

MOVING FORWARD



“I found ...that wherever a city, a county, a region, or a nation had developed a system of maternal care which was firmly based on a body of trained, licensed, regulated, and respected midwives (especially when the midwives worked in close and cordial co-operation with doctors) the standard of maternal care was at its highest and maternal mortality was at its lowest. I cannot think of an exception to that rule...”

Irvine Loudon, 1992¹

Parts 1 and 2 of *The State of the World's Midwifery 2011* present a body of knowledge to inform and accelerate the availability and quality of midwifery care for women and newborns. The diversity of responses across and within the 58 countries participating in our survey confirms

that there are significant gaps in data and strategic intelligence. However, a number of strong messages have emerged from a synthesis of the available evidence. These messages need to be at the forefront of national policy dialogue and action and incorporated within global health strategies, partnerships and commitments to strengthen mutual accountability and deliver results for women's and children's health.

The focus in Part 3 is on the impact of investing in the midwifery workforce, integrated within functioning health systems and based on country-specific evidence, experience and innovation. Part 3 sets out a number of recommendations to maximize the impact of these investments.



Midwives are an investment in the health of mothers, their newborns, the community and a nation.
(Helen de Pinho; Malawi)

Specific actions are linked to the relevant stakeholder. The recommendations and actions are consistent with World Health Assembly resolutions on strengthening nursing and midwifery and build on the available guidelines from WHO, ICM, ICN and the ‘Global Call to Action’ of the Symposium on Strengthening Midwifery (June 2010) described in Part 1.

Investing in results

The evidence is clear: investing in midwifery saves lives. A return on investment calculation has shown that across the 58 countries as many as 3.6 million maternal, foetal and newborn deaths per year could be averted if all women had access to the full package of reproductive, maternal and newborn care (Box 3.1). Midwives and the midwifery workforce are important in the provision of all these services.

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Achieving these potential gains in lives saved demands a renewed focus on the quality of midwifery services across the continuum of care. Accelerated investments are needed both in competency-based education programmes for the existing and future midwifery workforce and in a service environment meeting recognized standards in quality of care. This requires additional emphasis in three areas: 1) workforce; 2) education, regulation and association; and 3) policy. Corresponding investments from domestic and external resources, with enhanced mechanisms for reporting and accountability (aligned with the recommendations of the Secretary-General’s Commission⁴) are essential to support this emphasis. Given the country-specific sensitivities in relation to the competency gaps identified, the scale of investment will require calculation on a country-by-country basis.

The midwifery workforce A competency-led approach

Collaborative working practices need to ensure quality midwifery services across the continuum of care, including outreach and maternity teams,

are part of a functioning health system. The aim is to promote the availability of and access to competencies in urban and rural communities, engaging professional health cadres, auxiliaries and CHWs. This must optimize and harness the collective capacity of the workforce and reject solutions that rely on an ‘either/or’ approach. Enhanced optimization will apply (as relevant in each country) to all, or components of, the following scenarios:

- graduate additional midwives to rapidly scale up workforce supply;
- competency-led continuing education of existing midwifery personnel, including auxiliary cadres, to be proficient in the essential midwifery competencies and improve quality of care;
- interim measures to attract, retrain and deploy individuals with midwifery competencies who, for various reasons, may no longer be practising in the midwifery workforce.

The midwife-led maternity unit, as described in Part 1, is a further opportunity to connect competencies and capacity. This service model links the community and primary health care facilities with effective referral pathways, when needed. Within such a midwifery-led unit, a team of midwives can integrate the skills of CHWs and help them gain acceptance in the community. Midwives can promote uptake of and access to sexual, reproductive, maternal and newborn health services and oversee the work of auxiliary cadres with limited midwifery competencies. Most importantly, the team of midwives provides essential health care at a BEmONC facility, including managing complications and referring women and newborns to the next level of service (CEmONC), as appropriate.

Human resource management

As with every workforce, the midwifery workforce needs efficient management to bring about the best results. This includes supportive supervision, in-service training, career development opportunities, and attention to security and gender issues, especially in rural areas. It is important, however, to recognize the pervasive lack of a supportive environment to practise midwifery.

THE IMPACT OF SCALING-UP MIDWIVES: MODELED ESTIMATES OF LIVES SAVED IN 2015

Based on country data collated through the SoWMy Survey, staff from Johns Hopkins Bloomberg School of Public Health undertook a computer-modeled analysis to estimate the potential impact of scaling up the number of midwives in the 58 countries. The analysis was conducted using the “Lives Saved Tool” (LiST) methodology.

