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ICM Mission statement

The International Confederation of Midwives will advance worldwide the aims and aspirations of midwives in the attainment of improved outcomes for women in their childbearing years, their newborn and their families wherever they reside. (May 1996)

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EDITOR Elizabeth Duff
(e.duff@internationalmidwives.org)

EDITORIAL ADVISORY GROUP
Africa: Christina Mudowenyu-Rawdon
(mudo@ecoweb.co.zw)

Americas: Tekoa King
(tking@acnm.org)

Asia/Pacific: Pauline Glover
(pauline.glover@flinders.edu.au)

Europe: Mary Higgins
(mary.higgins@ireland.com)

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ICM – keeping our members in touch

ICM Secretary General Kathy Herschderfer writes on lessons learned, looks forward and gives midwives some questions to consider in her farewell message

As I start writing this column, the last one as ICM Secretary General, I am thinking about all the experiences I have had over the past four years. I have been privileged to represent the midwifery profession in many venues throughout the world, where I have spoken with midwives and heard about both their struggles and their triumphs.

I have collaborated with other groups of health care professionals, showing the strength in numbers, in bringing forward the message - that those who provide the care, do care - and I have worked with UN agencies and other organisations towards achieving the global goals set out to reduce poverty in the world. I have been honoured to speak with ministers and officials who are dedicated to creating government policies and strategies that will bring a greater focus on midwifery services and lead to reduction of the health risks associated with pregnancy and childbirth.

These experiences have added to my knowledge and understanding of the issues and influences that affect midwives, midwifery and the health of childbearing women. During the past four years, the concept of midwifery care as a strategy towards the reduction of death and disability in childbearing women and their children has grown considerably, and yes, we have become popular – at least in the global development arena. ICM is now frequently invited to participate in global partnerships, in high level meetings, in technical consultancies.

Yet, despite all these opportunities and despite the myriad of programmes and schemes, the fact remains that too many women and newborn still die or are disabled through childbirth. There is vast inequity, both between countries and within each country, in the quality of care provision to women and children. Those providing care for mothers and babies are far too often not involved in decision- and policy-making and two out of every five women in the world give birth without a midwife or other provider with midwifery skills.

I will not be able to leave a universal solution behind when I leave the Confederation and although in my own language, midwife means ‘wise woman’, this wise woman leaves ICM with more questions than answers.

What is a midwife?
The ICM Definition of the Midwife provides a clear universal description and the ICM Competencies for Midwifery Practice summarise the knowledge, skills and behaviour that define midwifery care. Outside of ICM circles, however, there is a tendency to fragment this large package of competencies and adapt it to local circumstances. In the past years, I have heard the terms, ‘maternal and child health worker’, ‘others with midwifery skills’, ‘community midwife’, ‘mid-level midwife’, ‘auxiliary midwife’, ‘vocational midwife’ and ‘community health worker with MCH’ - all referring to various programmes and schemes to increase maternal and child care coverage and reduce the numbers of women and babies who die. I have read about a fast scale-up of ‘midwives’ in a post-conflict country where ‘local illiterate midwives’ were given a six-week training course. ICM speaks of midwives in accordance with the international Definition, but what use is an international definition if it is not recognised and used beyond our own circles?

What is the midwife identity enough?
There is a strong feeling of comradeship and recognition amongst midwives throughout the world. In some countries of the world, midwifery is an autonomous profession and midwives share a strong and independent identity, but even in the rest of the world where midwives are either educated and regulated under the nursing profession or not regulated at all, those who call themselves midwives (and not nurses) are just as strong and vocal about the autonomy of their profession. What is the common denominator that brings midwives together throughout the world? What is the uniting factor amongst all those who care for women and their newborn? Should ICM also be creating a forum for all those who call themselves midwives in order to create a critical mass of those passionate about the care given to mothers and their newborn?

Moving forward
I hope that midwives and their professional associations will stand up to the challenge of providing good and equitable care for all women, even if this means not always providing the care themselves but taking the lead in education/training, supervision and monitoring. I hope that midwives and their professional associations will truly partner and/or continue partnering with women, creating a strong voice that can resonate in local, district and national governing bodies and lead towards an improvement in maternity care and midwifery services and better health for women and their newborn. And I expect that ICM will continue to work collaboratively with its members, the world’s midwives’ associations, in becoming strong professional organisations with large membership who can advocate for comprehensive maternity care for all women provided by a qualified and motivated workforce which is truly ‘with woman’.

Kathy Herschderfer, ICM Secretary General
Deborah Lewis, Bridget Lynch and Linda Carrier-Walker at the launch of the ICM/ICN Birth Registration toolkit


In a session at ‘Speakers’ Corner’, ICM Deputy Director Bridget Lynch and ICN Director of Development and External Relations Linda Carrier-Walker, spoke of the huge significance of registration. An unregistered baby may be omitted from programmes of basic healthcare such as immunisation, miss early schooling and grow up to lack the right to vote, to own or inherit property, to get married – or even to receive a death certificate. For unregistered children in a community which suffers war or unregistered who may move out from Kathlyn Abahio of the Ghana Registered Midwives Association (GRMA), who hosted the ICM Africa Midwives meeting in November 2007, with the title: ‘African Midwives Uniting to Address the Reduction of Maternal and Infant Mortality and Morbidity’. Kathlyn, a member of the ICM Board, said that she ‘joined hands’ with Judith Chamisa, the Board member for Africa East, to extend the welcome.

The theme of the meeting was ‘Women Deliver’, and partners focused on relevant topics including on:

- ‘African Midwives Uniting to Address the Reduction of Maternal and Infant Mortality and Morbidity’. Kathlyn urged all participants to engage in informative discussion, contribute effectively and pledge themselves to work for a fruitful result.

