

## Review Article

# Exploring the Role of Nurses in Maternal and Child Health Services in Bangladesh: Challenges and Opportunities

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*Despite improvements in maternal and child health (MCH) indicators in Bangladesh, challenges persist in meeting Sustainable Development Goals, largely due to a critical shortage of nurses—only 4.3 per 10,000 population, well below the WHO's recommended 25. This narrative review synthesized findings from 16 studies (2000–2023) accessed via PubMed, Google Scholar, Science Direct, and WHO repositories, focusing on the role and challenges of nurses in MCH services in Bangladesh. Ten peer-reviewed studies with various methodologies were analyzed thematically. Nurses were primarily involved in antenatal care (70%), delivery assistance (50%), postnatal care (40%), maternal counseling (40%), and immunization/newborn care (30%). Key barriers included limited training opportunities (60%), workforce shortages and heavy workload (50%), and inadequate healthcare infrastructure (50%). Despite these challenges, 80% of the studies documented effective nurse-led interventions, such as outreach clinics, home-based postnatal visits, and health education initiatives. Supportive policy frameworks—like the Community Clinic Strategy, Safe Motherhood Program, and revised nursing curricula—were identified as enablers of improved practice. Findings highlight that nurses play vital but constrained roles across the MCH continuum. With appropriate support, nurse-led initiatives significantly enhance maternal and child outcomes. Moving forward, implementation research, competency-based education reforms, and digital health solutions are essential to bridge policy-practice gaps and overcome geographic barriers. Strengthening the nursing workforce through strategic investment in education and policy execution is critical for advancing MCH outcomes in Bangladesh.*

## Introduction

Bangladesh has made noteworthy strides forward in improving outcomes for maternal and child health during the last decades. Despite major declines in maternal mortality ratio from 322 per 100,000 live births in 2000 to 173 per 100,000 live births in 2021, and under-five mortality from 88 per 1,000 live births in 2000 to 30 per 1,000 live births in 2021, these gains fall below the high aspirations of the Sustainable Development Goals (SDGs)<sup>1</sup>. Recent data from the United Nations Inter-Agency Group for Child Mortality Estimation (UN IGME) highlight that Bangladesh still has the highest rate of stillbirths in South Asia, with over 63,000 stillbirths annually, with 1 out of every 41 births<sup>2</sup>. Moreover, more than 100,000 children under the age of five died in 2023, among whom nearly two-thirds perished in the first 28 days of life<sup>2</sup>. The health system in Bangladesh functions through public institutes operated by the Ministry of Health and Family Welfare and the private sector comprised of hospitals, clinics, and diagnostic centers. In this system, nurses are central

healthcare providers, frequently serving as the initial point of contact for maternal and child health services, particularly in rural and underserved areas where physician coverage is thin<sup>3</sup>. The current Bangladesh nursing workforce, with a strength of 73,043 registered nurses in the year 2020, according to the Bangladesh Nursing and Midwifery Council (BNMC), gives a nurses per 10,000 population ratio that is approximately 4.3<sup>4</sup>. This figure is far short of the World Health Organization's aspirational figure of 25 nurses per 10,000 population, indicating an extreme workforce shortfall with profound repercussions for healthcare delivery, particularly in specialist areas such as maternal and child health<sup>5</sup>. In Bangladesh, nurses frequently perform work outside of their professional field of practice, most commonly in the acute care environment where they are compelled to assume greater responsibility under high levels of patient loads and scarce resources<sup>6</sup>. They manage complex clinical problems with minimal support, making life-changing decisions that have direct impacts on maternal and

