Midwifery

THEMATIC SUPPORT UNIT

APRIL 2024

Professional midwives can make the difference between life and death for women and newborns. Midwives and other health professionals with midwifery skills, are critical for the delivery of essential health services, and to achieve Universal Health Coverage, reach the Sustainable Development Goals, and to uphold human rights and gender equality. When educated, well trained, licensed and supported by an enabling environment, midwives are key in strengthening a health system's ability to provide comprehensive sexual and reproductive health care across the life course. Increasing midwifery competence and access to midwifery care is a cost-effective means to provide quality and continuity of care. Strengthening midwifery is a centrepiece in Sweden's efforts to support comprehensive SRHR, improve maternal and newborn health, and reduce maternal and newborn morbidity, mortality, and stillbirth. The intened audiance of this brief is Sida staff, but partners may also find it ueseful.

MIDWIVES – AT THE CENTRE OF COMPREHENSIVE SRHR

The ambitious Sustainable Development Goals (SDG) maternal mortality target, 70/100,000 live births, will be achieved only with universal access to high quality sexual, reproductive, maternal, newborn, child and adolescent health (SRMNCAH) care services, in which midwives play a vital role[1]. Midwives play a central role in the delivery of comprehensive SRHR[2] services throughout the life course from birth through puberty to menopause. Care and management of normal pregnancies, childbirth and the postpartum period are central areas of midwives' responsibility and functions. Midwives also play a key role in the counselling and the provision of comprehensive sexuality education (CSE), contraception, safe abortion and post abortion care, the prevention and management of sexually transmitted infections (STIs), and infertility counselling. They are trusted members of the community, and thus well suited to advocate for the prevention of harmful practices such as gender-based violence and female genital mutilation, and in the support of survivors[3].

Midwives are also ideally placed to promote father-inclusive practices, which is associated with long-term benefits for the father, their partners and children, but this requires education and ongoing professional training of the midwives[4]

1 Nove,A et al., The Midwifery services framework: What is it, and why is it needed? Midwifery Volume 57, February 2018, Pages 54-58.
2 Starrs, A et al, Accelerate progress—sexual and reproductive health and rights for all: report of the Guttmacher–Lancet Commission, The Lancet Comissions, p2642-2692,June 30, 2018.
3 UNFPA: Toolkit: Midwives committed to the abandonment of FGM.
4 Perceptions and experiences of engaging fathers in perinatal services, https://www.ncbi.nlm.nih.gov/pubmed/28094187

MIDWIFERY- PERSISTING AND EVOLVING CHALLENGES

In the era of the Millennium Development Goals the global maternal mortality rate (MMR) fell by 33%[5], mainly due to substantial increases in facility-based births and strengthening the midwifery workforce. The SDG 3 target is to reduce the global maternal mortality ratio to less than 70 per 100 000 live births by 2030, (MMR 2020 287/100,000)[6]. Recent estimates reveal a serious stagnation in MMR in 113 countries, and an increase in 17 countries, in the first five years of the SDGs. The Covid-19 pandemic significantly impacted maternal health services and carries the main brunt of this increase. The global distribution is highly inequitable with Sub-Saharan Africa alone accounting for 70 percent of the 287,000[7] annual maternal deaths which makes this both a public health and a human rights concern.

It is estimated that there is a workforce shortage of 900 000 midwives for universal coverage of SRMNAH needs. In Africa alone the shortage is estimated at 700 000 midwives. With the current development pace and population predictions the shortage in Africa will remain the same in 2030.[8] Many countries today recognize midwifery as a distinct profession. However, insufficient political will and lack of domestic financing prevents fulfilling basic requirements for midwifery, such as costing midwifery and midwives in national health plans, ensuring adequate availability and distribution of suitably equipped health facilities, improving

5 Trends in maternal mortality 2000 to 2020: estimates by WHO, UNICEF, UNFPA, World Bank Group and UNDESA/Population Division.
6 WHO: Maternal mortality, Fact sheet, Updated February 2023.
7 Ibid.
8 Ibid.

workforce data, and ensuring that midwifery graduates are proficient in all the essential competencies required by their government and national regulatory bodies[9].