Esther Afolay Quaye-Kumah, National Secretary of the GRMA, spoke of the need to address maternal and infant deaths. She called for a vision that midwifery practice was not do a ‘mere job’ but to be part of a ‘profession in which we are recognised as responsible and accountable’.

A keynote address was given by Professor Angela Sawyer, on ‘Regional prevention of maternal mortality’ (Angela will also give keynote at the ICM Congress in Glasgow). Other presentations given by midwives during focused on relevant topics including on:
• Anaemia and malaria in pregnancy
• Ante- and postpartum haemorrhage
• Multiple pregnancies
• Active management of the 3rd stage of labour
• Obstructed labour
• Intermittent preventive therapy in pregnancy
• HIV/AIDS and infection
• Management of childhood illness
• The health of the service provider

Ernestina Djokotoe, GRMA President, also urged the establishment of in-service training programmes for all midwives to assist them in the struggle to combat maternal mortality.

Mayosae Addae, Ghana Chief Nursing Officer, wished the meeting well, and asserted that the event would ‘pave the way for the positive future of midwifery’.

Veronica Darko of the Ghana Nurses and Midwives Council - the statutory body for the regulation and training of midwives - congratulated the GRMA and the ICM for holding such an important meeting opportunistically, and said that the Council was proud to be associated with it.

The four days of the meeting closed on November 14 with prayers and a blessing.

Russian League of Midwives conference

The Russian League of Midwives, a member of the ICM, held a conference in October 2007, to which a welcome message was sent by Kathy erschderer, ICM Secretary General:

‘Midwives are part of Russian culture and history. The key is now to reinvest in an autonomous midwifery profession that is a valuable partner in the team of maternal health providers caring for childbearing women. ICM calls upon governments, stakeholders, professionals and all those who care about the health of mothers and newborns to work together to strengthen maternal health services providing skilled and appropriate care to women. It has been said that the health of a nation is reflected in the health of its women. Midwifery therefore contributes to the health of nations.

This meeting provides the opportunity for midwives and others who care for childbearing women to learn from each other about how care is provided and how this care affects the health and lives of families throughout the country. We hope that this meeting will bring forth new ideas, reconfirm good practices, and provide renewed commitment in Russia to midwifery as a means of meeting the needs of mothers and newborns.

The International Confederation of Midwives pledges to continue to engage with and work with our member association, the League of Midwives of Russia, and we look forward to initiating some innovative educational programmes and seminars next year at which time we hope with all our hearts that ICM will be able to address the midwives of Russia in person.’

Anniversaries: the ICM/WHO relationship

This year, 2007, marked the 50th anniversary since the ICM was accepted by the World Health Organization into an ‘official relationship’. WHO reported in February 1957:

The Executive Board, having examined the report of the Standing Committee on Non-governmental Organizations, DECIDES to establish official relations with the basis of the criteria laid down in the working principles governing such applications:

• International Diabetes Federation
• International Confederation of Midwives
• World Federation of Societies of Anaesthesiologists

A facsimile of the official letter, signed by Dr Marcelino Gomes Cadau, Director General of WHO, and addressed to Marjorie Bayles, Executive Secretary of ICM, is seen below.

This journal, International Midwifery (formerly known as International Midwifery Matters) has reached the milestone of 20 years of publication in its current form. The style of the front cover in its early years is shown above.

IM has appeared regularly over the years, being sent to all ICM members and other subscribers, and also available through many libraries and database services such as EBSCO and Thomson Gale.

It carries significant reports from the officers of the elected Board of ICM, which help to inform members and partners of the Confederation’s decisions, actions and projects. In addition there are accounts of regional activities, such as conferences and meetings, and reports from ICM partners and other global agencies working in the fields of maternal and child health.

A notable feature each year is the round-up of descriptions sent in from across the globe of the celebrations of the International Day of the Midwife. These have expanded in breadth and number year on year, and reflect the success of the Day as an event which raises the profile of midwives and midwifery worldwide.

Articles from midwives who are involved in international or transcultural work are also very welcome, and many of those printed here in the past have subsequently been requested to be published elsewhere with permission.
The Nordic midwifery conference 2007: ‘Midwives guarding the future’

Jaana Beversdorf, editor-in-chief of Kätilöllehti, the Finnish midwifery magazine, describes a meeting of midwives from across the north of Europe

The Board of the Nordic Midwives’ Association (Nordiska Jordemörfbundet – NJF). Lillian Bondo, ICM Board member, is 3rd from right, middle row

‘Midwives guarding the future’ was the theme of the Nordic Midwifery Congress held 4–6 May this year in Turku, Finland. Over 500 participants from the Nordic countries (Denmark, Finland, Norway and Sweden), Estonia, England and Scotland listened to keynote lectures and took part in sessions, workshops and related activities during three inspiring and sunny days in Turku. There is a historic connection between the former Finnish capital Turku and midwifery: Turku is the city where midwifery training in Finland started in 1816.

Prior to the Congress, the annual meeting of the board of the Nordic Midwives’ Association (Nordiska Jordemörfbundet – NJF) was held in Turku on 2–3 May. Hildur Kristjansdottir from Iceland was chosen as the new President of the Association. The President of the Nordic Midwives’ Association during 2000–2007 was Asta von enckell from Finland. She was also the President of the Nordic Midwifery Congress.

The main themes of the Congress were questions concerning medicalisation of childbirth, ethics in midwifery and the aim to move towards evidence-based care. The message of the congress was that skilled midwives are safeguarding the future.

The Congress Scientific Committee received well over 100 abstracts. They were evaluated by using criteria such as: the relevance and topicality of the study for midwifery; how the study was carried out methodologically; the novelty value of the results; the clinical relevance of the results; and the clarity and readability of the abstract.

