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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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In the late 1980s the world became acutely aware of the alarming fact that in many parts of the world, childbirth was not a joyful occasion. The risk of serious complications, disability and death was so high that women often said goodbye to their other children and family members before embarking on the process of birth. The facts then were clear. More than a half a million women would die each year as a result of pregnancy and childbirth. In 1987, the World Bank, in collaboration with WHO and UNFPA, sponsored a conference on safe motherhood in Nairobi, Kenya, to help raise global awareness about the impact of maternal mortality and morbidity. The conference launched the Safe Motherhood Initiative, which issued an international call to action to reduce maternal mortality and morbidity, and the challenge was taken up. The M-word, motherhood, was chosen to reflect both pregnancy and childbirth and respect this rite of passage in a woman’s life. Safe Motherhood became the focus of country developed programmes and strategies. These included providing family planning services, providing post abortion care, promoting antenatal care, ensuring skilled assistance during childbirth, improving essential obstetric care and addressing the reproductive health needs of adolescents. All these areas are part and parcel of the global work terrain of midwives.

Two years earlier, in 1985, the Lancet had published an article by Allen Rosenfield and Deborah Maine,1 which challenged the public health establishment, entitled ‘Where is the M in MCH (Maternal Child Health)’. They stated that scrutiny of existing MCH programmes had shown that they did little to reduce maternal mortality. The authors called for more attention to the maternal component of MCH. Emergency (also called essential) obstetric care was identified as the key strategy to reducing mortality. This is also an area of work that belongs to the field of midwifery in a growing number of countries.

At the beginning of the new Millennium (another M-word), international commitment to reducing maternal mortality was reaffirmed when 149 government leaders from 191 United Nations member states committed themselves to achieving a set of Millennium Development Goals (MDGs) by 2015. The fifth goal is the reduction of maternal mortality. The proportion of births with a skilled attendant will be used to monitor progress towards this goal.

ICM has been actively involved in the Safe Motherhood Initiative since its conception in 1987 and, throughout the years, although the partners have expanded, forums have shifted and the newborn has been added as an individual component in MNCH (an N-word), we have been a consistent and strong voice for another M-word: MIDWIFERY. There has been significant debate about the term skilled birth attendant and how this relates to the midwifery profession, and the ICM has been clear in stating two positions: 1) there is an ICM developed definition of a midwife indicating that a midwife is educated and duly recognised to practise midwifery and 2) the ICM Essential Competencies for Basic Midwifery Practice is the evidence base to defining midwifery practice (skills, knowledge and attitude). There is global consensus that the term skilled birth attendant is someone who has core midwifery skills as defined by the ICM Essential Competencies.2 The World Health Report 2005 stated that ‘the prototype of the skilled birth attendant is the licensed midwife’. ICM Council approved a position statement in 2005 called ‘The midwife is the first-choice health professional for childbearing women’. And yet, despite all this, the term skilled birth attendant is used more widely than the term Midwife. Unfortunately, Midwifery is still not yet universally recognised for what it is; an evidence based strategy that contributes positively to the health of childbearing women and reduces the risks of maternal death and disability. We have spoken out the M-word so often that even when our names are not known, we are often recognised as ‘the midwife’ during events and meetings in the international arena.

Our efforts were not in vain. The realisation of the global human resources for health crisis has brought new alliances and initiatives and more important, new recognition of the midwifery profession as part of the larger global health workforce and the part midwives play in enhancing Maternal health. One of ICM’s core partners, the UNFPA, has committed resources to scaling up midwifery, recognising the importance of midwives in the community setting. In the 2006 series in the Lancet on Maternal Survival, the use of midwifery-led community facilities was recommended as a strategy. Donors, UN agencies, NGOs and policy makers are slowly starting to use the M-word. There is a growing momentum of interest in our profession.

ICM advocates for midwives and midwifery, not as a means of self-fulfilment but from the core belief that midwifery does make a difference for mothers and babies. In a perfect world, there would be universal midwifery coverage to all childbearing women and their families, but this is a long-term vision. The reality we face today is unsettling. Despite many good and some very successful efforts, 20 years after the launch of the Safe Motherhood Initiative, more than half a million women still die each year due to pregnancy- and birth-related causes. There are not enough midwives in the world and the profession desperately needs teachers and leaders.

This year the 20th anniversary of the Safe Motherhood Initiative will be commemorated in many ways and in various venues leading up to a large Conference in London in October.3 This is an opportunity to profile and promote the M-word outside our natural circle of partners and acquaintances. ICM pledges to be present and vocal - and will use every opportunity to use the M-word, MIDWIFERY.
Strengthening nursing & midwifery: scaling up capacity to reach the Millennium Development Goals
A report from Fadwa Affara on a global consultation called by ICM, ICN and WHO, hosted in Islamabad, Pakistan, 5–6 March 2007

The following is a summary of the full report by International Nurse Consultant Fadwa Affara, MA, MSc, RGN, SCM, RNT. Copies of the full report can be obtained from ICM or ICN. The Global Consultation, an initiative hosted by the Federal Ministry of Health of Pakistan, in co-operation with the world Health Organization (WHO), the International Council of Nurses (ICN) and the International Confederation of Midwives (ICM), was a high level global meeting on issues that are central to strengthening the nursing and midwifery services. The consultation was called to emphasise the crucial contribution of nurses and midwives to health systems, to the health of the people they serve, and to the efforts to achieve the internationally agreed upon health-related development goals.

Participants came from nursing and midwifery organisations in Australia, Bangladesh, Brazil, Canada, Indonesia, Kenya, Lebanon, New Zealand, Oman, Singapore and Yemen. The Midwives Association of Pakistan was represented by Mrs Imtiaz Kamal, President. From WHO-HQ came Dr Jean Yan, Chief Scientist for Nursing and Midwifery, from ICN Judith Oulton and from ICM Kathy Herschderfer and Della Sherratt. A number of technical papers were presented:

Scaling-up nursing and midwifery capacity
This paper from the Office of Nursing and Midwifery, Department of Human Resources for Health, WHO, reiterated that the shortage of adequately trained health workers has become a persistent world-wide problem. Stress and insecurity; increased technological and consumer demands; enormous work burdens; risks of injury, illness and threats to security all adversely affect health workers and their willingness or ability to work.

