Journal of Pregnancy and Child Health
ISSN: 2376-127X

Etowa, J Preg Child Health 2015, 2:1
DOI: 10.4172/2376-127X.1000e107

Editorial Open Access

Safe Motherhood Training for Rural Health Care Workers in Odukpani Local Government Area of Cross River State, Nigeria

Josephine Etowa[1]*, Ekaete Asuquo[2] and Ani Etokidem[3]

[1]*Loyer DaSilva Research Chair in Public Health Nursing, University of Ottawa, Canada*
[2]*University of Ottawa and Lecturer, University of Calabar, Nigeria*
[3]*University of Calabar, Nigeria*

Preamble

Maternal mortality remains a challenge in developing countries which bear 99% of global maternal deaths (WHO, 2014). Nigeria, India, Pakistan, Afghanistan and Ethiopia carry more than 50% of the global burden of maternal mortality. According to the UNDP Human Development Report (2014), Nigeria's maternal mortality ratio of 630 per 100,000 live births ranks among the highest in Africa. Two countries accounted for one third of all global maternal deaths: India at 17% (50 000) and Nigeria at 14% (40 000) (WHO, 2014).. Archibong and Aghan (2010) found that hospital based maternal mortality ratio in Cross River state was 1,513.4per 100,000 live births [1]. Also a glaring disparity exists between MMR in rural and urban areas. These poor health indices portray a challenge to Nigeria's efforts to achieve the health-related Millennium Development Goals (MDG), a cause for concern, considering that the terminal MDG year is 2015.Skilled care before, during and after childbirth has been advocated as a panacea to save the lives of women and newborn babies [2]. Studies have shown that health care providers often lack the knowledge and skills necessary for them to practice safe motherhood, including ability to recognize high risk pregnancies and danger signs during labour and childbirth, and to make appropriate and timely referral [3,4]. Simple cost-effective measures in reducing maternal and child mortality include, evidence-based continuing education programs for health care providers already in the system such as safe motherhood programs and child survival strategies amongst others. However, these interventions are often instituted mostly in Nigeria urban centres with negligible participation by health care providers in the rural areas whom may need these kinds of training the most.

Our project addressed this challenge through the delivery of a modified WHO [5,6] Safe motherhood training to a group of health workers from rural areas of one of Nigerian South Eastern state (i.e. Cross River State). The main aim of project was to build the capacity of frontline community health care workers like nurses, midwives and community health extension workers for the delivery of effective evidence-based maternal and newborn health care in rural areas. Specific objectives included, increasing health care providers' knowledge, and safe and competent maternal of safe and competent maternal, newborn and child health care. This was accomplished in a two-day-workshop facilitated by MNCH specialists; nurses, midwives, and physicians. Our project team was also represented these disciplines. Pre and post-test were used to evaluate the impact of our interventions on these healthcare providers' knowledge.

Methodology

Participatory process was central to all project activities facilitated by key Canadian and Nigerian partners. Planning phase includes: meetings with health care leaders to present project proposal, declare intentions and seek consent, and to jointly identify appropriate project site, generate representative sample of potential workshop participants and give out formal invitation letters to Primary health Care (PHC) coordinators. Sixty nurses, midwives and community health extension workers participated in the 2-day training workshop on safe motherhood implemented on January 22 and 23, 2013 at Primary Health Center, Odukpani, in Odukpani LGA, Cross River State, Nigeria. The workshop content included an overview of antenatal, intrapartum and postnatal care, and specific strategies to recognize and manage obstetric complications thereby reducing maternal and newborn deaths. Pre and post-test assessments, coupled with qualitative feedback from participants provided the evaluative criteria to measure impact.

Results

All the participants had a satisfactory experience with the workshop and there was significant interest to continue with similar continuing education in the future. The result of the pre and post tests revealed significant change in the level of knowledge among workshop participants. For example, while the pretest, revealed very poor knowledge of the practice of safe motherhood measures with only 10% indicating high level of knowledge, in the post-test 46.7% of the participants showed a significant increase in the level of knowledge and only 8.3% showed low knowledge level. One striking findings was that less than 2% of participants understood how to use the partograph as an effective tool for decision-making during labour.

Conclusion

Competence of health care providers is vital to reduction in maternal and newborn morbidity and mortality rates, thus, education of these providers requires targeted effort. This will ensure that they have access to current and evidence-based information to inform their clinical practice.

Acknowledgment

The Rotary Club of West Ottawa, Canada funded the project and the Rotary Club of Hilltop, Calabar, District 9140 Nigeria provided technical support.

References

1. Archibong E. I, Agan T. U. Review of Policies and Programs for Reducing Maternal Mortality and Promoting Maternal Health in Cross River State, Nigeria African Journal of Reproductive Health Sept. 2010 (Special Issue); 14(3): 37
2. Ban, K. (2010) *The Global Strategy for Women's and Children's Health*. New York, NY, USA, United Nations.

***Corresponding author:** Josephine Etowa, Associate Professor & Loyer DaSilva Research Chair in Public Health Nursing, University of Ottawa, Canada, Tel:1-613-562-5800 ; E-mail: Josephine.Etowa@uottawa.ca

Received: December 03, 2014; **Accepted:** December 05, 2014; **Published:** December 08, 2014

Citation: Etowa J, Asuquo E, Etokidem A (2015) Safe Motherhood Training for Rural Health Care Workers in Odukpani Local Government Area of Cross River State, Nigeria. J Preg Child Health 2: e107. doi:10.4172/2376-127X.1000e107

3. Fawole AO, Shah A, Tongo O, Dara K, El-Ladan AM, et al. (2011) Determinants of perinatal mortality in Nigeria. Int J GynaecolObstet 114: 37-42.

4. Puri R, Rulisa S, Joharifard S, Wilkinson J, Kyamanywa P, et al. (2012) Knowledge, attitudes, and practices in safe motherhood care among obstetric providers in Bugesera, Rwanda. Int J GynaecolObstet 116: 124-127.

5. UNDP Human Development Report, 2014. United Nations Development Program, New York, United States of America.

6. WHO (2014).Trends in Maternal Mortality: 1990 to 2013 - Estimates by WHO, UNICEF, UNFPA, The World Bank and the United Nations Population Division.