J. Pub. Health &Tox. Res., 1(1): 30-36 (2023)
https://jphtr.com/index.php/journal

Midwives' Perspectives on Challenges to Optimal Midwifery Practice in Akwa Ibom State, Nigeria

Edet, U.S.*[1], Ndikom, C.M.[2], Bank, E.[1], Ehoro, O.[1] and Ettefia, I.[1]

[1]*African Centre of Excellence for Public Health and Toxicological Research (ACE-PUTOR) University of Port Harcourt, Rivers State, Nigeria.*
[2]*Department of Nursing College of Medicine, University of Ibadan, Nigeria.*
***Corresponding author:** ukemekufre@gmail.com; +234(0)7066126205*

Article History
Received: 09 Aug 2023
Accepted: 21 Sept 2023
Published: 30 Sept 2023

Keywords:
Midwives, perspectives, Optimal midwifery practice, Challenges, Akwa Ibom State

License: CC BY 4.0♦
Open Access article.

Abstract

Background: Improving optimal midwifery practice remains a priority to reducing maternal mortality. Despite various interventions, Nigeria still recorded unacceptable high maternal mortality and stillbirth rates. This is attributed to sub-optimal midwifery practices in various healthcare facilities, resulting from certain challenges as perceived by midwives.
Objectives: This study explores the perspectives of midwives on optimal midwifery practice and challenges to optimal midwifery practice in Akwa Ibom State.
Methods: A phenomenological qualitative descriptive study was carried out using multi-stage and purposive sampling techniques to select 28 registered midwives from the three tiers of healthcare delivery in Akwa Ibom State. Focused group discussion with a semi-structured interview guide was used for data collection, data transcribed, generated into codes, clustered to form themes, and analyzed using thematic analysis. Ethical approval was obtained from the appropriate research committee.
Results: The majority of the midwives had a good understanding of what optimal midwifery practice is. Also, they understood that the current state of midwifery practice is of suboptimal level due to certain perceived challenges like inadequate supply of materials like gloves, obsolete equipment, shortage of midwives and lack of career development by midwives. Increased maternal, neonatal mortality rates and complications with regard to antepartum haemorrhage and postpartum haemorrhage and burnout were seen as the perceived gap between the current state of midwifery practice and optimal midwifery practice.
Conclusions: Giving attention to the challenges perceived by midwives, alleviates increased workload and closes the perceived gap to optimal midwifery practice.

How to cite this paper: Edet, U. S., Ndikom, C. M., Bank, E., Ehoro, O., & Ettefia, I. Midwives' Perspectives on Challenges to Optimal Midwifery Practice in Akwa Ibom State, Nigeria. *Journal of Public Health and Toxicological Research*, *1*(1), 30–36. Retrieved from https://jphtr.com/index.php/journal/article/view/17.

Introduction

Maternal mortality has remained a major issue globally. World Health Organization (WHO) reported that 830 women died from pregnancy or childbirth-related complications every day and every 16 seconds a child is stillborn (WHO, 2018). The focus of the United Nations for decades has been on the reduction in maternal mortality (WHO, 2023), with the target to reduce the global maternal mortality rate to less than 70% per 100,000 live births by 2030 (WHO, 2019). Statistics showed that Nigeria in 2018 ranked the second highest in estimated maternal death globally and accounts for one of the highest neonatal mortality rates in Africa (United Nations Inter-Agency Group Child Mortality Estimation [UNIGME], 2018). WHO in 2019 also reported that the MMR in Nigeria was 814% per 100,000 live births (WHO, 2020) and the high rate of maternal and neonatal mortality in Nigeria is linked to the low quality of midwifery care a woman receives during pregnancy, delivery and postpartum which affects her health, the health of their child and that of the family (WHO, 2019). According to UNICEF/WHO (2020), Nigeria accounts for one of the highest stillbirth rates in Africa, recording 1 stillbirth in 16 seconds in 2019. It is obvious that optimal midwifery practice is lacking, and the work environment is prejudicial evidence to optimal care.

Akwa Ibom State also recorded an increased maternal/neonatal mortality rate. According to Babajide *et al*. (2021), the State recorded an MMR of 762 per 100,000 live births being the highest rate in South-South Nigeria and 42 infant deaths for every 1,000 births. The high maternal/ neonatal mortality rate recorded in Akwa Ibom State is linked mostly to insufficient skilled birth attendants (midwives) leaving the majority of the pregnant women in the care of the Traditional Birth Attendant (TBA) called Abia Uman (Jackson, 2018). The primary healthcare (PHC) that could render health to the grassroot in most part of the State, has been neglected to an extent that pregnant women have no option than to patronize TBA who are not trained and experienced in optimal midwifery

