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Maintaining Competence in Emergencies: A Comparative Analysis of Midwifery in Ontario and Ghana

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Abstract: Maternal emergencies continue to be a significant cause of preventable illness and mortality worldwide. Midwives frequently serve as initial responders, making clinical competence vital for delivering high-quality care. Despite considerable resource disparities, Canada and Ghana are both dedicated to ensuring safe, evidence-based maternal healthcare through continuous professional development.

Keywords: Midwifery; emergency competence; Ghana; Ontario; professional regulation; CPD; maternal mortality; skills certification

I. INTRODUCTION

Sub-Saharan Africa accounts for 70% of these fatalities. Ghana contributes to this burden despite consistent progress through its Safe Motherhood Program and national health reforms (1). Conversely, Ontario, Canada, maintains one of the world's most secure maternal care systems, with over 99% skilled birth attendance and a maternal mortality ratio (MMR) below 8 per 100,000 live births (2). The notable disparity highlights differences in emergency preparedness, regulatory frameworks, and ongoing professional education. Maternal mortality has been identified as one of the most conspicuous indicators of health inequality. According to the World Health Organization (WHO, 2025), over 290,000 women die globally each year due to complications during pregnancy or childbirth, with

II. PROFESSIONAL COMPETENCE AND GOVERNANCE IN ONTARIO

Ontario's midwifery governance framework was established under the Regulated Health Professions Act (1991) and implemented by the College of Midwives of Ontario (CMO). The Canadian Association of Midwives (CAM) and the Canadian Midwifery Regulatory Council (CMRC) contribute at the national level by developing professional competencies and upholding mobility standards (3,4).

Competency Maintenance Framework

- Midwives in Ontario must stay certified in four main emergency preparedness programs:
- • Emergency Skills Workshop (ESW) – every two years
- • Neonatal Resuscitation Program (NRP) – yearly renewal
- • Advances in Labour and Risk Management (ALARM) – every five years
- • Fetal Health Surveillance (FHS) – every two years (5–8)

Table 1: Ontario's Emergency Competency Framework (2024–2025)

Program	Administering Body	Renewal	Skills Covered	Participants (2025)
ESW	Association of Ontario Midwives	2 years	Obstetric emergencies	1,150
NRP	Canadian Pediatric Society	1 year	Neonatal resuscitation	1,285
ALARM	Society of Obstetricians and Gynecologists of Canada	5 years	Risk and labour management	1,050
FHS	College of Midwives of Ontario	2 years	Fetal assessment	1,100

These programs have led to quantifiable enhancements in maternal health outcomes. From 2020 to 2024, Ontario's incidence of preventable intrapartum emergencies declined by 17% (9). Furthermore, in 2025, 92% of midwives fulfilled all CMO continuing competency requirements, thereby ensuring their readiness to manage obstetric emergencies.

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III. EMERGENCY COMPETENCY MAINTENANCE IN GHANA

3.1 Institutional Framework

In Ghana, the Nursing and Midwifery Council (NMC) oversees professional standards, licensing, and ongoing education for over 45,000 registered midwives as of 2025 (10). Training and supervision are coordinated with the Ministry of Health (MoH) and the Ghana Health Service (GHS). They are supported by the Safe Motherhood Program and the Reproductive Health Strategic Plan 2025 (11).

3.2 CPD and Skills Certification

In contrast to Ontario's structured renewal framework, Ghana's approach to competency maintenance relies on the accrual of Continuing Professional Development (CPD) points.

Midwives are required to accumulate 15 CPD points annually, including participation in emergency obstetric and neonatal care (EmONC) simulations (12). Nonetheless, the availability of standardized simulation centers is limited, with only six out of Ghana's sixteen regions possessing accredited EmONC training facilities (13).

3.3 Recent Developments

The NMC launched a digital license renewal portal in 2024 to enhance compliance tracking. By 2025, 82% of active midwives had renewed their licenses through the new system, a significant increase from 59% in 2022 (14).