The model was projected to 2015 to relate to the attainment of the Millennium Development Goals. Two main assumptions were made to estimate the impact of midwives on lives saved. First, the number of practising midwives who regularly attend births can be estimated through the reported BEMoNC coverage, as staffing levels are implicit in the availability and provision of specific midwifery services (signal functions). Second, interventions covered in LiST, and their impact, can be matched and aligned with the International Confederation of Midwives (ICM) essential competencies for midwifery, that include all aspects of reproductive health care to women, including pre-pregnancy,

antenatal, post-partum and essential newborn care.

Using the LiST methodology, the potential impact of scaling up the number and competencies of midwives has been estimated as follows:

Doubling the estimated current number of midwives providing obstetric care and all aspects of reproductive health care in the 58 countries highlighted in this report would, on average, allow a reduction of 21 percent of maternal, foetal (late stillbirths) and newborn deaths, combined. To be more precise, it would avert 20 percent of maternal deaths, 18 percent of stillbirths and 23 percent of newborn deaths. These estimates assume that all midwives are fully competent and empowered to provide the above services.

Similarly, if all women delivered with a midwife in a fully functioning BEMoNC facility, in addition to all other aspects of reproductive care that midwives deliver, one could expect a reduction of 56% of maternal, foetal and newborn deaths. This total estimate includes reductions of 61% of

maternal deaths, 49% of foetal deaths, and 60% of newborn deaths, which equates to as many as 3.6 million lives saved in 2015.

These estimates assume that each life saving intervention will be delivered at levels of quality sufficient to produce effects on mortality, that the distribution of midwives would be equitable across any country, and that women will access this care – three assumptions addressing the ‘triple gap’ of competencies, coverage and access. The diversity in quality and availability of midwifery care across and within countries will undoubtedly affect the achievement of these potential gains in lives saved.

Further details are available in Annex 4. A technical paper, expanding on this summary and with a full description of the methodology will be available in late 2011.

Source: Bartlett L, Sikder S, Friberg I et al. The impact of scaling up midwifery on maternal, foetal (late stillbirths) and newborn lives. Background paper for *The State of the World's Midwifery 2011*. Unpublished. April 2011.

These issues require proactive human resource management to attract and retain staff and to manage their exits. Many management issues in midwifery are generic and similar to other cadres. However, particularly important are:

- preventing isolation by encouraging and facilitating teamwork;
- ensuring career opportunities, including teaching and tutoring positions;
- addressing gender issues and providing workplace safety and security;
- providing financial and non-financial incentives;
- supporting stress- and workload management;
- providing supportive supervision, including in rural areas; and
- developing retention or rotation schemes, especially in rural areas.

Strategic Intelligence on the practising midwifery workforce, especially those attending births, and the quality of intrapartum care, is vital to reduce mortality and morbidity.

Strategic intelligence

All policy makers recognize the value of strategic intelligence to inform actions. Most important is the ability to understand who is practising in the midwifery workforce, especially those attending births, and the quality of care they provide. Competency and coverage assessments that review contributions to results and outcomes are vital parts of this intelligence.

Administrative records and payroll systems in most countries generally provide an overview of the total number of midwifery workers engaged in the public sector, with some disaggregation by title, age, gender and location. However, effective management of the midwifery workforce is not achievable with these limited data. A comprehensive understanding requires the consolidation of data from education pipelines, state and non-state sectors, regulatory bodies and professional associations, among others. Titles, roles and categorization of the midwifery workforce, coded to international standard classification of occupations, must relate to education, licensing and scope of practice. Entry and exits from education and employment must be routinely captured

and reported. It is important to verify that the allocation and occupation of a post reflects the individual's role, availability and competencies to practise midwifery services.

The quality of midwifery care must be improved, and measures of quality can be captured through collaborative and interdisciplinary engagement in maternal death audits, confidential enquiry, and the collection and analysis of facility-level indicators sensitive to intrapartum outcomes and near-miss incidents. Such 'evidence to action' mechanisms generate much needed insight and intelligence to inform and improve the quality of care and services and increase the survival rates of women and their newborns.

Education, regulation and association

Within the triad of education, regulation and association, developing and maintaining competencies of the midwifery workforce is key to quality of care and health system outputs.

Midwifery education – developing and maintaining competencies

Pre-service education that includes a large component of hands-on, supervised practical training is required. ICM's Essential Competencies for Midwifery and Global Standards for Education enable countries to review curricula and ensure graduates acquire proficiency in all competencies.

Increased capacity and better distribution of professional midwifery programmes throughout the country can generate higher retention rates. Students who are sourced locally and education programmes that take local language and culture into account help graduates tailor their services to community needs and characteristics and can increase retention rates in remote and rural areas.

