



Position Statement

Role of the Midwife in Disaster/Emergency Preparedness

Background

Natural disasters and emergencies and affect the lives of millions of people around the world. Approximately one in five countries experiences an emergency each yearⁱ. Hundreds of natural disasters occur yearly, affecting and displacing millions of people^{ii iii}. “Women and marginalized groups are particularly ill prepared for survival and recovery from a disaster due to discrimination (e.g. gender, age, disability, race). Women may also suffer from all forms of violence, especially when living in refugee camps and during human-induced disasters, such as war.”

Preparation for a disaster/emergency is difficult due to the unexpectedness and unpredictability of its severity. Saving lives and preventing and reducing suffering after an emergency is an enormous task, which requires preparation and competence. Responses to disasters/emergencies often start at community level, and it is only after the initial emergency phase that emergency agencies and other relevant groups are able to get on site. As midwives form a considerable proportion of the health workforce and often work closest to the affected community, their contribution to disaster/emergency risk reduction, preparedness and response is vital. However, midwives are often not included in emergency preparedness and response planning at local, national and international level. Supported by the fact that the WHO^{iv} lists maternal, newborn and child health second to mass casualty management, it is appropriate for ICM and its Member Associations to ensure that midwives participate and take-up their role in disaster/emergency preparedness, harm reduction, and rapid response to disasters/emergencies.

Position

ICM:

- Recognises the importance of disaster/emergency preparedness to ensure rapid and effective response to the needs of disaster/emergency-stricken populations.

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- Recognises particularly the vulnerable position of women and children in situations of disaster/emergency, condemns any act of discrimination or other violation of Human Rights occurring during a disaster/emergency, and promotes disaster preparedness strategies that incorporate the equity and social justice elements needed to ensure delivery of midwifery services.
 - Believes disaster/emergency preparedness by midwives is essential for the provision of maternal, newborn and child health (MNCH) services to mothers and children in a situation of disaster/emergency.
 - Midwives are in a unique position to support breastfeeding and safe infant feeding during times of natural disaster or emergency, thereby protecting the health of infants in these circumstances.
 - Urges governments and organisations to include midwives in disaster/emergency preparedness programmes and be deployed, as part of a team, during a disaster.

ICM will:

- Contribute to the development of midwifery programmes and policies in disaster/emergency preparedness strategies, by ensuring partnership with other relevant organisations and international networks.
- Contribute to assessments and reports on MNCH during and after disasters/emergencies through partnerships with other relevant organisations and international networks.
- Advocate to policy makers on behalf of women and children affected by disasters/emergencies to ensure equity and equality in access to health services during and directly after a disaster.
- Promote the dissemination and facilitate access to knowledge, information, and training on disaster/emergency preparedness for midwives.

Recommendations

ICM urges Member Associations with regard to disaster/emergency *preparedness* to:

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- Familiarise themselves with natural disasters and possible emergencies that may occur in their region and to ensure their members are aware of the possibility of these natural disasters
 - Be aware of associated physical and mental health, socio-economic, and specifically midwifery needs.
 - Contribute to the disaster/emergency preparedness lobby with institutions and government urging them to develop e.g. national disaster plan, emergency funds.
 - Actively participate in strategic planning and implementing of disaster plans ensuring midwifery input.
 - Urge the development and implementation of relevant policies, procedures (e.g. disaster simulation exercises, mobilization teams), and legislation that includes midwifery services.
 - Systematically train midwives to be effective in a crisis/emergency situation.
 - Incorporate disaster/emergency preparedness awareness in educational programmes at the pre-registration and post basic levels and provide continuing education to ensure a sound knowledge base, skill development, and an ethical framework for practice.
 - Network with other professional disciplines, governmental and nongovernmental agencies at local, regional, national, and international levels.

ICM urges Member Associations with regard to disaster/emergency *response* to:

- In the short term, assist in efforts to mobilise the necessary resources for midwifery care in disaster/emergency situations, giving special attention to vulnerable groups.
- Work with existing capacities, skills, resources, and organisational structures.
- Partner with independent, objective media, local and national branches of government, international agencies, and non-governmental organisations.
- Care for midwives and others who provide direct services.
- Encourage midwives to continue to provide ongoing care and support to women during childbirth*, and to lactating women

*Childbirth encompasses the pregnancy, birth and the postnatal period

Related ICM Documents

ICM. 2011. Position Statement. Midwives, women and human rights

ICM. 2011. Position Statement. Health of women and children in disasters

ICM. 2014. Core Document. International Code of Ethics for Midwives

ICM. 2014. Position Statement. Women, children and midwives in situations of war and civil unrest.

Other relevant documents

Emergency Nutrition Network/IFE Core Group. (2007). Infant and young child feeding in emergencies: Operational guidance for emergency relief staff and programme managers. IFE Core Group, Oxford.

Nawal. N. Nour. 2011. Maternal health considerations during disaster relief. Reviews in obstetrics & gynecology. Vol. 4 No. 1. 2011.

UNHCR.2011. The 1951 convention relating to the status of refugees and its 1967 protocol. Geneva. <http://www.unhcr.org/4ec262df9.html> [accessed 14-02-2014]

WHO. 2011 Strengthening national health emergency and disaster management capacities and resilience of health systems. 128th Session EB128.R10

http://apps.who.int/gb/ebwha/pdf_files/EB128/B128_R10-en.pdf [accessed 17-02-2014]

WHO. 2013. Emergency Response Framework.

http://apps.who.int/iris/bitstream/10665/89529/1/9789241504973_eng.pdf [accessed 17-02-2014]

Women's Refugee Commission. 2006 revised 2011. Minimal Initial Service Package (MISP) for Reproductive Health in Crisis Situations. A distance learning module. New York.

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References:

ⁱ WHO. 2006. The contribution of nursing and midwifery in emergencies. Report of a WHO consultation. WHO headquarters, Geneva, 22-24 November 2006.

ⁱⁱ Guha-Sapir D, Hoyois Ph.,Below.R.*Annual Disaster Statistical Review 2012:The Numbers and Trends*. Brussels: CRED; 2013. http://reliefweb.int/sites/reliefweb.int/files/resources/ADSR_2012.pdf [accessed 17-02-2014]

ⁱⁱⁱ UNHCR. 2013. Displacement. The new 21st century challenge. UNHCR Global trends 2012. http://unhcr.org/globaltrendsjune2013/UNHCR%20GLOBAL%20TRENDS%202012_V08_web.pdf [accessed 17-02-2014]

^{iv} WHO.2006. Risk reduction and emergency preparedness : WHO six-year strategy for the health sector and community capacity development.