The final Congress programme included a total of 68 oral presentations in 20 parallel sessions. The themes of the oral presentation sessions varied from ‘the professional self-image of midwifery students’ through ‘the self-monitoring of fetal movements by expectant mothers’ to ‘father-infant physical contact after a caesarean section’. There was also a poster exhibition of 23 posters with themes varying from ‘history of midwifery’ to ‘experiences in breast-feeding’. Some topics from the oral presentations or from the keynote lectures were further discussed in five workshops. Throughout the Congress, the spirit among the participants was extremely enthusiastic and empowering.

The invited keynote speakers of the congress were Dr Marianne Mead and Professor Shirley R Jones from England, Dr Ann-Kristin Sandin-Bojö from Sweden, and Professor Katri Vehviläinen-Julkunen and PhD-student Johanna Sarlio from Finland.

Medicalisation of childbirth

Dr Marianne Mead and her team had conducted a study in the UK to test the hypothesis that midwives working in maternity units with a high intervention rate might have a better perception of intrapartum risk than midwives working in lower-intervention units.

This study was repeated in Germany, Luxembourg and four Nordic countries. Dr Mead and her team found strong evidence of national midwifery cultures, but also evidence that specific aspects of each culture are not necessarily associated with the maternal or perinatal outcomes of labour. However, perceptions of risk may exert more influence on the joint midwifery and obstetric decision-making for medical interventions in labour.

Dr Ann-Kristin Sandin-Bojö presented the results of her research in Swedish maternity clinics where a programme to follow the WHO recommendations was implemented. According to WHO recommendations, the goal of a midwife’s work is to ensure the health of the mother and the child while intervening with the birthing as little as possible.

Ethics in midwifery

In her keynote lecture, Professor Shirley R Jones stated that each person's moral code is different. Therefore, midwives should not practise according to their conscience alone. Professor Jones believes that it is important to study applied ethics in midwifery. In this way all midwives should be able to work within a framework that is acceptable to most.
Happy and satisfied Presidents after the Congress! (from left) Terhi Virtanen, current President of the Federation of Finnish Midwives; Asta von Frenckell, President of the Nordic Midwives Association and of the Turku NJF Congress; Merja Kumpula, former President, Federation of Finnish Midwives

practitioners and clients, while managing to retain a reasonable level of individuality.

Professor Katri Vehviläinen-Julkumen addressed midwifery as a societal task. In the 17th century, Ulrika Eleonora, Queen of Sweden and Finland - a mother of six children - initiated midwifery training in order to decrease the mortality rate of newborns and birthing mothers. Professor Vehviläinen-Julkumen stated that the education and work of midwives has had a strong effect on the health and well-being of women and children across the world.

Men's participation in family planning in rural areas of Malawi was the theme of the keynote lecture by PhD-student Johanna Sarlio. In a family planning and sexual health project in rural Malawi, it was observed that men were interested in family planning, but due to the strong division of male and female areas, men lack fundamental information in order to be able to make decisions.

During the Congress, on May 5 - the International Day of the Midwife - the Finnish Midwifery Association spoke out nationally, spreading the message that antenatal health care clinics in Finland should have workers who are specialists in sexual and reproductive health matters, in other words, midwives. Practices vary greatly even in the Nordic countries. In Finland most midwives work in the maternity hospitals and very few midwives work in antenatal health care clinics.

As always, organising a congress of this scale requires several years' work by a large group of professionals. The Congress work-group was headed by Asta von Frenckell, the President of the Nordic Midwives Association and of the Turku NJF Congress. The Chairperson of the Congress Scientific Committee was Dr Hanna-Leena Melender. The Presidents of the Federation of Finnish Midwives during this time were Merja Kumpula and Terhi Virtanen.

The Finnish team wishes all the best for the next Nordic Midwifery Congress, which will be held in Denmark in 2010.

Celebrations of the 2007 International Day of the Midwife in Ethiopia

The Ethiopian Nurse Midwives Association (ENMA) marked the international day later than usual with a day conference on July 10, 2007, at the Ghion Hotel, Addis Ababa. Sister Kiros Kebede, director of ENMA, gave a welcoming address, referring to the Millennium Development Goals (MDGs) and the great need for Ethiopians to work towards these. She felt that midwives were among the key health professionals who could take the work forward, but that Ethiopia needs around 30,000 midwives to achieve the aims, rather than the 3,000 who currently work there.

Sr Kiros’s talk was followed by greetings from representatives from WHO, UNICEF and UNFPA, who all supported ENMA’s efforts towards safer motherhood and the MDGs, and a panel discussion on ‘Infection prevention for safe and clean delivery’.

The President of the Ghana Registered Midwives Association (GRMA), Mrs Ernestina Djokotoe, has requested that a correction be published to a statement quoted in International Midwifery Volume 20, Number 3, September 2007.

She writes:

‘I wish to call your attention to page 41 of the Journal, the first column paragraph 2 on Ghana. The bulletin in the Daily Graphic (reported on www.myjoyonline.com) misquoted the GRMA President’s Report on reduction of estimated “seven million maternal deaths that occur each year in Ghana”. It rather refers to perinatal deaths and not maternal deaths.

‘I would be grateful if this notion could be rectified to read “seven million perinatal deaths”.

Mrs Djokotoe adds that the GRMA held a very successful Biennial General Meeting in August 2007, which was attended by the Minister of Health, Major Courage Quashigah, who stated in his speech that the ‘intelligent human capital’ need of the country was dependent on midwives. He urged midwives to strategise and educate the public about pregnancy and childbirth, in addition asking the GRMA to ‘lay a strong human resource foundation for the country with the delivery of children with good health’.

