

SWEDD SERIES: OPERATIONAL BRIEF

A CLINICAL MENTORING APPROACH FOR MIDWIVES TO REDUCE MATERNAL DEATHS AND IMPROVE REPRODUCTIVE HEALTH

The research informing this brief was led by the Centre humanitaire des métiers de la pharmacie (CHMP) and focused on the SWEDD project. The information will guide the implementation of SWEDD+

This operational brief is one of a series that retrospectively documents the process of implementing the interventions of the Sahel Women's Empowerment and Demographic Dividend (SWEDD) project, and describes good practice, challenges and lessons learned during the process of implementing clinical mentoring of midwives. It presents a summary of a literature review and conversations with key respondents in Niger, Mali and Burkina Faso between November 2022 and January 2023, detailed in a guide of the same name. The implementation experiences described in this brief and the guide of the same name serve to inform the development of an innovative and promising strategy for reproductive health and reduction of maternal and neonatal mortality by improving contraceptive uptake and the quality of maternal and neonatal care. These experiences can serve to inform SWEDD+, and other projects in countries in the Global South, particularly in West and Central Africa that are seeking to improve the quality of reproductive, maternal, neonatal, child and adolescent health services, especially for adolescents and young women. The mentoring programme was implemented in four phases.

Phases in the development of the mentoring process

Phase 1: Adoption and preparation of mentoring

- A series of advocacy meetings aimed at stakeholders on the issue of building the capacity of human resources in order to reduce maternal, infant and neonatal mortality.
- The active involvement of midwifery associations in lobbying government and partners to introduce clinical mentoring as a capacity-building approach.
- The adoption of a mentoring process tailored to the needs and contextual constraints of each country.

Phase 2: Mentor recruitment

- The development of selection criteria by supervisory ministries, technical and financial partners and professional networks.
- Final recruitment of mentors based on criteria established and accepted by the regional authorities.

Phase 3: Mentor training and roll-out of mentoring

- The development of training tools, their design and validation at regional level.
- Training covering all topics relevant to the practice of midwifery, in particular the main causes of maternal mortality and their treatment.
- Guided by the needs of the staff being mentored, clinical mentoring takes place face-to-face on site and can continue with remote support.

Phase 4: Mentoring evaluation

- An evaluation in each country using a variety of methods, despite the lack of good post-mentoring follow-up.

Clinical mentoring of midwives is defined as "an interpersonal, peer-to-peer relationship of support, sharing and learning in which a midwife experienced in clinical practice in reproductive health (Mentor), voluntarily transfers her experience and expertise to other midwives who have skills to learn (Mentees) and who freely and mutually agree to be guided at a clinical site for a set period of time". A high maternal and neonatal mortality ratio raises the question of the quality of services and the skills of so-called qualified staff, and calls for a mentoring approach to address shortcomings.

Sources: ICM, 2020 ; UNFPA World Population Dashboard; UNFPA-WCARO, 2019.



Implementation challenges:

- ▶ Insufficient financial and logistical resources, particularly for mentoring field visits;
- ▶ Lack of anatomical models;
- ▶ Difficult to consistently provide remote coaching;
- ▶ Leadership conflicts;
- ▶ Failure to replace mentors assigned to other localities;
- ▶ Security issues (Mali and Burkina Faso).

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Mentoring provides personal support for midwives and midwifery practitioners to enhance their skills to ensure better care for the women and newborns for whom they are responsible.
Burkina Faso midwife
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SUMMARY OF KEY LESSONS

Phase 1: Adoption and preparation of mentoring	1	The mentoring initiative is more relevant and coherent when evidence and health indicators are taken into account in assessing needs for improved maternal and newborn health and reproductive health.
	2	Stakeholder engagement is an important step in establishing mentoring.
Phase 2: Recruitment of mentors	3	The adoption of consensual criteria for the selection of mentors, based on the guidelines of the UNFPA regional office and professional networks, facilitates the harmonization of mentoring training practices.
Phase 3: Mentor training and implementation	4	Mentoring is a feasible and acceptable way of filling gaps in basic training and thus encouraging midwives to update their skills in line with developments in midwifery practice.
	5	Thorough coverage of the essential topics during mentor training, supported by role-playing, quality teaching and the involvement of national stakeholders and technical and financial partners are important inputs for effective mentoring.
	6	The implementation of a mentoring scheme enables mentored midwives to increase their self-confidence, thereby contributing to enhanced productivity and improved quality of maternal health care provision.
	7	The existence of an institution dedicated to mentoring is a fundamental element in the successful implementation of mentoring.
Phase 4: Mentoring evaluation	8	The implementation of mentoring should be accompanied by a programmatic document such as a national strategic plan or a mentoring implementation plan in countries wishing to embark on it.

Sources: <https://www.unfpa.org/data/world-population-dashboard>; UNFPA-WCARO. April 2019 Regional reference framework for clinical mentoring of midwives in West and Central Africa. April 2019 Working document; <https://www.youtube.com/watch?v=nioFMUgJjTo>; International Confederation of Midwives (ICM). 2020. Recommendations on mentoring for midwives.

This brief is based on a guide that sets out the process in detail. It is one of a set of four briefs and guides aimed at documenting the experiences of SWEDD interventions to improve the provision of reproductive health services. These include Community-Based Distribution (CBD) interventions to bring services and products closer to communities, experience in building the capacity of health-care staff, particularly midwives (establishment of Centres of Excellence, mentoring) and the deployment of these midwives to make up for the shortage of staff on the ground, particularly in rural areas. The documents were developed by the Centre humanitaire des métiers de la pharmacie (CHMP) with the support of UNFPA and the World Bank.

For more information on the documentation of the processes involved in this intervention and on the SWEDD project, visit the SWEDD project’s virtual resource platform: <https://sweddknowledge.org/>.