates in the State, coupled with persisting high levels of maternal and early newborn death rates indicate a tendency towards medicalization of births along with the sub optimal quality of care (QoC) during and after birth.

One of the major contributors to maternal death is the poor quality of intrapartum care. According to the Lancet Newborn series, 2014, the time around labor and childbirth accounts for almost 46% of all maternal deaths and 40% of still births and neonatal deaths. This suggests the need for improving the quality of care with a special focus during the intrapartum period in healthcare institutions.

The Government of India (GoI) has taken a landmark policy decision to roll out Midwifery Services in the country to improve the quality of maternal and newborn care and ensure respectful care for all pregnant women and newborns.

A new cadre of professional midwives or Nurse Practitioners in Midwifery (NPM) will be developed, educated, and trained to global standards. "Guidelines on Midwifery Services in India, 2018" outlining the operational framework for this new cadre, were released during the Partners Forum held in December 2018, in New Delhi.

The Midwifery Guidelines cite two major reasons for poor intrapartum care: lack of trained service providers and over-medicalization of births. Many pockets of populations within India face an acute shortage of trained human resources to provide skilled care at birth while others have shown evidence of increased rates of C-sections due to overuse of interventions.

In Odisha, despite the achievement of an institutional delivery rate of 92.2%, the MMR is at 119 maternal deaths per 100,000 live births (SRS 2018-20). Inadequate skilled Human Resource and weak implementation of QoC standards remain serious concerns.

Odisha has 6,688 Sub-Centers, 1394 Primary Health Centers (1288 Rural, 106 Urban), 384 Community Health Centers (377 Rural, 7 Urban), 33 Sub District Hospitals, 32 District Headquarters Hospitals, and 10 Medical College Hospitals including AIIMS.

Nurses are required for the smooth functioning of each of these government health facilities and training institutions. In addition, there is a significant and ever-growing private health sector that is increasingly absorbing trained nursing personnel.

Findings from an assessment of the nursing workforce in Odisha undertaken by the Academy for Nursing Studies on behalf of the National Health Systems Resource Centre (NHSRC) in 2008-09 indicated acute shortages of nursing personnel at all levels. Sufficient numbers of nurses equipped with the requisite knowledge and skills are essential to achieve desired NHM targets for the State.

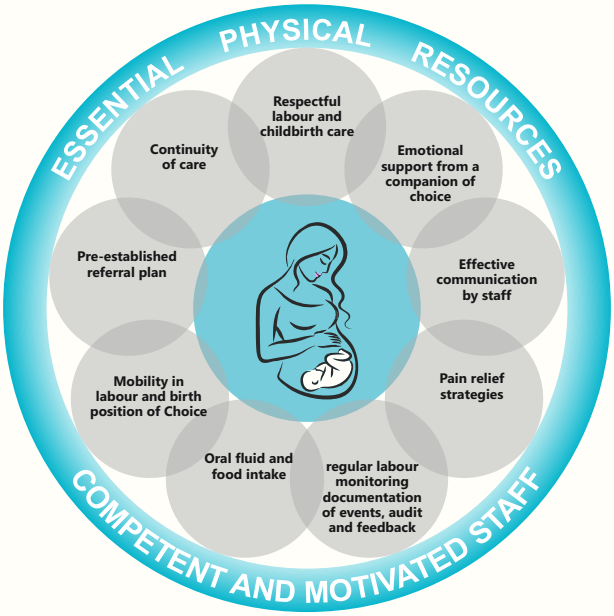
Required number of nurses needed across Odisha per year as per WHO ratio		
Year	**Projected Population**	**Required Nurses in Odisha as per Population: (Nurse Ratio is 1000:3)**
2018	45,989,232	137,967
2019	46,545,990	139,637
2020	47,098,218	141,294
2021	47,645,822	142,937
2022	**48,193,426**	**144,580**

Source: *Census 2011 & * Census Population Estimate Report & UIAI for 2021 Estimates*

Disrespect and abuse of women during childbirth act as a deterrent for the woman and her family to opt for institutional delivery in public health facilities despite the emphasis by GoI on respectful maternity care under the LaQshya quality Improvement initiative ("Promoting Respectful Maternity Care and Cognitive Development of Baby"). Further, respectful care is missing from the current nursing and medical curriculum.

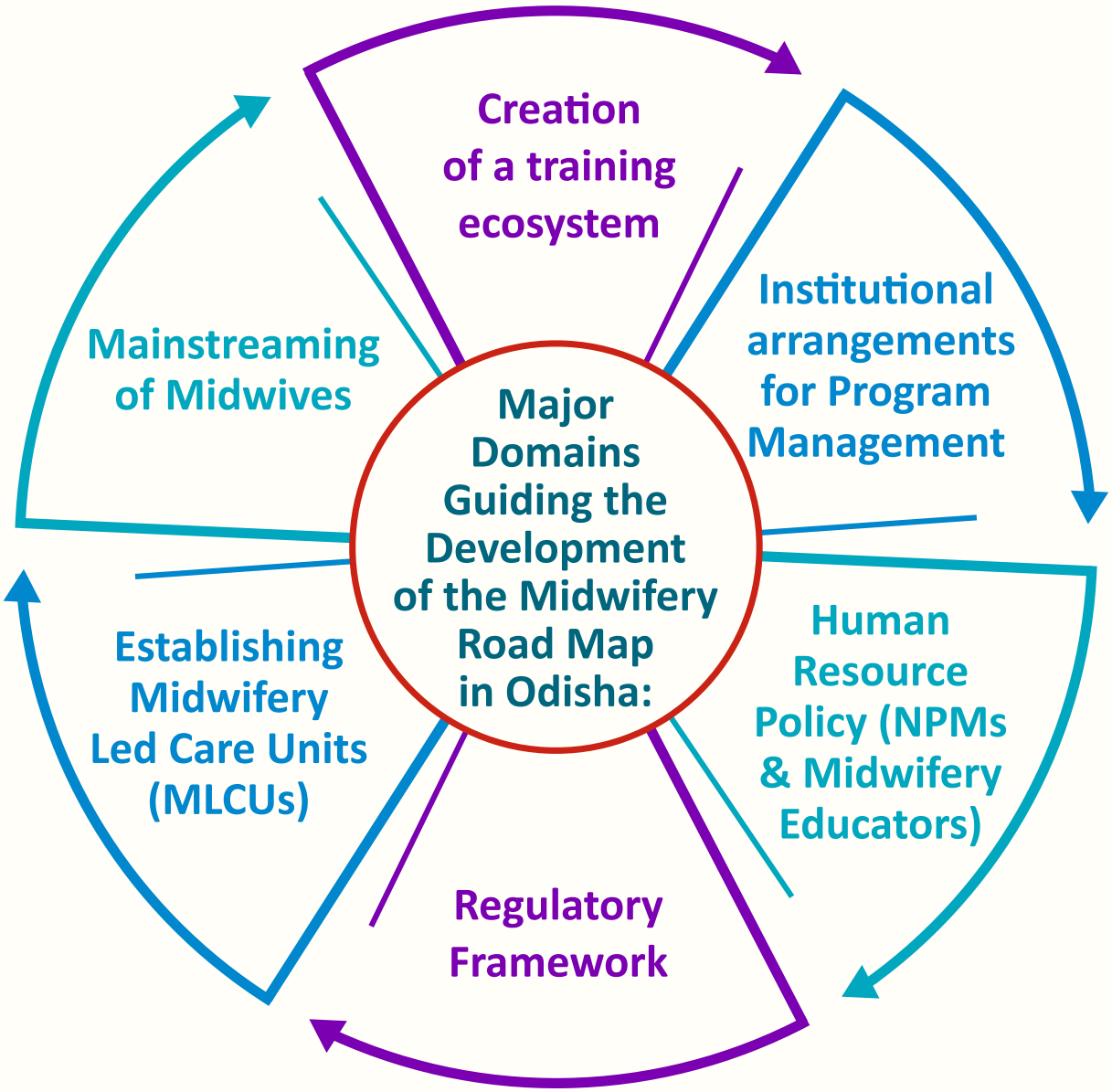
Midwifery-led care can address the vast majority of these issues by promoting quality through the provision of women-centered, skilled, compassionate care. When care is provided by well-trained midwives, there are increased chances of natural birth, decreased preterm births, C-sections, and improved levels of satisfaction contributing to an overall ''positive birthing experience''. The midwifery model of care is well supported by global evidence (Lancet Midwifery Series, 2014).

