

Position Statements

The Role of Midwives in the Prevention of Antimicrobial Resistance

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Background

Antimicrobial resistance (AMR) is a serious and growing threat to public health globally, particularly affecting women, girls, gender-diverse people and newborn infants. AMR occurs when microbes such as bacteria, fungi and viruses adapt to and no longer respond to an antimicrobial drug, leading to treatment of infections becoming less effective, sepsis less preventable and death more likely (1).

Globally, an estimated 1.27 million deaths a year are attributed to AMR bacterial infections, the burden of which is carried by low- and middle-income countries, due in part to fragile health systems, overuse of antibiotics in health and agriculture, and lack of access to water, sanitation and hygiene (WASH) (1). These all have a detrimental impact on women, the provision of sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) and midwives.

Globally, infection is the fifth leading cause of maternal death and accounts for at least 252,000 maternal deaths a year (2). These estimates do not include deaths due to other complications of infection across the SRMNAH continuum, including post-abortion or postnatal infection, human immunodeficiency virus (HIV) and communicable diseases such as malaria. Maternal infection (e.g. syphilis) also accounts for 1.9 million stillbirths annually, more than half of all stillbirths globally (3). Estimates reveal that up to 3.9 million newborns develop sepsis each year, with a mortality rate of 18%. The impact of AMR can be catastrophic for newborns (4).

In view of the severity of the issue, the World Health Organisation (WHO) devised a Global Action Plan on AMR (5) and health-system implementation of this is supported through the People-Centered Approach to Addressing Antimicrobial Resistance in Human Health (6). This position statement outlines ICM's position on the role of midwives in addressing the risk AMR poses to public health.

Position

The ICM recognises the immediate and severe threat posed by AMR to the health of women and newborns.

ICM urges midwives to take all necessary actions to prevent, diagnose and treat infections in all healthcare settings.

ICM supports global, regional, and national actions to combat AMR and encourages midwives and member associations to participate in these efforts.

Recommendations

Grouped according to the domains of the WHO's People-Centered Approach to Addressing Antimicrobial Resistance in Human Health (6, 7), **ICM urges member associations to advocate for:**

Effective Governance, Awareness and Education

1. The inclusion of AMR, WASH, infection prevention and control (IPC) and antimicrobial stewardship in the pre- and in-service midwifery **education** programmes(3).

Prevention

3. The role of the **midwife as an educator** to provide guidance to women and their families on the importance of IPC including hand-hygiene, signs of infection and adhering to antimicrobial treatment to prevent resistance, including antiretroviral treatment (ART) for HIV (3, 7).
4. The role of midwives in educating women on **menstrual health and hygiene**, ensuring that the lack of WASH or menstrual products does not contribute to the spread of drug-resistant infections (7).
5. The role of midwives in the education on the importance of **vaccination** in preventing infections, which may require antimicrobial treatment and in the administration of vaccinations to women and newborns (7).
6. The role of midwives in the prevention, **screening and treatment of sexually transmitted infections (STIs)**, to reduce the development of AMR STI's (3, 7).
7. The promotion of immediate and ongoing **skin-to-skin contact and breastfeeding**, as these have vital roles in supporting the development of a healthy microbiome and immune system for newborns, improving their immunity to infections, including drug-resistant strains.
8. The availability of **WASH**, including waste management at community, birth-setting and health-facility level to prevent infection and environmental contamination by antimicrobial agents (3, 7).
9. The availability and use of appropriate **personal protective equipment (PPE)** and vaccinations to safeguard midwives, women and their newborns from drug-resistant infections (7).

Access to Essential Health Services

10. The role of midwives in advocating for equitable access for women and their families to **universal health coverage (UHC)**, which includes timely and appropriate antimicrobial treatments, vaccination programs, and infection prevention services (3, 7).

Timely and Accurate Diagnosis

11. The role of midwives in **diagnosis of infection** and sepsis, including undertaking sample collection, interpreting results when within their scope of practice and

referral to other cadres of health workers as appropriate, including microbiologists (3, 7).

12. SRMNAH services to have **access to the necessary equipment** and commodities to utilise diagnostic tools, including access to laboratories (3, 7).

Appropriate, Quality-Assured Treatment

13. SRMNAH services to have **access to quality antimicrobial drugs** and cold-chain storage for these (7).
14. The **judicious use of antimicrobials** includes avoiding unnecessary antibiotic prescriptions, when prescribing is within the scope of practice of a midwife (3, 7).

Strategic Information through Surveillance and Research

15. The role of midwives in **data collection** on antimicrobial resistance, including surveillance efforts to monitor the spread of resistant infections; sharing this information with health authorities to inform public health strategies (3, 7).
16. The role of midwives as researchers, studying the impact of AMR on SRMNAH (7).

References

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