

Perceived Benefits of Continuous Training of Community Midwifery in Nigeria

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Abstract:

Community midwifery plays a crucial role in improving maternal and neonatal health in Nigeria, particularly in rural and underserved areas where access to hospital-based care remains limited. Continuous training of community midwives has emerged as a vital strategy for strengthening maternal healthcare delivery by equipping practitioners with updated skills, evidence-based knowledge, and professional confidence. This paper examines the perceived benefits of continuous training of community midwifery in Nigeria, highlighting its impact on clinical competence, maternal and neonatal outcomes, and community trust. Evidence suggests that continuous professional development enhances midwives' ability to manage obstetric emergencies, provide culturally competent care, and foster stronger referral systems. Beyond clinical outcomes, training boosts professional satisfaction, reduces burnout, and encourages retention of midwives in rural postings. Despite these benefits, challenges such as inadequate funding, infrastructural barriers, and policy gaps continue to hinder consistent training opportunities. Drawing on global best practices, the study underscores the importance of integrating continuous training into national health policies, leveraging digital technologies, and promoting community-based approaches to ensure sustainability. The paper argues that strengthening continuous training for community midwives is not only essential for reducing maternal and neonatal mortality but also for building resilience in Nigeria's healthcare system. Ultimately, prioritising midwifery training aligns with the Sustainable Development Goals (SDG 3) and represents a sustainable pathway

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toward universal health coverage and improved maternal health outcomes in Nigeria.

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Introduction

Community midwifery represents a vital component of Nigeria's healthcare system, particularly in rural and underserved areas where access to hospital-based services remains limited. It has evolved as a response to persistent maternal and neonatal health challenges, bridging the gap between traditional birth attendants and formally trained health professionals. The concept of continuous training further strengthens this model by ensuring that midwives remain competent, updated, and responsive to the dynamic nature of maternal and child healthcare needs. In the face of Nigeria's high maternal and infant mortality rates, continuous training not only enhances clinical capacity but also fosters trust, professionalism, and resilience within the health system. This synergy between community-focused care and lifelong learning forms the backbone of a sustainable approach to improving maternal health outcomes in the country.

Conceptual Clarification of Community Midwifery

Community midwifery is an integral aspect of primary healthcare delivery, particularly in low- and middle-income countries where access to skilled birth attendants is often limited. Conceptually, community midwifery refers to the provision of essential maternal and newborn healthcare services by midwives who are trained and deployed within communities to bridge the gap between formal healthcare systems and underserved populations. Unlike hospital-based midwifery, community midwifery is rooted in a community-oriented approach, bringing midwives closer to women and families in rural and semi-urban areas where healthcare infrastructure is weak. This model aligns with the World Health Organization's advocacy for task-shifting and strengthening of primary healthcare through the deployment of skilled health workers at the community level (WHO, 2020).

The historical evolution of community midwifery in Nigeria can be traced to the early colonial period when traditional birth attendants (TBAs) played a dominant role in maternal healthcare. With the introduction of Western medical practices in the 20th century, TBAs were gradually integrated into formal health systems, albeit with limited training. However, rising maternal and neonatal mortality rates necessitated a shift towards more structured and professionalised approaches to maternal health. In response, the Nigerian government and international partners introduced community midwifery programmes in the early 2000s to expand access to skilled care in rural communities. These programmes were designed to train and deploy midwives to underserved areas, thereby complementing the hospital-based workforce and addressing the chronic shortage of healthcare professionals (Fapohunda & Orobato, 2013). The Midwives Service Scheme (MSS), launched in 2009, further institutionalised community midwifery as a key strategy to reduce maternal and child mortality, particularly in remote and hard-to-reach communities (Abimbola et al., 2012).

