

A Delphi Study of Expert Consensus on Best Practices for Traditional Birth Attendant Support in Maternal Health Systems

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Abstract- Traditional Birth Attendants (TBAs) continue to serve as critical maternal healthcare providers in rural and riverine communities of Nigeria, particularly where access to skilled birth attendants remains limited. Despite the expansion of formal healthcare services, over 60% of deliveries in some regions still occur under the supervision of TBAs (WHO, 2022). However, gaps in infection control, emergency referral, and obstetric management underscore the urgent need for a structured mentorship model that aligns traditional birthing practices with evidence-based maternal care. This study employed a qualitative Delphi consensus approach to gather expert opinions on best practices for strengthening TBA support systems in Rivers State, Nigeria. A purposive panel of 25 experts such as six TBAs, five midwives, four obstetricians, three community health extension workers (CHEWs), and four reproductive health policymakers, participated in three iterative Delphi rounds. Data from Round One were thematically analyzed to identify key domains, while Rounds Two and Three utilized a 5-point Likert scale to establish consensus. Consensus was defined as $\geq 70\%$ agreement among panelists. An 88% response rate was achieved (22/25 participants). Thematic analysis revealed five major domains for effective mentorship: infection prevention and aseptic technique; emergency referral and transport systems; communication and respect for cultural birthing practices; supervision and supportive monitoring; and continuous training with feedback mechanisms. Consensus was achieved on 30 of 38 statements (79%), with the strongest agreement on TBA integration into community health systems (95%), infection control and emergency referral training (91%), and cultural respect (89%). The validated mentorship model comprised four key components: foundational training, supervised practice, referral and feedback systems, and structured monitoring and evaluation. This study provides a contextually grounded, evidence-informed mentorship framework for TBAs, serving as a bridge between traditional and formal maternal healthcare. Its implementation is expected to strengthen collaborative maternal health delivery, enhance safety outcomes, and

contribute to achieving Sustainable Development Goal 3 on reducing maternal mortality in Nigeria.

Keywords: Traditional Birth Attendants, Delphi Method, Mentorship, Maternal Health, Consensus Building, Nigeria

I. INTRODUCTION

Traditional Birth Attendants (TBAs) continue to play an essential role in maternal and neonatal health across sub-Saharan Africa, particularly in rural and underserved settings where access to formal skilled birth services is limited. Globally, many national and international efforts aim at increasing facility-based, skilled birth attendance as a key strategy for reducing maternal and neonatal mortality. However, in many contexts such as Nigeria, a substantial number of women still turn to TBAs for childbirth support. The cultural trust, affordability, physical proximity and social embeddedness of TBAs in local communities often make them the preferred option for birthing women (Owoseni & Owumi, 2013; Lawal et al., 2023). In Nigeria, despite improvements in antenatal coverage and skilled delivery rates, TBAs remain a primary source of childbirth assistance in many rural settings (Otache et al., 2025). This continued reliance underscores both their importance and the gap in integrating them meaningfully with formal health services.

TBAs enjoy deep social legitimacy in many Nigerian communities. Their practices are embedded in local cultural, spiritual and communal frameworks, and they are often trusted confidants and first-line care during childbirth and postnatal care (Joseph et al., 2021; Owolabi et al., 2022). For many women in rural areas, TBAs are accessible, affordable and available at times when formal facilities may be far away,

expensive or perceived as unfriendly. A study in Lagos documented that over 60 % of births occurred outside medical facilities and were attended by TBAs, illustrating the scale of their involvement (Guardian, 2024). These characteristics affirm the pragmatic and enduring role of TBAs in maternal health systems.

Nevertheless, the quality and safety of TBA services varies widely. Studies in Nigeria reveal that although many TBAs are aware of risk factors such as postpartum hemorrhage (PPH), their management and preventive practices remain sub-optimal (Adesina et al., 2023; ife et al., 2022). For example, in Osun State only 35.9 % of TBAs demonstrated good preventive practices for PPH despite 76.4 % having good knowledge of causes and signs (Adesina et al., 2023). The limited formal training, supervision and referral linkages for TBAs contribute to this variability in outcomes. Moreover, some of the methods used by TBAs such as herbal remedies or spiritual interventions, while culturally meaningful, may not align with biomedical safety standards. The challenge therefore becomes how to harness the reach, trust and cultural relevance of TBAs while ensuring safe, evidence-based care and effective integration with formal health services.

