

## Midwifery Services in Uganda

More women in Uganda are delivering with the support of a midwife.



Supported by a **functional health system**, Midwives can avert up to **87%** of all maternal and newborn deaths.



In Uganda, **7 out of 10** women deliver with assistance from a **skilled birth attendant**, mainly a Midwife.



**Maternal Mortality ratio** in the last five years reduced by **24%**, from 438 to 336 per 100,000 live births.



A Midwife in Uganda conducts between **350 and 500 deliveries** per year; more than **twice the 175 deliveries** as recommend by WHO.



### Uganda needs more Midwives now more than ever before!

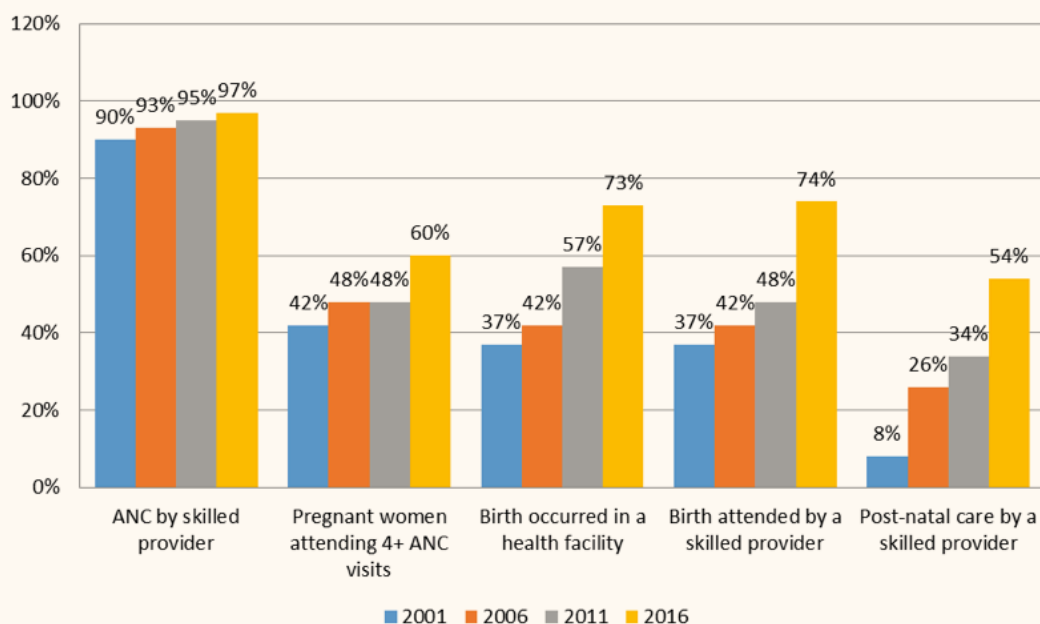
Majority of maternal and newborn deaths in Uganda are due to preventable causes that can be significantly reduced by access to midwifery care during pregnancy, at birth, and after birth, particularly the first 48 hours. Midwives have the skills to recognize and provide the appropriate intervention or referral to prevent majority of maternal and newborn deaths as well as disability due to pregnancy complications such as obstetric fistula. However access to midwifery care in Uganda is

constrained due to a number of factors. This has contributed to the unacceptably high maternal mortality of 368 deaths per 100,000 live births and the inadequate progress towards achieving Sustainable Development Goal 3, target 1 and 2 of reducing the global maternal mortality ratio to less than 70 per 100,000 live births and ending preventable deaths of newborns and under five children respectively by 2030.

## Key Statistics

- More women in Uganda are delivering at health units. About seven out of ten women (74.2%) deliver with assistance from a skilled birth attendant; while seven out of ten (73.4%) deliver at a health unit, indicating progress compared to statistics in 2011 - 58% for skilled birth attendance and 57% for delivery in a health center).
- The 2016 Uganda Demographic Health Survey (UDHS) shows reduced discrepancies between the urban and rural areas, with 70% rural women attended to by skilled personnel during childbirth compared to 89.6% urban women.
- Only 58.3% pregnant women in a rural setting attend the recommended four visits for antenatal check-up during their pregnancy compared to 65.2% for women living in urban areas.
- Going by scientific evidence, Uganda's maternal mortality ratio would have fallen below 200, however, it marginally reduced from an average 438/100,000 livebirths to 336/100,000 live births.