Community midwives play multifaceted roles that extend beyond assisting childbirth. Their responsibilities include providing antenatal and postnatal care, managing uncomplicated deliveries, identifying high-risk pregnancies, and ensuring timely referrals to higher-level facilities when complications arise. They are also central to health education, promoting safe motherhood practices, family planning, and child immunisation within their communities (Mekonnen et al., 2019). Additionally, community midwives serve as liaisons between the healthcare system and the community, fostering trust and encouraging health-seeking



behaviours among women who might otherwise rely solely on traditional practices. Their presence within communities helps to build confidence in formal health services, thereby contributing to improved maternal health indicators.

When compared to other forms of maternal healthcare provision, community midwifery offers unique advantages. Unlike obstetricians and gynaecologists who are largely concentrated in urban tertiary hospitals, or nurses who may be overstretched across various duties, community midwives are specifically trained and deployed to meet the maternal health needs of rural populations. While TBAs provide culturally accepted services, they often lack the biomedical training to manage complications effectively, thereby posing risks to maternal and neonatal survival. In contrast, community midwives combine cultural familiarity with professional training, offering a balance between accessibility and quality of care (Okonofua et al., 2019). Furthermore, compared to general practitioners, community midwives are cost-effective and can deliver focused, preventive, and life-saving interventions at the grassroots level. Thus, community midwifery emerges as a vital complement to hospital-based maternal care, contributing significantly to efforts aimed at reducing Nigeria's high maternal and neonatal mortality burden.

The Concept of Continuous Training in Health Workforce Development

Continuous training in health workforce development refers to a structured, ongoing process of professional education that enables healthcare workers to acquire new knowledge, update their skills, and adapt to emerging challenges in clinical practice. It goes beyond initial education and emphasises the need for health professionals to remain competent in delivering safe, efficient, and evidence-based care throughout their careers. Continuous training is particularly important in health systems such as Nigeria's, where evolving health needs, high disease burdens, and resource limitations necessitate a workforce that is adaptable and resilient. According to World Health Organization (WHO, 2020), continuous professional development (CPD) is essential for maintaining competency, enhancing performance, and ultimately improving health outcomes, making it a cornerstone of health workforce development.

The dimensions of continuous professional training include formal, non-formal, and informal learning. Formal training comprises structured courses, workshops, and academic programmes accredited by regulatory bodies. Non-formal training is less structured and may include seminars, conferences, and in-service learning sessions, while informal learning occurs through peer discussions, mentorship, and self-directed study (Frenk et al., 2010). These dimensions highlight the multifaceted nature of continuous training, accommodating diverse learning needs and professional contexts. In low- and middle-income countries such as Nigeria, where disparities exist between rural and urban healthcare systems, recognising and integrating these different dimensions of training ensures that healthcare workers, including community midwives, remain adequately equipped to meet the needs of their populations.

Models and approaches to continuous training in healthcare vary, but they generally align with adult learning principles, which stress self-direction, relevance, and practical application. The competency-based model is widely adopted, focusing on ensuring that healthcare workers can demonstrate the required skills and knowledge to perform effectively



(Kalu et al., 2022). Another common approach is the experiential learning model, which emphasises reflective practice and learning from real-life experiences. Simulation-based training has also gained prominence in healthcare, enabling practitioners to rehearse clinical scenarios in controlled environments before applying them in practice. In Nigeria, blended learning approaches that combine face-to-face training with e-learning modules are increasingly used to address barriers such as limited infrastructure and geographical constraints (Adepoju et al., 2021). These models collectively enhance flexibility, accessibility, and sustainability in continuous training programmes.

Lifelong learning is particularly relevant to midwifery practice because of the dynamic nature of maternal and child health. The global landscape of maternal care is constantly evolving, with new evidence, guidelines, and technologies influencing best practices. Midwives are often the first point of contact for women in rural and underserved areas, and their ability to integrate new knowledge into practice directly impacts maternal and neonatal outcomes. Continuous training not only improves clinical competence but also strengthens professional identity and confidence. For example, studies have shown that midwives who engage in lifelong learning are better prepared to manage obstetric emergencies, provide culturally competent care, and adapt to community-specific health needs (Filby, McConville, & Portela, 2016). In the Nigerian context, where maternal mortality remains a significant public health challenge, embedding lifelong learning within midwifery practice ensures that midwives can deliver timely, safe, and responsive care.