Ernestina Djokotoe responded to the speech with a request for assistance from the government to help with recruitment and retention of midwives, as well as bringing back those who had left the service. She stressed that the times were past when midwives stayed inside the hospitals and maternity homes, and encouraged midwives to reach out to women in their communities.
Midwives' conference in Vietnam: ‘The role and participation of midwives in the community’

The Vietnam Association of Midwives held a successful conference and workshop in 2007: association president Phan Thi Hanh reports

In July 2007, the Vietnamese Association of Midwives (VAM) organised a conference with the title ‘The Role and Participation of Midwives in the Community in Reproductive Health Care’, which was held in TT Hue Province. VAM gratefully acknowledged the collaboration and support of UNFPA, WHO, the Ministry of Health, Pathfinder International Vietnam (PI), the Vietnam Medical Association and Vietnam OB/GYN/FP.

Pathfinder International Vietnam and the Vietnamese Association of Midwives also organised a pre-conference workshop on ‘Active Management in the Third Stage of Labour’. All the expense of the workshop was funded by Pathfinder International from their Small Grant Project.

Workshop: ‘Active Management in the Third Stage of Labour’

Participants in the workshop included 25 board members of VAM; 22 midwives sponsored by WHO Vietnam; 14 midwives sponsored by UNFPA Vietnam; and seven obstetricians sponsored by UNFPA Vietnam.

Invited guests were: Professor Junko Kondo, representative of the International Confederation of Midwives (ICM); Dr Nguyen Dinh Loan, Director of Reproductive Health, Department of MOH; Dr Tran Huu Thang, Vice-President of Vietnam Medical Association; Dr Ian Howie, Country Representative of UNFPA, Vietnam; Mr Duong Van Dat, Program director of UNFPA; Dr Severin Von Xylander from Maternal, Newborn and Child Health of WHO Vietnam; Mrs Saara Hiltunen, Specialist in Safe Motherhood and Nursing; Professor Nguyen Duc Vi, President of the Vietnam OB/GYN/FP Association; Professor Do Trong Hieu, former Director of RH, Department of MOH, VAM consultant; Associate Professor Cao Ngoc Thanh, Deputy-Dean of Hue Medical University; Professor Le Dinh Roanh, Director of the Center for Research and Early Detection of Cancer; Dr Nguyen Vu Quoc Huy, Hue Medical University.

The workshop began with the opening speech of the VAM President, followed by speeches from Dr Nguyen Dinh Loan, Director of RH Department of MOH, Dr Severin Von Xylander from WHO, Professor Junko Kondo from ICM and Dr. Tran Duc Vi, President of the Vietnam OB/GYN/FP Association.

After the speeches, the Vice President of VAM presented the joint Global Initiative on the Prevention of Post Partum Haemorrhage (PPH) from the ICM and the International federation of Gynaecologists and Obstetricians (FIGO) and the Declaration of Support for the ICM/FIGO Global Effort to prevent PPH.

Dr Cao Ngoc Thanh and Dr Nguyen Vu Quoc Huy from Hue Medical University gave a lecture on the technique of ‘Active Management in the Third Stage of Labour’ (AMTSL) to the workshop participants.

The morning ended with a lecture on how to use oxytocin in this technique, presented by Dr Huynh Thi Thu Thuy, Vice Director of Tu Du Hospital.

In the afternoon all participants spent two hours discussing the technique of AMTSL and the ICM/FIGO Global Initiative on the prevention of PPH. Every participant was very active in the discussion. Professor Nguyen Duc Vi, Professor Do Trong Hieu, Dr. Nguyen Duc Vinh and Dr. Nguyen Dinh Loan and VAM president were the main facilitators. The discussion ended with a commitment to disseminate and conduct the use of this technique among the VAM Board Members. Following this commitment, all the Board members have continued to disseminate the AMTSL technique to their members and other midwives in the province.

A Joint Statement on ‘Active Management in the Third Stage of Labour’ was another output of the discussion between the Vietnam OB/GYN/FP Association and the Vietnamese Association of Midwives.

The workshop ended at 5 PM with the objectives achieved as designed in the proposal submitted to Pathfinder International. All the participants and guests responded in their evaluation of the day that the workshop was a fruitful and successful event.

Conference: The Role and Participation of Midwives in the Community in Reproductive Health Care

The conference took place on the following day with the same invited guests as well as Laura Wedeen, Chief Representative of Pathfinder International, and Associate Professor Nguyen Dung, Director of Public Health Department of TT Hue Province.

Delegates included more than 400 midwives along with 200 participants who were obstetricians, directors, vice-directors of provincial hospitals, RH centers and Departments of Public Health (DOH).

The conference began with the opening speech of the VAM President and the welcoming dance ‘Perfect Delivery’. The representatives from ICM, UNFPA and the MOH all delivered speeches on the important role of the midwives in the community, reproductive health and how UNFPA, MOH and ICM had supported midwives’ activities and their profession.

Fourteen presentations were made at the conference (13 from midwives and one from the Director of Quang Binh RH Center). Most of the presentation focused on the role and participation of midwives in community reproductive health care. The conference ended with the Signing Ceremony on the Joint Statement on AMTSL between the Vietnam OB/GYN/FP Association and the Vietnamese Association of Midwives.

The Conference has enhanced the role and participation of midwives in Community RH care and it has gained the support of policy makers from many provinces. As the result of this, VAM expected to establish five more provincial associations of midwives within this year and 15 further provincial associations of midwives in the following year.

On behalf of VAM, the president announced that the next National/International Conference would be organized in Da Lat, Lam Dong Province.
'Women Deliver': a global conference with the theme ‘Invest in women – it pays!’

