

# Strengthening Midwifery Toolkit

## Module 1

### Strengthening Midwifery: A background paper



**World Health  
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# 1. Introduction

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The World Health Organization's (WHO) interest in strengthening midwifery services is driven by the recognition that effective and sustainable mortality reduction, for both mothers and newborn infants, requires the presence of health care personnel equipped with a full range of midwifery skills. International interest continues to be shown in the midwife's role in global strategies for women's health. Indeed strengthening the role and contribution of midwives<sup>1</sup> is a central component in WHO's special contribution to the global Safe Motherhood Initiative - *Making Pregnancy Safer*.

There have been serious efforts over the past several decades to review effective interventions for improved pregnancy and childbirth outcomes. A clear consensus has emerged from this analysis that providing skilled attendance for every birth is an essential component of programmes for reducing maternal morbidity and mortality, and promoting reproductive health. All efforts concluded that without availability of a health provider with specific midwifery skills and competencies, particularly life-saving skills, international goals for maternal and newborn health cannot be reached.

There are several types of practitioners who have a mix of skills and abilities that qualify them to serve as skilled birth attendants.<sup>2</sup> They include:

- midwives who have been educated and licensed to perform an agreed set of competencies;
- nurses, who have acquired selected midwifery skills either as part of a nursing curriculum or through special post-basic training in midwifery;
- medical doctors who have acquired these competencies at some point in their pre-service or post-basic education;
- obstetricians who have specialized in the medical management and care of pregnancy and childbirth and in pregnancy-related complications.

Thus, the WHO *Making Pregnancy Safer* department focuses on strengthening the health system, to ensure that all women and newborns have access to and care from a health practitioner with midwifery skills. The strategic approaches of the department aim to support countries in their efforts to accelerate progress towards the attainment of international development goals and targets related to reproductive health (WHO, 2004; WHO 2006 a).

## 2. Purpose of this toolkit

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This toolkit focuses specifically on the role and function of the professional midwife, as central to the provision of quality reproductive and sexual health services. Guidelines have been prepared to assist member states as they consider

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<sup>1</sup> It is acknowledged that in some countries a different name is ascribed to those who carry out the function and role of the midwife as identified in the international definition of midwife cited later in this module. Furthermore, in some countries the midwife (or country equivalent) may also have to carry out additional tasks to those included in the definition. For simplicity the term "midwife" will be used throughout this document to refer to any person, whatever their title and regardless of how they are formally prepared and licensed who fulfils the definition of the midwife.

<sup>2</sup> A skilled attendant is an accredited health professional – such as a midwife, doctor or nurse – who has been educated and trained to proficiency in the skills needed to manage normal (uncomplicated) pregnancies, childbirth and the immediate postnatal period, and in the identification, management and referral of complications in women and newborns (WHO, 2004).

strategies by which midwifery services can be strengthened. These guidelines have been developed by experts in the various areas, drawing on lessons learned from countries where there has been successful provision of quality midwifery services that are accessible to all women. The guidelines can be used for establishing or reviewing midwifery programmes according to a country's needs and priorities.

Critical components of a strategic approach to reducing maternal morbidity and mortality, as well as to promoting women's health throughout their reproductive life are addressed in these guidelines. These include:

- redefining the role of the midwife (Modules 2 and 4);
- establishing an enabling legislative and policy framework for practice (Module 2);
- defining essential competencies for clinical practitioners and educators, as well as for the health system, to support effective service delivery (Module 4);
- establishing standards that promote the quality of midwifery services (Module 3);
- updating educational programmes for both students and teachers, to respond to community needs (Modules 5 and 6);
- developing mechanisms for supportive supervision (Module 7) and the assessment of continued competency of midwives over their working lifetime (Module 8);
- proposing alternatives that countries might consider as they build capacity for quality midwifery services (Module 9).

This background paper underpins the *Toolkit*. It briefly considers the concepts of safe motherhood and reproductive health. It presents a brief historical background of the development of midwifery as a way of being “with women.” It also presents a conceptual framework that depicts the central position of midwives as key providers of safe motherhood services, within the context of the health systems policy and infrastructure that create the enabling environment for midwifery practice. The content of the specific modules is then described, and a rationale in support of the guideline is presented. An assessment tool offered in the annex is suggested as one approach that can be used to assess the status of the midwifery profession in a country, leading to identification of priorities for action.

## 3. The concepts of reproductive health and safe motherhood

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### 3.1 Reproductive health

Women's reproductive health is a concept that embraces women's health from birth to menopause.

Reproductive health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity, in all matters relating to the reproductive system and its functions and processes. Reproductive health therefore implies that people are able to have a satisfying and safe sex life and that they have the capability to reproduce and the freedom to decide if, when and how often to do so. Implicit in this last condition are the right of men and women to be informed of and to have access to safe, effective, affordable and acceptable methods of family planning of their choice, as well as other methods of their choice for regulation of fertility which are not against the law, and the right of access to appropriate health care services that will enable women to go safely through pregnancy and childbirth and provide couples with the best chance of having a healthy infant. In line with the above definition of reproductive health, reproductive health care is defined as the constellation of methods, techniques and services that contribute to reproductive health and well-being by preventing and solving reproductive health problems. It also includes sexual health, the purpose of which is the enhancement of life and personal relations, and not merely counselling and care related to reproduction and sexually transmitted diseases.'