Lack of investments in qualified faculty and clinical practice results in poor quality education and midwifery care, and poor health outcomes for women in facilities, including mistreatment and disrespect. This lack of investment reinforces gender inequality and unequal power relations within the health system, and for the women and adolescents it serves. The status of midwifery is also of critical concern. Often today midwives remain at the bottom of the pay equity ladder. There is a need for a system change to one of skilled quality care for all, with supportive regulation, multidisciplinary teamwork and integration across hospital, primary health care and community settings. Enjoying a planned, positive pregnancy and safe delivery of a healthy baby are critical elements in realising the rights of women and newborns to the highest attainable standard of health.

Box 1 Key Facts

- **800** women and **6,400** newborns die around the time of childbirth each day, while another 5,100 are stillborn every day largely due to preventable complications during pregnancy, childbirth, and the postnatal period[10,11].
- **95%** of all maternal deaths occur in developing countries[12].
- Globally, **25 million** unsafe abortions take place every year[13].
- Maternal conditions (pregnancy complications and unsafe abortion) are the major cause of death among girls aged **15–19 years**[14].
- Girls aged **15–19 years** in low- and middle-income countries (LMICs) account for **21 million** pregnancies each year, **50%** of those were unintended [15,16].
- **47%** of all under-5 child deaths, **2.4 million**, happen in the first **28 days** of life, **1 million** of those within **24 hours** after birth. Lack of quality care at birth or skilled care and treatment immediately after birth and in the first days of life is the main cause[17].
- In Africa, only **65%** of births are attended by skilled health personnel – the lowest globally (current global average **84%**) and far off the 2030 target of **90%**[18].
- **90%** of all SRMNH care needs can be provided by midwives[19].

9 State of the World's Midwifery, 2021 UNFPA.
10 Ibid.
11 WHO: Newborns: improving survival and well-being, 2022
12 Ibid.
13 B, Ganatra et al: Global, regional, and subregional classification of abortions by safety, 2010–14: estimates from a Bayesian hierarchical model, Lancet 2017; 390: 2372–81.
14 Global Accelerated Action for the Health of Adolescents (AA-HA!) - Second edition, 2023, WHO
15 Sully EA, Biddlecom A, Daroch J, Riley T, Ashford L, Lince-Deroche N et al., Adding It Up: Investing in Sexual and Reproductive Health 2019. New York: Guttmacher Institute; 2020.
16 Darroch J, Woog V, Bankole A, Ashford LS. Adding it up: Costs and benefits of meeting the contraceptive needs of adolescents. New York: Guttmacher Institute; 2016.
17 WHO: Newborns: improving survival and well-being, 2022.
18 WHO Report: Africa's advances in maternal, infant mortality face setbacks, 2022.
19 State of the World's Midwifery, 2021 UNFPA.

Box 2 Definitions

A Midwife is a person who has successfully completed a midwifery education programme that is duly recognized in the country where it is located and that is based on the International Confederation of Midwives' (ICM) Essential Competencies for Basic Midwifery Practice and the framework of the ICM Global Standards for Midwifery Education; who acquired the requisite qualifications to be registered and/or legally licensed to practice midwifery and use the title 'midwife'; and demonstrates competency in the practice of midwifery[20].

Midwifery is a practice – the skilled, knowledgeable, and compassionate care for childbearing women, newborn infants, and families across the continuum throughout pre-pregnancy, pregnancy, birth, postpartum, and the early weeks of life[21].

THE MIDWIFERY MODEL OF CARE

Midwifery is a person-centred model of care that works to optimise the normal biological, psychological, social and cultural processes of childbirth and early life of the newborn. Midwifery promotes, protects, and supports women's human, reproductive and sexual health and rights, and respects ethnic and cultural diversity. It is based on the ethical principles of justice, equity, and respect for human dignity[22]. Midwives work in partnership with women, respecting the individual circumstances and views of each person in the care they seek, to try to ensure the realisation of a participatory approach. They promote women's and adolescents' personal capabilities to care for themselves and their families, and collaborate with other health professionals as necessary to provide holistic evidence-based care.