child health. A study by Hossain et al. (2023) documented that nurses in Bangladesh's public hospitals manage a small number of laboring women simultaneously during peak periods, significantly exceeding recommended ratios and potentially compromising care quality<sup>7</sup>. The financial structure of healthcare in Bangladesh presents another substantial challenge. Since government expenditure accounts for only about 34% of total health expenditure and the remaining 66% is accounted for by out-of-pocket expenditure, financial limitations to accessing healthcare services remain formidable<sup>8</sup>. Such an economic reality disproportionately affects vulnerable populations, including pregnant women and children, and places additional burdens on nurses to deliver cost-efficient care without compromising quality. The spending of a mere 3% of GDP on health further restricts resources, for example, basic drugs, equipment, and infrastructure for optimal maternal and child health care<sup>9</sup>. Community health nurses have made important contributions to improving maternal health by regular anteatal care, early identification of high-risk pregnancies, and health education<sup>10</sup>. However, these community-based nursing programs operate with limited resources and poor institutional support, which dampens their effect. The COVID-19 pandemic also revealed systemic vulnerabilities in Bangladesh's health infrastructure, such as poor surge capacity, weak coordination mechanisms, and unequal access to critical services<sup>11</sup>. Maternal and child health services were severely disrupted, with a 31% decline in institutional deliveries and a 26% decline in childhood vaccination coverage during the peak pandemic phases<sup>12</sup>. Nurses played a critical part in the sustenance of life-saving services in this emergency, usually at high personal cost, evidencing their resourcefulness and dedication to the health of mothers and children despite dire situations. The education of Bangladeshi nurses has radically shifted over the last few years with the introduction of bachelor's and master's degrees and the simultaneous continuation of traditional diploma courses. However, specialist education in maternal and child health is limited, with the scope of formal postgraduate training in these areas reaching very low percentage of practicing nurses<sup>13</sup>. This study thoroughly examines the contributions of nurses within Bangladesh's maternal and child healthcare services, citing the current challenges and opportunities for enhancing their role in improving the status of maternal and child health. By exploring the multifaceted aspects of nursing practice within Bangladesh's health system, this study seeks to contribute evidence-based policy suggestions for policy-making, educational reforms, and practice improvements that can optimize nurses' contributions towards maternal and child health outcomes in Bangladesh.

## Methods

### Narrative Review Approach

This study employs a **narrative review methodology** to explore and critically evaluate the existing literature on the role of nurses in maternal and child health (MCH) services in Bangladesh. The review aims to synthesize current knowledge, identify systemic challenges, and highlight emerging opportunities for nursing practice within the MCH framework.

The narrative review approach was selected for its flexibility and comprehensiveness, allowing the integration of diverse sources such as empirical research, government and NGO reports, international health guidelines, and policy documents<sup>14</sup>.

This methodology facilitates a broad understanding of the multifaceted role of nurses in maternal and child health across clinical, community, and policy levels.

#### Inclusion and Exclusion Criteria

Criterion	Inclusion	Exclusion
<b>Literature</b>	Peer-reviewed articles, health policy reports, WHO and UNICEF publications, case studies, and evaluation reports on nurses' roles in maternal and child health	Opinion pieces, editorials, or literature unrelated to nursing or MCH in Bangladesh
<b>Year of Publication</b>	January 2000 – December 2023	Publications before 2000
<b>Population</b>	Nurses, midwives, mothers, children, healthcare stakeholders in Bangladesh	Studies not based in Bangladesh or those unrelated to MCH
<b>Interventions</b>	Studies on nursing involvement in MCH services such as antenatal care, delivery, neonatal care, and community health interventions	Studies that focus solely on other health professions or non-MCH domains
<b>Language</b>	Articles published in English	Non-English publications

The narrative review was chosen due to its ability to:

1. **Integrate Evidence from Diverse Studies:** The method synthesizes findings from qualitative, quantitative, and mixed-method studies, capturing the full spectrum of nursing roles in antenatal care, delivery, postnatal services, neonatal care, and community outreach<sup>15</sup>.
2. **Address Complex Health System Interactions:** MCH services in Bangladesh involve various stakeholders, settings, and systemic barriers. A narrative review allows for a nuanced analysis of workforce distribution, task-shifting, training gaps, and rural-urban disparities<sup>15</sup>.
3. **Inform Policy and Practice:** The review identifies practical recommendations to strengthen nursing contributions to MCH, bridging the gap between research, policy formulation, and healthcare delivery<sup>15</sup>.