In essence, continuous training in health workforce development is a critical tool for sustaining quality healthcare delivery. Its multidimensional nature, diverse models of implementation, and alignment with lifelong learning make it indispensable in strengthening midwifery practice. By embracing continuous training, Nigeria's community midwives can bridge knowledge gaps, enhance service delivery, and contribute meaningfully to reducing maternal and neonatal mortality rates.

Importance of Continuous Training in Maternal and Child Health

Continuous training in maternal and child health is central to strengthening the competence of healthcare professionals, particularly community midwives who serve as the first point of contact for many women in Nigeria. The dynamic nature of health care and the evolving complexity of maternal health needs demand that midwives continually update their skills to meet international standards and improve service delivery. Training provides midwives with opportunities to acquire advanced knowledge, refine clinical practices, and integrate new evidence into their work. For instance, continuous professional development fosters the use of evidence-based practice, ensuring that midwives are not only relying on outdated techniques but are also integrating the latest global best practices into maternal care. This, in turn, enhances their ability to provide safe deliveries, manage complications effectively, and reduce preventable maternal and neonatal deaths, which remain a major public health concern in Nigeria (Okafor et al., 2020).

Another significant importance of continuous training lies in its impact on decision-making during emergency obstetric care. Complications such as postpartum haemorrhage, eclampsia, and obstructed labour require timely and accurate interventions to prevent maternal and infant mortality. Midwives with access to continuous training are more confident in



recognising danger signs, making quick judgments, and applying life-saving procedures when necessary. The World Health Organization (WHO, 2019) emphasises that continuous training helps build critical thinking and problem-solving abilities in healthcare providers, enabling them to act decisively under pressure. In rural and underserved communities of Nigeria, where referral systems are often weak and hospitals may be miles away, well-trained community midwives serve as a lifeline by providing immediate, competent emergency care before transfer to higher facilities. Training thus equips them with the necessary skills to stabilise patients, follow appropriate protocols, and mitigate adverse outcomes.

In addition, continuous training enhances the delivery of patient-centred care, which is crucial in maternal and child health. Beyond clinical procedures, midwives must also understand and respect the cultural and social contexts of the women they serve. Patient-centred care involves listening to mothers' concerns, respecting their preferences, and ensuring that their dignity is maintained during childbirth. Continuous training promotes cultural competence by helping midwives appreciate the values, traditions, and beliefs of different communities while providing safe and effective care. For example, studies have shown that women are more likely to utilise maternal health services when they perceive healthcare providers as respectful, culturally sensitive, and attentive to their needs (Ibrahim & Odetola, 2021). By building stronger relationships between midwives and mothers, training fosters trust, improves patient satisfaction, and encourages greater adherence to maternal health recommendations, such as antenatal visits and postnatal care.

Ultimately, continuous training in maternal and child health is not merely an institutional requirement but a vital investment in improving health outcomes. It equips midwives with enhanced clinical skills rooted in evidence-based practice, sharpens their decision-making in emergencies, and strengthens their ability to provide patient-centred and culturally competent care. These benefits collectively contribute to reducing maternal and neonatal mortality rates, a key health target in Nigeria's pursuit of the Sustainable Development Goals. Strengthening continuous training initiatives for community midwives should therefore remain a priority in Nigeria's maternal and child health agenda (Adesina & Lawal, 2022; Omonaiye et al., 2021).

Perceived Benefits of Continuous Training of Community Midwifery in Nigeria

Continuous training of community midwives is increasingly recognised as a vital component in improving maternal and child health outcomes in Nigeria. Midwives serve as the primary link between rural communities and the formal health system, and their continuous education ensures that they remain updated with modern practices in maternal and neonatal care. Improved maternal and neonatal outcomes are among the most significant benefits of such training, as midwives acquire enhanced knowledge in areas such as emergency obstetric care, antenatal monitoring, and safe delivery practices. Studies have shown that regular training interventions positively influence the ability of midwives to detect early signs of complications, provide timely interventions, and offer quality care during pregnancy and childbirth, thereby improving survival rates for mothers and newborns (Oyelese & Anorlu, 2021). This benefit is especially crucial in rural communities where access to specialised medical care is limited, making trained community midwives indispensable for reducing avoidable health risks.



