**THE EXPERIENCES OF ADVANCED MIDWIVES AND NEONATAL NURSING SCIENCE SPECIALISTS REGARDING THE OPTIMAL UTELIZATION OF THE KNOWLEDGE AND SKILLS IN THE PUBLIC HEALTH SECTORS OF SOUTH AFRICA**- **Tukisi Kagiso Prince (PhD Candidate) a** Maternal and Child Nursing: Advanced Neonatal Nursing Science

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**BACKGROUND:** The advanced midwifery training was introduced in 1980 as a response to escalating maternal and neonatal mortalities and shortage of doctors in rural parts of South Africa. The South African Nursing Council (SANC) in terms of a training regulation in 1993 then recognized the Advanced midwifery and neonatal nursing specialization (AMNNS). Basic midwives were enrolled into a postgraduate midwifery qualification to extend their knowledge and skills to enable them to manage high risk and complicated obstetric conditions. While AMNNS are equipped with the knowledge and skills, they remain underutilized in the clinical facilities because of the limiting practice regulation, hospital policies and fear of litigations, which could lead to loss of skills. This study is a derivate of the major doctoral study: “Strategies to facilitate optimal utilization of knowledge and skills of advanced midwives and neonatal nursing specialists in public and private health sectors of South Africa”.

**AIM:** To determine the optimal the utilization of knowledge and skills of AMNNS in the private and public health sectors. The experiences AMNNSs in the public health sectors of South Africa were explored and described in this part of the study.

**SETTING:** This study was conducted in the selected public healthcare facilities rendering midwifery and advanced midwifery care from all provinces in South Africa.

**METHODS:** A qualitative, descriptive, explorative, and phenomenological research design was followed. Purposefully sampled AMNNSs participated in three focus groups comprising of four participants each from five different provinces. Data were analysed and presented as themes and categories.

**RESULTS:** Three themes emerged. AMNNSs experienced that the policymakers in the facilities, doctors and the SANC, do not acknowledge AMNNS’s advanced knowledge and skills. AMNNS associated a fear to apply all their skills to the limited legal protection. AMNNSs often do not understand what is expected of them, due to a lack of a defined regulation that differentiate their practice from that of basic midwives.

**CONTRIBUTION:** Barriers experienced by AMMNS in the public health sector in South Africa regarding the optimal utilization of their knowledge and skills are highlighted and will be used to formulate strategies to facilitate their optimal utilization in the midwifery practice environment in South Africa.

**INTRODUCTION**

Advanced Midwives and a Neonatal Nurse Specialists (AMNNS) are registered professional nurses and midwives with advanced expertise, knowledge, and skills in midwifery (SANC,1993). AMNNS’s advanced knowledge and skills is brought about by the additional qualification in post basic midwifery and neonatal nursing science held. The specific role of AMNNS is misunderstood in clinical practice, as there are no specific practice regulations detailing roles and responsibilities (Mativandlela,1998). As a result, AMNNS are unable to practice as specialists in South Africa despite their advanced knowledge and skills due to limiting practice regulations. The purpose of this part of the study was to explore and describe the experiences of AMNNS regarding the optimal utilization of their knowledge and skills in the public health sector in South Africa.

**Figure 1: Summary of themes and subthemes**

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| THEME | SUBTHEME |
| 1. Practice with limited protection | Limited scope of practice |
| Limited hospital policies |
| inconsistencies between education and training regulations and practice regulations |
| Intense fear of litigation secondary to a limited scope of practice |
| 1. Loss of skills | Limited utilization of knowledge and skills leading to being out of practice |
| Ineffective Refresher course trainings |
| 1. Lack of recognition by self and other health team members | Lack of self-recognition as specialist |
| Lack of recognition as AMNNS by Managers |
| Lack of recognition by doctors |

**METHODS**

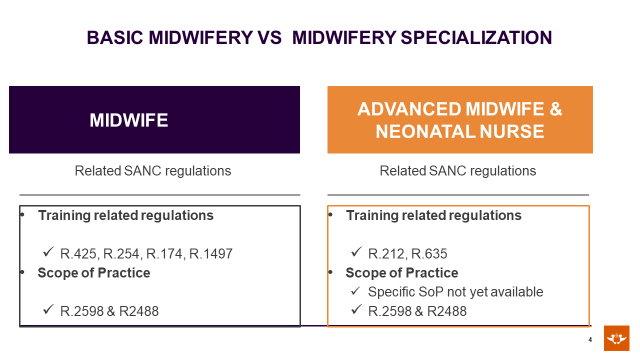
A qualitative, explorative, descriptive, and contextual research design was followed to uncover in-depth the experiences of AMNNS regarding the optimal utilization of their knowledge and skills in the public health sector (Polit et al, 2019). Purposive sampling was used to select AMNNS working in public clinics, midwife-led obstetrics, and hospitals with at least two-year experience as AMNNS. The selected sample participated in five focus group discussions held using Microsoft teams, which were audio-recorded after obtaining consent from the participants. The data obtained were transcribed verbatim and analyzed using Colizzi’s seven steps of phenomenological data analysis method.

**DISCUSSION**

AMNNS acknowledged that the AMNNS training provided them with advanced knowledge and skills. However, AMNNS were troubled by the fact that they are unable to utilize all their knowledge and skills optimally in the public health sector of South Africa. They related this to the reality that there is no specific practice regulation that supports their extensive knowledge and skills. AMNNS are in turn limited to basic midwifery roles by the existing practice regulations. This reveals the existing inconsistencies between the education and training and practice regulations for AMNNS (Medway et al, 2020). AMNNS are experiencing intense fear of litigations as their knowledge exceeds what is prescribed in the current practice regulations (Du Plessis et al, 2020). This often leads to AMNNS acting outside the parameters of the prescribed regulations.

AMNNS admitted that they are gradually losing their extensive knowledge and skills. AMNNS associated this with their experience of limited utilization of their knowledge and skills, which render them out of practice (Mkize, 2019). AMNNS appreciates the attempts by the Department of Health to enroll them in refresher courses on essential steps in the management of obstetrical emergencies (ESMOE). AMNNS verbalized that ESMOE similarly to AMNNS training equips them with advanced knowledge and skills they never get an opportunity to utilize in clinical practice.

AMNNS pointed out that their experience in the inability to utilize their knowledge and skills optimally has led the AMNNS recognizing themselves as specialists. Their lack of self-recognition as specialists is secondary to the absence of well-defined roles and responsibilities. AMNNS pointed out that they are also receiving no recognition from the managers responsible for coordination and supervision of midwifery care. AMNNS pointed out that the delegation of responsibilities is general for both basic midwives and AMMNS (Mkize, 2019). Consequently, AMNNS are not receiving recognition from doctors in obstetrics and are excluded from clinical discussions.



**Figure 2: The difference between midwifery and midwifery and neonatal nursing**

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