WHO recommendations:
Intrapartum care for a positive childbirth experience



Objectives of this Document

To plan and develop a roadmap for guiding the rollout of midwifery services in the state of Odisha taking guidance from the Government of India Guidelines on Midwifery Services in India, 2018 and 'Guidance note: Planning for the midwifery initiative, 2019-20'.



Strategic Framework for Implementation of Midwifery Services in Odisha

2018
- Roll out of Midwifery Programme in Odisha

2021
- Identification of institutes as State Midwifery Training Institutes (SMTIs)
- Establishment of SMTIs (1st proposed at CoN SCB Medical College)

2021
- Constitution of a State Midwifery Task Force (SMTF) and District Midwifery Action Groups (DMAG) in districts with SMTIs
- Meeting of SMTF and DMAG at regular intervals

2021
- Selection of 6 State Midwifery Educators (SMEs) per institute (total of 12)
- 6 month training of SMEs at an NMTI + 1 year mentoring at the SMTI by IMEs and NMEs

2022
- Selection of candidates for NPM training (30 per batch)
- 18 months training of NPMs at an SMTI + 1 year onsite mentoring by SMEs
- Monitoring, evaluationof the training and midcourse correction as appropriate

2023
- SMTI SCB MCH to be upgraded to NMTI in the year 2022-23
- Posting of NPMs at pre identified sites: Midwifery Led Care Units (MLCUs)
- Integration of newly trained midwives into the existing health system

2024
- Career progression of NPMs and SMEs
- Monitoring and evaluation of the midwifery initiative
- Quality assurance

2026
- Five more SMTI to be established in the State (At College of Nursing, Nawarangpur/Sundergarh/Dhenkanal/Kalahandi/Kandhamal)

2028
- Establishment of MLCU in all 32 DHHs, 33 SDHs & 384 CHCs

Midwife Led Care Units would be made functional at all the Medical College Hospitals, District Hospitals and First Referral Units across the state.

1.1 Establishment of State Midwifery Training Institutes (SMTIs)

1.1.1. Identification and Assessment

As per the Government of India Midwifery Services Guidelines, 2018, individual states can plan the rollout of the midwifery at any B.Sc nursing training institute that is most appropriate, has the necessary infrastructure, and requires minimal support in terms of facility upgradation.

Odisha has already implemented the pre-service education program of GoI and may give preference to nursing institutes where National/ State Nodal Centres have been established. These nursing institutions have been previously strengthened in terms of education, clinical processes, and teaching infrastructure such as IT labs, libraries, demonstration labs, etc. Functional skill labs have also been established at these institutes. In view of this, and to build upon the past investments of GoI and GoO at the outset, preference could be given to the College of Nursing, SCB Medical College, Cuttack.

Eight Government B.Sc. Colleges have been established in Odisha. They need to be assessed using the GoI assessment tool before they can be considered for an SMTI. 19 private nursing institutions are also functional which can be strengthened in a public-private partnership (PPP) mode, considering the numbers of NPMs required in the entire state. AIIMS which is a central institute of repute can also be explored for setting up a training institute.

As per calculations illustrated in the GoI guidance note, Odisha requires 3,664 NPMs which would take 41 Midwifery Institutes to train them if they are to be available in the next 3-4 years.

The State of Odisha plans to develop 3 SMTIs initially at:

1. SCB -MCH, Cuttack (To be upgraded to NMTI & COE)
2. MKCG -MCH, Ganjam
3. VIMSAR -MCH, Burla, Sambalpur

1.1.2 Strengthening and up-gradation of SMTIs

Detailed assessment needs to be done as per the Government of India, assessment tool to ensure that the following criteria are met:

- Attached clinical site with adequate case load for hands-on practice (at least 6000 deliveries annually; preferably LaQshya certified site)
- Skill laboratories/ Simulation laboratories
- Adequate classrooms/seminar rooms for theory sessions
- Library with all the necessary books, relevant GoI Guidelines, and modules as per INC guidelines
- Functional computer laboratory with high-speed internet connectivity
- Accommodation facilities for NPMs undertaking the 18-months training course
- A dedicated and motivated team
- Virtual classroom capabilities

An assessment team comprising representatives from State-NHM, State Nursing Council (SNC), respective development partners, and others (as guided by the constitution of teams for assessment of potential NMTIs, GoI), should assess and conduct a gap analysis of the selected institutes.

Funds for infrastructural up-gradation and other requirements such as the purchase of books, models, manikins, etc. may be budgeted in the state's PIP as per the budgetary guidance provided by the updated financial guidelines for midwifery, GoI 2022.

1.2 Selection and Training of State Midwifery Educators (SMEs)

A pool of six SMEs is required for each SMTI to run the 18-months NPM course as well as establish a midwifery-led care unit and run it 24x7.

The state may consider selection of SMEs from the existing faculty of the Nursing colleges or Nursing Officers from public health facilities. Contractual recruitment may be done for filling up the vacancies, arising therein.

Further, to expand the pool of SMEs, fresh candidates can be recruited for the SMTI on a contractual basis by NHM. During selection, preference would be given to the candidates with M.Sc. Nursing with a specialization in Obstetrics and gynecology, Pediatrics, or Community Health and with a minimum 2 years of clinical maternity experience or Nurse Practitioners in Midwifery with 2 years of clinical experience. However, passion for midwifery, clinical/ hands-on experience in conducting deliveries, and willingness to continue the clinical practice and conduct deliveries are equally important for the success of the initiative. Given this context, any M.Sc./ B.Sc. Nursing candidate with a minimum of 5 years of clinical experience in maternal care, a passion towards midwifery, clinical/hands-on experience in conducting deliveries, and a willingness to continue the clinical practice and conduct deliveries is eligible as an SME, if found suitable.

1.2.1 Selection Process of Candidates

Selection would follow a competency assessment process to include all three competency domains: written test (assess knowledge), OSCEs (assess skills), interview, and motivational screening (assess attitudes).

- Candidate should have at least two years of experience of working in Labour room and maternity areas
- Candidate should have a minimum of 5 years of service period before superannuation
- Only female candidates may be admitted to the Midwifery Educator Program in view of cultural constraints
- Screening for the medical fitness of candidates may be conducted. Individuals who are medically fit, should be selected for State Midwifery Educators (SMEs) otherwise it may affect the training
- In view of the vigorous nature of this training and the commitments expected from the SMEs consent may be taken while selecting pregnant and lactating mothers as SMEs
- During the selection process candidates would be oriented about the national midwifery initiative, and the roles and responsibilities of the SMEs. Simultaneously,a signed declaration would be taken regarding their posting as SMEs at concerned SMTIs.
- Candidate may be in-service or contractual, provided they meet the selection criteria and qualify the laid down selection process. However, once an existing in-service/ contractual candidate is deputed for Midwifery Educators training, their work responsibilities would be accordingly redefined, and they would be expected to exclusively work towards the training of NPMs.

1.2.2 Guidance Note for conducting an Objectively Structured Clinical Examination (OSCE)

An OSCE is a multipurpose evaluation tool designed to assess the clinical skills performance of health care professionals.

OSCEs assess competency, based on objective test through direct observation, are precise and reproducible, allowing uniform testing of students for a wide range of clinical skills. They are useful for assessing critical areas of performance of health care professionals beyond knowledge, such as communication skills, handling unpredictable patient behaviours, interpretation of data for decision making, counselling, breaking bad news and practical management of emergency situations.