There is a critical shortage of health workers in 57 countries globally, of which 36 are in the WHO African Region. The region of the Americas contains only 10% of the global burden of disease, yet almost 37% of the world's health workers live in this region and spend more than 50% of the world's financial resources for health.

The highest density of health workers is in urban settings; rural areas are usually underserved as they remain unattractive to most health workers. The shortage of nurses and midwives affects educational and training institutions as well, and consequently has an impact on the production of the health workforce.

Three main activity areas are highlighted: improving capacity to educate health care workers and to utilise those available effectively; identifying the appropriate mix of skills and competencies to meet the health needs of communities; ensuring regulatory frameworks are in place to guarantee public safety.

Skill-mix and new cadres of workers
The 2006 World Health Report recognised the need for health systems to have a sustainable workforce. Planning for the introduction of new cadres and/or changes in skill mix should be country-specific and take account of local service delivery needs. The paper from David C Benton, ICN, noted that where there is variation in the density of health workers both across and within countries, there is a correlation between higher density of the workforce (physicians, midwives, nurses) and infant, child and maternal survival.

There has been a shift towards the use of competencies in describing health worker roles. By looking at the competencies that an individual already possesses in a particular role, deficits between current and future roles can be determined. This avoids fragmentation, conserves resources and makes full use of competencies already achieved.

The potential impact of new cadres on quality and efficiency of health care must be investigated before their introduction in order to minimise wastage of resources. Once introduced, impact on patient outcomes must be continuously evaluated.

Positive practice environments
Kathy Herschderfer, ICM, and Andrea Bauman, Director World Health Collaborating Centre Health Human Resources, wrote the paper. Positive practice environments (PPEs) are needed to support individual healthcare practitioners through any psychological, social, environmental, professional and personal issues that impinge on their ability to perform.

Factors required for social and psychological well-being include:
- Demands that fit the resources of the person
- A high level of job security
- Workplace safety
- Good social support from colleagues and managers
- Access to education and professional development opportunities
- Meaningful work
- A high level of influence, autonomy, leadership
- A balance between effort and reward

Relevant to this is the recent call for action following the first International Forum on Scaling up Midwifery in the Community hosted by the ICM, UNFPA and WHO in December 2006.

Action for nursing and midwifery education
Fadwa Affara’s paper noted trends including: a move from instruction (teacher-centred) to learning (student-centred); a focus on educational outcomes; increased demand for advanced educational preparation; more flexible systems that allow multiple paths and a diversity of educational options and programme providers; a competency-based curriculum; shared competencies; life-long learning. The professions must strive to prepare nurses and midwives who can be self-directed in their learning, and understand that entry into a profession means commitment to learning throughout the working life time.
The Islamabad Declaration on Strengthening Nursing and Midwifery

Consensus was reached by participants on directions and actions for governments when tackling issues related to the areas of scaling-up nursing and midwifery capacity, achieving appropriate skill-mix and creating positive practice environments. These are contained in the Declaration that follows.

Preamable
In May 2006, the World Health Assembly endorsed Resolution WHA59.27, reaffirming the crucial contribution of the nursing and midwifery professions to health systems and the health of the people they serve. In response, the Federal Minister of Health for Pakistan, Mr Mohammad Nasir Khan, former chair of the WHO Executive Board, hosted a high level global consultation on nursing and midwifery in March 2007, organised in collaboration with the World Health Organisation, the International Council of Nurses and the International Confederation of Midwives. This Declaration is founded on our belief that efficient, effective nursing and midwifery services are critical to achieving the Millennium Development Goals, country priority programmes including primary health care, health systems strengthening, and the general health of all nations. Therefore, we believe:
1. All people should have access to competent nurses and midwives who provide care, supervision and support in all settings.
2. A co-ordinated, integrated, collaborative, sustainable approach to planning, policy and health care delivery is necessary to strengthen nursing and midwifery services and acknowledge that countries in crisis or conflict have unique needs.
3. Urgent attention is needed in three key areas:
   • scaling up nursing and midwifery capacity
   • skill mix of existing and new cadres of workers
   • positive workplace environments.

We affirm that equitable, efficient and effective nursing and midwifery service delivery requires a range of personnel and that, prior to creating new cadres, investments should be made in mobilising nurses and midwives currently under-utilised, unemployed, working in other sectors, or who have left active practice.

We declare the following principles fundamental to decision making, effective policy development, planning, implementation, evaluation and quality assurance of education and health services, and of value to a wide range of stakeholders.

Principles for scaling up nursing and midwifery capacity
Scaling up nursing and midwifery capacity encompasses a range of strategies that address workforce planning, education, skill-mix, maximum utilisation of roles, career frameworks, work environments and regulatory frameworks to ensure efficient, effective, and safe health systems.

High level political leadership and commitment, a multi-sectoral approach, significant financial investment in education and employment expansion, and active participation of nursing and midwifery leaders are required to enhance scaling up of the nursing and midwifery workforce.

Each country must establish policies and practices to ensure self-sufficiency in workforce production within the limits of its own resources.

Nursing and midwifery capacity development requires ongoing data collection and its integration into health information systems, as well as regular and rigorous monitoring and evaluation to enhance evidence-based decision making. Rapid scaling-up measures may be appropriate in country specific crisis situations; such measures should contribute to longer term sustainable development of the nursing and midwifery workforce.

Principles addressing skill mix and new cadres of workers
Decisions regarding nursing and midwifery and the related workforce should be country-specific, led by nurses and midwives, take account of local service delivery needs, the current configuration of health services and provider mix, available resources, and production and training capacity. A registered nurse or midwife must provide direction, supervision and management of support staff, including new cadres, wherever they contribute to nursing and midwifery practice.

Roles and job descriptions should be described on the basis of the competencies required for service delivery and constitute part of a coherent competency-based career framework that encourages progression through lifelong learning and recognition of existing and changing competence.

Ongoing evaluation, particularly in skill-mix changes and the introduction of new cadres and/or new models of care should systematically consider the impact on patient and health outcomes as well as on efficiency and effectiveness.

Principles addressing positive workplace environments
Employment practices that address workload, scheduling, necessary infrastructure and support systems, and provide safe, secure working conditions are necessary to assure occupational health and patient and health care provider safety.

Workplace policies that assure gender equity, adequate employee compensation, recognition, professional development opportunities and continuing education are essential contributors to recruitment and retention of a committed, productive and efficient workforce.

Policy frameworks that support participatory decision making, autonomy, authority and accountability along with positive interdisciplinary relationships and effective nursing and midwifery management are essential to creating and sustaining positive practice environments.