At least 50 percent of midwifery education should be practise-based, and provide experience in clinical and community settings, in direct contact with women and other members of the maternal health team. In support of practical training, students require access to skills labs with appropriate anatomic models and equipment. It is equally important to increase both the quantity and quality of faculty by strengthening the organizational capacity of training institutes. Midwifery educators need improved capacity to develop and maintain curriculum, facilitate and assess student learning, and manage precious educational resources. Career opportunities in education could be thoughtfully promoted so as not to detract from the already limited midwifery workforce.

A national health professional education system that facilitates collaboration in the education of midwives, nurses, doctors and other health care professionals can form the basis for teamwork in the future maternal health team and across referral levels.

Education quality evaluation and assurance is done through accreditation of schools and centralized curricula by education boards or regulatory bodies, thus promoting and rewarding adherence to standards. Additionally, accreditation allows for the recognition of the professional autonomy of midwives through licensing or registration and ensures competency maintenance through continuing education. Validation of midwifery competency through registration or licensing ensures that midwives are authorized to prescribe and deliver life-saving interventions.

In countries with very high maternal and newborn mortality, interim strategies to increase the production of midwives who meet international competencies include:

- increasing the number and size of existing post-basic nursing programmes;
- developing post-basic programmes for other health care providers who already possess some midwifery competencies or have a strong foundation for their development; and
- designing distance learning models that allow for increased dispersion of midwifery students within the community.

Regulation – protecting public and professionals

Regulation can make the difference between an existing workforce and a proficient and effective workforce. It remains core to ensuring quality care and reducing maternal and newborn mortality. Regulating the midwifery profession involves licensing and relicensing on the basis of maintaining competencies and providing quality of care in the respect of patients' rights. The regulatory processes must address midwifery as an autonomous profession, including setting specific codes of conduct, licensure criteria, continuing education requirements consistent with international midwifery competencies, and ensuring that midwives are primarily responsible for handling complaints and disciplining registered/licensed midwives.

Midwifery is often regulated under a dual nursing and midwifery council. This practice, that can be essential for governments with limited resources, must ensure that education, registration and authorization to practice are consistent with international midwifery competencies and standards. This includes ensuring that midwives are authorized to perform BEmONC interventions and have the level of autonomy needed to perform life-saving interventions and prescribe life-saving drugs. Regulation procedures for midwifery practice can benefit from an independent process within the dual councils or in a separate midwifery council to develop a body of knowledge and legislature specific to its autonomous nature.

Administrative and information systems need to be strengthened to generate live registers of the practising workforce, which will inform workforce management policies, support regulatory processes and relicensing, and generate the strategic intelligence required to effectively steward the health system.

Professional associations – giving midwives a voice

Professional associations are the voice of the midwifery workforce. Integrated into the national health care landscape, they work in collaboration with government and other professions to contribute to the policy dialogue on maternal and newborn health. This enriches the policy dialogue with specific insights and buy-in from the profession, and also strengthens implementation processes.

Associations have a responsibility to promulgate the agreed health system policies that affect their profession and stimulate their implementation. Strengths of an association include the negotiation and endorsement of (increased) access to higher and continuing education, development of career opportunities and the improvement of working conditions and terms of service.

Many associations in low-income countries are subject to financial constraints that impact their

administrative mechanisms and representative responsibilities in national, regional and international forums. Though fundraising capacity is often limited, external financial support and twinning mechanisms have proven effective in assisting association development. In order to take best advantage of a professional association, financial and in-kind support should be provided at the national level so the association's expertise can benefit the national, regional and global maternal and newborn health dialogue.

In some countries, midwives and nurses are represented in united associations. This may benefit both professions through increased voice and shared cost. In these cases, it is strongly recommended that midwives share association leadership and that professional midwifery issues, when necessary and appropriate, are addressed separately from those of professional nursing.

Policy coherence

Midwifery is not a vertical intervention but a service that should be integrated into all levels of the health system. To achieve this, a review of national health plans, human resources for health strategies, and maternal and newborn health plans is required to improve coherence. Once aligned, plans and strategies must be cost-

ed to facilitate decisions on resource allocation (domestic and external), fully implemented, and monitored and evaluated.

These revised national policies and plans can be implemented through interim strategies that will rapidly address the triple gap of competencies, coverage and access. However, long-term strategies, such as investing in three-year midwifery education, establishing midwife-led maternity units, and investing in BEmONC, are the ultimate goal. Though long-term strategies may initially cost more and postpone outputs, economic analyses show their advantages and their stronger return on investment.

Essential actions

In the foreword to this report the United Nations Secretary-General has called for “bold steps” to ensure that “every woman and her newborn have access to quality midwifery services”. Box 3.2 draws together all of the report's recommendations and outlines the essential actions by stakeholder group.