An OSCE usually comprises a circuit of short stations (the usual is 8–10 minutes, although some use up to 15 minutes), in which each candidate is examined on a one-to-one basis with one or two impartial examiner(s) and either real or simulated patients (actors or electronic patient simulators).

The following OSCEs may be used in the selection process of SMEs are:

1. Active Management of 3rd Stage of Labour
2. Management of Post-Partum Hemorrhage
3. Management of Eclampsia
4. Abdominal Examination (pregnant woman)
5. Newborn Resuscitation

1.2.3 Training of SMEs

The selected candidates will undergo six months hands-on intensive residential training at a National Midwifery Training Institute (NMTI).

This is a competency-based training that is strongly practice-focused. 20-30% of the total time is dedicated to classroom learning (didactic + skill lab) and the remaining time for clinical practice. The clinical practice sites have been chosen keeping several criteria in mind such as delivery load, infrastructure, co-location of OB&G, the willingness of other cadres to support midwifery services, etc. More than one clinical site may be designated to be developed as an MLCU which could be a CHC. (Also, once a minimum level of competency is achieved in essential midwifery practices, the NPMs can be posted to peripheral level facilities where they will be closest to the communities they serve.)

To support the development of both educator and clinical competencies, INC has brought out the dual practice role wherein educators need to be well versed in theory and also support clinical practice.

During the course, State Midwifery Educators would be expected to undergo a competency-based assessment at 3 points in time: at the end of 3 months, 6 months, and finally at 18 months.

The SMEs who clear the examination at the end of six months, will be posted at an SMTI for undertaking the training of NPMs. Simultaneously, they will also be mentored by the mentors from the NMTIs (IMEs / NMEs). This 1-year structured mentorship plan will seek to strengthen the SMEs' competencies as per those laid out by WHO (and adapted by INC) and consolidate the learnings from their 6-month residential training.

The INC will provide a provisional certificate to the candidates who have successfully completed 6 months of training and a final certification at the completion of 12 months of mentorship and having successfully passed the final assessment at the end of 18 months.

Budgetary guidance for salary / incentives etc. of the SMEs is as per those provided in the guidelines issued by NHM, GoI.

1.2.4 Selection and Training of NPMs

As outlined in the Midwifery Services Guidelines, 2018, in order to be selected for the NPM training programme, aspiring candidates must fulfil the following criteria:

- Have a GNM (General Nursing and Midwifery) diploma from a recognized institute or B.Sc. Nursing degree from a recognized University
- Be a Registered Nurse and Registered Midwife (RN & RM)
- Candidate should have at least two years of experience of working in Labour room and maternity areas

The selection process is similar to that for the SMEs with the assessment of all competency domains through written test, OSCE, interview, and motivational screening.

In-service or contractual candidates with the above-mentioned qualifications may be recruited for the NPM training programme. Nursing Officers from the Delivery Points may be prioritized. The State may recruit contractual nurses against the regular cadre candidates who are deputed for the NPM training.

Stipend and other allowances, as specified in the NHM budgetary guidance, may be provided to all candidates (fresh candidates/ existing contractual/ in-service candidates) undergoing the NPM course. If in-service/existing contractual candidates are deputed for NPM training and are certified as NPMs, State may budget for an additional monthly allowance for these NPMs under NHM in the coming years.

Post-training, NPMs must be directly posted at selected facilities for setting up and running Midwifery Led Care Units.

1.3 Assessment & certification of NPM Educators and NPMs

- Affiliation of all SMTIs with Odisha Nurses and Midwives Registration Council
- Examination and certification of NPMs should be conducted by the ONMEB as per the INC norms
- Registration of NPMs and NPM Educators is to be done by the Odisha Nurses and Midwives Registration Council

2. Institutional Arrangements for Program Management

The overarching goal of various institutional arrangements at the national and state level is to ensure a smooth rollout of the midwifery initiative in the country.

The State Midwifery Task Force (SMTF) will provide strategic guidance and oversight to the implementation of midwifery programme in the State, under the broader guidance of the National Midwifery Task Force.

Objectives of the SMTF include:

- Guide development and implementation of the roadmap for midwifery services in the State through stakeholder collaboration
- Provide oversight for smooth implementation of midwifery training at identified SMTIs
- Guide the establishment & operationalization of MLCUs and
- Facilitate the development of a career progression pathway for the midwifery cadre in the state

2.1 Constitution of State Midwifery Task Force for Midwifery (SMTF)

At the State level, the task force would be chaired by the Secretary, Department of Health and Family Welfare, Government of Odisha, with the Mission Director (NHM) as co-chair.

The other suggested members of the task force are:

1. Director, Nursing
2. Director, Health Services
3. Director, Public Health
4. Director Family Welfare
5. Director, Medical Education & Training
6. Director, State Institute and Health and Family Welfare
7. Superintendent of Medical Colleges
8. HOD/Nodal Officer (Midwifery) from Dept. of Obstetrics & Gynaecology
9. Additional Director, Maternal Health
10. Additional Director, Nursing
11. Principal/Programme coordinator Midwifery Training Institutes
12. Representative UNICEF
13. Team Leader, State Health System Resource Centre (SHSRC)
14. State Programme Manager, National Health Mission
15. Consultant, Public Health Planning, NHM
16. Consultant, Quality Improvement & Quality Assurance (Technical), NHM
17. Training Consultant, NHM
18. Consultant, Maternal Health
19. Consultant, Nursing
20. Representatives of Professional Associations (FOGSI, SOMI, TNAI, NNF, IAP)
21. Representative of State Nursing council
22. CDM and PHO of implementing districts
23. Representatives of INGOs, other Development partners, academic institutions
24. Experts from outside the state
25. Any other as suggested by members

Cadence of meetings of the SMTF

The task force will meet every six months or earlier, as required and as requested by the Chairperson. The committee can also invite any other member/s as deemed appropriate by the Chairperson.

2.2 Constitution of District Midwifery Task Force

District Midwifery Task Force is to be subsumed in the district MDR committee and the group members to be incorporated is as under

1. Principal Nursing training institution
2. Nursing teaching faculty
3. HOD OG/HOD Paediatrics
4. Labour room I/C, Sister matron/ Asst Nursing superintendent/Deputy Nursing Superintendent.
5. Constituted in concerned districts which have SMTIs and MLCUs. These Task Forces serve to ensure smooth implementation of decisions

taken by the SMTF (upstream) and ensure linkages at the institute level in concerned SMTIs (downstream).

Midwifery Task Force at district level may serve as platform for the smooth implementation of the NPM program *(in concerned districts, which have SMTIs and MLCUs)*.

Since MLCUs will be a part of the hospital maternity services, the concerned DMO and Medical Superintendent will be coordinating with the state in case of need.

2.3 Orientation of stakeholders to the midwifery initiative in Odisha

Sensitization meetings and workshops should be held regarding the Midwifery Initiative. These meetings/workshops need to be held at State, District, and Institution levels to ensure smooth functioning at and between all levels. They may be supported by respective development partners working in the State along with NHM, Odisha.

2.4 Development of a State-specific roadmap for the midwifery initiative in Odisha

A road map for the midwifery initiative in Odisha needs to be developed with all stakeholders to guide the program and respective activities in the state.

3. Human Resource (State Midwifery Educators and NPMs)

3.1 Level and Designation

- Planning and forecasting exercises for developing a cadre of NPMs
- Creation of posts for NPMs and State Midwifery Educators

Required number of Midwives in Odisha *(suggested guidance by GoI)*:

Number of Facilities with 600-1200 Deliveries /Year	Number of Facilities with 1200-6000 Deliveries /Year	No. of Facilities with more than 6000 deliveries	Required number of midwives (NPMs) for each level			Total number of NPMsrequired
			Less than 1200 deliveries @8 Midwives	1200-6000 deliveries @16 Midwives	More than 6000 delivery @32 Midwives	
278	90	0	2224	1440	0	3664

3.2 Posting of NPMs at Midwifery Led Care Units (MLCUs)

Midwifery-led Care Units should be established at LaQshya certified or other high caseload public health facilities (as identified by state) and NPMs trained under the midwifery programme would be posted at these units to provide 24x7 services.