♦This work is published open access under the Creative Commons Attribution License 4.0, which permits free reuse, remix, redistribution and transformation provided due credit is given.

practices, exposing women to sudden midwifery complications (Effiong, 2021). Most of these complications developed during pregnancy and most are preventable or treatable. These complications get worse when it is not managed optimally (WHO, 2023). However, The reduction of MMR involves the practice of optimal midwifery which is a comprehensive and standard practice carried out by midwives to women from pre-conception, pregnancy, labour/birth and after birth including the care of the newborn and their family (Royal College of Midwife, 2020) and midwives are uniquely able to provide essential services to these women and their newborn even in their difficult terrain (WHO, 2016; WHO 2023). The health care of a mother and child has been an important focus and that has been encapsulated in the Sustainable Development Goals (SDGs), with the focus to ensure healthy lives, reduce maternal, neonatal, and child mortality by 2030, which requires the delivery of quality health services within accountable health systems (Kruk; Gageand and Arsenault, 2018). It is associated with high-quality, patient-centered care with evidence-based guidelines, coupled with available working equipment and supplies and a sufficient number of trained healthcare personnel, to promote, prevent and maintain the health of a woman from pre-conception till after childbirth, promoting normal physiologic childbirth, detecting complications that could constrain physiological labour, eliminating unnecessary medical intervention, and attending to other maternal issues that extend to sexual and reproductive health (MHTF-PLOS, 2017, WHO, 2016 and ICM, 2013). However, the utilization of health care services is one thing, but the key thing is improving maternal health outcomes and the quality of care a woman receives during pregnancy, delivery and postpartum affects her health, that of her child and the entire family.

During childbirth, women need care that suits their situation, therefore providing respectful care by midwives can soothe their need while assessing them to make their decision based on their clinical need, values, and preference (Royal College of Midwife, 2020). However, studies have shown that midwifery care provided by trained, licensed midwives is associated with improved quality of care and reductions in maternal and neonatal mortality (Adatara *et al*. 2021). This is influenced by the challenges perceived by midwives which affect the optimal midwifery practice they provide (Bremnes *et al*. 2018). However, the shortage of midwives in the country has become a major challenge in midwifery practice. Although midwives are being trained all over the country, there is an inequitable distribution of midwives across the State leading to an unmanageable workload. Midwives, according to WHO (2022), represent 50% of the current shortage in healthcare and they are particularly acute in Africa. A shortage of midwives contributes to global deaths of a pregnant mother and is the fourth highest on earth (Olawuni, 2022). The shortage of midwives in the facility is a major issue across the district, affecting their ability to function effectively due to workload (Adatara *et al*. 2021; Jawaiks, 2021). The shortage of midwives in Akwa Ibom State has escalated to such extent that one midwife could be seen taking care of more than twenty pregnant women at a go. This type of working condition affects the practice of optimal midwifery.

The shortage of midwives has caused work overload to the few midwives in the hospital, sometimes certain procedures are overruled to meet up with time, many pregnant women are not seen by midwives, and many go into labour without proper assessment (Stoll and Gallagher, 2019). Midwives are compelled to work more than the schedule because there was no one to take over from them to get some rest. While some midwives fall sick in the process due to burnout, some leave the profession and travel out, then many retire from the service leaving a few to prejudice (Dixon *et al.* 2017; Fenwick *et al*. 2018; Stoll and Gallagher, 2019).

This study shows that the practice environment is detrimental to optimal midwifery practice. Although the number of midwives in the State has increased, it is not evenly distributed with some facilities being disadvantaged. Midwives perceived that the available midwives would have made an impact in midwifery practice, if there were an adequate supply of essential equipment and materials to work with, regular training and opportunity for academic pursuit to cope with the advancement in midwifery practice and proper work motivation that spurred up the interest (Filby *et al*. 2016; Bogren *et al.* 2018; Bremnes *et al*. 2018). It was observed that about half of the neonatal death occurs intrapartum and it was commonly due to preventable conditions a midwife would avoid if she had the skill. Considering the use of a bag and mask for neonatal resuscitation for the 'golden 1 minute' becoming a challenge due to incompetency on the path of midwives and the unavailability of the instrument (Cornier *et al.*2019; Ljungblad *et al.* 2021).

These studies revealed that the challenges perceived by midwives affected the optimal care provided, leading to increased maternal and neonatal mortality (Bogren *et al*.2018; Shahla *et al*. 2022). Previous research had been on challenges to quality care (Bremnes *et al.* 2018). Despite, the importance of the role of midwives in midwifery practice, their perspectives on challenges to optimal midwifery practice have been dampened. Hence, the purpose of this study was to explore the perspectives of midwives on the challenges to optimal midwifery practice in Akwa Ibom State, Nigeria.