Another benefit lies in the enhancement of professional confidence and job satisfaction among midwives. Continuous training equips them with updated knowledge and practical skills, enabling them to deliver services competently and independently. This empowerment reduces professional burnout and fosters a sense of accomplishment. For instance, Adegoke et al. (2019) emphasised that midwives who undergo periodic skill upgrades feel more capable in managing obstetric emergencies and are more confident in decision-making processes. In turn, this confidence strengthens their professional identity and increases retention rates in rural postings where motivation is often challenged by difficult working conditions. Job satisfaction derived from continuous training not only boosts morale but also translates into better quality of care for patients.

A central justification for continuous training in community midwifery is its direct role in reducing maternal and infant mortality rates, which remain a public health concern in Nigeria. According to the World Health Organization (WHO, 2022), Nigeria contributes significantly to the global burden of maternal deaths, and preventable causes such as haemorrhage, sepsis, and obstructed labour account for most fatalities. Properly trained midwives are well-positioned to manage these conditions effectively or make prompt referrals where necessary. A study by Okonofua et al. (2020) revealed that capacity-building programmes for midwives in Nigeria contributed to a measurable decline in maternal deaths in intervention areas. By equipping community midwives with lifesaving competencies, continuous training directly addresses one of the Sustainable Development Goals (SDG 3), which aims to reduce global maternal mortality.

In addition to improving clinical outcomes, continuous training strengthens referral systems and builds community trust in healthcare services. When midwives receive regular training, they become more adept at recognising complex cases that require higher-level intervention and making appropriate and timely referrals. This strengthens the continuum of care and reduces delays in accessing specialised services. Furthermore, communities tend to trust midwives who demonstrate competence and provide consistent, evidence-based care. Research by Nair et al. (2021) highlighted that trained community midwives often act as trusted health advisors, increasing the likelihood that women will seek care early in pregnancy and adhere to medical advice. Trust in midwives not only enhances service utilisation but also fosters stronger relationships between communities and the formal healthcare system, ultimately contributing to sustainable improvements in maternal health.

In sum, continuous training of community midwives in Nigeria carries multifaceted benefits, including improved maternal and neonatal outcomes, increased professional confidence and job satisfaction, reduction in maternal and infant mortality rates, and strengthened referral systems supported by community trust. These outcomes underscore the importance of prioritising regular training initiatives for midwives as a critical strategy in improving maternal and child health in Nigeria.

Challenges to Continuous Training of Community Midwives in Nigeria

Continuous training of community midwives in Nigeria is essential for strengthening maternal and child health outcomes, but it is hindered by multiple challenges that affect both access and effectiveness. One of the most pressing challenges is funding constraints and inadequate resources. The Nigerian health system has historically been underfunded, with



budget allocations for maternal and child health services falling below the recommendations of global health organisations. As a result, there is often limited provision for continuous professional development of healthcare workers, including community midwives. Training programmes require financial investment for materials, trainers, technology, and follow-up evaluations, yet such resources are not always prioritised within healthcare budgets. According to Adebayo et al. (2021), financial limitations are a recurring obstacle to sustaining health workforce capacity-building, particularly in rural and underserved areas. Without consistent funding, many midwives lack opportunities to upgrade their skills, thereby affecting the quality of maternal healthcare delivery.

In addition to funding challenges, geographic and infrastructural barriers significantly impede the continuous training of community midwives, especially those serving in remote areas. Nigeria's rural communities often face poor road networks, limited electricity supply, and inadequate internet connectivity, which complicates access to training centres or digital learning opportunities. For many midwives, travelling to urban locations for workshops or seminars can be costly and time-consuming, leading to exclusion from essential professional development activities. Evidence from Okeke and Obi (2019) highlights that health workers in rural communities are less likely to participate in training due to logistical difficulties compared to their urban counterparts. These infrastructural challenges not only limit access to training but also reinforce the inequity in maternal healthcare service delivery between urban and rural populations.