In recognition of the above, policy and research attention is increasingly turning to mentorship and capacity-building models for TBAs. Mentorship programs have proven effective in a variety of health settings for improving skills transfer, adherence to safe practices and collaborative care (Mogaji et al., 2024). For TBAs in Nigeria specifically, interventions such as culturally adapted workshop trainings have shown promise: in a repeated-measures study of 90 TBAs in Imo State, a culturally-adapted audio-visual workshop significantly increased their knowledge and willingness to promote maternal-neonatal immunization (Iwu et al., 2021). In a cluster randomized trial in Southwest Nigeria, training and case-manager support for TBAs improved referral linkage for HIV-positive pregnant women (Ogunyemi et al., 2024). These findings support the potential of structured training and mentorship to strengthen TBA practice, referral linkage, and integration into the health system.

Yet, despite these promising initiatives, empirical evidence guiding the design of mentorship frameworks that are culturally contextualized, sustainable and system-linked for TBAs in Nigeria

remains scarce (Mogaji et al., 2024). Many interventions are singular, limited in scale, or externally driven, rather than co-developed with TBAs themselves and the broader maternal health ecosystem. The literature points to the need for consensus-building methods that engage multiple stakeholders, embrace local culture, and define best practices in mentorship design (Masava et al., 2023). This is especially relevant in complex socio-cultural settings where maternal health outcomes are not only influenced by biomedical factors but by deep-rooted norms, beliefs and community structures (Otache et al., 2025).

Against this backdrop, this study seeks to employ the Delphi method to gather expert opinions on best practices for improving TBA support through a mentorship model, specifically in Rivers State, Nigeria. The objective is to co-develop a contextualized mentorship program that balances the traditional birthing roles of TBAs with modern obstetric standards, so as to enhance quality, safety and referral pathways without undermining local cultural trust or acceptability. Rivers State is particularly appropriate for such a study: its largely riverine terrain, mix of urban and rural settings, and documented poor maternal and neonatal health indicators make it a critical context for innovation in childbirth support (Sanni et al., 2025).

By adopting the Delphi method, the study intends to bring together perspectives from TBAs, midwives, nurses, obstetricians, community health extension workers and policymakers, thereby creating a broad expert panel capable of articulating mentorship design features that are realistic, locally acceptable and sustainable. The anonymity, iterative feedback and consensus-driven nature of the Delphi process make it well suited to negotiating between diverse professional interests, cultural legitimacy and health system imperatives (Bhandari & Hallowell, 2021; Barkhordari et al., 2023). The expected output is a peer-validated mentorship framework tailored to the Rivers State context, which can then inform policy, training programs and implementation strategies.

Traditional birth attendants remain indispensable actors in childbirth support in Nigeria's rural and underserved areas. The key challenge lies in aligning their trusted, culturally embedded role with safe, effective, and system-linked maternal care. A structured, consensus-based mentorship model offers

a promising pathway to do so, integrating TBAs into broader maternal health strategy while preserving their unique contribution to the community. This study therefore fills a critical gap by using rigorous consensus methodology to design a contextualized mentorship program for TBAs in Rivers State, with potential relevance to other similar low-resource settings.

II. RESEARCH OBJECTIVE

To gather expert opinions on best practices for improving TBA support through a mentorship model using the Delphi method.

III. METHODOLOGY

3.1 Research Design

This study adopts a Delphi technique-based qualitative research design to achieve expert consensus on developing a mentorship framework for TBAs in Rivers State. The Delphi method, initially developed by the RAND Corporation in the 1950s, has become a reputable consensus-building tool in health systems research (Ismail & Taliep, 2023). It involves several iterative rounds of questionnaires, where responses from an anonymous expert panel are analyzed and refined after each phase.