Methodology

Study Design

A phenomenological qualitative exploratory study was carried out. This design was adopted to gather in-depth insights and elicit information about the perspectives of midwives on the challenges to optimal midwifery practice with the target population of all the registered, practicing midwives in Akwa Ibom State public hospitals. A phenomenological approach was used to acquire an understanding of midwives' everyday work experiences within the natural setting, interpreting a phenomenon in terms of the perceptions the midwives hold.

Study Area

The study was conducted in Akwa Ibom State, a state located in the South-South region of Nigeria. This state was selected for the study because it is one of the most affected states in Nigeria in terms of maternal/neonatal mortality rate. The state has all three tiers of healthcare facilities where midwifery practices are carried out.

Study Population

Population for this study consists of all registered and practicing midwives (950) in Akwa Ibom State public hospitals.

Inclusion and exclusion criteria

The researcher selected those midwives who have at least three years' experience in maternity unit, who are currently working in that unit and are willing to participate in the study. However, Midwives who were on post-retirement contracts and students' midwives were excluded from the study.

Sample size and Sampling method

A total of twenty-eight (28) midwives were selected from the three selected hospitals in Akwa Ibom State to form the Focus Group Discussion (FGD). Multi-stage sampling method and Purposive sampling method were adopted for this study. Multi-stage sampling method was used to cluster the study area (Akwa Ibom State) into three different senatorial districts namely; Eket, Uyo and Ikot Ekpene senatorial districts. The clustered senatorial districts formed the primary sampling units where the researchers stratified to obtain the three tiers of Healthcare namely; the Primary, Secondary and Tertiary Healthcare. These formed the secondary sampling unit of the multi-stage sampling method. Thereafter, the researchers applied a purposive sampling technique to select Poly Clinic Eket representing PHC, General Hospital Ikpe Annang representing Secondary healthcare (SHC) and the University of Uyo Teaching Hospital (UUTH) representing tertiary healthcare (THC). Furthermore, 28 registered midwives (8 from FGD1, 8 From FGD2 and 10 from FGD3) working in the maternity units formed the representative sample size for the study.

Instrument/ Data collection process

Semi-structured interview guide was used as the instrument. The interview guide was designed to suit the context of the study setting and to encourage midwives to discuss their challenges to optimal midwifery practice as they perceived. A tape recorder, pen and notepad were also used to obtain information from the participants. Three (3) Focused Group Discussions (FGDs) were formed from the three different tiers of healthcare facilities. Using Poly Clinic Eket to represent FGD1, General Hospital Ikpe Annang to represent FGD2 and UUTH to represent FGD3. Data were collected using primary sources, which were generated from the three FGDs. The interviews took place in a mutually agreed-upon locations which was safe and quiet for the midwives to express their experiences. Using the English Language, the discussion took place across the selected facilities on different days. Information was recorded and transcribed verbatim. More questions arose as the discussion went on and on until the researchers reached data saturation. The discussion lasted 60 to 90 minutes and data generated were used for data analysis.

Research trustworthiness

Trustworthiness was demonstrated by the researchers' efforts to confirm information discovered from the participants and to represent the information accurately following their perspectives. The researchers established rapport with the midwives and purposively selected and interviewed midwives who had experienced challenges in their practices. Maximum time was spent with the participants during the discussion period. Furthermore, an in-depth description of the research methods, presentation of research findings and the interpretation of the collected data was made. This was done by using Guba and Lincoln's model as cited by Ghafouri and Ofoghi (2016) on the criteria of Credibility, Transformability, Dependability and Confirmability.

Data Analysis

The researchers analyzed the study using thematic analysis. Thematic analysis is a method of qualitative data analysis which involves reading through the data set and identifying patterns in meaning across the data to derive themes and create a narrative. (Caulfield, 2022). The analysis began with verbatim transcription of audio files recorded from the three FGDs, generated related statements and phrases into codes. Some codes were clustered to form themes and sub-themes, and this was representative of the midwives' perspectives.

Results

This section commenced with the presentation of socio-demographic information of the participants, followed by an overview and thematic interaction and presentation of each of the themes namely: Optimal midwifery practice, Current level of midwifery practice in Akwa Ibom State, perceived gaps and Challenges to optimal midwifery practice.

Socio-Demographic Information of the Participants

The demographic information of these participants as shown in Table 1, was that a total of twenty-eight (28) midwives, eight (8) from Poly Clinic Eket, ten (10), from General Hospital Ikpe Annang Ikot Ekpene and another ten (10) from UUTH, Uyo in Akwa Ibom State were used for the study. However, most of the respondents were aged between 31 - 40 years. Regarding their educational qualifications, they were mostly registered nurses/midwives (RN/RM), with at least 5 years of working experience.