It is essential that midwives are posted as a unit and not as individuals. The tangible impact of the midwifery program on the quality of care can only be established/measured if MLCUs are set up and run with a sufficient number of trained staff. To provide 24-hour cover, ideally there should be at least 4 NPMs and a weekly off for each midwifeto be allowed.

Accordingly, the posting of midwives should be based on the caseload of the facility. However, the following minimum number of NPMs must be ensured at corresponding levels of facilities:

- Medical College Hospital /District Hospital with

more than 6,000 delivery load per year needs 32 NPMs

- District Hospital/ Sub District Hospital/ Community Health Centre with 1,200 to 6,000 delivery load per year, needs 16 NPMs
- Sub District Hospital/Community Health Centre having less than 1200 delivery load per year needs 8 number of NPMs.
- The State shall ensure the posting of the selected candidates at the identified MLCUs before the commencement of the midwifery training. Written consent must be obtained from the candidates for joining at the place of posting and also mandating that they continue their services for a minimum period of three years to keep them in the position of a midwife and in one hospital facility to gain the confidence of the various levels of HCWs.
- Financial support for establishing these units would be provided under the NHM and will vary as per the facility, existing infrastructure, and overall requirement for developing an MLCU in the available space
- It is envisaged that in the first phase, immediately after training NPMs would be posted at high load facilities such as Medical Colleges, District Hospitals and Sub-district Hospitals for about 3 years following which, they would be posted at CHCs / PHCs. Experience of working at high load facilities would strengthen their competencies in the initial years and subsequent posting at lower-level facilities would reduce congestion at higher level institutions.
- While posting midwives at remote locations/ urban PHCs, it should be ensured that a minimum of four NPMs are posted at such facilities. It is re-emphasized that NPMs should not be posted individually and should always be considered as a unit. In such cases, appropriate and adequate incentives must be provided to them. The NPMs shall not be rotated in other areas of nursing.

3.3 Integration of Midwifery Services into the Existing Public Health System

State, district, and facility level staff, as well as the community & community health workers (ASHAs, ANMs) need to be sensitized to this new cadre to help in the smooth integration of midwives into existing maternity care services. Thorough sensitization of obstetricians, pediatricians and medical officers on the roles and responsibilities of NPMs is therefore critical to allow NPMs to perform to their full potential as per their laid down scope of practice and hence achieve the desired impact of the program.

Sensitization of SMTI / College of Nursing staff should be ensured before the initiation of trainings. This includes the head of the training institute (College of Nursing) and their full faculty.This will also include sensitization of the staff of the clinical site attached to the SMTI including obstetricians, pediatricians, Medical Officers, and existing labor room nursing staff.

It is critically important to build understanding about this new cadre among existing health care providers, as forging strong inter-professional collaborations is key to its overall success.

3.4 Remuneration and Incentives

Performance-based incentives and allowances are required to be developed for NPMs.

This can be decided by the State according to the existing financial norms of the Government of Odisha. For State Midwifery Educators (in-service candidates), NHM has made a provision within midwifery services of Rs. 10,000 to 25,000/- as per the new financial guidelines, 2022, and for NPMs Rs. 15,000/- incentives will be paid as per NHM PIP norms.

3.5 Career Progression of NPMs

NPMs will have a clear line of career progression defined in line with the current nursing cadre.

After completing the training, s/he shall be posted as a Midwifery Officer. S/he shall be posted at a level higher than the Nursing Officer/Staff Nurses of similar qualification and experience and shall be given additional increments. Additional allowances for those posted in Aspirational Districts and hard-to-reach areas may be considered.

The selected candidate/s has to go through a mandatory competency assessment at regular intervals (at the time of selection, completion of the course, and then subsequently every year linked with Annual Performance Appraisal and before

promotion). The recruitment /service rule shall include competency-based assessment which would be a critical part of the Annual Performance Appraisal.

To encourage strong and willing candidates to join midwifery services and to attract experienced senior nursing staff working in midwifery, the State can build special incentives in place and invite open nominations. However, an in-service staff shall be preferred for this course.

Suggestive career progression pathway in Odisha for NPM/ Midwifery Educator

Nursing officer on completion of 18 months of NPM training will be assigned work in the labour room as Nursing Officer cum NPM with incentives as decided in the programme committee meeting. She will get all the promotional avenues at par with the Nursing officer.

She will continue in the designation of NPM till promoted to the post of Dy Nursing Superintendent. The Asst Nursing Superintendent who will monitor the programme will be entitled for incentive.

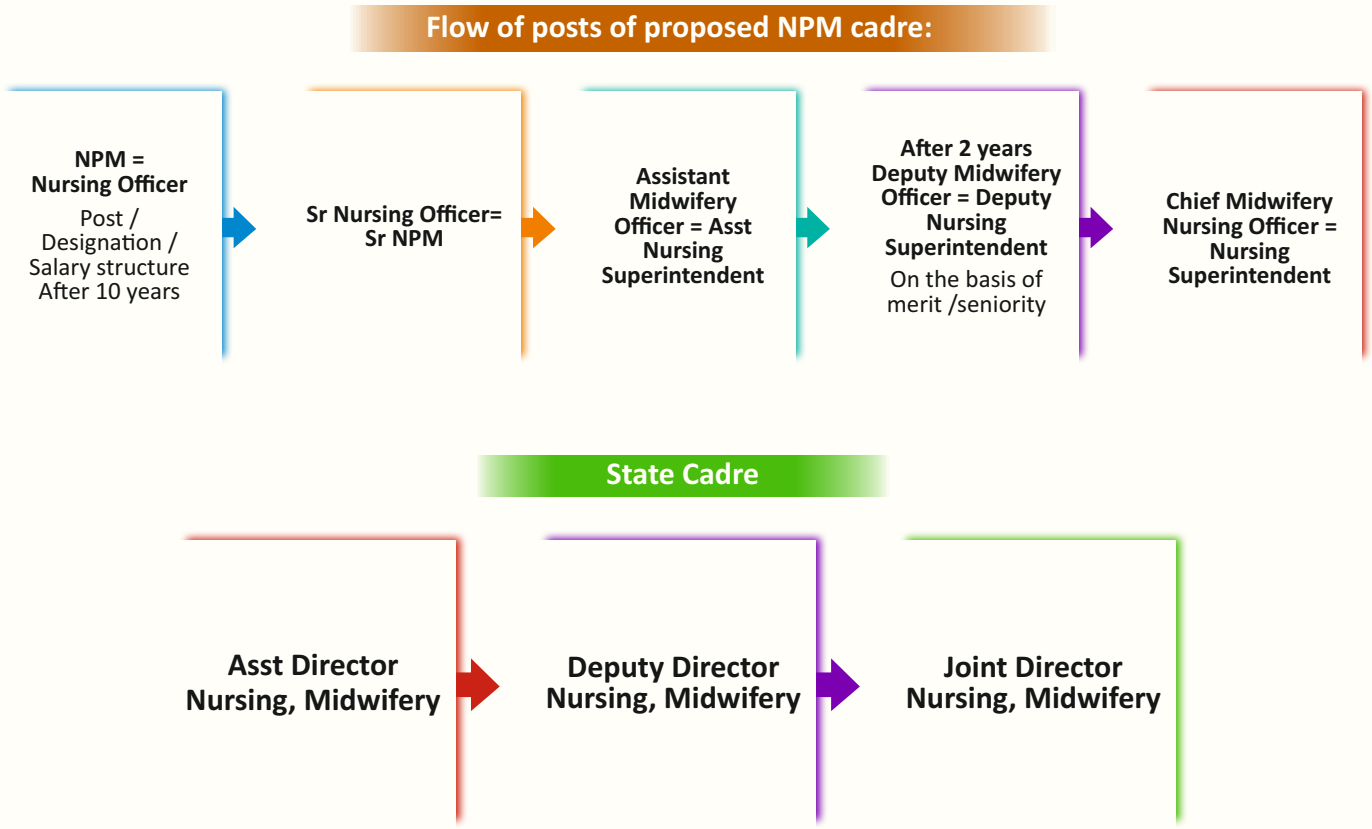
The tutor or the clinical Nursing personnel after completion of 6-month SME course will be designated as Midwifery Educator at SMTI/NMTI. The official who will appointed as Midwifery Educator will continue up 10 years minimum or till the next promotion whichever is earlier. They will be provided with another additional incentive for the said assignment. But if the Midwifery Educators will be interested to promote to the Associate Professor/Dy Nursing Superintendent and not willing to continue as a Midwifery Educators will not be entitled for incentives.