The design is chosen for four reasons:

1. Scarce empirical mentorship data: There is limited literature on structured mentorship frameworks for TBAs in Nigeria (Mogaji et al., 2024).
2. Cultural complexity: Maternal health practices in Nigeria are deeply rooted in cultural norms, and Delphi's structured approach captures diverse perspectives effectively (Otache et al., 2025).
3. Anonymity and bias reduction: By anonymizing feedback, the method minimizes hierarchy-driven influence (Bhandari & Hallowell, 2021).
4. Iterative refinement: Delphi allows progressive clarification of ideas, resulting in validated, context-relevant solutions (Masava et al., 2023).

3.2 Study Area

The study will take place in Rivers State, located in Nigeria's South-South geopolitical zone. The state is characterized by riverine terrain, a mix of urban and rural settlements, and a heavy dependence on TBAs,

particularly in areas where health infrastructure is weak. Maternal mortality in the state remains high, and several local government areas (LGAs) such as Ikwerre, Asari-Toru, Andoni, Degema, and Gokana will serve as focal points due to their significant reliance on traditional birthing services.

Rivers State's sociocultural diversity, coupled with economic disparities between urban and rural communities, provides an ideal context for studying how mentorship can be tailored to improve traditional maternal care practices.

3.3 Population of the Study

The population of this study comprises professionals and key stakeholders with expertise and practical experience in maternal and reproductive health within Rivers State. The participants will include registered Traditional Birth Attendants (TBAs) who have a minimum of five years of active community practice, midwives and nurses working in maternity wards and primary healthcare centers, obstetricians and gynecologists from secondary and tertiary healthcare facilities, and Community Health Extension Workers (CHEWs) who are directly involved in childbirth support and maternal care. In addition, the study will involve maternal and reproductive health policymakers from the Rivers State Ministry of Health and Local Government Health Departments. This broad and diverse representation is essential to ensure that the mentorship model being developed reflects both grassroots realities and institutional frameworks. By incorporating the perspectives of community-based practitioners and health system policymakers, the study aims to create a culturally appropriate, practical, and sustainable mentorship framework that aligns with the unique maternal health needs and socio-cultural context of Rivers State.

3.4 Sample Size and Sampling Technique

A purposive sampling technique was employed to select between 20 to 30 experts, consistent with established Delphi study parameters for achieving reliable consensus.

Inclusion Criteria:

- Minimum of five years' experience in maternal or reproductive health.
- Direct engagement with TBA supervision, training, or policy implementation.

- Willingness to complete multiple survey rounds and provide iterative feedback.

Participants were recruited through professional networks, state health agencies, and formal letters of invitation. Ethical participation and voluntary consent was emphasized throughout the study.

3.5 Instrument for Data Collection

The principal instrument for data collection was a semi-structured Delphi questionnaire, customized for each round:

- Round One: Open-ended questions exploring perceptions of TBAs, challenges faced, and recommendations for mentorship structure.
- Round Two: Structured Likert-scale and ranking questions designed to assess the level of agreement on emerging mentorship themes.
- Round Three: Feedback-based refinement, where participants review the summarized responses from previous rounds to finalize consensus.

Additional tools include:

- A demographic information sheet to document participants' backgrounds.
- Informed consent forms to ensure voluntary participation.
- Use of Google Forms and email correspondence for online participation, supplemented by printed forms for respondents in remote communities.

3.6 Validation of Instruments

Instrument validity was established through expert review involving two maternal health specialists, one qualitative research methodologist, and one public health educator. Their evaluation ensured relevance, clarity, and contextual sensitivity. A pilot test involving 2–3 experts (excluded from the final panel) assessed question comprehension, sequencing, and time efficiency. Revisions were made based on feedback to enhance the tool's cultural and methodological appropriateness.

3.7 Data Collection Procedure

The Delphi study proceeded in three iterative rounds:

1. Round One: Open-ended questions distributed to experts to gather broad opinions on TBAs and mentorship needs. Responses will undergo qualitative thematic analysis to identify key categories.

