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THE GOVERNMENT MEDICAL OFFICERS' ASSOCIATION

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Dr. P.B.Jayasundara
Secretary
Ministry of Finance and Planning, Colombo

Dear Sir,

Re: Intrusion in to Midwifery Services by Nurses

We wish to bring your kind attention to the following report.

Definition of the issue - Currently 3800 vacancies for midwives exist in the Sri Lankan state health sector. However, attempts are being made to fill the above midwifery vacancies by nurses.

GMOA Observations

1. Midwifery service has a long history going back in centuries and it is **older** than Nursing, introduced in last century.
2. Midwife is the person who looks after a pregnant mother throughout the pregnancy cycle. It includes antenatal care, labour, postnatal care, neonatal care and contraception. Therefore, midwifery plays the major role in Maternal Mortality Rate (MMR), Neonatal Mortality Rate (NMR), and Infant Mortality Rate (IMR). Moreover, these indices are not only used to **reflect Maternity and Child Health (MCH)** but also **represent the overall health status of a country**. There is no justification that only one part is handed over to another category.
3. Midwifery and nursing are **two separate technical disciplines**. Allocating nurses to conduct duties of midwives would be the equivalent of allocating cardiologists to fulfill duties of obstetricians. Such an intrusion in to midwifery by nurses would lead to the dilution of the quality of both nursing and midwifery, and **jeopardize long maintained, internationally appreciated, high standards of Maternity and Child Health (MCH)** in Sri Lanka.
4. Training of a nurse requires Rs 1.8 million and 3 years while training a midwife requires Rs 1.1 million and 1 ½ years. Further, developing a nurse with both midwifery and nursing training would cost approximately Rs 2.9 million and 4 ½ years. As such, above 3800 vacancies can be filled with midwives rather than 'midwifery trained nurses' with less than **half the cost** and 1/3 of the time duration, and **country could benefit by 2015**.
5. Midwifery recruitment, training and service delivery are currently being administered by nurses. Hence nursing **trade unions are abusing midwifery training** and care using nursing administration. They create unhealthy situations to justify their nursing demands.
6. Health personnel are **legally and professionally** governed by the Medical Ordinance, which authorizes only medical officers and midwives to perform deliveries. Hence the responsibility lies on respective doctors when nurses are allowed to perform midwife duties. Moreover, 'Nurse- Midwife' does not exist in Medical Ordinance. Health and Nursing administration should adhere to law.
7. **Legally**, MCH is the **most vulnerable health discipline**, worldwide. Doctors, especially Obstetricians hold accountability for MCH. College of Obstetricians wants strict adherence to the international standards, medical ordinance and to the clinical governance principles maintained so far. Since the **litigation against medical practice is increasing**, we re-emphasize the same.


8. The **overall clinical responsibility** is vested in the obstetrician as the head of the unit. Hence any adverse untoward outcome due to the unwarranted involvement of nurses in child birth may have to be answered by the respective obstetrician in the end. Besides doctors have to uphold the right practice of clinical medicine without bias in the interest of the patient. **We feel that this is not a tussle between two trade unions – Nurses and Midwives.** This issue percolates to the very substance of the current practice of medicine.
9. There is a **severe shortage of nurses** in the country. The recent advertisement for recruitment for nurses also unable to attract required number of nurses. Only 4000 applicants for 11,000 advertised vacancies. Therefore, nurses who completed training should be appointed without delay. Those nurses are awaiting appointments have expressed displeasure and demanded their final exam results and due appointments. Unfortunately, Nursing trade unions are delaying the process.
10. Ministry of Health, through circulars, has facilitated **short exposure in midwifery** for nurses as a part of their **administrative grade promotion** scheme. Latest circular issued on 02/10/2012 states minimum of 4 year nursing experience to apply for such promotion. This is neither equivalent to full training in midwifery nor they will be called midwives – they become grade promoted nurses doing **nursing administration** and not working as midwives.
11. Ministry circulars were issued without consulting the relevant experts and all stakeholders. As such, we observe these **administrative decisions inconsistent** with principles of clinical standards, clinical governance and **at least the law of the land.** This leads to confusion in its operation.


GMOA Recommendations

Considering the above, we propose the following to resolve the current crisis and further uplift standards of MCH in Sri Lanka.

1. Use allocated funds to train midwives to fill the 3800 vacancies which is both cost effective and time saving. Cabinet of Ministers have already directed to do so.
2. Establish a National Institution dedicated for the training of midwifery under the academic guidance of College of Obstetricians to further uplift the quality of midwifery.
3. Midwifery is a very important discipline; hence it should not be under nursing administration but under high level health administration.
4. Nurses who are awaiting and demanding appointments should be appointed without delay to health institutions facing hardships due to shortage of nurses.

Thank you,
Yours faithfully,


Dr. Saman Abeywardana
Secretary


Dr. Anuruddha Padeniya
President

Cc: All Cabinet Ministers
Mr. Palitha Fernando - Hon Attorney General
Mr. Lalith Weeratunga , Secretary, His Excellency President
Mr. Sumith Abeysinghe, Secretary, Cabinet of Ministers
Dr. Nihal Jayathilake, Secretary, Ministry of Health
Mr. B. Wijerathne, Secretary, Pay Commission
All Heads of Institutions, All Health Sector Trade Unions and All GMOA Branch Unions