Table 1: Socio demographic information of the participants

Characteristics	Frequency n=28	Percentage (%)
Age:(years)		
21 - 30	5	17.9
31 - 40	10	35.7
41 - 50	8	28.6
51 - 60	5	17.9
Marital status		
Married	20	71.4
Single	6	21.4
Divorced	0	0
Widow	2	7.1
Educational Qualification		
RN/RM	16	57.1
BNSc	10	35.7
MSc	2	7.1
Rank		
NO 1	4	14.3
SNO	3	25.0
PNO	3	25.0
CNO	2	16.7
Years of experience		
1 - 5	4	14.3
6 - 10	12	42.9
11 - 15	7	25.0
16 - Above	5	17.9
State of Origin		
Akwa Ibom State	22	78.6
Others	6	21.7

Furthermore, the result of the study was categorized into four themes and thirteen sub-themes as shown in table 2. All participants took part in the discussion and the data created from the FGD sessions were derived from the three (3) selected health facilities regarding midwives' perspectives on challenges to optimal midwifery practice.

Table 2: Overview of themes and sub-themes

Theme	Sub-Theme
1. Optimal Midwifery Practice	1. Perception of midwives to optimal midwifery practice 2. Midwife competency 3. Physiologic childbirth
2. Current state of midwifery practice	Sub-optimal practice: 1. Unnecessary improvisation of equipment/materials. 2. Poor documentation of Patients' case. 3. Routine augmentation of labour and routine episiotomy.
3. Challenges to Optimal Midwifery Practice	1. Shortage of midwife 2. Lack of career development 3. Lack of equipment/materials

Theme 1: Concept of optimal midwifery practice

From the findings, it is interesting to know that all the participants had a fair knowledge and understanding of what optimal midwifery practice entails.

Sub-theme 1.1: Perception of midwives to Optimal Midwifery Practice:

Most of the participants considered Optimal Midwifery Practice as the quality care given to women throughout childbirth. Respondent from the 3 FGDs narrated *'Optimal Midwifery Practice is a high-quality care a woman received before pregnancy, during pregnancy, labour and puerperium with the right equipment and with adequate number of midwives.' 'Optimal Midwifery Practice in my view is when there are enough midwives that will make the work less and when there is less stillbirth rate, less maternal mortality rate, less complication during and after birth and with appropriate referral when necessary.' 'Optimal Midwifery Practice is the respectful maternity care where the woman's dignity is maintained and with avoidance of mistreatment while in the ward.'*

***Sub-theme 1.2: Midwives' competency*:**

The participants also identified midwives' competency as an integral part of optimal midwifery practice. Participants described competency in terms of the skills, knowledge, and attitude of a midwife to midwifery practice. A Participant from FGD3 explained that *'For midwives, competencies offer a description of the standards of excellence for current roles we practice and the future roles. when a midwife is skillful in her work then optimal practice is established'.* Another participant from FGD2 explained that '*Midwives' competency is achieved for optimal midwifery practices when she is allowed to develop skill and knowledge through educative seminars/workshops and the opportunity is given to practice same.'*

Sub-theme 1.3: Physiologic childbirth:

Participants were able to explain optimal midwifery practice in terms of physiologic childbirth and confirmed that it is a natural pathway to childbirth where a pregnant woman is allowed to deliver her baby using her innate ability with little or no medical intervention. Participants perceived that this kind of labour could be described as optimal as it leads to reduced complications and increased maternal/neonatal well-being. Participants from FGD2 said, '*From my past observation, those women whose childbirth were allowed to go through natural way without unnecessary intervention experienced reduced postpartum haemorrhage (*PPH*), quick postpartum recovery and increased mother-baby bonding.'*

Theme 2: Current state of midwifery practice in Akwa Ibom State.

Most of the midwifery practices are regarded as sub-optimal. Participants perceived that the sub-optimal midwifery procedures demonstrated by midwives were a result of certain challenges they faced during their practices. For example, unnecessary improvisation of equipment/materials, nutritional deprivation during labour, performing fundal pressure during delivery, lack of adequate information to pregnant women about their progress labour, poor documentation of patient cases, routine augmentation of labour and routine episiotomy was mentioned as their current practices which are against the policy guideline for midwifery practice and could cause severe maternal complications.