Elizabeth Duff, ICM Communications Manager, reports on the ICM participation at this groundbreaking conference held in London, UK, in October 2007

During three days in October, we changed the world’ was one of the conclusions from the organisers of Woman Deliver, a conference that brought together almost 2,000 participants from 109 countries to ‘create the energy, the commitment, and the knowledge to fundamentally shift how women’s health and women’s contributions are viewed in the global agenda’.

The closing statement at the end of the three days was given by Ann Starrs, Director of Family Care International, and she continued:

‘There is a great deal that needs to change, and no way to describe or even list it all within the time we have this afternoon. But there are three main themes that we have heard, in the plenaries and breakout sessions and hallways:

‘First, we must recognize, build and strengthen synergies between health and other sectors that are critical to women’s survival and well-being, their equality and their leadership—education, economic empowerment, and rights being the core ones.

‘Second, within health, we now have a clear consensus on the three pillars for saving the lives of women and newborns: comprehensive reproductive health services; skilled care during and immediately after pregnancy and childbirth; and emergency care when life-threatening complications develop. Every government and every donor needs to prioritize and support these three pillars, within the context of global commitments to strengthening health systems, involving communities, and prioritizing the needs of the poor and marginalized.

‘Third, significant new resources are needed for this to happen. For these resources to be mobilized, allocated, and used effectively, we need political will, especially among governments and donors; and we need accountability, led by and driven by civil society’
Women Deliver: ICM and partners were there

The ICM joined many other global organisations in making the Women Deliver conference an outstanding success in drawing attention to maternal mortality and the associated suffering for children and families.

The ICM stand in the exhibition area was located to give maximum exposure to the new promotional photos on display and it drew many visitors who took away information about the 2008 Congress and other planned activities.

Secretary General Kathy Herschdorfer led the team of representatives which included Deputy Director Bridget Lynch, and Board members Debrah Lewis, from Trinidad and Tobago, and Vitor Varela, from Portugal. Lennie Kamwendo from the Association of Malawian Midwives attended, and officers from the Royal College of Midwives UK also took a stand at the exhibition.

It was a pleasure also to renew contact with Joyce Thompson, former ICM Director, Petranen Hoope-Bender, former Secretary General, and long-term ICM supporters like Atf Gherissi of Tunisia, Ruth Brauen from Switzerland and Peg Marshall from the USA.

Other agencies prominent in the presentations at the conference were the White Ribbon Alliance, Family Care International and the Programme for Appropriate Technology in Health (PATH).

The need for midwives

Among the many speakers who referred to the need for more midwives was Thoraya Ahmed Obaid, Executive Director of UNFPA, who called for a massive increase in recruiting and training new midwives.

Francisco Songane, head of the Partnership for Maternal, Newborn and Child Health (PMNCH), agreed, but also emphasised the importance of functioning health systems.

Ellen Themmen, of Family Care International, spoke in a joint session on ‘Increasing use of skilled care at childbirth in low-resource settings: evidence from the skilled care initiative’. More data are needed as to how best to carry out the required expansion of services. The changes are not always immediately attractive to women, and resources must be identified to ensure the benefits are explained and clarified. In addition, as ever, it is of the utmost importance that any new services are affordable, accessible and acceptable to women and their families.

Childbirth among young people

A recurring theme through many presentations was the vulnerability of young people to exploitation from outsiders - or even inappropriate treatment from their own communities, especially where girls are seen as less important in the priority for healthcare, good nutrition and education.

Debrah Lewis from Trinidad co-presented a memorable session, describing UNICEF initiatives for young people in Latin America and the Caribbean. She was accompanied by a 16-year-old girl named Sparkle Boswell who told of her difficult life as she brought up her 22-month-old son. Ignorance of sexual health and contraception, the lack of good role models in a family without a father, had led to her early pregnancy.

Debrah and colleagues are aiming to address this problem with sex and personal education sessions for young people, but schools do not always welcome the service. She offers the sessions instead at a newly established resource and childbirth centre called ‘Mamato’ – a Swahili word for ‘mother-baby’ – where the midwives are ‘committed to...: respect, empowerment and self-determined informed choices for the child-bearing woman’.

Working without taboos

This phrase was used by Francisco Songane of PMNCH, and it resonated through the three days’ meetings.

Female genital mutilation/cutting (FGM/C); obstetric fistula after prolonged obstructed labour; rape by a family member; infection with HIV – all of these were at one time or another described by the women who had experienced them. Each of the women had suffered from the fact that they were encouraged not to talk about the experience and their culture led them to believe that the suffering is part of the destiny of women and not to be questioned.

All of these issues, and others, were highlighted during Women Deliver as those that must be addressed through healthcare, through education, through protection for girls and women – and above all, through an increased recognition of women’s rights as universal human rights. (Professor Mary Renfrew writes in more detail about this aspect on p60 of this issue of IM)
Working on common ground
Margaret Chan, Director General of WHO, spoke on partnership and collaboration, saying 'If you want to go fast, go alone; if you want to go far, go together'. But she picked up the mood of the conference in acknowledging that most people there wanted to go both far and fast, and that, she said, was indeed possible. She cited the example of Bangladesh where huge improvements in maternal health have been achieved recently, and this is already being associated with longer life expectancy, along with a reduced ‘gender gap’ and greater status for women. There was caution, however, about too much optimism and the clear need for health services to be expanded along with women’s social and political status: ‘If a woman is dying’ Dr Chan said, ‘it will not matter to her whether she has a vote or not’. She also recognised that the role of the co-ordinator is not always an enviable one.

ICM speakers took a session to explain the success of their collaborative work with the International Federation of Gynaecologists and Obstetricians (FIGO). Kathy Herschderfer moderated the lively discussion, informed by a number of presenters including Atf Gherissi, Lennie Kamwendo, and Margaret Walsh and André Lalonde from FIGO.