Pregnancy and childbearing are normal physiological processes. Acute complications in childbirth occur in 9–10% of all cases. The shortage of midwives and midwifery care leave many women in under-resourced countries with no or very little SRMNCAH. Moreover, often the health systems are based on physician led model of childbirth, focused on identification and treatment of pathology resulting in over-use of medical intervention in normal childbirth and as such reduction in midwives to no midwifery care.

INVESTING IN MIDWIVES – POLICY PRIORITIES FOR UNIVERSAL HEALTH COVERAGE

SDGs 3 (Good health and Wellbeing) includes universal coverage of quality sexual and reproductive health for all. Universal health coverage of midwives could potentially avert 67% of newborn deaths and 65% of stillbirths, saving an estimated 4.3 million lives per year by 2030. But even a very modest 10% increase in professional midwives would save 1.3 million lives annually[23]. Fully educated, licensed, and integrated midwives

20 The Lancet Series of Midwifery, 2014.
21 Ibid.
22 ICM: Core Document, Definition of Midwifery, 2017.
23 Nove, A et al, 2021, Potential impact of midwives in preventing and reducing maternal and neonatal mortality and stillbirths: a Lives Saved Tool modelling study, Lancet Glob Health Jan;9(1):e24-e32.

supported by interdisciplinary teams and an enabling environment can deliver about 90% of essential SRMNAH interventions across the life course, yet they account for less than 10% of the global SRMNAH workforce. A sustainable system level change will require substantial increases to health financing and the recruitment, development, deployment, and retention of the health workforce, especially in low- and middle-income countries (LMIC)[24]. There are four focus areas for investment in midwifery in LMICs[25]:

- **High quality education and training** of midwives, strengthened faculty and educators with the right skills and knowledge, sufficient hands-on experience and practice, career paths for midwives.
- **Health workforce planning, management, regulation and the work environment** by ensuring quality disaggregated data that can support equitable availability of midwives, strategies for deployment and retention in place and differentiates reflecting professional autonomy and scope of practice, and deployment of midwives in primary health care close to where women live.
- **Midwife-led improvements in delivery of SRMNAH services** by improved communications and advocacy for midwifery at all levels, treating midwives with respect as equal partners, supporting midwife-led continuity of care models, optimising midwives' roles in reaching disadvantaged groups and participating in data collection and audits, applying the lessons from Covid-19 to protect midwifery education and service delivery.
- **Midwifery leadership and governance** by creating senior positions at all places where SRMNAH decisions are made, engaging midwives in relevant policy discussions and decisions, building and strengthening institutional capacity for midwives to provide leadership and advocacy to improve care and management including support to midwife associations.[26]

TWO COUNTRY EXAMPLES

To reach the furthest left behind in Afghanistan

To provide SRMNCAH quality services to the women and girls who are living in the most vulnerable and remote communities, community midwifery education schools and midwifery mentorship programmes of good quality have been established. Village based midwives have been deployed at a community-based health facility and referral services are ensured between FHHs and the nearest health service facility and onward to district hospitals for specialized care. Night-based ambulances have also been made available. Hiring of qualified female staff have been critical

Photo: Eva-Charlotte Roos, 2023

to the success, and have been made possible by provision of supportive facilities and motivational packages provided by the Swedish Committee for Afghanistan.

Legal regulations to advance the role of midwives in the Democratic Republic of Congo

The Democratic Republic of Congo (DRC) has among the highest maternal mortality rates in the world[1]. The Congolese Society of Midwifery (SCOSAF) was created in 2000 with the aim to ensure legal regulation of the midwifery as a profession critical to the realization of SRMNCAH. After decades of advocacy the President of the DRC promulgated, on 30th November 2023, the draft law N-23/051, on the creation, organization, and operationalization of the national order of midwives in the DRC. This bill is a landmark on the evolution of the profession from "birth attendant" to midwife, from an assisting profession to a medical and autonomous profession with defined competence in physiological obstetrics and preventive gynecology.

This success was possible thanks to the coordinated and strategic advocacy led by the SCOAF together with partners. Further, in 2013 the midwifery training program was reformed to fulfill the norms and standards of the International Confederation of Midwives.