Sub-theme 2.1: Unnecessary improvisation of equipment /materials

In the case of insufficient tools, midwives improvised. The participants narrated that they improvised to save the lives of the women and the unborn babies, they added that most of the equipment were obsolete, the necessary consumables like gloves, cotton wool and disinfectants were not adequately supplied. Unnecessary improvisation in midwifery practice brings about maternal complications. Participants from the 3 FGDs explained thus: *we don't have a lot of equipment to work with and the available ones are obsolete. every day we improvised. "For example, in our delivery room, we do not have a warmer instead we wrap the baby with the patient's clothes". Sometimes, we deliver the preterm babies but we lose them because we don't even have an incubator.' We have been wearing one pair of gloves to attend to all the women in the ward which can cause cross infection.' Sometimes we took delivery on the bare floor because the beds were all occupied.'*

Sub-theme2.2: Poor documentation of patient case:

Documentation is vital to optimal midwifery practice. However, the attitude of poor documentation of patient cases has been reported as a weak point by nurses/midwives. Participants in this study perceived that poor documentation is due to inadequate staffing, incompetency and increased workload. They explained thus, '*most of us do not understand the essence of documentation while some of us lack confidence as such, they copied what others have done before. This is a result of incompetency; we need to be trained and retrained not to assume that we are capable since all of us are RN/RM holders*' (FGD2). '*we don't have most of these documentation sheets as such we don't use them, for instance in this clinic we don't know how to use partograph sheet in monitoring labour because we've not seen it'* (FGD1*). 'don't forget that a midwife is a human being not robot, I think that increased workload is the cause of this poor documentation. A midwife that manned a ward of 30 patients where most of them in active*

*phase, for God's sake will not be able to meet all the demands meanwhile, the patient's health is the priority' (*FGD3*).*

Sub-theme 2.3: Routine augmentation of labour and Routine episiotomy

The current and routine practice in the labour ward is that every woman in labour must be augmented as the labour progresses. *'that has been a routine all through in this facility except the labour is precipitate, every woman in labour except previous C/S must be augmented. The reason is that we want to speed up the delivery, as there are many in active phase with few midwives; secondly the management needs to sell off their drug stock since delivery in this facility has been declared free.'* '*This is why we said initially that we don't practice optimal midwifery here because by this intervention, the normal physiologic pathway is disrupted*' (FGD2 &3).

'In our hospital we don't augment as a routine but only when it is necessary. What we do as a routine is episiotomy to every primid. If a primigravida delivered and sustained even minor laceration, that midwife most be queried and summoned to panel for why she didn't give episiotomy, the pains and the healing process notwithstanding' (FGD2). *Most practices are no more recommended, but* we *don't have opportunity to upgrade our skill and knowledge towards such; whenever a seminar or training is organized, the only beneficiaries are the Heads of units while others will be at their duty post working and we are not mentored'* (FGD1).

Theme 3: Challenges to Optimal Midwifery Practice:

From the findings, many factors were perceived as challenges that hindered the attainment of optimal midwifery practice. These included shortages of midwives which add pressure to healthcare, lack of career development that leads to incompetency and inexperience and lack of materials/equipment which make it impossible to render optimal midwifery practice.

Sub-theme 3.1: The shortage of midwives

One of the most emerged sub-themes on the challenges to optimal midwifery practice was the shortage of midwives. All participants reported that they experienced the inadequate number of midwives in their facilities with respect to the number of pregnant women to care for. This affects the kind of maternity care rendered. Participants responded thus: '*We are short-staffed in the maternity ward and even in the entire hospital so that giving much attention to a particular procedure becomes difficult. For instance, if I manage four (4) pregnant women, I feel less stress compared to monitoring more than 10, what I'll do is to shorten every detail to meet up with the demands.'* '*Most of our midwives have fallen sick because of overload of work with a limited rest period. Burnout among midwives has been the order of the day with no extra compensation and this is why many are leaving the country for the few to continue.'*

Sub-theme3.2: lack of career development

Developing self is a necessity for competency. The findings from this study showed that sub-optimal midwifery practices have a direct relationship with incompetency. Comments from the participants. *'we have been denied going back to school because there will be no midwife to occupy till we resume. Therefore, we cannot acquire new skills appropriate for optimal practices.' 'Most practices according to recent research that may be injurious to the woman's health or the foetus have been abolished but we don't know because of lack of exposure for example, we are still applying fundal pressure on a pregnant woman during 2nd stage of labour which may cause uterine rupture. Access to training and possible career advancement would have enhanced optimal practices and reduced unnecessary maternal complications'* (FGD1,2).

Sub-theme 3.*3 Lack of equipment/materials*

Materials used for midwifery practice tend to be inadequate while the few available ones are obsolete thereby resulting in improvisation. The participants reported thus: '*We are used to working with improvised materials. Equipment or no equipment we still take delivery using anything available. It is the patients that will suffer.' 'In this Hospital we don't have gloves, we only ask patients to come with them. Most times we carry out procedures with bare hands or we use one pair of latex gloves to attend to almost all the patients in the ward.' We have lost many lives because of lack of equipment. In our labour ward we don't have a warmer, no incubator, no neonatal resuscitation equipment at all, we only use an enema pump just to extract mucous, tell me how we can carry out optimal midwifery in such a situation?*

Discussion

The study aimed to explore the midwives' perspectives on challenges to optimal midwifery practice in Akwa Ibom. According to our results, three themes were extracted from the participant's statements in the focused group discussion, these include perception of optimal midwifery practice, current state of midwifery practice and challenges to optimal midwifery practice.