NPM/Midwifery Cadre Creation

The cadre of Nurse Practitioner in Midwifery shall be at Medical Colleges/District Hospitals/Sub-Divisional Hospitals/Community Health Centers and Referral Hospitals In this cadre total number of posts in the cadre shall be such, as may be sanctioned by the government from time to time:

Moreover, according to necessity, NPM, may be deputed to a Medical College Hospital and Super Specialty Hospitals from the concerned District Cadre.

Proposed Posts of Midwifery Cadre in Odisha



Promotion avenues will be as per the provision of nursing officer as well as the midwifery date of joining in the Govt Service/staff selection merit list. After completion of the bond period the trained NPM may be given the opportunity to work in the promoted post. If, after 5 years of service as NPM, if anyone wants to discontinue, they must be appointed in the maternity care areas only. In the event of non-availability of NHM funds, Govt may consider for the funds for incentives from the state budget.

1. Midwifery Officer: GNM/BSc Nursing after two years of Experience, who have completed NPM Training
   - Posting at Labor Rooms of CHC / RH / SDH / DH / Medical Colleges
   - In future APHC/PHC can be included
2. Senior Midwifery Officer: After 6 years of experience as Midwifery Officer
   - Posting at Block Level
3. Chief Midwifery Officer: After 5 years of experience as Senior Midwifery Officer
   - Posting at District Level
4. Midwifery Practitioner/Assistant Director of Midwifery: After 5 years of experience as Chief Midwifery Officer
   - Posting at Regional /State Level (Desirable MSc Nursing in OBG)
5. Midwifery Consultant/Deputy Director of Midwifery: After 5 years of experience as Chief Midwifery Practitioner/Assistant Director of Nursing
   - Posting at State Level (Desirable MSc Nursing in OBG)
6. Joint Director of Midwifery: After 5 years of experience as Deputy Director of Midwifery Officer

Suggested Integration with Organogram of Nursing Directorate in Odisha

Odisha already has a Nursing Directorate functioning under the Department of Health as detailed in the figure below.

The Joint Director shall remain the same for the nursing & midwifery cadre and may progress from the midwifery cadre. One of the two Deputy Directors for nursing may be in charge of the midwifery cadre and may also be from the midwifery cadre. One of the four Assistant Directors for nursing may also be in charge of the midwifery cadre and may progress from the midwifery cadre.

The rest of the progression may be as suggested in the GOI career pathway.

4. Regulatory Framework

4.1 Certification of NPMs

- Examination and Certification of NPMs are to be done by Odisha Nurses Midwives Examination Board which is affiliated with the Indian Nursing Council
- Registration of NPM and NPM Educators will be done by the Odisha Nurses and Midwives Council

Post-certification of the NPMs, the State Nursing Council (SNC) will be able to register the successful candidates with additional qualifications. SNC will be responsible to call these (qualified) candidates or Midwifery Officers every 5 years for re-registration. Each re-registration is linked to the promotion of the Midwifery Officer after passing the competency assessment.

The SNC and State Board Examinations/ University can conduct the competency assessment along with the support of Midwifery Educators from SMTI/NMTI. A third-party evaluation of the entire testing process is recommended to be done each time.

4.2 Renewal of registration/license

Renewal of registration of the SMEs and NPMs will be provided by the concerned State Nursing Council as per guidelines issued by the Odisha Nurses and Midwives Registration Council (ONMRC).

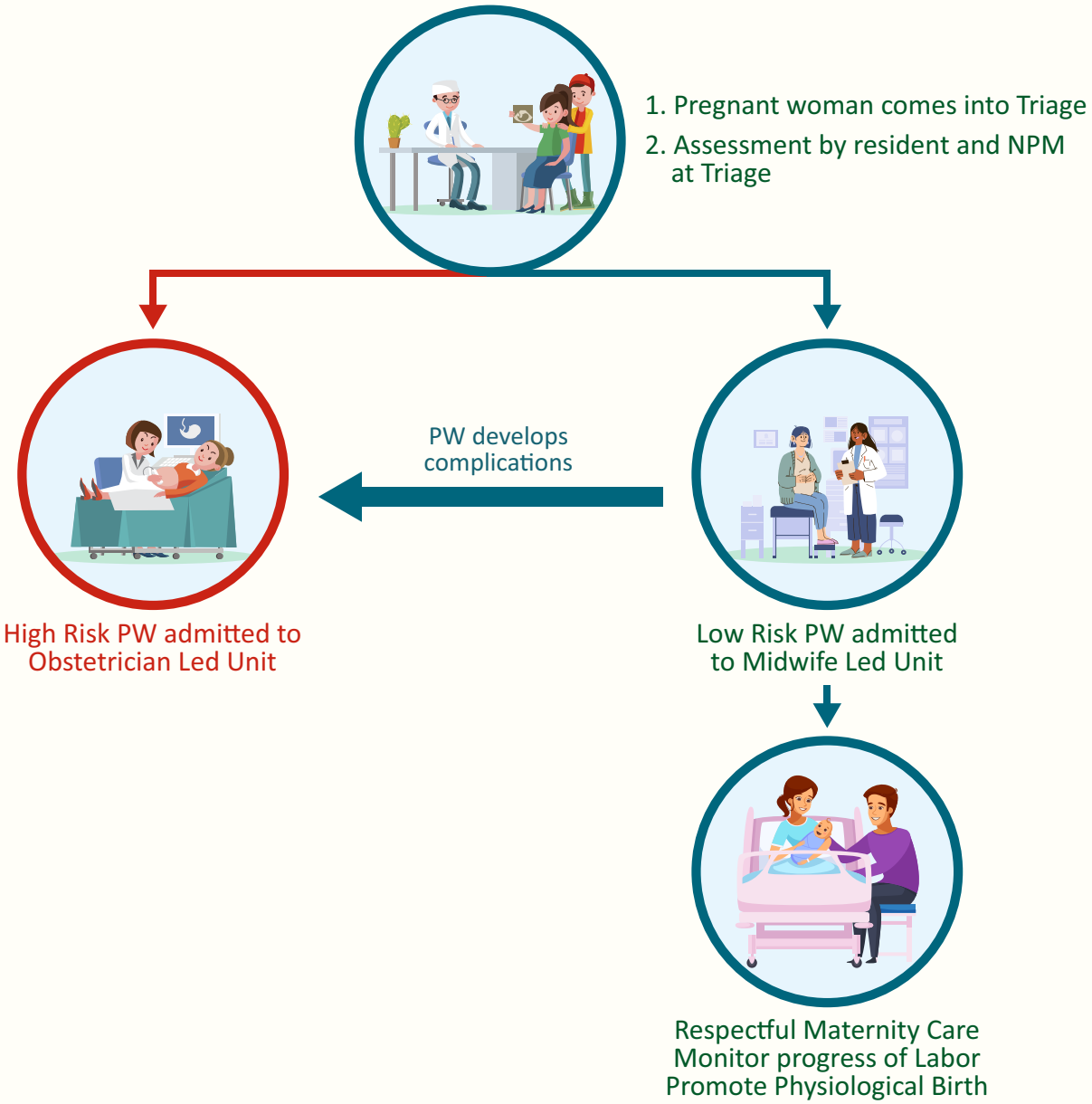
Establishment and Operationalization of Midwifery Led Care Units (MLCUs)