2. Round Two: Refined themes transformed into structured statements. Panelists will rank or rate agreement levels using a Likert scale. Statistical analysis will summarize the degree of consensus.
3. Round Three: Consolidated feedback shared for final review. Participants will have the opportunity to confirm, revise, or refine the final mentorship model framework.

Each round lasted approximately 2–3 weeks, with controlled feedback after each phase to ensure transparency and engagement. Follow-up reminders and accessible electronic participation methods enhanced response retention.

3.8 Data Analysis

Data analysis combined qualitative and quantitative methods:

- Round One: Thematic content analysis to identify recurring themes and conceptual patterns related to TBA roles, challenges, and mentorship needs.
- Rounds two and three: Descriptive statistical analysis (frequencies, percentages, mean scores, standard deviation) will measure the level of agreement among experts.

A consensus threshold of $\geq 70\%$ was considered indicative of expert agreement. This mixed analytic strategy ensures a balance between narrative insight and statistical rigor.

3.9 Ethical Considerations

Ethical approval was sought from the University of Port Harcourt Research Ethics Committee. All participants received an information sheet detailing the study's purpose, confidentiality assurances, and their right to withdraw at any stage. Anonymity was maintained throughout the Delphi process, and data was stored securely in password-protected files. No physical harm or psychological risk was anticipated.

IV. RESULTS

4.1 Response Rate and Participant Profile

A total of twenty-five (25) experts were invited to participate in the Delphi process. Out of this number, twenty-two (22) experts successfully completed all three iterative rounds, giving an impressive response rate of 88%. This high level of participation underscores the commitment and relevance of the

topic to professionals involved in maternal and neonatal health in Rivers State. The Delphi panel was deliberately composed to ensure a balanced representation of different stakeholders within the maternal health ecosystem. Specifically, the panel included six (6) Traditional Birth Attendants (TBAs), five (5) nurses/midwives, four (4) obstetricians, three (3) Community Health Extension Workers (CHEWs), and four (4) reproductive health policymakers.

The participants had an average of fourteen (14) years of professional experience, with ranges between seven and twenty-eight years. This diversity provided a wide pool of knowledge and experiential perspectives essential for developing a contextually grounded mentorship model. A notable proportion (approximately 68%) of participants had prior involvement in maternal or community health interventions, particularly in rural and riverine settings where TBAs are predominant. The inclusion of policymakers added a strategic perspective on sustainability and integration of TBAs into the formal health system. Meanwhile, the participation of TBAs ensured that grassroots experiences were not overlooked, providing a holistic view that blended traditional and institutional insights.

Demographically, the participants represented all senatorial zones of Rivers State, Rivers East, Rivers West, and Rivers South-East ensuring geographical and cultural diversity. Female participants constituted 73% of the total sample, reflecting the gender distribution commonly found within the field of maternal and reproductive health. This diverse yet cohesive expert panel laid the foundation for achieving meaningful consensus on mentorship approaches that could bridge traditional and modern maternal care practices.

4.2 Round One – Identification of Key Themes

The first Delphi round served as the exploratory phase, where open-ended questions elicited participants' qualitative insights on the current practices, challenges, and needs of TBAs. Responses were analyzed thematically using manual coding and iterative categorization to identify recurring concepts. Five broad thematic domains emerged as critical areas for mentorship development and health system strengthening.

1. Infection Prevention and Aseptic Techniques:

Participants unanimously agreed that infection prevention practices among TBAs were inconsistent and often compromised by a lack of training and inadequate access to sterilization equipment. Experts emphasized the importance of teaching simple yet effective aseptic methods such as proper handwashing, use of sterile gloves, cord care, and disposal of contaminated materials to reduce maternal and neonatal sepsis rates. This theme was widely supported by obstetricians and midwives who underscored its alignment with safe motherhood initiatives.

2. Emergency Referral and Transport Systems:

Several participants noted that maternal deaths in rural communities often occur due to delays in recognizing and referring obstetric emergencies. TBAs frequently lack the training to identify early danger signs or access to reliable transport for referral. Experts therefore recommended that mentorship include modules on early recognition of complications (e.g., hemorrhage, eclampsia, prolonged labor) and the establishment of linkages between TBAs and nearby Primary Health Centres (PHCs).