24 The State of the World's Midwifery 2021, UNFPA, WHO, ICM.
25 State of the World's Midwifery report, 2021 UNFPA.
26 Ibid.

Midwifery –Sweden's commitment

Sweden's continuous and long commitment to midwifery as essential to to comprehensive SRHR over the last 20 years has contributed to positioning midwives and midwifery at the centre of achieving the SDGs and UHC. Through support to the normative work of WHO and the policy, advocacy, and capacity building work of the UNFPA and NGOs, Sweden supports investment in midwives and midwifery competence and availability in a multifaceted and comprehensive way. Although a lot remains to be done, this support has contributed to many countries having multiplied their midwife cadre, strengthened education, training and quality assurance measures, as well as the strengthening of midwifery associations.

Midwives' leadership and role in governance, management and decision making is also growing, albeit more slowly. Sweden is one of few countries that has created the position of Chief Midwifery Officer to ensure that women's and midwives' perspectives are part of health planning and priority-setting. From a policy perspective, the emphasis on the central role of midwives is also a demonstration of Sweden's commitment to human rights, gender equality and sexual and reproductive health and rights.[27,28]

Box 3 Maternal Health Thematic Fund

Sweden's support to UNFPA's Maternal Health Thematic Fund (MHTF) has since its inception in 2008, resulted in a total of 21 million pregnant women receiving safe delivery care through bolstering midwifery services and enhancing the quality of care in referral health facilities providing emergency obstetric and newborn care services. In 2022 alone, 525 midwifery schools were fully equipped with essential resources and accredited with international benchmarks. The MHTF also helped to launch fully updated and innovative e-learning midwifery courses focused on essential life-saving skills, and a faculty development course that together benefitted close to 70,000 midwives.

Sida's bilateral programs include support to governments to strengthen their national SRMNCAH plans addressing health workforce policy, legislative and regulatory issues, strengthening institutional deliveries, ante-natal and postnatal care. It also encompasses country programmes in Bangladesh, Myanmar, DRC, Ethiopia and South Sudan specifically focusing on strengthening of midwifery skills through capacity-building of health care staff and institutions.

ENTRY POINTS FOR DIALOGUE

- Maternal, newborn mortality and stillbirths due to preventable causes is both a public health and a human rights concern and as such a crucial barrier to achieving UHC and needs to be addressed from a comprehensive SRHR life course approach.
- Unsafe abortion is the leading cause of maternal mortality and morbidity among girls aged 15-19. Poor, marginalised women and youth, in particular unmarried, are most affected by limited accessibility to contraceptive services and safe abortion care.
- Midwives and midwifery care are a centrepiece of SRMNCAH. Midwifery is a cost-effective investment that ensures the right competence for addressing up to 90% of SRMNCAH care needs that will also strengthen the resilience and preparedness of the health system in times of crisis.
- Midwives are needed at all levels of the health system and close to where women live. Data systems that can disaggregate and distinguish the number, geographical distribution and educational background of midwives are necessary to ensure equitable availability.
- Midwives are in most cases women and equally subject to systemic gender inequality as the women they care for. Health system policies need to ensure strategies and create opportunities for midwives to actively participate in planning, management and decision making in SRMNCAH related policies, programs, and services to adhere to a human right based approach.

KEY READINGS

- State of the World's Midwifery report (SoWMY) 2021 by UNFPA, WHO, ICM,
- Strengthening quality midwifery education for Universal Health Coverage 2030: Framework for action, 2019.
- What Women Want: Midwives' Voices, Midwives' Demands.

27 Roos, E-C. Bangladesh satsning på barnmorskor minskar mödradödligheten. Jordemordern Nr 8 December 2023.

28 International Ferderation of Midwives., Bill of Rights for Women and Midwives. Last updated 3 January 2024.

Art. no.: sida62676en, urn:nbn:se:sida-62676en Print: Ljungbergs tryckeri 2024

SWEDISH INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
Visiting address: Rissneleden 110, 174 57 Sundbyberg
Postal address: Box 2025, SE-174 02 Sundbyberg, Sweden
Telephone: +46 (0)8-698 50 00. Telefax: +46 (0)8-20 88 64
E-mail: sida@sida.se Web: sida.se/en