Positive practice environments are facilitated when nursing and midwifery leadership is part of, and actively involved in, all governance structures.

In conclusion, we reaffirm the importance of WHO and Member States, the ICN, ICM, national nursing and midwifery organisations and other partner organisations committing to active measures to strengthen nursing and midwifery, in line with the Millennium Development Goals, Resolution WHA59.27, priority programmes and other initiatives.

We urge policy makers, planners, politicians, employers, health professions and their associations, donors, educators, regulators, and patient representative organisations to utilise these principles as they strive to ensure better health and health care for the people of all nations.

We pledge to work at the sub-national, national, regional, and international level, in partnership with all relevant ministries and bodies, statutory and non-governmental organisations, and the private sector, to realise the aspiration of this Declaration.
Pakistan midwives bring ‘traditional loving care with modern knowledge and skills’

Imtiaz Taj Kamal, President of the Midwifery Association of Pakistan, introduces the new association as it is welcomed to membership with ICM this year

For the last three decades, a small group of midwives has worked informally, collecting evidence and making noise about the unacceptable standards of midwifery education and practice in Pakistan.

The founding of the association

The Midwifery Association of Pakistan (MAP) was formally established in 2005, through an extremely democratic process, and it was legally registered in 2006. In 2007, it was accepted into ICM’s membership.

MAP’s philosophy is ‘Midwives bring traditional loving care with modern knowledge and skills to serve mothers and newborns and save lives’.

Its mission is ‘To contribute to the reduction of maternal and neonatal morbidity and mortality in Pakistan by providing skilled care to women during the entire maternity cycle’.

MAP’s objectives are:

• to assist the government in developing a human resource plan for preparation and utilisation of midwives
• to improve standards of basic, post basic and continuing education of midwives
• to lobby for better working conditions and for a career structure for midwives
• to safeguard the rights of licensed midwives to practice their profession in a health facility or in the community
• to safeguard the rights of women to safe maternity services.

MAP’s guiding principle is, ‘The future of midwifery in Pakistan is a shared responsibility of many stake holders’. Therefore it does not work in isolation. MAP’s ‘hidden’ but very obvious agenda is ‘to give Pakistan’s midwives an identity’.

MAP’s major achievements since its birth in February 2005 to date have included the following.

International Day of the Midwife

We have celebrated the International Day of the Midwife, every year in more than one location in the country with a person of authority in the health field as the chief guest (with the financial assistance from the Government of Pakistan, UNICEF, UNFPA and USAID).

In 2007, three events have already been held. Two more are to take place in June. We space them so as to receive press coverage over two months!

Partnerships and projects

MAP has worked in close liaison with and received full support from the National Committee for Maternal and Neonatal Health (NCMNH). It is also in partnership with the Society of Obstetricians and Gynaecologists of Pakistan in the implementation of two collaborative projects, one funded by PATH and the other by FIGO. We are awaiting USAID approval for a further collaborative project on ‘Prevention of PPH and Promotion of Use of Partograph in the country’.

Meanwhile MAP has taken a lead role in a research study commissioned by UNICEF on ‘Situation Analyses of Midwifery Education in the Province of Punjab’ (The largest of the four provinces of Pakistan with more than half of the total population of the country). Map is also sub-grantee for implementation of a USAID-funded project to train 300 traditional birth attendants in clean and safe delivery practices

Representation

Representation of MAP at national and international level has included active participation in the ICM/UNFPA/WHO Hammamet Forum and Call to Action on Midwifery in the Community, held in Tunisia, in December 2006.

MAP has also been involved in work on the revision of the Pakistan Nursing Council’s name and Act. It is hoped that in future it will be known as the, ‘Pakistan Nurses, Midwives and Health Visitors Council’ and the relevant legislation will be the ‘Pakistan Nurses, Midwives and Health Visitors Act’.

In addition to all the above, members of MAP have worked on a thematic newsletter dedicated to the profession of midwifery in Pakistan, which has been published and widely distributed, with the help of NCMNH; documentation of the history of midwifery education in Pakistan since 1882; and development of user friendly teaching and learning materials both in English and in Urdu, the national language.

I am pleased to report there has also been initiation of change in the attitude of obstetricians from rivalry to partnership. Many doctors are requesting to be made members of MAP, and we have had to create a special category of membership - the ‘Friends of Midwifery’!
First stop on the ICM Safer Motherhood World Tour 2007: Lilongwe, Malawi

Nester T Moyo, ICM Programme Manager, describes an innovative event which puts midwives at the heart of action to make childbirth safer in Malawi

The Safe Motherhood Initiative, conceived in 1987 in Nairobi, Kenya, celebrates its 20th anniversary in 2007. Twenty years ago, WHO, UNFPA and the World Bank issued a call to reduce maternal mortality, particularly in developing countries. Halfdan Mahler, Director General of WHO at the time, said, ‘This has been a seriously neglected problem, largely because its victims are those with the least power and influence in society’ and called for ‘good prenatal care, with early detection and referral of those at high risk [and] the assistance of a trained person at all births’.

The tragedy of maternal and newborn deaths and disability remains a pressing global issue. Midwives continue to make huge contributions to the health of the mothers and newborns in their countries. But in many parts of the world, strengthening and scaling up midwifery remain important basic needs to be met. The ICM has planned a series of workshops and activities aimed toward profiling and positioning midwifery in countries with a high burden of maternal and neonatal mortality, as a means of achieving safer motherhood and Millennium Development Goals 4 and 5. This initiative is to be known as the ICM Safer Motherhood World Tour. Malawi is the first country to host a workshop of this series. The theme of this event was ‘Advocating for Strengthening and Scaling up of Midwifery’.

Motherhood in Malawi

In Malawi, of the 600,000 pregnancies every year, 57% of women are delivered in health institutions: 50% of births are attended by midwives, 6% by doctors or clinical officers and 1% by patient attendant. The Demographic Health Survey Report, 2004, indicated a high maternal mortality ratio of 984/100,000 and an estimated neonatal mortality rate of 27 per 1,000 live births. The tragedy is that 14 maternal and 37 neonatal deaths occur every day.

There is a crisis in the skilled health care work force in Malawi. The nurse:patient ratio ranges from 1:50 to 1:120 and over 95% of nurse-midwives are urban based, leaving the underserved rural areas with significantly higher vacancy rates. Many women are still cared for by unskilled attendants. No country in the world has been known to reduce the number of maternal and neonatal deaths without substantial support and involvement of midwives.