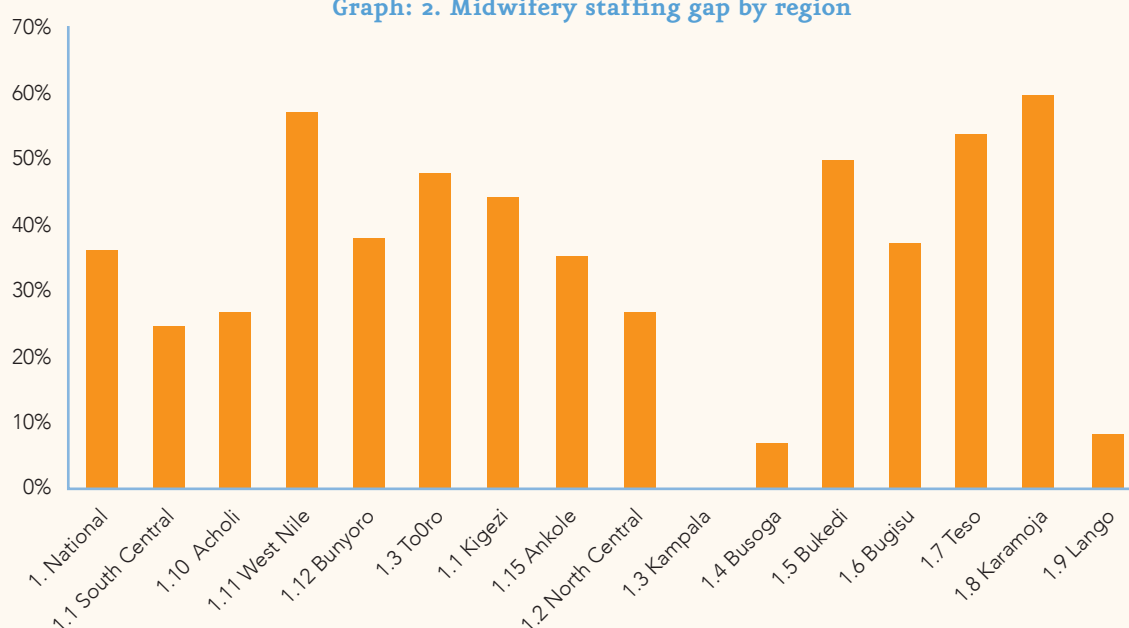
Graph 1: Trends in Maternal Health Indicators 2001 -2016



## Where is the gap?

- By staffing norm of public health facilities, the number of filled midwife positions in HC III and above health facilities has decreased from 1961 (State of Midwifery Training, Service and Practice in Uganda Assessment Report, UNFPA Uganda, 2009) to 1131 in 2015 (Human Resource for Health Audit Report 2015) following a massive recruitment effort by the Government. However there is still a big gap of 883 midwives positions in HC IIs countrywide. The staffing norm is based on health facility level and therefore does not address the actual need of the increasing Uganda population.
- As per the current “staffing norms” Uganda is experiencing a national gap in Midwifery staffing positions of about 36 percent. Some districts particularly rural ones are less covered by midwives than the more urban ones. For example, some districts in Karamoja, West Nile, Teso and Bukedi regions have about a 50 -60 percent gap in Midwifery staffing. Only Kampala region has managed to fill 100 percent Midwifery positions by 2015 as indicated in Graph 2.

Graph: 2. Midwifery staffing gap by region



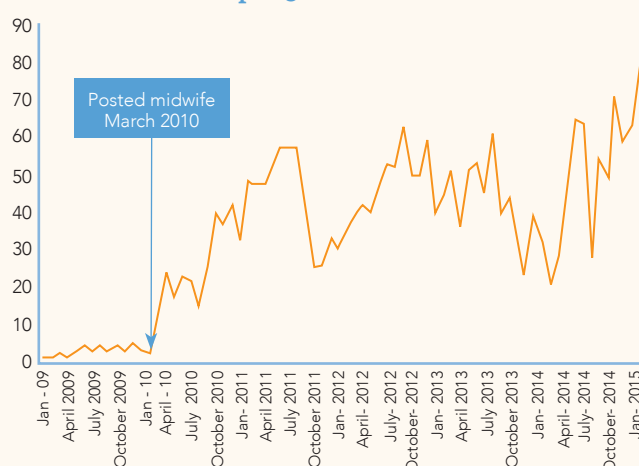
## Why access to midwifery services matters?

Studies show that access to skilled birth attendance will mitigate child birth related complications, up to 87% (State of the World Midwifery, 2014).

Practice has shown that availability of a midwife at a health facility will increase utilization of skilled services. Facility based deliveries in health facilities that have a midwife posted witnessed remarkable increase. A number of health facilities in Karamajo region such as Panyangara in Kotido district and Rupa in Moroto have shown dramatic increases in utilization of delivery services when midwives were posted.

Graph 3: Number of deliveries in Panyangara Health Center, Kotido District before and after posting a midwife.

Graph: 3. Deliveries in unit





# What needs to be done to improve midwifery services in Uganda?

Uganda stands a chance to successfully reduce maternal deaths and achieve SDG 3, if the country urgently focuses on the following:

- Revise the staffing norm to commensurate to the current need including increases in the population. At the moment, a midwife in Uganda conducts between 350-500 deliveries per year, which is more than twice the 175 deliveries per year, per midwife as recommended by the World Health Organization.
- Improve on the working environment for midwives, including adequate working space, with water and lighting systems, provision of staff accommodation, safety gear, mama kits, among others, in order to retain those who have been recruited.
- Address stock outs in essential lifesaving medicines, supplies and equipment, as the key enablers for provision of quality of care.
- Strengthen the referral system - community and inter-facility, by providing ambulances and ICT equipment.
- Address rural-urban discrepancies by prioritizing support to rural areas and providing incentives for rural based health workers.
- Increase wage bill to allow preferential recruitment of midwives, especially for underserved districts. District Local Governments in under-served districts should be facilitated to recruit the number of midwives they need even when approved vacancies exist in the health facilities.
- Provide training bursaries for midwifery students with bonding to work in underserved districts.
- Strengthen midwifery regulation and professional associations to provide effective professional support to midwives.

## Conclusion

In order to strengthen the Midwifery programme in the country there is need to strengthen the 3 pillars of Midwifery: - Education, Regulation and Association. When a pregnant woman makes a choice to give birth at a health facility, she needs to find skilled and adequately equipped personnel to help her. This way, Uganda will improve its maternal health outcomes and reduce maternal deaths if adequate investment is made in human resources for midwifery services and health infrastructure to improve capacity of the health care system.



Delivering a world where every pregnancy is wanted, every child birth is safe and every young person's potential is fulfilled.



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