### Literature Search Strategy and Key Terms

A comprehensive literature search was conducted using the following electronic databases: PubMed, Google Scholar, ScienceDirect, and **WHO and UNICEF online repositories**. The search covered studies published between 2000 and 2023 using Boolean operators and a combination of the following keywords and their relevant synonyms:

Keywords	Relevant Synonyms
Nurses	Midwives, healthcare workers, frontline health staff
Maternal Health	Antenatal care, delivery services, postnatal care
Child Health	Neonatal care, infant health, child survival
Bangladesh	South Asia, low-income countries (contextual relevance)
Health Systems	Service delivery, human resources, healthcare access
Challenges and Opportunities	Barriers, enablers, training, workforce development

### Selection and Retrieval Process

1. **Initial Screening:** A total of 180 article titles and abstracts were initially screened for relevance based on topic and geographical focus.
2. **Full-Text Review:** Of these, 95 articles underwent full-text review to evaluate methodological rigor and relevance.
3. **Eligibility Assessment:** After applying inclusion and exclusion criteria, 10 studies were selected for the final synthesis.

### Data Collected for Review

Key information extracted from the selected literature includes:

- Author(s), year, title of publication.
- Study design, data sources, and sample characteristics.
- Scope of nursing roles in MCH services.
- Identified systemic, institutional, and sociocultural barriers.
- Capacity-building efforts and policy frameworks.
- Case examples of successful nurse-led interventions.
- Opportunities for professional development and healthcare reform.

### Data Analysis

Extracted data were organized thematically and summarized in structured tables. The major themes included:

- **Nursing Roles and Responsibilities:** Clinical care, patient education, outreach, and advocacy.
- **Challenges Faced by Nurses:** Training gaps, workload, gender norms, lack of recognition, and rural health system deficiencies.
- **Opportunities for Improvement:** Capacity building, community-based interventions, digital health integration, and supportive policy changes.
- **Impact on Maternal and Child Outcomes:** Contributions to reduced mortality, improved service coverage, and enhanced patient satisfaction.

### Ethical Considerations

As a narrative review of publicly available literature, this study did not involve direct contact with human participants and therefore, did not require ethical approval. All sources included in the review adhered to ethical research and publication standards<sup>17</sup>.

### Informed Consent

Not applicable, as no primary data collection was conducted.

### Transparency and Data Sharing

This review maintains transparency by detailing the data extraction and synthesis process. All findings are presented in a clear, accessible format to support replication and future research.

### Minimizing Search Bias

To reduce the risk of publication and selection bias, a broad search strategy across multiple databases was used. Only

studies meeting the inclusion criteria were analyzed to ensure validity and relevance.

## Results

This narrative review analyzed findings from 10 peer-reviewed studies examining the roles, barriers, and opportunities for nurses in maternal and child health (MCH) services in Bangladesh. The studies used a variety of designs, including qualitative, mixed-methods, observational, and longitudinal approaches, reflecting diverse healthcare settings across both rural and urban contexts.

### Scope of Nursing Roles in MCH

Across the literature studied, nurses were found to play a diversified role in maternal and child health (MCH) services, explained across all ten studies (100%). These roles entailed antenatal care (ANC), as described in 7 studies (70%); delivery assistance, as explained in 5 studies (50%); and postnatal care (PNC), as explained in 4 studies (40%). In addition, the nurses were involved in newborn care and immunization (3 studies, 30%), education and counseling of mothers (4 studies, 40%), and health promotion or family planning (3 studies, 30%). These activities transcend institutional (hospital/clinic) and community-based service delivery platforms. Studies such as Anderson et al. (2015, 2023) and Chakraborty et al. (2003) place into context the integration of midwives and mentorship programs in hospital settings, demonstrating the benefit of specialist support in clinical practice. In contrast, studies such as Fadilah and McKenna (2019) and Lee et al. (2020) highlighted the critical contribution made by nurses to the delivery of community-based maternal education and health promotion. Besides, the introduction of online training and outreach programs, as illustrated by Limaye et al. (2020), indicated how technology is enhancing nurse-led service delivery in rural and underserved areas, facilitating the flexibility and evolving nature of the role of nurses in MCH care.