The overall goal of the workshop was to initiate a sustainable dialogue between midwives, policy makers and stakeholders that will ultimately result in a measurable increase in the quantity and quality of care given to women and newborns in order to reduce maternal and neonatal mortality. The specific objectives were:

• to explore the current status of midwifery in Malawi and its contribution to the reduction of maternal and neonatal mortality and morbidity
• to determine what support Malawian midwives need in order to optimise their contribution to the reduction of maternal and neonatal mortality in Malawi
• to initiate dialogue between midwives, policy makers and stakeholders on strengthening and scaling up of midwifery and the provision of midwifery care to women and newborns
• to facilitate midwives to engage policy makers and stakeholders in developing a consensus document (agreed plan of action) for future action for scaling up midwifery in Malawi
• to disseminate information from the First International Forum on Midwifery in the Community held in Hammamet, Tunisia, in December 2006.

Among those represented at the workshop were the government of Malawi, the UNFPA Malawi country office, midwives from all 28 districts in the country, rural health facilities, central and private hospitals, the university, the Health Foundation of Malawi, the Nursing Council, Department of Human Resources in the Ministry of Health, Sector Wide Approach, the Nursing and Midwifery Organisation, the Nursing Directorate and the mentors and mentees from the ICM Young Midwifery Leaders Programme.

Key speakers
The Honourable Minister of Health Mama M. Ngaunje, Guest of Honour, officially opened the workshop and applauded midwives for their commitment to improving the health of mothers and their babies. The theme for this workshop and the planned programme are extremely important and timely for Malawi. The exodus of midwives to other countries has impacted negatively on the numbers and workload of Midwives. The minister is aware of the problems that midwives are facing in terms of the less than perfect work environment and inadequate material resources. She thanked those who have not left the country for persevering and staying to provide care to the population. ‘Without midwives we cannot celebrate life,’ the Minister said.
Dr Dorothy Namate, the Director of Health Services in Malawi (herself a midwife) presented a paper entitled ‘Skilled care needs competent midwifery providers’. Malawi’s health system and public services suffer from one of the worst staffing shortages in Africa. Up to 65% of public sector nursing and midwifery positions are unfilled. Over 95% of the registered nurse-midwives are urban-based, leaving the underserved rural areas with significantly higher vacancy rates. The Nurses and Midwives Council of Malawi, nurse-midwifery education and practice institutions, government and development partners, all have an important role to play in ensuring that women in pregnancy and childbirth receive skilled care from competent midwives. In conclusion, Dr Namate emphasised key issues for providing skilled care: strengthened vigilance and advocacy for skilled and competent nurse-midwifery providers; several stakeholders need to come together to ensure a competent provider; nurse-midwives to recognise that the traditional birth attendant will be here for a long time; and the need to work together to ensure safety of the woman and the neonate.

Dr M Chirwa, a nurse-midwife educator, addressed the question, ‘How can midwifery in Malawi get on to the political agenda?’

Midwives cannot afford to be apolitical. They need to develop specific contacts to influence the allocation of scarce resources for midwifery education, practice and research. Getting on to the political agenda requires that midwives work on improving their image by relating with themselves first: ‘Your interpersonal communications and relationships are only as good as your perception of and relationship with yourself. If you have a poor or negative self-image, your communication and interpersonal skills are compromised, and you will have difficulty in successfully negotiating, maintaining productive work relationships, and selling your ideas to others. Your ability to be successful in the political process is directly related to your self-image.’.

Workshop process and outcomes

Participants of this workshop were midwives working at all levels of the system from rural health facilities to the central hospitals, in both public and private sectors, including the teaching and university hospitals. There were a total of 66 participants from Malawi; and 11 ICM Young Midwifery Leaders from Germany, Slovenia, Scotland, Malawi, South Africa and Trinidad and Tobago were present.

In addition, the UNFPA, the Health Foundation, the Nursing Council, the Nursing and Midwifery Organisation (a trade union), Ministry of Health Human Resources Dept, Sector Wide Approach department, the Nursing Directorate were represented.

The Workshop was facilitated by Christina Mudokwenyu Rawdon, a training consultant; Judith Chamisa, ICM Board Member; Lennie Kamwendo, President of the Association of Malawian Midwives; and Nester Moyo, ICM Programme Manager. This team approach makes it possible for the workshops to be conducted elsewhere in the future by ICM’s consultants.

Five questions guided the workshop process. These were: Who are we? Where are we now? Where do want to be in the future? How do we get there? and with whom or whose support? The midwives explored and depicted the situation of midwifery in Malawi today, determined where they want to go and worked out the changes needed to take place in regulation, policy, education, practice, leadership and management, and in the environment in which they work, for their efforts to produce optimal midwifery services benefits.

The key issues that emerged were that midwifery work is the backbone for promoting maternal and neonatal health and hence must be strengthened and scaled up. The midwives encounter challenges in areas of midwifery education, practice, research, leadership and management and the environment in which midwifery services are provided. Meeting these challenges requires a change in mindset and a paradigm shift to involve a collaborative approach by employers, midwifery educators and practitioners, Nursing and Midwifery Council, Association of Malawian Midwives (AMAMI) in partnership with the ICM, UNFPA, WHO and other interested stakeholders. AMAMI is a pillar of the gateway which creates an opportunity for midwives to advance the midwifery agenda and strengthen advocacy for women and neonatal health.
In addition, the Malawian Road Map, developed during the Maputo Plan of Action for the Operationalisation of the Continental Policy Framework for Sexual and Reproductive Health and Rights 2007-2010, is a strategy on which midwives can capitalise for how to make midwifery visible and how to build capacity for reducing maternal and neonatal mortality and morbidity. Opportunely, the theme of the Road Map is ‘Maternal death is preventable. No more silence. Act now!’ All organisations represented pledged support for midwives and midwifery.

Group work
After group discussion sessions which focused on the Malawi midwives’ concept of ‘The Malawi midwife today’ and ‘Where do midwives in Malawi want to be in the future?’, the key issues emerging from the group presentations were:

**Opportunities** - midwifery work was acknowledged and valued by all as vital to reduction of maternal and neonatal mortality and morbidity. The existence of AMAMI was perceived as a pillar of the structure for advancing the midwifery agenda and strengthening advocacy for women’s health in partnership with the ICM, WHO and UNFPA.