5.1 Identification & Selection of MLCUs in Odisha

- Initially, MLCUs are to be established in medical colleges, district/sub-district hospitals, and CHCs
- MLCUs will be managed by Nurse Practitioner Midwives (NPMs) and all the care to be provided by NPMs but with a strong emphasis on inter-professional collaboration
- All pregnant women should be (ideally) screened jointly by the NPMs and labour room staff at triage and the low-risk mother to be referred to MLCU for care and services by the NPMs. In case of need the NPMs can seek the support of obstetrician. Pregnant women with complex needs (health issues, medical or surgical complications, or previous obstetric history rendering them high-risk) must be cared for by a multi-disciplinary team of specialists. The NPM can continue to be involved in her primary care.
- In the joint triage, the midwife must be competent, skilled, and confident as she will be the first professional to examine, screen, and risk categorizes the “patient” in the triage and will then ask for obstetrician /allied specialists' help.
- Cross referrals and linkages need to be established between both midwife-led and obstetrician led units

PICTORIAL FLOW DIAGRAM

CLIENT FLOW TO MATERNITY SERVICES



5.2 Impact of Midwifery service provision at MLCUs

It is envisaged that when midwives provide care to healthy pregnant women, the expected outcomes will be:

- Promotion of physiologic birthing with an overall positive birthing experience
- Early identification of complications, initial management, and timely referral through inter-professional collaboration with Obstetricians, pediatricians & nurses providing maternity services
- Decongestion of higher-level healthcare facilities
- Expansion of access to quality MNH services in remote areas and urban slums

5.3 Monitoring and quality assurance at MLCUs

Establishment of data recording and reporting mechanisms: Regular monitoring of the program and its indicators is the cornerstone for success. It is

critical that all aspects of the program are monitored including training institutions, training, and healthcare facilities providing service delivery.

State-level policies for midwifery shall be monitored by NMTF (National Midwifery Task Force) in collaboration with national institutes. The monitoring at MLCUs and client satisfaction shall be the responsibility of the SMTF and SMTI. A detailed monitoring framework comprising of checklists and monitoring indicators shall be developed and shared by the NMTF.

Evaluation of the Midwifery Initiative and Quality Assurance framework shall be set up by NHSRC in collaboration with NMTF, INC, and partner organizations and would be implemented by the States under the guidance of MoH&FW and NHSRC.

6. Mainstreaming of Midwives/NPMs

6.1 Sensitization of key stakeholders

Sensitisation of relevant Policymakers, program managers, State Nursing Council and facility in-charges, Professional Association members (FOGSI, SOMI), obstetricians, pediatricians, and other nursing cadres providing existing maternity services are required.

- Planning and organization of sensitization workshops at the State level
- Development of communication collaterals and materials like advocacy briefs, sharing data from births conducted by midwives, women's satisfaction and success stories around women's satisfaction and overall experience of care, champion midwives with relevant videos
- Reward & recognition mechanisms for midwives (monetary and non-monetary) for enhancing motivation and retention of NPMs deployed at MLCUs

6.2 Promoting inter-professional collaboration

The introduction of measures for promoting inter-professional collaboration and delivery of quality healthcare through an integrated team-based approach needs to be developed.

6.3 Strengthening Midwifery professional associations like SOMI

Mechanisms for strengthening professional midwifery associations need to be developed.

6.4 Creation of a positive perception for midwives in the community

Activities related to generating awareness and appropriate SBCC strategies for creating a positive perception around NPMs in the community need to be undertaken.

6.5 Role of Developmental Patner

UNICEF will provide technical support in planning, coordination, support in capacity building of different stake holders involved in this programme, in development of appropriate strategy for smooth implementation of the midwifery programme in the state, as approved by Govt of Odisha , Health & FW Deptt.

Budgetary Guidance for the Midwifery Initiative (GoI)

- The budget for the Midwifery initiative has been detailed in the GOI guidelines, to be included in the state NHM PIP
- Revised financial Guidelines for the Midwifery Initiative have been released by the Ministry of Health and Family Welfare, GoI in January 2022
- In each PIP, the State can propose the budget under the head Maternal Health of midwifery sub head for the required number of SMTIs and MLCUs
- The amount mainly is proposed for strengthening of Midwifery Training Sites, strengthening of clinical sites to be established (alongside MLCUs) and Mini Skill Labs, establishing standalone MLCUs, training of SMEs at an NMTI, and training of NPMs at SMTIs in the

State, etc.

- The State shall transfer the amount to the respective NMTI/SMTI in accordance with the number of participants undergoing ME/ NPM training
- The SMTI shall ensure that all the payments should be made through Public Financial Management System (PFMS)
- The State needs to collect the utilization certificate along with all supporting documents i.e., Statement of Expenditure (SoE) and Utilization Certificate (UC) which shall be duly signed by the authorized signatory and is to be verified by the auditor
- The NMTI/SMTI should ensure that a daily attendance record of all learners and trainers is maintained for audit purposes
- The Principal College of Nursing will be programme coordinator for SMTI/NMTI
- For each MLCU one senior OG Specialist to be nominated as Nodal Officer for MLCU

The projected amounts below are only for budgeting purposes in the PIP and lay down the maximum allowable remuneration. States are at liberty to align these with their state norms, whichever are lower.

Scale-Up of the Midwifery courses in both Public and Private Sector

- As per the GoI guidelines strengthening of all Colleges of Nursing (CONs) to SMTIs in order to provide training to 122 batches to produce 3664 midwives (at the rate of 30 participants per batch). However, considering that it would take around 15 – 20 years to produce the required numbers of Midwives private nursing colleges need to be taken up for establishing SMTIs. Direct entry Midwifery courses also need to be initiated. In the long run, this would help for quality improvement of maternity services.

List of Proposed SMTIs in B.Sc. Nursing Colleges in Odisha (Public and Private Sector)

CATEGORY A: Government Nursing Colleges in Odisha

1. College of Nursing, SCB, Cuttack
2. College of Nursing, MKCG, Berhampur
3. College of Nursing, VIMSAR, Burla
4. AIIMS, College of Nursing, BBSR
5. Govt. College of Nursing, Sundergarh
6. Govt. College of Nursing, Kandhamal
7. Govt. College of Nursing, Kalahandi
8. Govt. College of Nursing, Nabarangpur
9. Govt. College of Nursing, Dhenkanal

CATEGORY B: Private Nursing Colleges in Odisha

- Eligible Institutions as per INC/ MOHFW, GoI norms

Category C: Govt Medical Colleges in Odisha

1. SLNMCH, Koraput
2. BB, MCH, Bolangir
3. PRM, MCH, Baripada
4. FM, MCH, Balasore
5. SJM, MCH, Puri
6. MCH, Keonjhar
7. MCH, Sundergarh

Alternate Ways of Rolling Out Midwifery Education in the State: Direct Entry Course

- The International Confederation of Midwives (ICM) provides a set of basic, essential, competencies expected from a pre-service midwifery education program in order for a health care provider to qualify as a professional midwife, within and practice as per the scope of practice defined by the ICM
- The ICM laid global standards and competencies are essential in strengthening the midwifery profession worldwide. They provide a framework in preparing qualified midwives to deliver high-quality, research, and evidence-based health care services to mothers and newborns globally.
- The ICM recommends at least 18 months of midwifery education post-nursing

OR

- A 3-year direct entry education to achieve these competencies

OR

Diploma in Midwifery:2-year program consisting of general education and professional courses which prepare students for entry-level midwifery competencies

OR

Bachelor of Science in Midwifery (BSc. Midwifery): 4-year degree program

- There are many pathways to midwifery found that have been adopted across high-, low- and middle-income countries: a direct entry curriculum, post-registration (nursing) curriculum, or embedded within an existing nursing curriculum.
- The current training model proposed by GoI is a lateral entry program and midwifery positioned as an advanced practice role (after nursing).
- A direct entry to Midwifery may be proposed and decided upon by the Government of Odisha along with the Odisha Nurses and Midwives Council and the concerned University.