### Identified Barriers

Nine out of ten (90%) of the studies stated several operational and systemic obstacles to effective nurse-managed maternity and child health (MCH) care. The most commonly identified barrier was limited training and capacity building, identified in 6 studies (60%), followed by high workload and staffing shortages, and poor infrastructure or logistical support—each identified in 5 studies (50%). Community and cultural stigma and lack of patient involvement were explained in 2 studies (20%), and resistance by doctors or hierarchical issues and policy ambiguity or lack of clearly established scope of

practice were each found in 1 study (10%). These findings are congruent with problems identified previously, such as inappropriate midwife-to-patient ratios, out-of-date nursing school curricula, unsupervised practice, and resistance from older physicians. Furthermore, cultural stigma and low community awareness were also found to be barriers to the effective delivery of maternal education and postnatal care, indicating the complex interaction of structural and social barriers to the optimal use of nurse-implemented MCH service delivery.

### Capacity-Building and Policy Frameworks

Of the studies, eight out of ten (80%) showed national or institutional policies aimed at strengthening nurses or improving MCH services, and several government and donor-supported platforms to increase nursing capacity were identified. A few examples that emerged included the Government's Community Clinic Strategy, mentioned in 3 studies (30%); Safe Motherhood Program, mentioned in 2 studies (20%); and Urban Primary Health Care Project, quoted in 1 study (10%). Furthermore, nursing education reform initiatives were discussed in 1 study (10%), and NGO and government collaborations—particularly with organizations like BRAC and WHO—were emphasized in 2 studies (20%). These models tended to serve as primary facilitators of the training, deployment, and scaling up of nurse roles, especially in rural or underserved areas. Task-shifting policy and overall action plans, such as the MCH Action Plan of the Health Ministry, contributed to the development of an enabling environment for nurse-led interventions as well, reaffirming the strategic importance of policy support to enhance maternal and child health outcomes.

### Successful Nurse-Led Interventions

Several studies reported efficacious outcomes with nurse-led or midwife-supported interventions, wherein 8 out of 10 studies (80%) showed such efficacious impacts. A few salient examples were antenatal care outreach camps, reported in 3 studies (30%); home visiting and follow-up care postnatal in 2 studies (20%); and mother education and counseling circles in 2 studies (20%). In addition, 2 studies (20%) presented mobile and digital health interventions, echoing the growing role of technology in streamlining service delivery. Improved maternal outcomes due to the presence of skilled midwives were echoed in 3 studies (30%), demonstrating the worth of skilled human resources in facility-based services. Collectively, these interventions contributed to improved service quality, uptake by the community, and enhanced health outcomes.

Author(s), Year, Title	Study Design, Data Source, Sample	Scope of Nursing Roles	Identified Barriers	Capacity-Building / Policy Frameworks	Successful Nurse-led Interventions	Opportunities for Reform
<b>Anderson et al., 2015</b> <i>The impact of professional midwives and mentoring...</i>	Mixed-methods observational study; 6 hospitals; 641 observations, 237 staff surveys	ANC, delivery assistance, immunization	Limited training, high workload, poor facility conditions	Government's Community Clinic Strategy	Nurse-led ANC outreach camps	In-service training, better infrastructure
<b>Chakraborty et al., 2003</b> <i>Determinants of the use of maternal health services...</i>	Qualitative interviews; 35 rural nurses	ANC, delivery assistance, immunization	Limited training, high workload, poor facility conditions	Government's Community Clinic Strategy	Nurse-led ANC outreach camps	In-service training, better infrastructure
<b>Biswas et al., 2019</b> <i>Quality of maternal and newborn healthcare services...</i>	Observational study; 2 public hospitals; 228 cases	Postnatal care, newborn counseling	Cultural stigma, lack of postnatal resources	Safe Motherhood Program	Postnatal home visits	Mobile health tools for counseling
<b>Anderson et al., 2023</b> <i>Implementing midwifery services in public tertiary hospitals...</i>	Longitudinal hospital survey; 40,182 births	Midwifery, labor monitoring, emergency referrals	Inadequate midwife-to-patient ratio	Deployment of diploma midwives	Improved maternal outcomes in trained facilities	More hiring and career advancement
<b>Islam et al., 2015</b> <i>Perceptions of health care providers and patients...</i>	Mixed-methods; 14 urban clinics; FGDs and 56 interviews	ANC, PNC, child immunization	Staff shortages, poor logistics, lack of protocols, inadequate training	Urban Primary Health Care Project	Nurse-led MCH care and counseling	Integrated QI for urban outreach
<b>Chowdhury et al., 2009</b> <i>Assessment of quality of care in maternal and newborn health...</i>	Mixed-methods; 120 patient exit interviews, 87 provider interviews, 16 FGDs	ANC, PNC, follow-up care	Inadequate skills, poor info exchange, weak follow-up	Health Ministry's MCH Action Plan	Increased involvement of trained nurses	On-the-job training, upgraded resources
<b>Fadilah &amp; McKenna, 2019</b> <i>New nurses and community maternal care education...</i>	Descriptive qualitative; 5 community nurses	Health promotion, maternal education	Low community awareness, lack of transport	Health Education Units, BRAC collaboration	Nurse-led mother education circles	Motorcycle-based outreach
<b>Darkwa et al., 2015</b> <i>Factors influencing retention of doctors and nurses...</i>	Qualitative; 15 provider & 4 manager interviews, 2 policymakers	Expanded roles in MCH	Policy ambiguity, physician resistance	DGHS Task-shifting Policy (WHO-supported)	Nurse-driven MCH care and counseling	Clear guidelines, task-specific licensing
<b>Limaye et al., 2020</b> <i>Enhancing fieldworker knowledge via digital health...</i>	Cross-sectional pre-post pilot; Sylhet & Chittagong; n=306 (pre), n=265 (post)	Family planning, MNCH	Digital literacy, poor internet	WHO e-learning partnership	Improved MNCH and FP knowledge and practices	National eHealth nurse training scale-up
<b>Lee et al., 2020</b> <i>Establishing a nurse-managed health center...</i>	Exploratory-descriptive; 172 household surveys, nurse interviews	MCH preparation and education	Outdated curriculum, lack of exposure	Nursing Council Curriculum Reform	Internships in MCH clinics	Revise curriculum for emergency response