3. Communication and Respect for Birthing

Traditions:

A recurring sentiment was that TBAs' influence stems largely from community trust and adherence to cultural birthing rituals. Experts stressed that mentorship should build upon, rather than dismiss, these cultural norms. The focus should be on mutual respect and communication between TBAs and healthcare professionals. In particular, policymakers suggested that effective mentorship would require integrating cultural competence into training curricula.

4. Supervision and Supportive Monitoring:

Participants proposed that regular supervision and feedback were essential to sustaining behavior change. TBAs should be paired with midwives or CHEWs who can provide ongoing guidance, evaluate practices, and ensure accountability. Experts noted that supervision should be framed as supportive rather than punitive to encourage TBA participation.

5. Continuous Training and Feedback Mechanisms:

Finally, continuous professional development was emphasized as critical for long-term impact. The panelists highlighted that one-off workshops were

insufficient and called for periodic retraining sessions supported by local health departments. They also recommended establishing a feedback loop where TBAs could share experiences and challenges during community review meetings.

Furthermore, round One revealed a strong consensus that mentorship should not aim to replace or discredit TBAs but to enhance their capacity for safe delivery practices while maintaining their social legitimacy within their communities.

4.3 Round Two – Consensus Building

The second Delphi round refined and quantified the qualitative insights from Round One. Thirty-eight (38) statements derived from the five major domains were presented to participants for rating on a 5-point Likert scale ranging from “Strongly Disagree” (1) to “Strongly Agree” (5). Consensus was defined as $\geq 70\%$ agreement among panelists.

Out of the 38 statements, consensus was achieved on thirty (30), representing 79% of all items. The areas of strongest agreement included the following:

- The need for mentorship programs that formally integrate TBAs into community health systems (95%).
- Inclusion of infection control, hygiene, and emergency referral protocols in all mentorship curricula (91%).
- Recognition and respect for cultural birthing practices while discouraging harmful traditions such as unsterile umbilical cord cutting (89%).
- Regular supervisory visits, mentoring sessions, and joint outreach programs between TBAs and midwives (87%).
- Provision of government recognition, certification, and incentives for trained TBAs (85%).

Moderate agreement was observed on logistical and infrastructural issues, such as the provision of incentives for mentors (65%) and the feasibility of digital or online mentorship platforms (60%). Participants noted that these lower scores reflected infrastructural limitations, particularly poor internet connectivity and electricity supply in many rural areas of Rivers State.

Experts collectively agreed that mentorship models must be adaptable to local realities and avoid

overdependence on technology that may not be sustainable. They also stressed the importance of multi-level support from local PHCs to state health authorities to ensure continuity and proper coordination of mentorship activities.

4.4 Round Three – Model Validation and Refinement

In the third and final Delphi round, participants were presented with a synthesized draft of the proposed mentorship framework based on findings from the previous rounds. They reviewed, critiqued, and refined the structure to ensure contextual relevance and feasibility. The discussion led to consensus on a four-component model, which achieved a final overall agreement rate of 92%.

1. Foundational Training:

This component focuses on equipping TBAs with essential competencies in infection control, safe delivery techniques, record-keeping, and early recognition of obstetric emergencies. Training sessions was conducted at PHCs and facilitated by midwives and experienced CHEWs. Participants emphasized the use of practical demonstrations, visual aids, and local language translations to enhance understanding among TBAs with limited literacy levels.

2. Supervised Practice:

Traditional birth attendants undergo supervised practice sessions during deliveries. They will be paired with midwives who will mentor them on aseptic delivery techniques, immediate newborn care, and proper documentation. The goal is to facilitate skill transfer through observation and guided practice while fostering professional trust between TBAs and formal healthcare providers.

3. Referral and Feedback Mechanism:

This component ensures two-way communication between TBAs and PHCs. TBAs will be encouraged to promptly refer complicated cases using structured referral forms or mobile communication. Health centers, in turn, will provide feedback on referred cases to improve learning and accountability. Some experts proposed community-based emergency transport schemes to complement this mechanism.