**Threats** - however, midwifery is faced with challenges. There are unacceptably high maternal mortality ratios and a consequent need to take midwifery services to where women live. At the same time there are severe shortages of staff and a continuing staff exodus to greener pastures, owing to the poor working environment, poor remuneration, insecurity and poor housing, lack of status and hence visibility.

**Possible solutions** - for maximum impact there is need for:
- A multidisciplinary, multisectoral approach to care provision
- Community involvement in decision making and planning care provision models
- Strengthening midwifery education to increase output of qualified midwives
- Strengthening problem-based learning
- Putting in place mechanisms to retain more midwives and thus enhance quality care for women and their babies.

It was repeatedly said that midwives have to demand resources that will facilitate effective delivery of services. Finally, the midwives agreed that they must each ask themselves: ‘Despite the limited resources and poor remuneration, what can we midwives do to make a difference; as we are the front line care providers?’

Midwives were clear about the changes that must take place:

- To change their own attitudes for positive ones which encourage women to come for care
- To collaborate with the Ministry and government when deployed where need is greatest
- To work closely with women and their families to stop harmful cultural practices
- Have midwives in parliament to influence the political will
- Work with the community to increase male involvement in reproductive health
- Strengthen AMAMI as the mouthpiece of midwives of Malawi by being a member. This strengthens the association’s lobbying and bargaining power on behalf both of midwives and of women and their newborns.

**Lessons learnt**
The way in which the Malawian midwives demonstrated that they had been motivated and empowered suggests that this is an effective model to use in other countries. The approach would need to be adapted to each country’s context but the manner of operationalisation of the workshop ensures that the midwives’ voices are heard – literally by those who are charged with decision and policy making.

The model also achieves the objective of profiling and positioning midwifery as an essential resource in health systems and as a means of improving health outcomes of childbearing women and their newborns. This is a rare opportunity in many low resource countries and in Malawi specifically - as was voiced by the participants of this workshop. When the midwives presented their analyses and solutions to their own supervisors, policy makers and stakeholders, it became visible that they were proud and confident to do so. It was clear that, with support, midwives were confident to demand - not request - appropriate equipment, a good working environment and adequate remuneration; they were also able to express their rights to those demands. Some policy makers verbalised that this was the first time midwives had worked together so hard in such a short time, producing and presenting information useful for policy development.
The true success of this model of work will be demonstrated in the near future, at which time, and after close conscientious follow-up by ICM and AMAMI, the results of the consensus action plan are evaluated. The pledges and promises from all the stakeholders in Malawi indicate that there is great potential for collaborative work that will make a difference for the women and newborns in the country.

Conclusion and recommendation
The overall objective of the workshop was to initiate a dialogue between midwives, policy makers and stakeholders that will result in a measurable increase in the quantity and quality of care given to women and newborns with the aim of reducing maternal and neonatal mortality and morbidity in Malawi. This objective was achieved.

The group work processes answered all the questions posed to guide the process. It is now incumbent upon midwives to continue the dialogue in a proactive manner to sustain the momentum on strengthening and scaling up midwifery. There is strong evidence from the workshop discussions that taking midwifery services to where most women live is the appropriate initiative necessary for midwives to effectively contribute toward MDGs 4 and 5. Strengthening and scaling up midwifery education, practice, leadership and management and research should be ongoing for sustainable development and for midwifery to be visible at the highest level of policy and decision making, in colleges, public and private health institutions and in the community.

As the workshop was progressing it was clear that the environment was fertile for AMAMI to advocate for midwives in Malawi and lobby the policy makers, stakeholders and partners to implement the process of strengthening and scaling up of midwifery in order to reduce maternal mortality. The midwives were determined to go on. Therefore, follow-up mechanisms must be put in place to monitor progress and to further address needs. This could start with a plan of action with persons responsible, organisation and time frame. The plan of action should be followed by the implementation. ICM can continue offering desk and direct support (through the consultant and the board member who were co facilitators of this workshop) for AMAMI to push the agenda forward while the midwives are still motivated by the activities of the workshop. A forceful membership drive at this point will also be very fruitful.

Workshop evaluation
Interactions during tea and lunch breaks indicated that participants perceived the workshop as significant because it was their first time to attend a workshop which guided the participants through introspection, self assessment and clear understanding of the situation in which midwives work. Although they were sceptical at first, they quickly discovered that they had to actively participate during the workshop because of the opportunity created for them to dialogue with their employers (policy makers) and stakeholders who are key people in advancing the midwifery agenda and women’s health in Malawi.

Additional comments reflected the importance of midwives working as a team, valuing the role of their Association, potential midwifery leadership and community in their contribution to reducing maternal mortality and morbidity. They also valued the atmosphere in which the workshop was facilitated; the experience and expertise of the facilitators and presenters; and the encouraging comments from the policy makers and stakeholders.

In conclusion, an extract from the presentation made by midwives to the other stakeholders will summarise the sense of resolution that has come from the workshop:

‘The midwife in Malawi
• Is a proud specialist in normal childbirth
• Is an independent practitioner
• Has undergone comprehensive training in a recognised institution
• Attempts to provide comprehensive care in the face of limited resources
• Spends more time with the mother in the health care setting than any other frontline care provider

‘Midwives will
• Change their attitude
• Contribute to fund raising
• Maintain confidence and competence through practice
• Remain committed, compassionate and hard working
• Through AMAMI, strengthen partnerships with the Ministry of Health and other stakeholders
• Unite and work as a team.

‘Our motto is ‘Zero tolerance to maternal death’ - help us and we will do it! Thank you.’

The ICM Young Midwifery Leaders Group of mentors and mentees, shown above, were instrumental in organisation of the event and they took the wonderful photographs which are seen in this article. We are also grateful to the midwives, mothers and babies who appear in the pictures. A copy of the full report is available from ICM: please e-mail info@internationalmidwives.org
‘Why are there no celebrations yet?’
Making best use of perinatal audit data

Nester T Moyo of ICM presented on perinatal audit and safer motherhood to the 5th European Congress on Tropical Medicine & International Health, Amsterdam, May 2007

Recording the number and causes of deaths of pregnant women and babies is essential health information. In all countries, audit shows that the causes of maternal and neonatal deaths have not changed much over the years. The problems are known. (A recent example of an audit of women who died on arrival at Jinnah Postgraduate Medical Centre, Karachi, Pakistan, revealed what everyone already knew: the need for going to hospital was not realised early enough; there was no male relative to sanction the travel to hospital; there was no transport). We are at a point where it is important to determine the action required of health care providers to impact on the numbers. It appears knowledge alone is not helping the mothers who die. The lack of progress is not puzzling when we live in a world where growing wealth and increasing poverty, advanced education and no education, superhighways and impassable mud roads, advances in health care and lack of access to health care all exist side by side. For most of these things there is need for strong political will to change situations – fighting poverty, building roads, making available essential drugs, increasing access to care.