Alternate Model for Discussion: Engaging the Private Sector

The State of Odisha requires more than 3,600 trained and qualified midwives to cover the service delivery points as suggested by the GoI model. To meet this large requirement and do so with high quality, it is imperative to provide good quality education and training. Odisha has several private medical colleges which have attached Colleges of Nursing. These could be considered for developing as Midwifery Training Institutes.

Further, corporate hospitals offer high-quality infrastructure, teaching/learning aids, and are well equipped to provide a good caseload for hands-on practice. The State may consider entering into a partnership with these institutions, wherein they could provide training to in-service candidates selected and recruited by State NHM. Further, this training could be provided for a 2-year period which would then be offered as a degree course and create greater attraction.

Annexure I

Revised Financial Guidelines for the Midwifery Initiative released by the Ministry of Health and Family Welfare, GoI in January 2022

Infrastructure Upgradation:

Activities	Budget (In INR)
Strengthening of Training Sites (NMTI/SMTI)	1,00,000*
Contingencies and Consumables	50,000
Total	**10,50,000**

**Non-recurring (one time) cost only*

HR for Nursing Institutions:

Activities	Unit Cost (In INR)	Unit No.	Total Cost
Midwifery Educators*	Top up of 10,000to 25000/MEs	6	1.2 Lakhs to 3 Lakhs
Program Coordinator	5,000*12	1	60,000
Data Assistant	15,000*12	1	1,80,000

National level training of State Midwifery Educators (MEs)Trainees:

Cost for MEs Training at NMTI	Unit cost (In INR)	Unit No.	Total Cost (INR)
DA	400	1	74,000
Food for Participants	350	1	64,750
Accommodation	500	1	92,500
Total			**2,31,250**
Travelling	14,000*	1	84,000

National level training cost for Midwifery Educators (MEs) Trainers:

Cost for MEs Training at NMTI	Unit cost (In INR)	Unit No.	Total Cost (INR)
Accommodation for Six Trainers	5,000 for 6 months	1	1,80,000
Food for Trainers	350 per day for 6 months	1	3,78,000
Total			**5,58,000**

Training of NPMs at SMTI:

Cost for MEs Training at NMTI	Unit cost (In INR)	Unit No.	Total Cost for 18 months
DA	400	1	2,20,000
Food for Participants	250	1	1,37,500
Accommodation	500	1	2,75,000
Total			**6,32,500**
Training cost for One NPM at SMTI is INR 6,32,500. So, the total Cost for One Batch (30) of NPMs is INR 1,89,75,000			
Traveling	1000*	30	30,000

**Non-recurring (one time) cost only*

Training cost of MEs at SMTI:

Cost for MEs Training at NMTI	Unit cost (In INR)	Total Cost(In INR)
Accommodation for Six Trainers	5,000 for 18 months	5,40,000
Food for Trainers	250 per day for 18 months	8,25,000
Total		**13,65,000**

Budget for Mentoring Visit:

Cost for MEs Training at NMTI	Unit cost (In INR)	Unit No.	Total Cost for 18 months	Cost for MEs Training at SMTI	Unit cost (In INR)
DA	400	1	2,20,000	DA	400
Food for Participants	250	1	1,37,500	Food for Participants	250
Accommodation	500	1	2,75,000	Accommodation	500
Cost for MEs Training at SMTI	Unit cost (In INR)	Unit No	Total Cost for 18 months	Cost for MEs Training at SMTI	Unit cost (In INR)
Total					**6,750**

Annexure-2: TOR SME

TOR OF THE MIDWIFERY EDUCATORS AT SMTI

Scope of Practice:

Midwives focus on pre-conceptual care, pregnancy, the intrapartum, and post-partum period including care of the new born. They largely focus on the care of women with low-risk pregnancy for whom they provide antenatal care and offer support to women during labour and childbirth. The work in collaboration with doctors caring for women with complex medical needs. A considerable part of midwifery is about supporting women during the natural process of labour and birth and offering elements of midwife-led support for women with medical needs.

The midwife's role is different to that of the doctor. In that, a midwife does not focus diagnosis and treatment of illness but instead uses her knowledge and skills to help the womb exercise informed choices about her labour and childbirth. After the birth, she focuses on ensuring t mother and baby are well, develop close bonding so that the baby has the best start in life.

The midwife is trained to notice deviations from normal pregnancy, labour and birth, and escalate timely for appropriate medical help when indicated.

Job description of a Midwifery Educator at SMTI

As a trainer for nurse practitioners in midwifery (NPMs), enabling them to

- Care for normal birth and pregnancy with a de-medicalised approach
- Provide holistic, woman-centric and evidence-based care
- Provide compassionate care to mother and neonate
- Support care of mother and neonate at all three levels of care
- Teach NPMs in areas related to mother and neonatal care
- Conduct research in areas of mother and neonatal care
- Train, support and guide the NPM to attain the knowledge, skills an behavior to practice professional midwifery.
- Participate in research studies that contribute to evidence-based midwifery care intervention with basic understanding research process throughout their carrier
- Practice global evidence-based midwifery practices through competency based clinical training programme and highlight continuous professional development via regular appraises Demonstrate skills of mentorship and preceptor ship

Role and Responsibility of Midwifery Educator at SMTI

The Midwifery Educator, will:

- Work under the administrative control of the Principal, SCB College of Nursing & SMTI
- Coordinate training programs with area hospitals, health agencies, and/or statutory bodies
- Ensure the implementation of the Nurse Practitioner in Midwifery (NPM) program and training those who enroll for the course at State Midwifery Training Institutes
- Ensure that trainee NPM's who enroll for NPM are adequacy exposed to theory and practice during the entire program
- Assess clinical education needs utilizing a variety of prescribed methods

- Follow the curriculum prescribed by the Indian Nursing Council (INC)/ONMRC/ON&MEE to provide details of context in theory, and internship along with the lesson plans for standardized training
- Be in charge of keeping a record for every NPM student (Logbook). A copy of the same will remain with the NPM student as well. This will be managed as joint responsibility to ensure participatory learning.
- Require to continuously update their knowledge and participate in professional development activities relevant to midwifery education.
- Practice in clinical facility of the training institute and provide comprehensive midwifery care to the women under her care. She would focus on the care of women with low-risk pregnancies for whom she provides antenatal care and offers support to women during labour and childbirth. After birth she focused on ensuring that the mother and baby are will develop close bonding and makes sure that the baby has the best start in life.
- Utilizes her knowledge and competencies to identify deviations from normal pregnancy, labour and postpartum care to provide initial management and obtain appropriate medical help as indicated.
- Participate in curriculum development evaluation and curriculum revision.
- Identifies the needs of the learners in terms of the program by utilizing the records of previous experience, personal interviews, tests & observation.
- Evaluate and grade students' class work, laboratory and clinic work, assignments, and papers and Maintain student attendance records, grades, and other required records.
- Participates in formulation & implementation of the Philosophies & objectives of SMTI.
- Select & organize learning experiences which are in accordance with objectives.
- Collaborate with other faculty in course development.
- Plan with the educational Unit with SMTI, MLCU & allied groups.
- Ascertains, selects & organizes facilities equipment and materials necessary for learning. .
- Assists the learners in using problem solving process.
- Guide the students in conducting seminars, discussions & presentations etc.
- Assist in initiating & participating in research studies for the improvement of educational programme.
- Any other responsibility assigned by the authority as and when required