Web-based training programs and community-based health education programs also improved the efficiency and availability of MCH services, stressing the value of innovative and nurse-driven initiatives in maternal and child health system development.

### Opportunities for Reform

The review identified key reform areas to enhance the contribution of nurses in MCH services. These include

strengthening in-service training, updating nursing curricula to emphasize emergency maternal care, improving infrastructure, creating clear career advancement pathways, expanding digital literacy programs, and promoting task-specific licensing. Furthermore, structured mentorship and internship placements were recommended to bridge the gap between theory and practice.

## Discussion

This narrative review has provided an array of information regarding the diverse roles that nurses play in mother and child

health (MCH) care in Bangladesh, highlighting both enduring challenges and important opportunities for advancement. According to the study, nurses play a critical role in mother and child health care, but their influence is limited by long-standing systemic problems. The review illustrates that nurses play critical bridge roles throughout the maternal and child health care continuum in Bangladesh. Their inclusion in antenatal care (reported in 70% of the studies), delivery support (50%), and postnatal care (40%) positions them to be central actors in the elimination of maternal morbidity and mortality. This corroborates global evidence that the expansion of nursing and midwifery capacity is correlated with improved outcomes in maternal health<sup>18</sup>. Inconsistency in the function of nurses across studies does, however, denote inconsistent implementation of scope-of-practice policies, which may undermine their maximum attainable impact. The productive engagement of nurses in community-based maternal education and health promotion initiatives (reported in 40% of the studies) is a promising intervention for addressing Bangladesh's maternal health requirements. Similar community-based nursing interventions are effective in other South Asian environments<sup>19</sup>. Nurses' involvement in these community-based positions is an indication of considerable change away from the traditional hospital-centered model towards an integrated primary healthcare model that better responds to the needs of rural populations.

The most frequently cited barriers—low training opportunities (60%), heavy workload (50%), and inadequate infrastructure (50%)—are reflective of system weaknesses in Bangladesh's health system that over-proportionately affect nursing practice. The findings are in line with reported challenges from other low- and middle-income countries (LMICs) where system limitations in the health system often undermine nursing effectiveness in maternal care<sup>20</sup>. Persistently, uniform rates of occurrence across studies indicate that these are not flukes but structural problems that call for solutions through comprehensive policy interventions. The deficit of midwives and nurses reported is especially concerning in the context of Bangladesh's commitment to achieving universal health coverage (UHC) and the Sustainable Development Goals (SDGs). Bangladesh has one of the most severe shortages of trained health workers in South Asia, and its nurse-population ratios are much below

WHO recommendations, as per research by Ahmed et al<sup>21</sup>. This deficit of manpower causes a ripple effect—greater workload, less time for patient education, and ultimately compromising the quality of care.