Strong professional associations can sway political will
To influence the politicians, professionals cannot afford to be apolitical. To be included in the relevant meetings, professionals must be visible and they will not be if they are each working as an individual. There is need for strong professional associations to put the professions and their skills in the spotlight; to facilitate the drafting of programmes and projects that lead directly to saving lives; to lead in the development of effective partnerships and collaboration; and to advocate for women and newborn care in a manner that will influence the equitable distribution of resources for the benefit of women, newborns and children.

Involvement of communities
Ultimately it is the care-seeking behaviour of women and families that can lead to the reduction of maternal and neonatal mortality. Women die because they come late to the health care facility, because they have not recognised the seriousness of a complication or do not have the money or transport to access care anyway. They also die in the facility. Lack of essential drugs, equipment and skilled personnel have been identified and where these have been tackled, the results have been rewarding. The results will be just as rewarding if communities are empowered and informed; if men recognise and see the need for receiving health care. For this to happen, community members should be members of the audit team. Then informed and effective health decisions will be made with health priorities and cultural appropriateness in balance.

Why are there no celebrations yet somewhere?
Progress has been slow because of inadequate focus and funding on perinatal mortality. It is time we realised that we must avoid competing calls for mother vs. newborn care – they should be viewed as a unit; and for community vs. facility based care - care is a continuum. Let us get rid of unhelpful dichotomies that slow action, waste funding and ultimately cost lives. Let us link skilled care with empowered communities. It has been done in Kenya, India, Indonesia, South Africa and of course in the developed world. In Africa there is progress: 35 countries have started their own road maps to reduce maternal and newborn and child deaths. Also in Columbia, Mexico, Honduras and Vietnam there is good progress in reducing maternal, newborn and child deaths.

North-South Partnerships: the Kenya-UK example
In Kenya, work between the Kenyan and UK obstetrical, midwifery and nursing associations and the two governments resulted in a set of standards for emergency obstetric care applicable to all levels of maternity care facilities, and a clinical audit hand book. Midwife Gillian Barber and Professor Karanja co-ordinated the project (Early reports were published in IM May-June and July-August 2002). During this project it was demonstrated that the ‘near-miss' audit is another valuable tool. It is believed that the Kenyan and UK teams are progressing this further with FIGO to the next phase. There was also evidence that ownership of the standards, with the doctors, midwives, nurses and clinical officers seeing themselves as a multiprofessional group, was a key element of success. Working together as a team improved the relationships among all the cadres involved: some of them were heard to comment that they had never before felt so valued by their colleagues from other professions. Feedback suggest that mortality rates have been declining in the hospitals participating in the projects.

Conclusion
A few decades ago there was lack of knowledge and agreement internationally on which interventions were the most important. Today there is both more information and greater consensus. Enough is known to inform global action - though the poorest countries have the poorest data. The success stories give optimism about the reduction of maternal, neonatal and child mortality. Progress will ultimately be dependent on strong health systems ensuring high coverage of services supported by timely competent hospital care. Solutions must take account of the wide diversity of problems in different countries and regions hence they must be country specific and based on good evidence.
ICM Southern Europe Region: new goals and priorities in education and practice

Vitor Varela, ICM Board member in the Southern Europe Region, brought together midwives from the Mediterranean countries to agree a new plan for action

Vitor writes: During the first regional meeting of this triennium – held in Athens, Greece, on 12–13 January, we had a priority: to make our Action Plan.

Vision
First, we discussed how we would envisage an ideal situation for midwives in this region. We agreed on two significant points of great importance:

• Midwives are educated within the European Higher Education Area and are qualified for autonomous practice
• Midwives aim to achieve optimal health for mothers and newborns.

Goals
Secondly, we worked to identify specific goals that will take us forward towards achieving the vision.

• To promote midwifery education (direct university entry) within the European Higher Education Area and to ensure that midwives are qualified for autonomous practice
• To ensure that midwives are responsible for and act as educators in midwifery programmes
• To promote the midwifery profession and the value of the midwife in keeping birth normal.

Actions
Finally, consideration of the vision and goals led to the formation of a more detailed action plan.

The educational programme should be based on competencies, specifically on the ICM’s Essential Competencies for Basic Midwifery Practice.

A midwifery educational programme must have access to the three levels of undergraduate and postgraduate education - BSc, MSc and PhD in midwifery - in accordance with the cycles of education set out in the Bologna Declaration (www.bologna-berlin2003.de/pdf/bologna_declaration.pdf). Midwifery knowledge and competencies must be evidence based.

In midwives’ clinical practice, the important aspects are: strengthening physiological processes during pregnancy, birth and the postnatal period, and avoiding unnecessary interventions, i.e. those not based on clinical needs, during pregnancy and childbirth. Last but not least, we included ‘Empowering midwives to feel competent and safe in their midwifery skills in normal childbirth’; and ‘Empowering women to have access to evidence-based midwifery care’.

Priorities
We saw as the greatest priority the development of Midwifery Education in all levels, according to the Bologna Declaration. We aim to ensure the provision of life-long, evidence-based education in midwifery. A further priority is to carry out work to identify the particular needs of both women and midwives - through a research process - to contribute to the practice of normal childbirth.

Celebration of the International Day of the Midwife
The representative of each member association presented a report about the celebration of the International Day of Midwives (IDM) in their country. Olga Arvanitidou put forward the suggestion to rename the day to become ‘International Day of Normal Birth’. However, Gloria Seguranyes from Spain made the point that, in Spain, a day to celebrate midwives existed even before ICM nominated the IDM. For that reason - also because the IDM has been agreed by the whole international Council of ICM - the Spanish midwives did not wish to vote for the change of name.

