

UNFPA, the United Nations Population Fund, is an international development agency that promotes the right of every woman, man and child to enjoy a life of health and equal opportunity. **UNFPA** supports countries in using population data for policies and programmes to reduce poverty and to ensure that every pregnancy is wanted, every birth is safe, every young person is free of HIV/AIDS, and every girl and woman is treated with dignity and respect.



DELIVERING HOPE AND SAVING LIVES INVESTING IN MIDWIFERY

FOR A COUNTRY TO STOP WOMEN and newborn babies from dying, one of the most important investments it can make is in human resources to ensure skilled care, particularly midwives, during labour and delivery.

Some 15 per cent of women worldwide face potential life-threatening complications during pregnancy, delivery or afterwards. Despite this, almost half of new mothers in developing countries will give birth either alone or with relatives who oversee what is one of the most dangerous passages a woman will undergo in her entire lifetime. The shortfall of midwives and skilled health personnel is most acute in the poorest countries of the developing world.

Each year, an estimated 358,000 women die from complications in pregnancy or childbirth. Another 7-10 million women suffer severe or long-lasting illnesses or disabilities, the worst of which are obstetric fistula, severe uterine prolapse, depression and infertility. Skilled health care during pregnancy and childbirth is critical to lowering the number of women and newborn babies killed or injured while giving birth.



photo by Micah Albert

THE CURRENT SITUATION

Almost all births in developed countries are by skilled birth attendants. In developing countries, the figure is 57 per cent. In some of the least developed countries it falls to only 13 per cent.

Of those who do receive assistance in developing countries, many will not receive the quality of care they need to preserve their life, their health or that of their newborns.

While the presence of skilled staff in urban areas is continuing to grow, progress is held back by stagnation in rural areas—mainly in South and Southeast Asia and sub-Saharan Africa, where the population is still mostly rural or remote.

Since the 1990s, the provision of antenatal care has climbed 20 per cent worldwide. However, studies show that 7 in 10 women who do not give birth at a healthcare facility are not receiving postnatal care.

The global shortage of roughly 350,000 professional midwives means that many women and babies die from complications that could have been easily prevented by a health worker with the right skills, the right equipment and the right support.

Inadequate and Poor Training

Even where services are available, they are often inadequate or of poor quality. Studies in Benin, Ecuador, Jamaica and Rwanda show that practitioner knowledge is often lacking, with test scores between 40 and 65 per cent of pre-specified norms.

In Ghana, as few as 17 per cent of hospital births met the standards of good clinical practice while technical and quality of care scores were likewise woefully inadequate in health centres located in Nigeria and Cote d'Ivoire. In some cases, women gave birth in a hospital with no professional support whatsoever.

Cultural Issues and Lack of Sensitivity

A lack of cultural sensitivity and poor treatment can discourage women from accessing services, even where available.

Women have cited a variety of abusive behaviours as reasons for choosing the more perilous route of home birth. Among them: offensive and demeaning language on the part of healthcare personnel, ridicule in the form of mockery concerning a woman’s clothing, smell, hygiene, cries of pain, or the desire to remain clothed while giving birth.

In some cases, the provider doesn’t speak the local language.

Female providers may not be available when wanted.

Brain Drain

One of the key factors hampering progress is an inability to retain skilled workers in the regions that have the highest maternal mortality rates.

“Brain drain”—the migration of skilled practitioners to better-paying jobs in developed countries, or in the capitals of the country—coupled with HIV-related deaths among the professional classes is exacerbating an already dire healthcare situation in much of sub-Saharan Africa.

This net loss is compounded by the HIV epidemic. As many as 40 per cent of government employee deaths in Africa are the result of HIV/AIDS.

In Malawi, HIV-related death is the leading cause of health provider loss—particularly among nurses and midwives.

BENEFITS OF ACTION

Skilled care during childbirth can lead to better health for both mother and newborn and prevent death and disability which contributes to reducing poverty.

Skilled birth personnel can also play a decisive role in preventing the 47,000 yearly deaths from complications due to unsafe abortions.

In countries as diverse as Cuba, China, Jordan, Malaysia, Thailand, Sri Lanka and Tunisia, investments in training, recruiting and retaining midwives, as well as in emergency obstetric care, have significantly reduced the number of maternal deaths.

The returns on investment in skilled birth attendants with midwifery skills are big. When empowered and authorized with all essential basic life saving competencies, midwives can help avert some 80- 90%

of all maternal deaths. They also play a critical role in newborn care and in averting the death of newborns, as well as in detecting HIV incidence in pregnant and non-pregnant women.

Midwives help address critical family planning needs in communities not only as service providers but as counselors who are trusted members in societies.

WHAT MUST BE DONE?

The lives and health of millions of women and children would be saved if the donor community and countries invested more in midwife training and retention.

High-level political commitment, both nationally and internationally, is required to address the problem of the shortfall in skilled birth attendants. Education of midwives and others with midwifery competencies must be fostered if there is to be a rapid expansion and scale-up of the number of midwives and quality of midwifery care.

However, training is not the only issue. Regulation, accreditation, proper delegation of authority and supportive supervision of midwives are equally important. So is ensuring that midwives have appropriate employment protection, remuneration, incentives and motivation.

It is estimated that the number of midwives will have to increase by 350,000 if the Millennium Development Target of reducing maternal deaths by two thirds by 2015 is to be met.

WHAT IS UNFPA DOING?

In addition to working with governments to ensure reproductive health for all, UNFPA supports training of health personnel in various aspects of maternal care, including life-saving skills for emergency cases. To further scale up efforts, UNFPA in 2008 launched a joint programme with the International Confederation of Midwives entitled “Investing in Midwives” currently covering over 30 countries. Among other things, this Programme supports midwifery schools, strengthening of midwives’ competencies and skills, strengthening midwifery associations to promote the profession and support to high level political advocacy to ensure suitable legislation in the field of midwifery.

For more information on UNFPA’s work – please visit www.unfpa.org

LINKS:

UNFPA: Safe Motherhood Resource Kit:
<http://www.unfpa.org/public/site/global/lang/en/pid/4390>

UNFPA: Ensuring Skilled Attendance at Births:
http://www.unfpa.org/mothers/skilled_att.htm