Optimal midwifery practice according to midwives' perspective could be seen in terms of midwives' competency, physiologic childbirth, and optimum working environment. From our findings, all the participants had a good understanding of what optimal midwifery practice entails. According to the study, optimal midwifery practice was seen as a multi-dimensional practice that cuts across prenatal, antenatal, intra-natal and postnatal sessions; describing the extent to which a health professional assists couples or a group of women in giving quality care with less medical intervention to obtain a desired health outcome. Ashraf *et al.* (2017) and Negash *et al.* (2022) in their studies confirmed that quality care ensured early detection of pregnancy risk, timely diagnosis and treatment of complications, counseling on health education about health status and that of the pregnancy. World Health Organization (2016) also affirmed that quality care rendered by midwives is made for an effective, efficient, patient-centered practice to promote normal childbirth and prevent complications. The study also revealed that the competency of a midwife enhances the optimal midwifery practice. The participants explained midwives' competency as the knowledge, skill, understanding and job satisfaction a midwife acquired to provide quality care to women prior to pregnancy, during and after giving birth. A midwife is said to be in optimum practice if she has a good knowledge of what the job demands, with excellent skill in carrying out her professional responsibility with a backed up character that makes her, as well as the profession a preferred profession. This agrees with the findings from 2018 World Health Organization global imperative about competency in practicing midwifery and

Chatterjee (2020) confirmed that competencies are key to success.

Considering an optimum working environment, midwives perceived that physical infrastructures, adequate supplies of equipment/materials, midwife's availability, good inter-professional collaborations, good midwife patient relationships and with their relatives are the ultimate to make work easy and to achieve the set outcome (Essiendi, 2015; Adatara *et al.,* 2021). Rodriguez - Garcia *et al.* (2023) in their studies affirmed that a good working environment plays a vital role in optimal practices. The provision of an adequate number of motivated and skilled midwifery staff that is 1:4 is reported to foster and promote the provision of optimal practice and cease workload. This confirmed the findings of Khosravi *et al.* (2022) that having adequate numbers of manpower in the different levels of healthcare helps to promote efficiency in duty, reduce staff burnout and ensure the giving of quality care.

From the findings, shortages of midwives which add pressure to healthcare, lack of career development that lead to incompetency and inexperience and lack of materials/equipment which make it impossible to render optimal midwifery practice were the challenges identified by midwives. Participants reported that the shortage of midwives brought about an increased workload in public hospitals that hampered optimal midwifery practices. This was confirmed by the study from Stoll and Gallagher, 2019 that inadequate staffing and workload were considered a challenge to quality care. Study showed that midwives were compelled to work more than the normal schedule because there was no one to take over from them to get some rest. While some midwives fall sick in the process due to burnout, some leave the profession and travel out then many retire from the service leaving the few to prejudice. (Dixon et al. 2017; Fenwick et al. 2018). The shortage of midwives influenced the few midwives to skip most of the essential tasks to increase their workload.
Lack of career development was one of the challenges identified in this study. It was observed that midwives were not given the opportunity to upgrade themselves, due to a shortage of midwives in the hospitals. They lamented that even when training is organized, it was only the Heads of units that would attend and they may not come back to step down. Consequently, optimal midwifery practice is deterred with escalated maternal complications. The study by Bremnes et al., (2018) confirmed that there were limited in-service training opportunities for midwives, and that they were not versatile in their practices.

Another challenge identified by midwives was the lack of materials/equipment. Midwives complained bitterly about the poor supply of consumables. It was noted that midwives used one pair of gloves to attend to all the patients in the ward. These gloves were mostly provided by the patients. The study also found out that the present equipment in the wards is obsolete which could cause injury to the patient and that midwives resolve to improvisation. It was confirmed by the midwives that due to the lack of warmer and incubators in their labour ward, they have recorded increased neonatal death. They also reported that sometimes they take delivery using flashlight or torch on their phones. Bremnes (2018) supported that across the globe, midwives find themselves practicing in impoverished and low-resource settings and that inadequate supply of medical equipment to provide quality care contribute to increase mortality rate.

