
Position Statement

Midwives and Prevention of Antimicrobial Resistance

Background

Antimicrobial resistance (AMR) is a serious and growing threat to public health and the health of childbearing women and their newborn infants specifically. AMR means that microbes (bacteria, fungi, viruses, and other microbes) are becoming less and less treatable and preventable due to resistance to antimicrobials (e.g. antibiotics). When microbes become resistant to the drugs that kill them, the number of women and newborn babies who die from infection will increase significantly. Annually an estimated 30.000 women and 40.000 newborn infants die due to severe infections during the period of birthⁱ.

Primary prevention of infection, though appropriate Water, Sanitation and Hygiene (WASH) measures at birth settings^{ii iii}, accurate treatment of infection, and prevention of antimicrobial resistance are key in reducing these numbers^{iv}. One of these measures is handwashing before every contact with a mother or newborn infant.

To preserve antimicrobial treatment options as long as possible WHO has developed a *Global Action Plan*^v on AMR that includes 5 strategic objectives in which midwives associations and midwives, together with other health professions, have a role to play. The strategic objectives are:

- to improve awareness and understanding of antimicrobial resistance;
- to strengthen knowledge through surveillance and research;
- to reduce the incidence of infection;
- to optimize the use of antimicrobial agents; and
- to develop an economic case for sustainable investment that takes account of the needs of all countries, and increase investment in new medicines, diagnostic tools, vaccines and other interventions.

Position

ICM recognises the current and immediate threat that antimicrobial resistance has on the health of women and their newborn infants.

ICM urges midwives to take all necessary (WASH) measures to prevent infection at birth settings.

ICM underlines the need for midwives to take action to preserve antimicrobial treatment options as long as possible, and supports international regional and national actions to do so.

Recommendations

ICM recommends its member association to:

- Advocate for, and work with relevant partners to establish WASH at birth, neonatal and postpartum settings and antimicrobial resistance as a core component of education, training, and professional development
- Support training and education on infection prevention measures as a mandatory requirement in education and professional development.
- Develop a code of conduct for appropriate training in, education about, and marketing, purchasing and use of antimicrobial agents.
- Promote the importance of skin-to-skin contact to support the development of a healthy microbiome
- Promote judicious use of (prophylactic) antibiotics

Related ICM Documentation

ICM. Core Document. 2011. Essential Competencies for Basic Midwifery Practice.

Other Relevant Documentation

Graham W. et.al. 2016. What are the threats from antimicrobial resistance for maternity units in low- and middle- income countries? *Global Health Action* 2016, 9: 33381 - <http://dx.doi.org/10.3402/gha.v9.33381>

Gon G. et al. Who delivers without water? A multi country analysis of water and sanitation in the childbirth environment. *PLoS One* 2016; 11: e0160572.

Velleman Y. et al. From joint thinking to joint action: a call to action on improving water, sanitation, and hygiene for maternal and newborn health. *PLoS Med* 2014; 11: e1001771. doi: <http://dx.doi.org/10.1371/journal.pmed.1001771>

WaterAid. 2016. Improving the quality of healthcare to reduce antimicrobial resistance (AMR): A pledge to support the fight against antimicrobial resistance in health care facilities. Available from: www.wateraid.org/amrpledge

WHO. 2016. Fight antimicrobial resistance: protect mothers and newborns. <http://www.who.int/drugresistance/activities/Women-Deliver-AMR-side-event-Handout-May2016.pdf?ua=1>

WHO. 2015. Global Action Plan on Antimicrobial Resistance. <http://www.who.int/antimicrobial-resistance/publications/global-action-plan/en/>

WHO. 2014. Antimicrobial Resistance: 2014 Global Report on Surveillance. <https://www.cabdirect.org/cabdirect/abstract/20153180149>

WHO. 2011. Policy Package to Combat Antimicrobial Resistance. <http://www.who.int/antimicrobial-resistance/publications/global-action-plan/en/>

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ⁱ WHO. 2016. Fight antimicrobial resistance: protect mothers and newborns. <http://www.who.int/drugresistance/activities/Women-Deliver-AMR-side-event-Handout-May2016.pdf?ua=1>

ⁱⁱ Gon G, Restrepo-Me´ndez MC, Campbell OMR, Barros AJD, Woodd S, Benova L, et al. Who delivers without water? A multi country analysis of water and sanitation in the childbirth environment. *PLoS One* 2016; 11: e0160572.

ⁱⁱⁱ Velleman Y, Mason E, Graham W, Benova L, Chopra M, Campbell OMR, et al. From joint thinking to joint action: a call to action on improving water, sanitation, and hygiene for maternal and newborn health. *PLoS Med* 2014; 11: e1001771. doi: <http://dx.doi.org/10.1371/journal.pmed.1001771>

^{iv} Graham W. et.al. 2016. What are the threats from antimicrobial resistance for maternity units in low- and middle- income countries? *Global Health Action* 2016, 9: 33381 - <http://dx.doi.org/10.3402/gha.v9.33381>

^v WHO. 2016. AMR action plan <http://www.who.int/drugresistance/activities/Women-Deliver-AMR-side-event-Handout-May2016.pdf?ua=1>