Policy gaps and the absence of structured frameworks for continuous training further exacerbate the problem. While Nigeria has adopted several national health policies aimed at reducing maternal mortality, the institutionalisation of ongoing midwifery education has not been adequately addressed. The lack of a clear, standardised policy framework means that training is often sporadic, donor-driven, or dependent on the initiatives of non-governmental organisations. This results in inconsistencies in training content, frequency, and evaluation, leaving some midwives better equipped than others. As Onyema et al. (2020) argue, the absence of structured professional development frameworks undermines the ability of health workers to maintain updated knowledge and competencies, thereby weakening the effectiveness of maternal health interventions. A structured national policy could ensure uniformity, sustainability, and accountability in continuous training programmes.

Workload and staff shortages also pose significant challenges to continuous training for community midwives in Nigeria. The country faces a critical shortage of skilled healthcare workers, particularly in maternal and child health services, which places heavy workloads on the available midwives. High patient loads and the pressure to deliver immediate care often leave little room for midwives to attend training sessions or engage in self-directed learning. In many cases, facilities cannot afford to release staff for training without jeopardising service delivery. According to Olaniran et al. (2022), workforce shortages in Nigeria contribute to professional burnout and limit opportunities for ongoing education and skill enhancement. This situation creates a cycle where limited training leads to reduced competence, which in turn increases workload stress and compromises service delivery quality.

Addressing these challenges requires deliberate investment in health system strengthening, policy reform, and innovative training models that account for Nigeria's unique contextual



realities. Without tackling these barriers, the continuous training of community midwives will remain inconsistent, limiting its potential to improve maternal and child health outcomes in the country.

Global Perspectives and Best Practices in Midwifery Training

Global perspectives on midwifery training highlight the growing recognition of continuous professional development as a critical element in improving maternal and neonatal health outcomes. Across many low- and middle-income countries (LMICs), midwifery training has evolved beyond initial qualifications to include ongoing skill enhancement aimed at addressing persistent gaps in maternal health services. Evidence from countries such as Ethiopia, Bangladesh, and Nepal shows that structured continuous training of community midwives has significantly contributed to reducing maternal and neonatal mortality. For instance, Ethiopia's Health Extension Program, which incorporates continuous midwifery training, has been credited with improving skilled birth attendance and emergency referral systems in rural areas (Banteyerga, 2011). Similarly, Bangladesh's community-based midwifery initiatives, supported by regular refresher training, have demonstrated improvements in maternal care quality, particularly in underserved rural settings (Nippert-Eng et al., 2019). These examples underscore that investing in the professional development of midwives is a viable strategy for addressing the shortage of skilled birth attendants in LMICs.

The World Health Organization (WHO) has been pivotal in promoting global standards and guidelines for midwifery capacity building. The State of the World's Midwifery Report highlights the critical role of midwives in achieving Sustainable Development Goal (SDG) 3, which focuses on ensuring healthy lives and promoting well-being at all ages. WHO recommends competency-based training programmes that integrate clinical practice, evidence-based guidelines, and community engagement to strengthen midwifery services (WHO, 2021). These guidelines also emphasise the importance of continuous professional education to ensure midwives remain updated on emerging healthcare practices, such as the management of obstetric emergencies and family planning services. Furthermore, WHO advocates for the integration of midwifery training into broader health system strengthening strategies, recognising that well-trained midwives contribute not only to maternal and child health but also to primary healthcare delivery (Renfrew et al., 2014). This global framework has provided LMICs with a roadmap for improving midwifery services while aligning with international standards.