Conclusion

While each country is different, with specific conditions that need to be individually addressed, common features of the 58 countries included in *The State of the World's Midwifery 2011* are the persistence of high maternal and newborn mortality and the lack of access to quality midwifery services. These are often exacerbated by population growth, unmet need for family planning, low education levels of girls in particular and of women, weak economic conditions, and a small proportion of births being attended by a health worker with the competencies, autonomy and authority to save lives.

In recent years, many reports, conferences and resolutions have been attracting the attention of policy makers to the importance of investing in human resources for health. However, until now, none has specifically addressed the role of midwives and others with midwifery competencies, nor highlighted the impact this cadre of

Bold action can realize the right of every woman to the best possible health care before and during pregnancy, at birth and immediately after.
(Mandy La Fleur, UNFPA; Guyana)



The State of the World's Midwifery 2011, in support of the Global Strategy for Women's and Children's Health, calls on all partners to maximize the impact of investments, improve mutual accountability and strengthen midwifery services.

By governments

- Recognize midwifery as a distinct profession, core to the provision of maternal and newborn health (MNH) services.
- Promote midwifery as a career with appropriate terms of service.
- Enable national regulatory bodies to follow the ICM Essential Competencies and market midwifery education programmes.
- Include midwifery and midwives in costed MNH plans, and align human resources for health plans.
- Increase the availability and distribution of EmONC facilities and invest in midwife-led units, referral and communication.
- Assure management competencies, tools and procedures for appropriate human resource management.
- Invest in active data collection and monitoring of the practising midwifery/ MNH workforce.
- Create senior midwifery positions at national policy level and engage midwives in relevant policy decisions, programme planning, implementation, and monitoring and evaluation.

By regulatory bodies

- Protect the professional title 'midwife'.
- Establish criteria for entry into the profession.
- Establish educational standards and practice competencies.
- Accredite schools and education curricula in both public and private education systems.
- Establish a scope of practice for midwives.
- License and relicense midwives.
- Maintain codes of ethic/conduct.
- Enact processes for removing incompetent midwives from the workforce.

By schools and training institutions

- Review curricula to ensure that graduates are proficient in all essential competencies set by government and the regulatory body.
- Use the ICM and other education standards to improve quality and capacity.
- Ensure the theory-practice balance and install skills labs.
- Recruit teachers, trainers and tutors
- Improve and maintain competencies in midwifery and transformative education.
- Partner with maternity units in communities and hospitals for practical training.
- Promote research and academic activities.
- Support development of midwifery leadership.

By professional associations

- Raise midwives' profile and status.
- Advocate and lobby for better working conditions.
- Promote standards for in-service training and knowledge updates.
- Ensure respect of patients' rights in service delivery.
- Develop the voice and contributions of the midwifery workforce in the national policy arena.
- Collaborate with other health care professional associations to strengthen input into health plans and policy development.
- Identify champions and work with women and communities.
- Establish solid governance, strengthen administrative capacity and improve financial management.
- Liaise with regional and international federations.

By international organizations, global partnerships, donor agencies, and civil society

- Support programmes at local, regional and international levels to scale up midwifery services, enabling country commitments to the Global Strategy.
- Monitor and measure quality and results, promoting strategic intelligence and mutual accountability.
- Advocate for and support stronger midwifery services in respect of patient's rights.
- Urge ministries to establish costed strategies and plans for a fully functional MNH workforce and to implement them.
- Promote the recognition of midwifery.
- Provide financial and in-kind support to build capacity of midwifery associations.
- Encourage international forums and facilitate exchanges of knowledge, good practices and innovation.
- Encourage the establishment of a global agenda for midwifery research (for the MDGs and beyond) and support its implementation at country level.

health workers has on the survival and health of mothers and newborns. Developing quality midwifery services should be an essential component of all strategies aimed at improving maternal and newborn health.

In light of this report, it is hoped that policy makers will review the role of midwives in their respective countries and modify their policies and strategies, invest as required in a stronger midwifery workforce that is enabled to perform, monitor that performance and its results, and make rapid progress in the quality of reproductive, maternal and newborn health care. Alongside these actions, greater attention must be given to creating and collating new evidence to inform country actions and provide an evolving

body of knowledge. While limited by available data, the number of countries included and the pressure of time, the first edition of *The State of the World's Midwifery* provides a foundation for future editions to refer to, measure progress and improve upon.

We urge national and subnational governments, communities, civil society and development partners to take stock and respond by implementing the above actions. When implemented, we believe the resulting enhancements in family planning, antenatal, intrapartum, postnatal and HIV-related care will improve population health outcomes and stimulate wider socio-economic development. 'Delivering health, saving lives' is our collective responsibility.