Maternal deaths, even in affluent countries, are often linked with poor communication between midwives, doctors and other members of the team as a source of suboptimal care that heightens the risk of maternal mortality and morbidity for women. Midwives Lennie Kamwendo from Malawi and Atf Gherissi from Tunisia spoke of the benefits when doctors and midwives do work well together, but warned of the dangers of ‘lip-service’ being paid to multidisciplinary teamwork which is not supported by professional attitudes in the workplace.

Margaret Walsh and André Lalonde from FIGO described the collaborative project called Saving Mothers and Newborns, which specifically brings together national associations of midwives and obstetricians to work on an identified programme in maternal health. Kathy Herschderfer represents ICM on the committee that co-ordinates these efforts. Countries where they are up and running include Haiti, Kenya, Kosovo, Moldova, Nigeria, Pakistan, Peru, Uganda, Ukraine and Uruguay. Although the budgets are small, the innovative style of these projects is not only achieving current health benefits for mothers and babies, but creating dynamic partnerships that will offer sustainable better care on the future.

Who can make it happen?
Ann Starrs of Family Care International gave a moving closing statement at the close of the momentous three days. Her emphasis throughout was not on what had been done but what was to happen next:

‘Everyone who is here today, and thousands who are not, are the individuals and institutions who can and must make these changes happen. We know who we are, and we know who we represent; many of us have been working on these issues for many years. Some, however, have not: the young people who are here for the first time, and those from non-health sectors, including corporations, who have joined us this week. They deserve special mention, since they will be catalysts for the future.

How do we get it done? Some of the answers have already been suggested: more funds, with greater account-ability; closer synergies with action on HIV, education, and rights; and a global movement to deliver for women and newborns, led by civil society, supported by partnerships.

‘There are many channels for carrying Women Deliver forward. The country delegations, including Ministers, who have been with us these past three days have shown their commitment and acknowledged their responsibilities for action at the country level in the statement we have just heard. The organizers have also heard your call, and pledge here and now to meet again within the next two years, to review our progress, renew our commitment, and revitalize our energy and ideas.

The pain of childbirth fades quickly from a woman’s memory, but the pain of a woman’s death in childbirth lingers on forever for the children and family she leaves behind.

Today, here and now, we are making a promise to the women of the world — to the young schoolgirls full of hope; to the adolescents, just awakening to their power and potential; to the mothers, awed and sometimes burdened by their responsibilities; and to the farmers, teachers, soldiers, lawyers, parliamentarians, health workers, community leaders, and millions of other women. Our promise is this: we recognize your contributions and value your lives. We will not allow this injustice and waste to continue. We will deliver.’

Mary J Renfrew, Professor of Mother and Infant Health, works on a joint programme with the Centre for Applied Human Rights, University of York, UK

The number of women dying as a result of pregnancy and childbirth remains shockingly high, at around half a million every year. Midwives know and understand that a woman’s likelihood of surviving childbirth is dependent on her circumstances — whether or not she lives in poverty, and her access to health care, for example.

To deprive a woman of appropriate care, or not to offer it, at this vulnerable time is to increase greatly both her and her baby’s likelihood of death. Yet in many countries, health services are not widely available for childbearing women.

Human rights in pregnancy and childbirth

The entitlement to receive care in pregnancy and childbirth is recognised in the Universal Declaration of Human Rights, the Convention on the Elimination of Discrimination Against Women and the Convention on the Rights of the Child. This right is normally listed alongside others related to health, social and economic wellbeing, such as access to good nutrition, education and sanitation.

Sadly, these important needs have not received the international attention accorded to what are seen as more fundamental human rights, such as the right to life, liberty, security and recognition before the law; and freedom from torture, persecution and discrimination. These are the rights that are more often enshrined in national laws, that have been championed by human rights organisations, that receive most media coverage and that are monitored most closely by the UN. The rights to health, social care and protection from absolute poverty have not been accorded the same international status, attention and resources, despite the profound human misery that results: possibly because enabling those rights is a complex problem requiring structural changes.

Maternal mortality ‘a human rights catastrophe’

During the ‘Women Deliver’ conference in London in November 2007, it became clear that there has been a major change internationally in the recognition of maternal mortality as a fundamental human rights issue. The scale of avoidable maternal mortality was recognised as a human rights catastrophe. Mary Robinson, international human rights advocate, said of maternal mortality, ‘The time has come for us to treat this issue as a human rights violation, no less than torture, “disappearances”, arbitrary detention and prisoners of conscience’. It is estimated that about 1 million people have ‘disappeared’ in the past 26 years. This is an extremely serious human rights problem. But we know that half a million women die every year as a result of pregnancy and childbirth; in scale, maternal mortality dwarfs most other causes of avoidable death. We also know that the impact reaches far beyond those 500,000 women, as their death profoundly affects their families, increases the risk of their children dying and impoverishes their communities.

Litigation and government accountability

A session at the ‘Women Deliver’ conference examined these issues in depth. Speakers were from Human Rights Watch and Amnesty International - major mainstream human rights organisations. They noted that maternal mortality has been increasingly recognised by human rights organisations in the past few years, having been relatively ignored in the past. The speakers described how its recognition as the violation of a more fundamental human right - the right to life itself - could contribute to tackling maternal mortality. International attention is a powerful factor in itself, encouraging governments to take action. Litigation can be used to set precedents, and ensure government accountability; Peru was given as an example where this had been successful. A human rights discourse can offer a framework to develop policies, and midwives could use this as a way of raising the political profile of maternal mortality, and thereby to increase resources for action to combat it. Women and their families can be encouraged to claim their rights.