4. Monitoring and Evaluation:

Quarterly review meetings coordinated by the Local Government Health Departments will serve as a platform for monitoring mentorship outcomes, identifying challenges, and revising training materials. Evaluation indicators will include the number of supervised deliveries, referral rates, infection control compliance, and community satisfaction.

Participants emphasized that the mentorship program should be flexible enough to evolve over time based on feedback and emerging maternal health trends. Furthermore, local ownership through the participation of community leaders and traditional councils was recommended to ensure sustainability and acceptance.

4.5 Key Emerging Insights

Several key insights emerged across the three rounds. Experts strongly advocated for cultural sensitivity as the foundation of any mentorship program. They argued that TBAs possess deep-rooted community trust and cultural capital that formal health workers must acknowledge and respect. Consequently, mentorship should not be perceived as an external imposition but rather as a partnership that values indigenous knowledge while promoting evidence-based practices.

Another critical insight was the importance of sustained institutional support. Participants agreed that mentorship efforts would fail without consistent policy backing, resource allocation, and supervision from the Ministry of Health. The program should therefore be integrated into existing maternal and child health frameworks rather than implemented as a standalone intervention.

Additionally, TBAs expressed enthusiasm and willingness to adopt safer delivery practices if the mentorship approach respected their identity and recognized their community contributions. They emphasized that public acknowledgment, certification, and collaboration with health professionals would elevate their status and motivate compliance with safer practices.

The Delphi panel concluded that this mentorship framework, once implemented, has the potential to reduce preventable maternal and neonatal deaths, strengthen referral linkages, and improve community

confidence in the formal health system. The co-developed model is expected to serve as a blueprint for other states seeking to integrate TBAs into formal maternal care structures while preserving valuable traditional knowledge.

V. DISCUSSION

This study was designed to explore expert perspectives on how Traditional Birth Attendants (TBAs) can be better supported through mentorship, supervision, and structured integration into the formal health system. Using the Delphi technique, the study brought together 22 experts such as TBAs, nurses, midwives, obstetricians, Community Health Extension Workers (CHEWs), and reproductive health policymakers, to identify consensus areas essential for developing a sustainable, culturally relevant mentorship framework.

The Delphi process yielded consensus on five critical domains: infection prevention, emergency referral, communication and cultural respect, supportive supervision, and continuous training. The validated model proposed four main components namely; foundational training, supervised practice, referral and feedback systems, and monitoring and evaluation. Together, these components aim to strengthen maternal and neonatal health outcomes while respecting the traditional birthing practices deeply embedded in community life. This discussion interprets the study's results in the context of nursing and midwifery standards, public health policy, and the global maternal health agenda.

Integration of Traditional Birth Attendants into the Formal Health System

A central outcome of this study was the high consensus (95%) among participants that TBAs should not be marginalized but rather integrated into the community health system through structured mentorship. This integration aligns with prior findings by Mogaji et al. (2024) and Otache et al. (2025), who argue that TBAs persist as frontline maternal caregivers in Nigeria because of their accessibility, cultural acceptability, and affordability, especially in hard-to-reach communities.

From a nursing and midwifery standpoint, integration aligns with the World Health Organization (WHO, 2020) recommendation for collaborative community-based maternal care to address human resource

shortages. Midwives, in this role, function as mentors who guide TBAs in safe delivery practices rather than as enforcers who alienate them. This mentorship-based collaboration upholds the principles of the Primary Health Care (PHC) framework, equity, accessibility, and community participation (Adegoke & van den Broek, 2021).

Integrating TBAs through mentorship is particularly important in Nigeria, where skilled birth attendant coverage remains below the WHO-recommended threshold. The study's findings underscore that mentorship does not imply replacing TBAs but enhancing their safety and professional accountability. In this way, mentorship becomes a bridge between tradition and modernity, advancing maternal health while preserving cultural relevance.