In recent years, digital innovations and e-learning have emerged as transformative tools in continuous midwifery training, particularly in resource-constrained environments. E-learning platforms, mobile health (mHealth) applications, and virtual simulation training offer midwives opportunities to access updated knowledge and skills without the constraints of geography or limited training infrastructure. Studies from Kenya and Uganda have demonstrated that e-learning modules on maternal and newborn health significantly improved midwives' knowledge retention and clinical confidence compared to traditional training alone (Atukunda et al., 2019). Moreover, digital training approaches can be tailored to specific cultural and community needs, ensuring contextual relevance while maintaining global standards. The COVID-19 pandemic accelerated the adoption of such innovations, as



many LMICs leveraged online platforms to continue professional training amidst restrictions. These digital approaches not only ensure continuity of learning but also provide a cost-effective solution for scaling up training initiatives in regions with limited access to formal health education facilities. Taken together, lessons from LMICs, WHO's guidelines, and digital innovations demonstrate that continuous training of midwives is both feasible and impactful when grounded in global best practices.

Policy Implications of Continuous Training for Community Midwifery

Policy implications of continuous training for community midwifery in Nigeria are deeply rooted in the broader goals of strengthening maternal and child health systems. Integrating continuous training into national health policies is not merely a supplementary measure but an essential step in achieving sustainable healthcare delivery. Evidence has consistently shown that continuous professional development enhances the competence of midwives, particularly in rural and underserved communities where they serve as the primary point of contact for maternal health services. Embedding such training programmes into health policies ensures standardisation, accountability, and consistent quality of care. For instance, the National Primary Health Care Development Agency (NPHCDA) emphasises the importance of continuous capacity building as a policy priority for community-based health workers, recognising its role in reducing maternal and neonatal mortality (Adejumo et al., 2020). By institutionalising training in health policy frameworks, governments can move beyond ad-hoc workshops and develop structured systems that guarantee midwives access to evidence-based knowledge and evolving clinical skills.

The role of government in driving continuous training of community midwives cannot be overstated. Governments are positioned to provide the legislative backing, funding, and regulatory oversight necessary for the sustainability of such programmes. In Nigeria, maternal health policies have historically highlighted the importance of skilled birth attendance, but there is a need to explicitly link this goal with structured professional training opportunities for community midwives. As Onyema et al. (2021) argue, policies that fail to prioritise ongoing workforce training risk perpetuating skill gaps that undermine maternal health outcomes. Moreover, the government can establish partnerships with local training institutions and universities to integrate continuous training into existing educational frameworks. Alongside government efforts, non-governmental organisations (NGOs) and international agencies play a complementary role in supporting training initiatives through technical assistance, funding, and knowledge transfer. For example, the United Nations Population Fund (UNFPA) has consistently supported midwifery education and continuing training programmes in Nigeria, recognising midwives as critical to achieving Sustainable Development Goal 3 on good health and well-being (UNFPA, 2019). Similarly, NGOs such as Save the Children and Pathfinder International have introduced capacity-building interventions that address context-specific challenges in maternal health.

Developing strategies for sustainable training models is essential to ensure that continuous training for community midwives is not a one-off intervention but a long-term commitment. Sustainability requires a multidimensional approach, involving financial, institutional, and technological strategies. One key strategy is to incorporate continuous training into the national budget for healthcare delivery, thereby reducing overdependence on donor funding.



According to Okeke et al. (2022), the lack of consistent funding mechanisms often hampers the continuity of health workforce development initiatives in Nigeria. Another sustainable strategy is the use of digital learning platforms and mobile health technologies, which can extend training opportunities to midwives in remote communities while reducing costs and logistical challenges. The COVID-19 pandemic has already accelerated the adoption of digital tools in health education, demonstrating their potential for long-term integration. Furthermore, community-based participatory approaches can ensure that training models are tailored to the realities of local contexts, making them more relevant and effective. Ultimately, sustainable training models should blend policy commitment, technological innovation, and multi-stakeholder collaboration to build a resilient midwifery workforce.