It was observed from the findings that most practices carried out by the midwives in Akwa Ibom are sub-optimal. Participants perceived that the sub-optimal midwifery practices came as a result of certain challenges they faced in their healthcare facilities in rendering maternity care. The participants came out with unnecessary improvisation of equipment /materials, poor documentation of the patient's case, routine augmentation of labour and routine episiotomy. Participants knew that their current practices were not according to the policy guidelines for midwifery practice and could cause severe maternal complications. Participants perceived that this sub-optimal practice was due to certain challenges in the hospital. Midwives are often encouraged to demonstrate improvisation because it is often required to meet the needs of patients in a tight situation. However, the unnecessary improvisation is detrimental to the health of the patient. To improvise is accepted but not in all aspects as it may jeopardize the health status of the patients. However, midwives need sufficient equipment/materials to work with in other to enhance optimal midwifery practices. Maassen, et al., 2021 is in support that a positive work environments is important for providing optimal patient care that link with less mortality, attracting and retaining health care professionals.
Routine augmentation of labour and routine episiotomy. These two practices according to the midwives have caused a lot of morbidity and mortality of many women. This study found out that Akwa Ibom State public health facilities are still making these practices a routine not minding the resultant effects. This is due to lack of awareness as they have not been going for trainings. According to Mayor Clinic (2022), episiotomy has a potential risk on the woman with uncomfortable recovery.

Conclusion

Midwives perceived that challenges to optimal midwifery practice give rise to maternal complications in Akwa Ibom State. The study showed that in order to improve optimal midwifery practice, emphasis should be on the challenges like shortage of midwives which was found to be the most pressing challenge identified by the midwives. The study also indicated that opportunity should be given to the midwives for educational advancement, training and retraining on evidence-based practices to enhance competency in midwifery practice. Midwives also perceived that lack of essential equipment in public Hospitals in Akwa Ibom State increases mortality rate. Midwives need to be equipped with cutting edge and creative approaches in order to be competent to meet the modern standards.

Declaration of Interest
This manuscript's authors claim no conflicts of interest. No financial, personal, or professional relationships might bias this research or its presentation. This manuscript's findings are based exclusively on data analysis and the authors' professional judgment.

References

Adatara, P., Amooba, P., Afaya, A., Salia, S.M., Avane, M.A., Kuug., Maalman, R S., Atakro and Attachie, I.T. (2021). Challenges experienced

by midwives working in rural communities in the Upper East Region of Ghana: a qualitative study. BMC pregnancy and childbirth. 287 (21):1-8.

Ashraf, k., Dadkhah, A. and Torabi, F. (2017). Changes of health-related quality of life during pregnancy based on pregnancy context: a prospective study. *Archives of Public Health* 80.37: 1 – 6.

Babajide, O, O., Akinyimi, J, O and Ayeni, O (2021) Subnational estimates of maternal mortality in Nigeria: Analysis of female siblings' survivorship historeis https://doi.org/10.21203/rs.3.rs-1190088/v1

Bogren, M., Grahn1, M., Bwira, B., & Berg1, M. (2020). Midwives' challenges and factors that motivate them to remain in their workplace in the Democratic Republic of Congo - an interview study. *Journal of Human Resources for Health*, *18*(6), 5:2 – 10.

Bremnes, H.S., Wiig, A.K., Abeid, M and Darj, E. (2018) Challenges in day to day Midwifery: a qualitative study from a regional referral hospital in Dar es Salaam, Tanzania. Glob Health Action. 2018; 11(1):1453333. doi: 10.1080/16549716.2018.1453333

Caulfield, J.(2023). How to do thematic analysis/ step-by-step guide & examples. *Scribbr.* https://www.scribbr.com.methodology/thematic-analysis/

Cornier, S., Chan, M., Yaskina, M and Manem. (2019). Exploring paediatric residents' perceptions of competency in neonatal intentsive care. *Paediatric & Child Health* 24(1):25-9.

Dixon, L., Fullerton, J.T., Begley, C. (2017). Systematic review: the clinical effectiveness of physiological (expectant) management of the third stage of labor following a physiological labor and birth. *International Journal of Childbirth 1*(3), 179-195.

Fenwick, J., Lubomski, A., Creedy, D.K., Sidebotham, M. (2018). Personal, professional and workplace factors that contribute to burnout in Australian midwives. J Adv Nurs. 74(4):852-63. Doi:10.1111/jan.13491

Effiong, J. (2021).Traditoinal birth practices boom in Akwa Ibom.The Sun News Paper. https://sunnewonline.com/traditional-birth-practices-boom-in-akwa-ibom/

Essendi H, Johnson., F.A, Madise, N., Matthews, Z., Falkingham, J., Bahaj, A.S., James, P., Blunden, L. (2015). Infrastructural challenges to better health in maternity facilities in rural Kenya: community and health worker perceptions. *Journal of Reproductive Health* 12:103.