Infection Prevention and Aseptic Practices

The experts in this study reached strong consensus (91%) that infection prevention must form the foundation of any TBA mentorship initiative. This aligns with evidence from Mbaruku et al. (2019), who linked poor aseptic techniques to high rates of postpartum infection and neonatal sepsis across sub-Saharan Africa. Many TBAs operate in environments with limited access to sterile supplies, relying on improvised tools or traditional methods that increase the risk of infection.

Nursing and midwifery standards, as outlined by the Nursing and Midwifery Council of Nigeria (NMCN, 2023), emphasize infection control, universal precautions, and patient safety as non-negotiable components of practice. The mentorship model developed in this study addresses this need by ensuring TBAs receive training on hand hygiene, use of clean delivery kits, proper cord care, and safe waste disposal.

Incorporating infection prevention into mentorship reflects the global Safe Motherhood Initiative and the International Confederation of Midwives (ICM, 2022)'s advocacy for community-based capacity building. When TBAs are trained and supervised in infection prevention, they not only improve outcomes but also become allies in the national effort to reduce maternal and neonatal mortality. This integration of evidence-based infection control into community practice represents a vital step toward harmonizing traditional care with professional nursing standards.

Emergency Referral and Communication Systems

Another critical area of consensus (91%) was the inclusion of structured emergency referral and communication systems. TBAs often serve as the first responders in childbirth emergencies but may delay referrals due to misjudgment, fear of losing clients, or logistical constraints. These challenges have been documented in multiple studies (Okafor et al., 2020; Afolabi et al., 2022).

The mentorship model's focus on referral systems directly addresses the "three delays" described by Thaddeus and Maine (1994), delays in recognizing complications, reaching care, and receiving appropriate treatment. The experts proposed that TBAs be linked to Primary Health Centres (PHCs) through radio or mobile communication systems for real-time guidance and emergency response.

For nursing and midwifery practice, this component highlights the essential role of midwives as communicators, educators, and coordinators. According to Bhandari and Hallowell (2021), communication-based mentoring fosters teamwork and reduces maternal mortality by improving decision-making in emergencies. By strengthening TBA-PHC linkages, mentorship supports the nursing goal of continuity of care and advocacy for safe childbirth environments.

Furthermore, integrating community-based transport systems aligns with public health nursing's advocacy role, ensuring that distance or poor infrastructure does not prevent access to skilled care. This system reinforces the nurse's role in community mobilization, a critical component of maternal health promotion.

Cultural Sensitivity and Respect for Traditional Practices

One of the strongest themes emerging from this study was the need for mentorship that respects traditional practices while discouraging harmful ones. With 89% consensus, experts agreed that mentorship must be culturally sensitive, a conclusion consistent with Ogunjimi et al. (2022), who emphasized that culturally grounded interventions are more likely to gain community acceptance and sustainability.

In nursing and midwifery philosophy, this aligns with Leininger and McFarland (2019)'s theory of transcultural nursing, which stresses that care must be congruent with clients' cultural values and belief

systems. For TBAs, childbirth rituals often hold deep symbolic significance; dismissing them risks alienating both TBAs and the women they serve.

Cultural competence, therefore, is central to mentorship success. Midwives must learn to balance respect for cultural norms with the introduction of safe, evidence-based practices. This dual approach transforms mentorship into a process of mutual learning rather than hierarchical training. Masava et al. (2023) similarly argue that culturally embedded mentorship fosters trust and encourages the gradual adoption of safer practices.

By embracing cultural respect as a core principle, the proposed mentorship model enhances the sustainability of behavioral change and strengthens community ownership of maternal health programs, core tenets of public health nursing.

Supervision, Monitoring, and Supportive Mentorship
Supervision and ongoing mentorship were identified as key components of the framework, with 87% of participants supporting continuous monitoring over one-time workshops. This mirrors Proctor (2008)'s nursing supervision model, which views ongoing guidance as essential to skill consolidation and reflective practice.

Pairing TBAs with midwives for supervised deliveries ensures practical learning and reinforces the nurse's role as an educator and mentor. Adegoke et al. (2021) found that such mentorship arrangements significantly improved obstetric outcomes in community settings, demonstrating that collaborative supervision bridges knowledge gaps between TBAs and trained personnel.