In conclusion, integrating continuous training into national health policies, strengthening government leadership, fostering NGO and international agency collaboration, and implementing sustainable strategies are essential for improving community midwifery in Nigeria. When effectively coordinated, these measures not only enhance professional competence but also contribute significantly to reducing preventable maternal and neonatal deaths. By treating continuous training as a policy imperative rather than an optional intervention, Nigeria can take a decisive step towards achieving universal health coverage and improving maternal health outcomes.

Future Directions for Continuous Training of Community Midwifery in Nigeria

Future directions for continuous training of community midwifery in Nigeria must reflect both the evolving healthcare landscape and the pressing maternal health challenges in the country. One promising pathway is the use of technology and telehealth to support ongoing education for midwives. Nigeria faces geographical and infrastructural barriers, especially in rural communities where many community midwives operate, making it difficult for them to access regular face-to-face training. Leveraging digital platforms, including mobile applications, e-learning modules, and teleconsultation, can provide midwives with access to updated knowledge and clinical guidelines irrespective of their location. Studies have shown that telehealth interventions enhance healthcare workers' competencies, particularly in low-resource settings, by ensuring continuous exposure to evidence-based practices and enabling remote mentoring from more experienced practitioners (Adepoju et al., 2021). This technological integration also has the potential to create virtual communities of practice where midwives can share experiences, solve problems collectively, and build peer support networks.

Another critical direction is ensuring community participation and localised training approaches. Midwifery, by its nature, is deeply rooted in cultural contexts, and for training to be effective, it must be adapted to the unique needs of the communities being served. Involving community stakeholders in the design and delivery of training ensures that midwives are equipped not only with clinical knowledge but also with culturally appropriate communication and care skills. Localised training helps address barriers such as language differences, traditional beliefs, and variations in health-seeking behaviour, which are critical in influencing maternal and child health outcomes. Research indicates that community-inclusive health interventions improve trust in the healthcare system, increase the utilisation of skilled birth attendants, and ultimately lead to better maternal outcomes (Okeke et al.,



2020). Moreover, the active involvement of community leaders and women's groups in training initiatives can foster stronger accountability structures, reduce resistance to modern healthcare practices, and enhance the acceptability of community midwives.

Building resilience in maternal healthcare systems is another future direction that underscores the importance of continuous training. Nigeria continues to grapple with high maternal and neonatal mortality rates, exacerbated by systemic challenges such as inadequate funding, shortage of skilled health workers, and weak referral systems. Resilience in this context implies equipping community midwives to respond effectively to emergencies, adapt to changing health needs, and continue delivering quality care in the face of crises such as pandemics or conflicts. Continuous training that incorporates skills in emergency obstetric care, leadership, mental health support, and disaster preparedness can significantly strengthen resilience. Evidence suggests that health systems with a resilient workforce are better able to recover from shocks while maintaining essential services (Kruk et al., 2017). Additionally, aligning midwifery training with Nigeria's broader health system strengthening initiatives ensures that midwives are not working in isolation but as part of a coordinated response to maternal health challenges.

In sum, the future of continuous training for community midwives in Nigeria lies in embracing innovative, context-sensitive, and sustainable approaches. By leveraging digital technologies, promoting community participation, and building resilience within the healthcare system, Nigeria can better prepare its midwives to deliver high-quality maternal healthcare. These strategies not only empower midwives but also contribute significantly to achieving Sustainable Development Goal 3, which aims to reduce maternal mortality and ensure healthy lives for women and children (United Nations, 2023).

Conclusion

Continuous training of community midwives in Nigeria is more than a professional necessity; it is a strategic intervention for improving maternal and child health. The evidence underscores that equipping midwives with up-to-date knowledge and culturally sensitive skills improves survival outcomes, strengthens health systems, and builds stronger relationships with communities. While challenges such as inadequate funding, poor infrastructure, and weak policy frameworks persist, adopting innovative strategies such as digital learning, localised training, and resilience-focused approaches can significantly transform maternal healthcare delivery. Sustained commitment from government, stakeholders, and communities will therefore be essential in ensuring that community midwifery not only thrives but also contributes meaningfully to the reduction of preventable maternal and neonatal deaths in Nigeria.

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