



COMMONWEALTH NURSES AND MIDWIVES FEDERATION

eNews Vol.7 Issue 6 June 2014

MATERNAL HEALTH WORKSHOPS IN ZIMBABWE

The CNMF was funded by The Beit Trust to offer leadership and maternal health training workshops in Zimbabwe. The first of the maternal health training workshops was conducted in Gweru, Zimbabwe in early May 2014. The workshops were conducted in partnership with the Zimbabwe Nurses Association and African Impact. The venue was generously provided by the CE of African Impact, Mr Andrew Connolly, at Antelope Park, Gweru, a lion conservation reserve, which was a beautiful setting in which to conduct education and training.



Thirty nurses attended the three-day maternal health workshop. The objectives of the workshop were to give midwives an update on current practices in maternal and infant care as well as time to reflect on their practice and how it might be improved to reduce maternal and infant morbidity and mortality. The three day program covered the Millennium Development Goals, antenatal care, normal labour and delivery, complications of pregnancy, postnatal care, care of the neonate, family planning, and women with special needs. The workshop was a mix of pre- and post-test questionnaires, formal presentations, group work, self-reflection, group activities, practical exercises, and exposure to available resources to improve and enhance midwifery practice.



The latest maternal mortality rate for Zimbabwe was 470 per 100,000 live births in 2013, a decrease from 680 per 100,000 live births in 2000 (<http://mdgs.un.org/unsd/mdg/Default.aspx>). The World Health Organisation has stated that the majority of maternal deaths can be avoided. Nurses and midwives have a critical role to play in reducing maternal and infant mortality and morbidity.

MORE FILMS FROM MEDICAL AID FILMS

Medical Aid Films produces short educational videos with a focus on improving maternal and child health which can be downloaded free from their website. To see the full range of Medical Aid Films, go to: <http://medicalaidfilms.org/>. The CNMF frequently uses Medical Aid Films in our education and training workshops. They are an excellent resource and very well received by nurses and midwives who not only find them useful for their own learning, but useful also for teaching in the community setting.



Focused antenatal care



Cervical cancer: understanding prevention Screening and treatment



Cervical cancer: Screening and treatment



Cervical cancer: How to conduct VIA and screening tests



How babies are made



How to plan a pregnancy

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WHO CONSOLIDATED GUIDELINES ON *The use of antiretroviral drugs for treating and preventing HIV infection (June 2013)*

At the end of 2013, the WHO released new guidelines on the use of antiretroviral drugs for treating and preventing HIV infection. In addition to clinical guidelines for the diagnosis, prevention and treatment of HIV across all ages and settings, the Guidelines include guidance on operations and service delivery; guidance for program managers; and guidance for monitoring and evaluation.

There are six guiding principles:

1. Contribution to global health goals,
2. Public health approach,
3. Strengthening health systems through innovation and learning,
4. Increasing the effectiveness and efficiency of programs,
5. Promoting human rights and health equity, and
6. Implementation based on the local context.

The WHO Consolidated Guidelines recommend a different approach to prevent mother to child transmission of HIV infection. The Guidelines recommend that all pregnant and breastfeeding women living with HIV receive lifelong antiretroviral therapy (ART) consisting of a triple-drug antiretroviral regardless of CD4 count or clinical stage, both for their own health and to prevent vertical HIV transmission (p.28). Infants of mothers who are receiving ART and are breastfeeding should receive six weeks of infant prophylaxis with daily Nevirapine. If infants are receiving replacement feeding, they should be given four to six weeks of infant prophylaxis with daily Nevirapine (or twice daily AZT). Infant prophylaxis should begin at birth or when HIV exposure is recognised postpartum (p.30).

To increase access to ART for pregnant and breastfeeding women, the WHO further recommend that trained non-physician clinicians, nurses and midwives can initiate first line ART and that trained non-physician clinicians, midwives and nurses can maintain ART (p.35).

There is an increasing body of evidence demonstrating that nurses and midwives can safely and cost effectively undertake tasks that were once considered the sole province of medical practitioners. The efficacy of using nurses and midwives, particularly in areas where medical practitioners are unavailable is now widely recognised by governments, global health leaders, and health administrators. However before additional tasks are added to nursing and midwifery practice, it is essential that the scope of practice of the nurse or midwife is reviewed to ensure that the workload remains reasonable and fair with the addition of the new task and if not, then some existing tasks are removed from the scope of practice to accommodate the inclusion of the new task. There are some excellent decision making frameworks for reviewing scopes of practice (see: <http://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Codes-Guidelines.aspx#dmf>).

MORE ESSENTIAL RESOURCES FROM WHO



WHO Guidelines for Screening and Treatment of Precancerous Lesions for Cervical Cancer Prevention

This guideline provides recommendations for strategies for a screen-and-treat programme. It is intended primarily for policy-makers, managers, programme officers, and other professionals in the health sector who have responsibility for choosing strategies for cervical cancer prevention, at country, regional and district levels.

http://www.who.int/reproductivehealth/publications/cancers/screening_and_treatment_of_precancerous_lesions/en/

WHO Recommendations for Augmentation of Labour

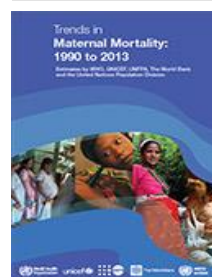
The goal of the present guideline is to consolidate the guidance for effective interventions that are needed to reduce the global burden of prolonged labour and its consequences. The primary target audience includes health professionals responsible for developing national and local health protocols and policies, as well as obstetricians, midwives, nurses, general medical practitioners, managers of maternal and child health programmes, and public health policy-makers in all settings.

http://www.who.int/reproductivehealth/publications/maternal_perinatal_health/augmentation-labour/en/

WHO Clinical Practice Handbook for Safe Abortion

This handbook is oriented to providers who already have the requisite skills and training necessary to provide safe abortion and/or treat complications of unsafe abortion.

http://www.who.int/reproductivehealth/publications/unsafe_abortion/clinical-practice-safe-abortion/en/



In May, the WHO released *Trends in Maternal Mortality 1990-2013*. Globally, there was an estimated 289,000 maternal deaths in 2013, a decline of 45% from 1990. The sub-Saharan Africa region accounted for 62% of global deaths followed by South Asia at 24%. The MMR in developing regions was 14 times higher than in developed regions. For country statistics go to:

<http://www.who.int/reproductivehealth/publications/monitoring/maternal-mortality-2013/en/>