Source: (ICPD Programme of Action)

### 3.2 The status of women

The status of girls and women in society is an important determinant of their reproductive health. Girls and women in many resource-poor countries suffer great risks to their health from reproduction. From early childhood in most poor countries the girl is more likely to suffer from malnutrition. She is often breastfed for a shorter period of time. Subsequently girls and women may have to wait until the men and boys in the family have eaten before they are permitted to eat.

Girls usually have fewer opportunities for education and far more household responsibilities than boys. They are frequently exposed to violence, sexual harassment and trafficking which may lead to pregnancy during adolescence and/or sexually transmitted infections (STIs). Early marriage and adolescent pregnancies are far too common in many countries. They often mark the end of the period of formal education for girls. They are associated with greater risks for ill health, long-term disability and even death of mother and child. Frequent pregnancies are also common, especially in circumstances where women's status is often linked to their ability to bear many children, especially boys. Complications during pregnancy and childbirth are relatively common, especially when women are in poor health and do not have adequate care during pregnancy, childbirth and the postnatal period. Women may also face risks in preventing unwanted pregnancies; they bear most of the burden of contraception and, often, have to endure complications affecting the reproductive tract, particularly STIs and cancers (Filippi et al., 2006; Keleher & Franklin, 2008; Sciarra, 2009; WHO, 2005).

Both young women and young men are particularly vulnerable to reproductive health problems because of lack of information and limited or no access to services such as family planning. The rapid spread of HIV/AIDS, particularly among young women, has demonstrated their vulnerability and the need for sensitive and responsive education messages, technologies and services that reach them wherever they may live. It also demonstrates yet again the need to address prevailing gender-based inequalities (UNICEF, 2006).

On a societal level, it would be possible to improve the standard of living for the whole of society if birth rates were reduced. Family planning services are therefore of the utmost importance for the whole population. In order to achieve acceptance, however, education is essential. Medical services and, in particular, maternal and child care have to improve so that families are assured that their existing children have a good chance of survival. On the family level, too many children impoverish the family and adversely affect the mother's health but, in some countries, a large number of children are considered to be important as a sort of social insurance for the old age of the parents. Also, the value of a woman is dependent on her capacity to bring living children into society and therefore her fertility is considered of great importance. Improved outcomes in pregnancy and childbirth together with adequate fertility regulation measures, health education and counselling could help to bridge these dichotomies and help couples to reduce the number of children in their family.

Gender equality is central to realizing current international goals related to the status of women. Safe motherhood goals and the practice of midwifery as a profession are both inextricably linked to the status of women. They are linked, not only because most midwives are women (which in many countries remains as true today as many years ago) but also because midwifery, as an art and a science, is concerned with working with women and caring for women during a life process that mainly affects the health of women, even though it will impact on men's lives and the wider society. Regrettably, in many countries, political, social, cultural and

religious factors, and gender stereotypes, prevent women from accessing health services freely and also limit the educational and economic opportunities that would improve their socio-economic status.

Eliminating gender discrimination and empowering women will require that women's influence be enhanced over key decisions made at the household level, in the workplace and in the political arena (UNICEF, 2007). Empowerment of women would foster their ability to act as self-advocates for changes at each of these levels of decision-making that would lead to betterment of women's opportunities for improvement of their personal health and well-being. These include:

- equal access to primary school education for themselves and for their children, and in particular for their girl children;
- access to health care services that promote sexual and reproductive health (e.g. family planning, legal abortion, treatment of sexually transmitted infections) (Grimes et al., 2006);
- reducing risks to personal health (e.g., HIV and AIDS from unprotected sexual intercourse);
- increasing understanding of complications in pregnancy, childbirth, the postnatal period and neonatal periods; in turn, increasing the demand for access to life-saving interventions, through referral and transport, when necessary;
- promoting delay in marriage and first birth;
- strengthening access to and control over income derived from their own employment, and enhancing their influence over expenditures made with household income (e.g. nutrition, preventative and curative health care services);
- influencing development of policies that promote their access to essential obstetric care and similar services that promote safe motherhood and that protect women from the risk of violence, rape, trafficking and abuse, and culturally-embedded practices that are harmful to health (e.g. female genital cutting) (Cook & Ngweni, 2006; Iyer, Sen & Östlin, 2008.; Mbizvo & Zaidi, 2010; Meleis, 2005; WHO, 2005; Glasier et al., 2006).

### 3.3 Safe motherhood and The Safe Motherhood Initiative

Safe motherhood is a central component of reproductive health. Many countries have initiated national or local efforts to improve and expand maternal and newborn health services. Some countries have even made encouraging progress in improving reproductive health and particularly maternal and newborn health outcomes. Almost all countries that have achieved such success have done so through strengthening the capacities of those who provide midwifery services and emergency obstetric care. Improvements in maternal and newborn health have come about usually when midwives have received a firm educational foundation

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