A new initiative

Looking at women’s right to life in pregnancy and childbirth brings into sharp focus the huge inequalities experienced by women and their families across countries and communities. Poverty restricts women’s right to life by increasing their chances of dying as a result of pregnancy. Thus poor women die more often than the more affluent within each country, and women in poor countries more often than women in richer countries. Paul Hunt, the UN Special Rapporteur on Human Rights, whose report to the UN on maternal mortality was key in raising its profile, has said that maternal mortality highlights multiple inequalities: global, ethnic and gender.

An international initiative on maternal mortality and human rights was launched at the conference by Mary Robinson; Thoraya Obaid, Executive Director of UNFPA; Nancy Northrup, President of the Centre for Reproductive Rights; and Francisco Songane, of the Partnership for Maternal, Newborn and Child Health. This initiative is good news for midwives, whose work as human rights defenders may be strengthened; and for women and children, whose chances of survival may improve. It offers an opportunity to update the ICM Statement on Midwives, Women, and Human Rights; and to raise a debate among midwives internationally about how best to engage with human rights organisations in the work of tackling maternal mortality.

More news is available from the Center for Reproductive Rights at www.reproductiverights.org
Midwifery care for women and their babies is an investment in family and community that promotes healthy growth and well-being for present and future generations.

This year the International Confederation of Midwives will hold its 28th Triennial Congress with a theme emphasizing ‘Midwifery: a worldwide commitment to women and the newborn’. At the same time the World Health Organization (WHO) will celebrate both the 60th anniversary of its founding and the 30th anniversary of the Alma-Ata declaration on primary health care. The WHO Director-General, Dr Margaret Chan, has said she aims ‘to focus the World Health Report 2008 on primary health care and its role in strengthening health systems.’

The Alma-Ata Declaration says: ‘Primary health care is essential health care ... made accessible to individuals and families in the community through their full participation ... It is the first level of contact of individuals, the family and community with the national health system bringing health care as close as possible to where people live and work: ... [It] includes at least: education concerning prevailing health problems; proper nutrition; a supply of safe water; maternal and child health care, including family planning; ... [and it] relies, at local and referral levels, on health workers, including physicians, nurses, midwives, auxiliaries and community workers’.

Midwives’ commitment to families, within a functioning health system and supportive environment, is a core element of primary health care. Midwifery care is unique in the way it can influence the health of future generations through giving new parents the physical well-being, confidence and self-esteem that arise from a positive birth experience, through breastfeeding support and nutritional education, through assistance with family planning and spacing, and through encouragement of women’s knowledge of their own bodies.

ICM is a confederation that depends for its skills and strengths upon its members: the 93 midwifery associations in membership around the world. Often our inspiration comes from the efforts of individual midwives within these associations and the imagery they use to describe their work. A member of the Afghan Midwives Association last year designed a beautiful poster for the International Day, representing midwives as doves ‘who bring health and peace to the families of Afghanistan’; and in Haiti, midwife Katherine Goulliart wrote her Pensées pour une Sage-Femme – ‘Thoughts for a midwife’ – which included: ‘Tous les jours, je regarde mes mains et me souvient que je peux et veux les utiliser au mieux pour les grossesses améliorées, les accouchements sans risque, le soutien de femme à femme, de femme à famille, de femme à société’ – ‘Every day, I look at my hands and remember that I can and I will use them in the best way for healthier pregnancies, safe childbirth, the support from a woman to a woman, from a woman to a family, from a woman to society’. Everywhere across the world midwives’ work helps to build better health and stronger structures within families and communities.

The International Day of the Midwife offers the opportunity each year to celebrate midwives’ work and the profession of midwifery: this year the special focus is on the family and its future generations:

**Midwives help to build healthy families – in the midwives’ hands is the key to the future**

References
Worldwide news

Maternal mortality ratio falling too slowly to meet goal

Figures released in October 2007 by WHO, UNICEF, UNFPA and the World Bank show that the world’s maternal mortality ratio (MMR) - deaths per 100,000 live births - is declining too slowly to meet Millennium Development Goal (MDG) 5, which aims to reduce the number of women who die in pregnancy and childbirth by three-quarters by 2015.

The annual decline is less than 1%, while an annual decline of 5.5% between 1990 and 2015 is required to achieve MDG 5. In 2005, 536,000 women died of maternal causes, compared to 576,000 in 1990.

The MMR was highest in developing regions, with 450 maternal deaths per 100,000 live births, in stark contrast to nine in developed regions. Moreover, the small drop in the global MMR reflects mainly the declines in countries with relatively low levels of maternal mortality. Countries with the highest initial levels of mortality have made virtually no progress over the past 15 years.

The new maternal mortality estimates show that while gains are being made in middle-income countries, the annual decline between 1990 and 2005 in sub-Saharan Africa was only 0.1%. No region achieved the necessary 5.5% annual decline during the same period, although Eastern Asia came closest to the target with a 4.2% annual decline and Northern Africa, South-Eastern Asia and Latin America and the Caribbean experienced relatively faster declines than sub-Saharan Africa.

Slightly more than one half of the maternal deaths (270,000) occurred in the sub-Saharan Africa region, followed by South Asia (188,000). Together, these two regions accounted for 86% of the world’s maternal deaths in 2005. India had the largest number (117,000), followed by Nigeria (59,000), the Democratic Republic of Congo (32,000) and Afghanistan (26,000).

The Partnership co-ordinates a new and urgent initiative

The Partnership for Maternal, Newborn and Child Health will drive a new global campaign ‘Deliver Now for Women & Children’, to reduce maternal and child deaths. Deliver Now will draw the world’s attention to the more than 10 million deaths of women and children which occur each year, mainly in developing nations. Most of these deaths can be prevented through greater political commitment, increased investment in health services and support for communities to demand better access to quality health care.