Filby, A., McConville, F. and Portela, A. (2016). What prevents quality midwifery care? A systematic mapping of barriers in low- and middle-income countries from the provider perspective. *PLoS ONE 11(5):0153391. doi: 10.1371/journal.pone.0153391.*

Ghafouri, R., & Ofoghi, S. (2016). Trustworthy and rigour in qualitative research. *International Journal of Advance Biotechnology and Research* 7(4),1914 – 1922.

Jackson, I.J. (2018). High patronage of traditional birth homes: A report from Akwa Ibom, South- South Nigeria.

Joswiak, G. (2021). Why is there a global shortage of midwives and what needs to be done about it? *Equaltimes.* https://www.equaltimes.org/global-shortage-of-midwives

International Confederation of Midwives (ICM). (2013). Essential competences for basic midwifery practice. Retrieved from https://www.internationalmidwives.org.

Khosravi, S., Babaey, F., Abedi, P., Kalahroodi, Z. and Hajimirzaie, S. (2022). Strategies to improve the quality of midwifery care and developing midwife centered care in Iran: analyzing the attitudes of midwifery experts. *BMC Journal of Pregnancy and Childbirth* 22(40):1–11.

Kruk, M.E., Gage, A.D and Arsenault, C. (2018). High-quality health systems in the Sustainable Development Goals era: time for a revolution. *Lancet Glob Health*.; 6:1196-1252.

Ljungblad, L, W., Skovdahl, K., McCormack and Dahl, B. (2021). A exploration of midwives' perceptions of newborn resuscitation programmes for midwifery students. Vol 100. https://doi.org/10.1016/j.midw.2021.103021

Maternal Health Trust Force(MHTF). (2017). Quality of maternal health care. *Plos Medicine and Health.* https://collections.plos.org/collection/maternal-health

Mayo Clinic (2022). Labour and delivery, postpartum care: *healthy lifestyle.* https://www.mayorclinic.org/health-lifestyle/labor-and=delivery/basics/labor-and=delivery/hlv-20049 ...

Negash, W., Fetene, S., Shewarega, E., Fentie, E., Asmamaw, D., Teklu, R., Aragaw, F., Belay, D., Alemu, T. and Eshetu, H. (2022). Multilevel analysis of quality of antenatal care and associated factors among pregnant women in Ethiopia: a community based cross sectional study. *BMJ Open Access Journal 12*: 1 – 10. doi:10.1136/bmjopen-2022-063426

Olawuni, O. (2022). There are less than 2 midwives per 1000 people in Nigeria. *Dataphyte.* https://www.dataphyte.com/chart-of-than-2-midwives-per-1000-people-in-nigeria/

Rodríguez-García, M., Isabel M., Martos-Lopez, C., Gema Casas-Lopez, V., Marquez-Hern, A., Aguilera-Manrique, A., Lorena Guti´errez-Puertas, L. (2023). Exploring the relationship between midwives' work environment, women's safety culture, and intent to stay. *Journal of Women and Birth* 36: 10 – 16.

Royal College of Midwives. (2020). https://www.rcm.org.uk/media/2354/high-quality-midwifery-care

Stoll, K and Gallagher, J. (2019). A survey of burnout and intentions to leave the profession among Western Canadian midwives. Women Birth.*32*(4):441–49.

UNICEF and WHO (2020). Hidden Tragedy: Nigeria Account for One of the Highest Birth Rates in Africa. https://www.unicef.org> stories> woman: a phenomenological study. *BMC Journal of Pregnancy and Childbirth*, 363(19):14.

UN Inter- agency Group for Child Mortality Estimation (UNIGME). (2018). Level and trends in child mortality estimation.UNICEF/UN01741/Shrestha.

World Health Organization. (2016). Midwives' voices midwives 'realities: finding on global consultation on providing quality care. Global report 1– 76.

World Health Organization. (2018). Quality, Equity, Dignity: The Network to Improve Quality of Care for Maternal, New born and Child Health—Strategic Objectives.

World Health Organization (2019). Trends in maternal mortality 2000 to 2017: estimates by WHO. UNICEF, UNFPA, World Bank Group and the United Nations Population Division. World Health Organization. Available from; https://apps.who.int/iris/handle/10665/327595

World Health Organization. (2020). Maternal, Newborn, Child & Adolescent health.

World Health Organization. (2023). Maternal mortality. https://www.int/news-room/fact-sheets/detail/maternal-mortality

World Health Organization. (2023).Strengthening quality midwifery for all mother and newborns. https://www.who.int/activities/strengthening-quality-midwifery-for-all-mother-and-newborns

PUTOR-UNIPORT (aceputoruniport.edu.ng)

Manuscript submission: Journal of Public Health and Toxicological Research (jphtr.com)