Annexure-3: TOR NPM

TOR OF NPM STUDENTS

1. GENERAL COMPETENCIES

- Assume responsibility for own decisions and actions as an independent practitioner
- Assume responsibility for self-care and self-development as a midwife
- Appropriately delegate aspects of care and provide supervision
- Use research to improve practice
- Uphold fundamental human rights of individuals when providing midwifery care
- Adhere to jurisdictional laws, regulatory requirements, and codes of conduct for midwifery practice
- Facilitate women to make individual choices about care
- Demonstrate effective interpersonal communication with women and families, health care teams, and community groups
- Facilitate normal birth processes in institutional and community settings, including women's homes
- Assess the health status, screen for health risks, and promote general health and well-being of women and infants
- Prevent and treat common health problems related to reproduction and early life
- Recognise conditions outside midwifery scope of practice and refer appropriately
- Care for women who experience physical and sexual violence and abuse

2. PRE-PREGNANCY AND ANTENATAL

- Provide pre-pregnancy care
- Determine health status of woman
- Assess fetal well-being
- Monitor the progression of pregnancy
- Promote and support health behaviours that improve well being
- Provide anticipatory guidance related to pregnancy, birth, breastfeeding, parenthood, and change in the family
- Detect, stabilise, manage, and refer women with complicated pregnancies
- Assist the woman and her family to plan for an appropriate place of birth
- Provide care to women with unintended or mistimed pregnancy

3. CARE DURING LABOUR AND BIRTH

- Promote physiologic labour and birth
- Manage a safe spontaneous vaginal birth, prevent, detect and stabilise complications
- Provide care of the new-born immediately after birth

4. ONGOING CARE OF WOMEN ANDNEWBORNS

- Provide postnatal care for the healthy woman
- Provide care to healthy new-born
- Promote and support breastfeeding

- Detect, treat, and stabilise postnatal complications in woman and refer as necessary
- Detect, stabilise, and manage health problems in new-born and infant
- Provide family planning services

Annexure-4: SOP NPM

SOP for NPM Trainee

- MLCU 03 shift- 08 trainees (Morning- 03, Evening-03, Night- 02)
- Labour room General shift (09.00am-05.00pm- 03 trainee)
- Triage – General shift (09.00am-05.00pm- 01 trainee)
- Antenatal Ward- General shift (09.00am-05.00pm- 02 trainee)
- Post Natal Ward- General shift (09.00am-05.00pm- 02 trainee)
- ANC OPD- General shift (09.00am-05.00pm- 03 trainee)
- CBEA- General shift (09.00am-05.00pm- 02 trainee)
- OBS/ICU/HDU- General shift (09.00am-05.00pm- 01 trainee)
- In case there is no mother in MLCU, The trainees will work in LR

SOP for Midwifery Educator

- Two Midwifery Educator will supervise MLCU, Labour Room, Triage & OBS/ICU/ HDU by general shift & during emergency as & when required.
- One Midwifery Educator will supervise both antenatal ward &post natal word by general shift.
- One Midwifery Educator will be posted at Antenatal OPD & CBEA.
- One Midwifery Educator will manage emergency hour as & when required.

SOP AT TRIAGE

- Patient received at triage.
- Identify low risk / high risk labour by admission test (baseline CTG)
- High risk-transfer to SCB LR
- Low risk-transfer to MLCU after counseling
- Record height, weight, vitals of mother & FHR
- Assess true or false labour
- Record of patient details in LB register
- Write labour progress in standardized case sheet

Duties at MLCU & Labour Room

- Receive mother from triage after registration at LR
- Monitor vitals, Foetal heart rate
- Monitor Progress of labour
- Inform concerned Doctor, when any complication arises in between and when mother goes into 2nd stage of labour.
- On identification of deviation from normal at any moment of labour,the mother will be transferred to the obstetric led care unit with the consent of concerned doctor.
- Record keeping in partograph, case sheet.
- Facilitate normal physiological birth, and delayed cord clamping.

- Call for help in case of emergency like PPH, Fetal distress, Maternal distress, Shoulder dystocia etc.
- Maintain golden minute, skin to skin contact and early breast feeding protocols.
- Baby ticket number and registration to be done in LR.
- Transfer to post-natal ward will be done in consultation with the concerned doctor.
- Feedback form will be filled by each mother.
- Inform other students to check vitals in post-natal word.
- The name and contact number of duty Doctor for MLCU, Triage & LR shift wise to be displayed in MLCU area.

Post Natal Ward

- Monitor vitals of baby and mother
- Ensure vaccination of the baby
- Help and assist in breast feeding
- Prepare discharge certificates
- Help in discharge/transport of the mother and baby

NB: SOP may be subject to change for better management of both MLCU and SMTI, when need arises.

Annexure-5: Abbreviations

List of Abbreviation:

CoN	College of Nursing
DMAG	District Midwifery Action Group
FOGSI	The Federation of Obstetric and Gynaecological Societies of India
HCWs	Health Care Workers
IAP	Indian Academy of Pediatric
ICM	International Confederation of Midwives
INC	Indian Nursing Council
LR	Labour Room
MDR	Maternal Death Review
MLCU	Midwifery Led Care Unit
NFHS	National Family Health Survey
NHM	National Health Mission
NHSRC	National Health Systems Resource Centre
NMTF	National Midwifery Task Force
NMTI	National Midwifery Training Institute
NNF	National Neonatalogy Forum
NPM	Nurse Practitioner Midwives
ONMEB	Odisha Nursing Midwives Examination Board
ONMRC	Odisha Nurses and Midwives Registration Council
OSCE	Objectively Structured Clinical Examination
PFMS	Public Financial Management System
QoC	Quality of Control
SBCC	Social Behavioural Change Communication
SME	State Midwifery Educators
SMTF	State Midwifery Task Force
SMTI	State Midwifery Training Institute
SNCs	State Nursing Council
SOMI	Society of Midwives India
SOP	Standard Operating Procedure
TNAI	Trained Nurses Association of India
WHO	World Health Organization

Annexure-6: List of Contributors

Sl No	Name	Designation
1	Dr Rama Chandra Rout	Director, Nursing, H & FW Deptt, GoO
2	Dr Bijaya Kumar Panigrahy	Director of Family Welfare, H & FW Deptt., GoO
3	Dr Sachidananda Mohanty	Director of Medical Education & Training, H & FW Deptt, GoO
4	Dr Muralidhar Padhy	Addl Director, Maternal Health & Family Planning, H & FW Deptt, GoO
5	Dr Sephali Mallick	Addl Director, Nursing, H & FW Deptt., GoO
6	Dr Dinabandhu Sahu	Team Leader, SHSRC, NHM
7	Ms Nayana Samal	Register ONMRC, H & FW Deptt, GoO
8	Ms Basanti Behera	Secretary ONEB, H & FW Deptt, GoO
9	Dr Meena Som	Health Specialist, UNICEF, Odisha
10	Dr Brajesh Merta	Health Officer, UNICEF, Odisha
11	Ms Trupti Mishra	State MH & EMTCT Consultant, UNICEF, Odisha
12	Ms Soumyasree Mahapatra	Sr Maternal Health Consultant (Mgt), NHM
13	Ms Bibudha Bijayalaxmi	Consultant Nursing, Pre-Service, NHM
14	Mr Bala Chandran B. L	Consultant Nursing, Clinical, NHM
15	Ms Joshoda Reddy	Consultant Nursing, Technical, NHM

Midwifery Educators at
SMTI, Cuttack

Midwifery Educators at SMTI,
MKCG, Berhampur

NPM trainee at SMTI,
SCB, Cuttack

Demonstration of Exercises
of ANC mother

MLCU, SCB Cuttack

Yoga demonstration at Child Birth
Education Room at SCB

NPM Class room at SMTI, Cuttack

Demonstration by IME, NME during
their mentoring visit to SMTI, SCB

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