

Executive Summary

Increasing women's access to quality midwifery services has become a focus of global efforts to realize the right of every woman to the best possible health care during pregnancy and childbirth.



Learning to record foetal heartbeat is one of the simplest and most common techniques. When part of a midwife's competencies, it is a life-saving aid. (Sven Torfinn; Sudan)

Ensuring that every woman and her newborn have access to quality midwifery services demands that we take bold steps.

—Ban Ki-moon

It is a responsibility of governments and their political leaders and an investment that is key to reducing maternal and newborn mortality and morbidity. In addition to saving lives and preventing disability, the benefits of quality midwifery services extend to all members of society in far-reaching ways, including contributing to a country's human and economic development.

There is much that needs to be done. Every year approximately 350,000 women die while pregnant or giving birth, up to 2 million newborns die within the first 24 hours of life, and there are 2.6 million stillbirths. The overwhelming majority of these deaths occur in low-income countries and most of them could have been prevented. They happen because women — usually the poor and marginalized — have no access to functioning health facilities or to qualified health professionals.

Quality midwifery services that are coordinated and integrated within communities and within the health system ensure that a continuum of essential care can be provided throughout pregnancy, birth and beyond. Midwifery services also facilitate referrals of mothers and newborns from the home or health centre to the hospital and to the care of obstetricians, paediatricians and other specialists when required.

The State of the World's Midwifery 2011: Delivering Health, Saving Lives, coordinated by the United Nations Population Fund (UNFPA), is the result of the collaborative efforts of 30 agencies and organizations and hundreds of individuals working at national, subnational, regional and global levels. It responds to the 'Global Call to Action' issued at the Symposium on Strengthening Midwifery at

Women Deliver in Washington, DC in June 2010; and it is supportive of and aligned with the UN Secretary-General's Global Strategy for Women's and Children's Health.

The report presents a body of knowledge to inform and accelerate the availability of quality midwifery services for women and newborns. It aims to make a valuable contribution both to strengthening the midwifery workforce around the world and to the critical planning that is needed to achieve the health Millennium Development Goals. The first ever State of the World's

Every day,
approximately
35,000
WOMEN
will experience
birth complications and
900 are likely to die.

Midwifery is focused on 58 countries with high rates of maternal, foetal and newborn mortality. Its content has been largely informed by responses to a detailed survey that was developed to collect new or updated data and information in six areas:

the number and types of practising midwifery personnel, education, regulation, professional association, policies and external development assistance.

Most of the 58 countries that participated have been identified as suffering from a crisis in human resources for health. Collectively, across these countries women gave birth to 81 million babies in 2009, accounting for 58 percent of the world's total births. The inequitable 'state of the world' is most evident in the disproportionate number of deaths in these countries: 91 percent of the global burden of maternal mortality, 80 percent of stillbirths and 82 percent of newborn mortality. These figures partly reflect the distribution of the global workforce: less than 17 percent of the world's skilled birth attendants are available to care for women in the 58 countries.

The diversity of responses confirms that there are significant gaps in data and strategic intelligence. However, three key points have emerged from a synthesis of the available evidence relating to the status of the profession and the many challenges and barriers that affect the midwifery workforce, its development and its effectiveness.

There is a triple gap, consisting of competencies, coverage and access. In most countries there are not enough fully-qualified midwives and others with midwifery competencies to manage the estimated number of pregnancies, the subsequent number of births, and the 15 percent of births that generally result in obstetric complications. WHO estimates that 38 countries have severe shortages. A few countries will need more than a 10-fold increase in the number of midwives, with most needing to either double, triple or quadruple their midwifery workforce to improve quality and coverage. Second, coverage of emergency obstetric and newborn care facilities is low; and existing facilities are often insufficiently staffed and poorly equipped. This is most acute in rural and/or remote communities. Third, access issues from women's perspectives are often not addressed.