Vitor Varela presented the proposal from the Central Europe Region about the celebration of the IDM on 5 May 2007. According to this proposal, it could be a joint programme of celebration across Europe: to launch a campaign on 5 May at 12:00 o’clock Central European Time in all cities in Europe, by releasing white balloons with blue letters saying ‘Midwives Keep Birth Normal’, and the launch to be followed by a media campaign.

Panani Permanthia, from Greece, expressed the opinion that the focus of the celebration depends on the needs of each society. After discussion, members took the decision, following a proposal from Portugal, to have one action in common. After this action, each association can celebrate in the way seen as appropriate in that country.

Gloria Seguranyes (Spain) explained that the Federacion de Asociaciones de Matronas de Espana (FAME) had already started a normal birth initiative in 2006 which is going to be implemented in 2007. They will therefore aim to merge the actions to reflect both campaigns.

Finally, the decision taken about the celebration of the IDM in Southern Europe Region was to release the balloons as suggested above, as a joint action with Central Europe, along with a media campaign. Members from Cyprus will prepare a leaflet, common for the member associations of Southern Europe, translated in different languages. The subject of the leaflet will focus on normal birth, which is one of ICM’s key strategies. Rallou Lymperi will act as secretary.
The 8th ICM Asia Pacific Regional Congress of Midwives: ‘enriching discussion and exploration’

Patricia Gomez of the Integrated Midwives Association of the Philippines writes of the events in Cebu, the Philippines, at the Asia Pacific Regional Congress

The Congress – on the theme of ‘Empowered midwives: a gateway to global health’ - was held in the attractive surroundings of the Waterfront Hotel, Lahug, Cebu City, Philippines, October 15-17, 2006.

It was the first time that the Integrated Midwives Association of the Philippines (IMAP), Incorporated, had hosted the Asia Pacific Regional Congress of Midwives.

Seven participating countries sent their representatives to link arms with midwifery colleagues on this momentous occasion. These countries were New Zealand, Australia, Japan, Cambodia, Indonesia, USA and of course, the Philippines.

The congress ran for three days and Filipino delegates were delighted to benefit from the opportunity of this event in the history of IMAP and midwifery profession in the country.

There were 280 participants, 40 foreign delegates and 240 Filipinos, the majority coming from the educational institutions and academia, particularly midwifery school principals, clinical instructors and even midwifery students.

The congress opened with a very festive mood of sinulog (a festival of dance associated with Cebu City held to honour the Santo Niño) to welcome the participants to the beautiful city of Cebu, mirroring its history and culture through the dance presentation. It was a pleasure to welcome acting ICM Asia Pacific Regional Representative, Sandy Grey, who attended this event.

The World Health Organization (WHO) Country Representative, Dr Jean Marc Olive, gave the keynote speech as he discussed the ‘WHO: towards Achieving the Millennium Development Goals.’

A welcome reception was provided to entertain the delegates during the first day of the congress.

Midwifery education

The educators’ forum marked the second day of the congress. The whole morning was filled with enriching discussion and exploration about the different midwifery curriculum models of the different participating Asia Pacific region countries.

Speakers from Japan, Australia, New Zealand, Indonesia, USA and Philippines presented the current midwifery education model of their own countries.

The aim of this activity was to serve as a basis for the breakthrough and advancement of the midwifery education in the Philippines. The Director of the Office of Programs and Standards (OPS) of the Commission on Higher Education (CHED), the regulating body of the country on Tertiary Education, Ms. Catherine Castañeda discussed the current proposal of the Technical Committee on Midwifery Education (TCME) in the Philippines with regard to the proposed four-year Bachelor of Science degree in midwifery. ICM Asia Pacific Regional Representative Professor Junko Kondo of Japan was also present to give awards to the speakers.

Midwifery practice

Several Filipino speakers shared their experiences in the field of midwifery practice in the country. Midwives working in government, private hospitals, academia and even in privately owned clinics undergoing business entrepreneurship narrated their own stories.

Delegates from different countries also talked about their midwifery practice in their particular workplaces such as studies in Japan and Australia. The afternoon session of October 17 ended the congress with the discussion of ‘The Future Direction of ICM’ by Ms. Sandy Grey.

The lectures were given in the formal session with provision of visual materials during the discussions and about 10-15 minutes were allotted for every three presenters for the open forum and question and answers.

Filipinos showcased the hospitality and warm acceptance of the foreign delegates with a very festive mood of singing and dancing during the formal closing of the programme. Even the foreigners danced and moved as the congress ended!

There were no sponsorships from commercial companies. The proceeds of the event paid for the expenses of the association in hosting the congress.
News from ICM and partners

20th anniversary of the Safe Motherhood movement

The United Nations Palais des Nations, Geneva, Switzerland, was the venue for a technical briefing held on 22 May 2007, to mark the 20th anniversary of the Safe Motherhood Initiative. The meeting was organised by the WHO Dept of Making Pregnancy Safer and was attended by many of those present in Geneva for the World Health Assembly. Nester Moyo represented ICM.

The objective of the briefing was to increase commitments from donor governments, the private sector and other stakeholders to help tackle maternal and newborn mortality in Africa and Asia in particular.

The meeting of representatives from FIGO, Family Care International, ICM and governments of Bhutan, Burkina Faso, Ireland, Laos, Malawi, the Netherlands and the UK was chaired by the new Assistant Director General of the Family and Community Health Cluster, Mrs Daisy Mafubelu.

Sally Keeble, Member of Parliament, UK, highlighted the fact that even though the UK is quite well off health wise, there are still disadvantaged sections of the population. Care needs to be extended to increase access for these families.

Chantal Gillárd, Member of Parliament, the Netherlands, stressed the need for more commitment to care for women and newborns in the low-resource countries – ‘Think beyond the skin colour’.

Jill Sheffield, President, Family Care International briefed the audience about the upcoming conference in London, ‘Women Deliver’. Ministers of finance are invited to this conference to sensitise them to the need for equitable distribution of resources in order to reduce maternal and neonatal mortality.

Dorothy Shaw, President, FIGO, discussed the role of FIGO in Safe Motherhood as a critical partner. She noted the effectiveness of collaborations among professionals and emphasised, among others, the positive effects of the collaboration between FIGO and ICM.

The Ministers of Health of Malawi, Burkina Faso, Bhutan, Laos, Burundi, and Laos each gave a short presentation.

MoH Malawi: ‘For maternal and neonatal health to improve we need to address poverty, increase political will, empower households and unite so that we act together for best results’.