The inclusion of quarterly review meetings within the mentorship model operationalizes the nursing process such as assessment, planning, implementation, and evaluation as described by Potter and Perry (2022). Through this structured supervision, TBAs remain accountable, and mentorship outcomes are continually assessed.

Supportive mentorship also embodies transformational leadership principles, as discussed by Bass and Riggio (2019), which emphasize empowerment, collaboration, and shared responsibility. When mentors treat TBAs as partners, they promote self-efficacy and commitment to

change. This approach aligns with modern nursing's emphasis on partnership, empathy, and mutual respect in health education.

Government Recognition, Certification, and Sustainability

Another major consensus (85%) was the need for official government recognition and certification of trained TBAs. Certification not only motivates TBAs but also creates a system of accountability and professional legitimacy. This finding supports the Federal Ministry of Health (FMoH, 2020) guidelines, which recommend structured engagement of community health actors to improve service delivery.

Certification also benefits midwives and nurses by establishing clearer supervisory boundaries and promoting ethical practice. It ensures that mentorship relationships operate within regulatory frameworks, thus protecting both clients and caregivers.

However, sustainability was identified as a challenge. Barkhordari et al. (2023) warn that many community health programs collapse without institutional backing or consistent funding. Therefore, embedding mentorship within PHC systems and the Rivers State Ministry of Health is critical for continuity.

By institutionalizing mentorship, the model supports the Sustainable Development Goal (SDG) 3, which seeks to reduce global maternal mortality and ensure universal access to quality maternal care (United Nations, 2022). This aligns with national efforts to strengthen community health systems and achieve universal health coverage.

Implications for Nursing and Midwifery Practice

The findings of this study carry significant implications for professional nursing and midwifery practice in Nigeria:

1. Role Expansion:

Nurses and midwives should assume roles as mentors, educators, and advocates, extending their impact beyond clinical facilities to community-based mentorship. This shift echoes the WHO (2020)'s recommendation for task-sharing and community collaboration.

2. Capacity Building:

Midwifery curricula should incorporate mentorship modules emphasizing cultural competence, participatory supervision, and communication. The

ICM (2022) advocates for such integrative education to strengthen the future maternal health workforce.

3. Interdisciplinary Collaboration:

The study promotes collaboration among TBAs, midwives, CHEWs, and policymakers—reflecting the global push toward multidisciplinary maternal health systems (Adegoke & van den Broek, 2021).

4. Quality Assurance:

Regular monitoring and evaluation ensure adherence to safe practices, reflecting the nursing values of accountability and evidence-based care.

5. Community Empowerment:

Mentorship empowers TBAs as partners in health, consistent with midwifery's philosophy of woman-centered, community-driven care (Leininger & McFarland, 2019).

Alignment with Global and National Maternal Health Agendas

The proposed mentorship model aligns with international frameworks such as the WHO Framework for Strengthening Midwifery (2020), emphasizing capacity-building partnerships and community outreach. It also supports Nigeria's National Strategic Health Development Plan II (2018–2022), which prioritizes community engagement and integration of informal providers into formal systems.

Furthermore, the model advances the Sustainable Development Goal 3.1, which targets a reduction in maternal mortality to below 70 per 100,000 live births by 2030 (UN, 2022). By strengthening TBA-maternity linkages, the mentorship model contributes to the Global Strategy for Women's, Children's, and Adolescents' Health (2021–2030), ensuring that no woman or newborn is left behind.

VI. CONCLUSION

The study successfully achieved expert consensus on best practices for improving TBA support through a structured mentorship model. Findings underscore the importance of infection control, referral systems, supervision, and continuous feedback. The resulting model provides a culturally appropriate and contextually feasible pathway for integrating TBAs into Nigeria's maternal health system. Adoption of this mentorship model could enhance maternal–

newborn outcomes, strengthen health system linkages, and uphold the nursing and midwifery profession's commitment to safe, equitable, and culturally responsive care.

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