The triad of education, regulation and association has insufficient focus on quality of care. First, although there are promising education developments in some countries to graduate additional midwives proficient to practise all the essential competencies, optimal standards are unmet. Curricula, faculty, educational resources and supervised exposure to clinical practice all need strengthening. Second, regulation and regulatory processes are currently insufficient to promote the professional autonomy of a midwife and to fulfil government obligations to protect the public. In almost every country, registration and licensing of the midwifery workforce, including criteria for renewing a licence to practise, require improve-

ment to advance the quality of care. Third, there is a positive trend across countries to establish and develop professional associations to represent midwives, but many are in their infancy and some are fragile. These associations warrant additional support and intra-professional collaboration from national, regional and international partners.

Policy coherence is disjointed and access to the necessary strategic intelligence or evidence for action weak. National policies addressing maternal and newborn health services too often do not address the centrality of the midwifery workforce nor the dire need to improve quality of care, in respect of patients' rights. Most countries do not currently have the capacity to accurately monitor and report the number of practising midwives in either the public or the private sector, or to assess the extent to which the midwifery workforce is able to provide quality interventions in response to population needs. This limits the availability of strategic intelligence to inform policy improvements. Similarly, while mechanisms to review quality of care are emerging, more needs to be done on its measurement and on evidence for action.

The State of the World's Midwifery 2011 sets out a number of essential actions by type of stakeholder group to maximize the impact of investments, improve mutual accountability and strengthen a country's midwifery workforce and services. All actions must be undertaken in the context of national health plans, focused on maternal and newborn health needs, integrated within the health systems, and based on country-specific evidence, experience and innovation.

The report urges **governments** to:

- recognize midwifery as a distinct profession, core to the provision of maternal and newborn health services, and promote it as a career with posts at the national policy level;

- ensure that midwifery and midwives are specified in costed maternal and newborn health plans, and aligned with human resources for health plans;
- ensure adequate availability and distribution of emergency obstetric and newborn care facilities, including midwife-led units of care; and
- invest in human resource management to develop and maintain competencies, manage entries and exits, and improve data on the practising midwifery workforce.

Regulatory bodies enable a focus on quality across the profession, education and care.

They can:

- protect the professional title 'midwife' and establish its scope of practice;
- establish criteria for entry into the profession, educational standards and practice competencies;
- accredit schools and education curricula in both public and private sectors; and
- license and relicense midwives, maintain codes of ethics and codes of conduct, and manage sanctioning.

Birth is always an intense moment, both for women and for the maternal health team. It is our collective responsibility to ensure that the quality of care available protects and saves lives. (Lynsey Addario; Afghanistan)



Schools and training institutions have a role to play not only in educating more midwives, but also improving the skills and other competencies of graduates. The actions they need to consider include:

- reviewing curricula to ensure that graduates are proficient in all essential competencies as set by government and the regulatory body;
- using the International Confederation of Midwives standards and other education standards to improve quality and capacity, with due attention to theory-practice balance;
- recruiting teachers, trainers and tutors, and maintaining and upgrading their competencies in midwifery and transformative education; and
- promoting research and academic activities and supporting the development of midwifery leadership.

Professional midwifery associations can be catalysts for change in a number of ways, including by:

- raising midwives' profile and status in the national policy arena and strengthening their input into health plans and policy development;
- promoting standards for in-service training and knowledge updates and advocating better working conditions;
- collaborating with other health care professional associations, with regional and international federations, and with women and communities; and
- establishing solid governance of the association, strengthening its administrative capacity and improving its financial management.

And finally actions for **international organizations, global partnerships, donor agencies and civil society** include:

- supporting programmes at local, regional and international levels to scale up midwifery services and measure results, enabling country commitments to the Global Strategy;
- advocating stronger midwifery services that improve competencies and quality of care in respect of patients' rights and their inclusion in costed strategies and plans;
- providing financial and in-kind support to build capacity of midwifery associations, and facilitating exchanges of knowledge, good practices and innovation; and
- encouraging the establishment of a global agenda for midwifery research (for the MDGs and beyond) and supporting its implementation at country level.

The messages and recommendations in *The State of the World's Midwifery 2011* 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 better results for women's and children's health. 'Delivering health, saving lives' is our collective responsibility.

Of course, it is for individual countries to adopt and adapt the report's recommendations according to their context and level of practice. Decisions will depend on existing resources and capacities in both the health workforce and the national health system, on the priorities identified in the national health plans, and on the political will to turn policy into practice.

The report and additional information are available online at www.stateoftheworldsmidwifery.com