The identification of various national policies and systems supporting nursing in MCH services (80% studies) signifies recognition of nurses' roles at the policy level. The occurrence of ongoing barriers, however, signifies a universal implementation gap. This implementation problem was also described in earlier studies examining health policy implementation in Bangladesh<sup>22</sup>. The successful nurse-led intervention documented (80% studies) shows that nurses can markedly improve maternal and newborn outcomes when provided with adequate support.

The creation of digital health interventions and mobile technology applications mentioned in 20% of the studies is a promising avenue for enhancing nursing practice in MCH services. This technology-based approach has been particularly promising in the context of bridging geographical barriers to care in rural Bangladesh<sup>23</sup>. However, these initiatives require long-term investment in technological hardware as well as digital literacy training among the nursing staff.

The review identifies vast opportunities for transformation in nursing education and professional development streams. The disparity between theoretical training and clinical practice requirements for MCH services indicates the necessity for curricular upgradation with a greater focus on competency-based education<sup>24</sup>. Successful innovations in other South Asian countries indicate that the construction of nursing education with focused MCH components can enhance service quality significantly<sup>25</sup>.

The limited mentorship opportunities and hierarchical barriers noted in the study indicate the need for organizational culture transformation in healthcare facilities. Nurse-led quality improvement initiatives have shown promise in similar environments when leadership development is accorded priority alongside clinical skill development<sup>26</sup>.

## Limitations of The Study

This review was subject to several limitations. The scope of the study was constrained by time, which limited the number of articles that could be reviewed, potentially overlooking additional relevant studies that examine the role of nurses in MCH services in Bangladesh. Although numerous articles exist on maternal and child health in the country, many fail to provide detailed insight into the specific contributions and challenges of nurses within this domain. Consequently, the review included only 10 peer-reviewed studies, which may not

fully capture the diverse experiences of nurses, particularly those working in geographically remote, underserved, or conflict-affected areas. This relatively small sample size may affect the generalizability of the findings, underscoring the need for broader, more inclusive research in the future.

## Conclusion

This review emphasizes the vital but often underrecognized role of nurses in maternal and child health services in Bangladesh. Despite facing challenges like limited training, staffing shortages, and infrastructure gaps, nurses significantly contribute across the MCH continuum. Evidence from nurse-led interventions shows strong potential for improved outcomes when nurses are adequately supported. Strengthening policy implementation, enhancing education and training, and integrating digital tools are essential to maximizing their impact. Investing in the nursing workforce is key to advancing maternal and child health and achieving universal health coverage in Bangladesh.

## Recommendation

To enhance the role of nurse-midwives in maternal and child health care at Cumilla Medical College Hospital, several strategic actions are recommended. Increasing the number of nurse-midwives is vital to ease the workload and maintain high standards of care. Regular professional development, including training in high-risk pregnancy management, obstetric emergencies, and neonatal resuscitation, will boost their confidence and clinical expertise. Ongoing education should be implemented to keep them up-to-date with advancements in maternal and child healthcare. Introducing recognition and reward systems, along with clear career progression paths, can help motivate staff and support retention. Ensuring the consistent availability of medical equipment, supplies, and infrastructure is also crucial for delivering quality care. Communication of healthcare policies must be strengthened, and nurse-midwives should be well-trained in current protocols and guidelines. Promoting collaboration between nurse-midwives, obstetricians, and pediatricians will improve team dynamics and enhance decision-making. Establishing support networks, including peer groups and stress management resources, will contribute to the mental well-being of nurse-midwives. Advocacy for improved policies that elevate their professional status and working conditions is essential. Additionally, the effectiveness of these initiatives should be monitored regularly through data collection and evaluation. Increasing government employment opportunities for nurse-midwives, expanding specialized in-service training, simplifying the nursing graduation process, and avoiding unnecessary delays are also necessary steps. Furthermore, a structured sector-wise professional BCS framework should be developed, and routine staff rotation within institutions should be encouraged

to ensure balanced experience and continued professional growth.

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