Table 2: Ghana's Competency Maintenance Framework (2024–2025)

Requirement	Administering Body	Frequency	Scope	Compliance (2025)
CPD Workshops	NMC / GHS	Annual	Emergency care, ethics, infection control	88%
Simulation Training (EmONC)	GHS / Teaching Hospitals	Biennial	Obstetric emergencies, neonatal resuscitation	62%
License Renewal	NMC	Biennial	Online tracking of CPD and performance	82%

IV. COMPARATIVE ANALYSIS: ONTARIO VS. GHANA

4.1 Certification Structure and Renewal Frequency

Ontario's structured recertification system sharply contrasts with Ghana's flexible CPD model. While Ontario requires specific courses with set renewal intervals, Ghana allows modular accumulation of points. This flexibility benefits rural midwives but may lead to inconsistency in emergency skill retention.

4.2 Maternal Health Outcomes

Figure 1: Maternal Mortality Ratio (MMR) and Skilled Attendance (2024–2025)

Country	MMR (per 100,000 live births)	Skilled Birth Attendance	Emergency Readiness Index
Canada (Ontario)	8	99%	0.95
Ghana	261	79%	0.68

(*Data sources: WHO 2025; Health Canada 2024; Ghana Health Service 2025)*

Although Ghana's maternal mortality rate has demonstrated a decline from 308 per 100,000 in 2020 to 261 per 100,000 in 2024 disparities in rural access and emergency transportation persist. The elevated emergency readiness index observed in Ontario is likely attributable to its robust governance and simulation-based recertification programs.

4.3 Workforce and Training Infrastructure

Canada benefits from standardized simulation centers, whereas Ghana relies heavily on donor-funded training (UNFPA, UNICEF). Ghana's Midwifery Training School Initiative (2024) has introduced low-cost mannequins and virtual modules; however, resource shortages continue to pose significant challenges (15).

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V. POLICY IMPLICATIONS AND LESSONS LEARNED

1. **Structured Renewal Systems Improve Outcomes:**
   Ontario's fixed recertification cycles establish consistent accountability measures. Ghana could implement a hybrid approach in which CPD points are linked to specific simulation-based modules.
2. **Simulation Infrastructure Investment:**
   Establishing regional emergency training centers in Ghana's underserved areas would improve practical skills retention.
3. **Digital Integration:**
   Ghana's new NMC e-licensing system might include QR code tracking for course completion to mirror Ontario's digital audit model.
4. **International Collaboration:**
   Partnerships between the AOM and the Ghana Registered Midwives Association (GRMA) could promote knowledge sharing on emergency protocols and rural outreach.

Methods:
This comparative policy analysis uses 2024–2025 institutional data from the College of Midwives of Ontario (CMO), Canadian Association of Midwives (CAM), and Ghana's Nursing and Midwifery Council (NMC). It examines competency frameworks, renewal frequencies, and emergency readiness mechanisms in both regions.

Results:
Ontario's structured, mandatory renewal programs, Emergency Skills Workshop (ESW), Neonatal Resuscitation Program (NRP), ALARM, and Fetal Health Surveillance (FHS) contrast with Ghana's decentralized Continuing Professional Development (CPD) model. Ghana's recent NMC reforms improved CPD tracking, but resource gaps still exist. Maternal mortality in Ghana (MMR: 261/100,000 live births in 2024) remains significantly higher than in Canada (MMR: 8/100,000), with skill retention and access to simulation identified as key factors.

VI. DISCUSSION

The comparative analysis shows that both nations are strongly committed to ensuring safe maternity care, though they adopt different approaches in their implementation strategies. Ontario's legally binding renewal requirements ensure consistency, while Ghana's focus on continuing professional development (CPD) emphasizes accessibility. The main challenge for Ghana remains infrastructure, specifically, guaranteeing that every midwife can access accredited emergency training without financial or geographic barriers. Investment in digital simulation, mentorship programs, and regional hubs could facilitate closing these gaps, thereby aligning Ghana's progress with Sustainable Development Goal 3.1, which aims to achieve a global maternal mortality ratio (MMR) below 70 by 2030.

VII. CONCLUSION

Both systems underscore the importance of public protection and continuous education. Ontario's regulatory enforcement and structured renewal cycles could serve as a guiding framework for Ghana's reform initiatives toward implementing a standardized, simulation-based emergency competency model. Emergency competence is vital for the proficient practice of midwifery. Ontario's approach illustrates how mandatory certification cycles, regulatory oversight, and digital governance can produce measurable safety outcomes. Ghana's advancements, though praiseworthy, necessitate structural support, access to simulation resources, and policy-supported accountability measures to uphold competency-based care. A collaborative partnership between both nations could foster mutual learning and harmonize practices with international standards.

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