Deliver Now is a component of a broader Global Campaign for the Health Millennium Development Goals (MDGs), which is being spear-headed by the leaders of Norway, Great Britain and Canada. The campaign’s aim is to reinvigorate action towards the 2015 health targets agreed to by the global community in 2000, for which progress has been very slow.

A lack of continuity between maternal and child health programmes has meant that care of the newborn has fallen through the cracks between care of the mother and care of the older child. Because many of these deaths are related to care at the time of birth, newborn health goes hand in hand with the health of mothers (MDG5).

Of the 9.7 million under-five child deaths per year, about 3.6 million occur during the neonatal period. Almost 3 million of these die within one week and up to 2 million on their first day of life. An additional 3.3 million are stillborn. The three major causes of neonatal deaths worldwide are infections, pre-term birth and birth asphyxia.

The package of essential care includes antenatal care for the mother, skilled care at delivery and a birth attendant who can resuscitate newborns. Many infection-related deaths could be avoided by ensuring a clean birth and cord care as well as immediate, exclusive breast-feeding. Low birth-weight babies need to maintain body temperature through skin-to-skin contact with the mother.

Communities and decision makers need to know that improved registration and increasing the availability and use of relevant information is essential if health care for newborn babies and their mothers is to be given adequate attention.


USA gets a Big Push

A national ’Big Push for Midwives’ Campaign is due to be launched in the USA in January 2008. The campaign will advocate for regulation and licensure of Certified Professional Midwives (CPMs) in all 50 states and the District of Columbia.

Currently, Certified Nurse-Midwives (CNMs), who work predominantly in hospital settings, are licensed and legal in all 50 states. Certified Professional Midwives (CPMs), who specialise in out-of-hospital delivery, are licensed and legal in fewer than half of the states. CPMs are specifically trained to provide out-of-hospital maternity care for healthy women experiencing normal pregnancies and they offer a family-centred model of care, which is associated with reducing the incidence of caesarean section, birth injury and trauma, as well as significantly lowering the cost of maternity care.

Download the report
CPMs provide care for underserved populations, including low-income, rural, inner-city, immigrant, and uninsured families, as well as those Americans who choose out-of-hospital birth for deeply held cultural and philosophical reasons.

The campaign website says: 'Our goals are to fully integrate the Midwives Model of Care into the health care systems of our states, to highlight the importance of family healthcare choices and to defend the ability of CPMs to provide legal and safe prenatal, birth and postpartum care to families in every state.

More information is available at www.thebigpushformidwives.org

Risks and benefits of caesarean section

A prospective cohort study, within the 2005 WHO global survey on maternal and perinatal health, has assessed the risks and benefits associated with caesarean delivery compared with vaginal delivery.

The main outcome measures were maternal, fetal, and neonatal morbidity and mortality associated with intrapartum or elective caesarean delivery.

Carried out in eight Latin American countries, 106,546 deliveries at 410 health facilities were reported on during the three month study. Women undergoing caesarean delivery had an increased risk of severe maternal morbidity compared with women undergoing vaginal delivery. With breech presentation, caesarean delivery had a large protective effect for fetal death. The results were adjusted for clinical, demographic, pregnancy, and institutional characteristics.

The researchers concluded that caesarean delivery independently reduces overall risk in breech presentations and risk of intrapartum fetal death in cephalic presentations but increases the risk of severe maternal and neonatal morbidity and mortality in cephalic presentations.


Making Pregnancy Safer report: ‘Ensuring skilled care for every birth’

Dr Monir Islam, Director of the MPS Department, in the opening chapter of the report, referred to: ‘the pivotal role of trained midwives. [as] the cornerstones for the expansion of an extensive health system to rural communities. They have provided accessible maternity services, gained respect from the communities they serve, and are described with affection and admiration by managers and policy makers’.

In 2006, MPS supported a review of midwifery in Mongolia, based on WHO guidelines. Using a rapid appraisal approach, the review analysed key national documents, undertook site visits to several rural and remote areas, assessed eight health facilities and four educational institutions, and conducted both key-informant interviews and focus group discussions. Although there has been a significant reduction in the maternal mortality ratio, the country is unlikely to reach its MDG infant mortality target without very significant reductions in neonatal and perinatal mortality rates. Significantly improved midwifery services are required to meet the MDG target.

Because midwifery training ceased between 1994 and 2002, there is a current shortage of midwives which is likely to worsen in the near future. Doctors currently provide many maternal and newborn health services, and Mongolia is seeing an increase in the medicalisation of childbirth, with a Caesarean section rate of 18%.

The review resulted in a set of clear recommendations to rebuild midwifery in the country. They cover issues such as workforce planning, proper remuneration and career paths, rapid training of trainers, and institutionalisation of international standards. The country has embraced many of the recommendations, with a training programme already in operation.

A significant step forward occurred on 7-8 December, when Mongolia held its Inaugural Midwifery Conference. Attended by national and international dignitaries, the conference celebrated the establishment of a national midwifery association — a key recommendation of the review, and a gratifying vote of confidence for midwives across the vast country.

A Promise to Mothers Lost: Healthy Pregnancy and Safe Childbirth for All

A ‘Promise to Mothers Lost’ is the campaign following on the hugely successful multimedia exhibition organised by the White Ribbon Alliance for Safe Motherhood (WRA) which was held in conjunction with the Women Deliver conference. The panel shown below is dedicated to Tulasha Shrestha by The Safe Motherhood Network Federation, Nepal.

Visit www.promisetomothers.org or e-mail info@promisetomothers.org for more information.
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