Burkina Faso: ‘It is important to include the ministers of finance so that there is a budget for reduction of maternal and neonatal deaths in the same way that governments have budgets on reduction of HIV and AIDS transmission’.

Bhutan: The world has now been informed - and it has been endorsed by WHO - that the prototype of the skilled attendant is the midwife. People should avoid using the term skilled attendant and just talk about midwives and increase their numbers. This has been done in Bhutan and it is working.

Nester commented: ‘This was a worthwhile meeting - ICM’s presence was felt and this will contribute to raising our profile. Contacts were made with people we do not usually have access to. Midwives and midwifery were well represented: it was highlighted by all that they are one critical tool required to reach MDGs 4 and 5’.

Dutch initiative for improving maternal & child health

ICM was invited to contribute to a discussion on how organisations based in the Netherlands can work together with the Dutch government to ensure that the health of women and children in low resource countries is improved.

Chantal Gillárd, a Dutch Labour Party Member of Parliament with responsibility for development cooperation and medical ethics, brought together on Mother’s Day in May a high-level group of representatives including Nester T Moyo of ICM and Dr Monir Islam of WHO Making Pregnancy Safer (Chantal, Nester and Monir are seen in the front row of the picture).

A wide-ranging discussion concluded that there is need: for all to work together for this common goal; for a platform where ideas can be exchanged between public and private organisations; to sensitise the public about this collaboration.

Following the meeting, Chantal Gillárd made an announcement about the initiative in parliament on the 100th day of this parliament.

ICM and the ‘Integrated Organisation Model’

The ICM has benefited over the past few years from advice and input from MDF, a Dutch company which assists with organisational development. In April this year, ICM staff agreed, in return, to be a ‘model organisation’ for MDF trainees to study.

Thomas Lewinsky, one of the MDF consultants, brought 15 students to meet and talk with the ICM staff, while they pursued their study of the organisation.

Following the successful visit, Thomas thanked the staff and said: ‘The participants learned a lot, and were very appreciative. [They] enjoyed themselves and found your organisation fascinating, especially because of your outreach to countries and cultures all over the world.’

With a magnifying glass you can see some of the students’ comments about ICM!
Kathy Herschderfer attends one of the Forum working groups

About 250 delegates gathered from around the world to attend the Partners’ Forum of the Partnership for Maternal Newborn and Child Health in Dar es Salaam, Tanzania, 17-20 April, 2007, which was hosted by the government of Tanzania.

ICM was represented by Secretary General Kathy Herschderfer, former Director Joyce Thompson and Board member Judith Chamisa. Gillian Barber of the Midwifery Society of the Royal College of Nursing was also present.

The Opening Ceremony included a video made by health care workers in Tanzania, ‘Play Your Part’, and a performance by a prominent Tanzanian singer. Events at the Forum included the unveiling of the Partnership’s Ten-Year Strategy and governance discussions among the six constituency groups and four working groups. The Prime Minister of Norway, the Rt. Hon. Jens Stoltenberg, presented a Global Business Plan to increase commitment to MDGs 4 & 5. A roundtable discussion was chaired by Lynn Freedman, of Columbia University and the Millennium Project: ‘Achieving MDGs 4 & 5: The role of partnership’.

Dr Francisco Songane, Director of the Partnership, closed the Forum Friday on 20 April 2007 with heartfelt thanks to all participants: “We at the Secretariat and the Board have felt this about 250 delegates gathered from around the world to attend the Partners’ Forum of the Partnership for Maternal Newborn and Child Health in Dar es Salaam, Tanzania, 17-20 April, 2007, which was hosted by the government of Tanzania. ICM was represented by Secretary General Kathy Herschderfer, former Director Joyce Thompson and Board member Judith Chamisa. Gillian Barber of the Midwifery Society of the Royal College of Nursing was also present. The Opening Ceremony included a video made by health care workers in Tanzania, ‘Play Your Part’, and a performance by a prominent Tanzanian singer. Events at the Forum included the unveiling of the Partnership’s Ten-Year Strategy and governance discussions among the six constituency groups and four working groups. The Prime Minister of Norway, the Rt. Hon. Jens Stoltenberg, presented a Global Business Plan to increase commitment to MDGs 4 & 5. A roundtable discussion was chaired by Lynn Freedman, of Columbia University and the Millennium Project: ‘Achieving MDGs 4 & 5: The role of partnership’. Dr Francisco Songane, Director of the Partnership, closed the Forum Friday on 20 April 2007 with heartfelt thanks to all participants: “We at the Secretariat and the Board have felt this strong support and it will help us move forward to find the directions that the Partnership should take.”


Safe Blood for Safe Motherhood

14 June 2007 - World Blood Donor Day - focused on improving safe blood supply to prevent maternal mortality. Every year, about 125,000 women die in developing countries due to severe bleeding during delivery or after childbirth, making it the most common cause of maternal mortality. This accounts for 25% of global maternal mortality. Timely and safe blood transfusion can make the difference between life and death for many women and their newborns.

‘If current trends continue, the world will fail to meet target 5 of the Millennium Development Goals to reduce maternal mortality,’ said Dr Margaret Chan, WHO Director-General. ‘We must do everything we can to improve the chances of women and newborns during and after childbirth.’

Details at www.who.int/pmnch/events/2007/safeblood.pdf

Information for mother and baby in Azerbaijan

The Public Association of Azerbaijani Midwives (PAAM), an ICM member, recognises the right of women to access adequate, affordable and qualified services in maternity and newborn healthcare.

In 2006 the PAAM explored the existing situation in Azerbaijan regarding accessibility of information for new mothers in their native language, Azeri, especially for those in the socially unprotected level of the population. Neither in the capital city Baku, nor in the regions, were there available information resources in public health. This also related to internet resources: there is no serious site in Azeri to provide such information.

PAAM proposed a solution: an inexpensive and popular magazine to provide a widespread and reliable source of information in the Azerbaijani language. Therefore in 2006 they founded the journal Young Mother. A draft of the proposed front cover is shown above.

However, unfortunately, PAAM cannot begin the publication and distribution of the periodical owing to lack of finance, so it has begun a search for a donor or sponsor. After initial financial support the aim is to make the periodical self-financing, although any issues published with a grant will be made available free of charge. The Azerbaijani midwives ask anyone who might help with the search for a donor to e-mail the address below.

Leyla Safarzade, Director, Public Association of Azerbaijani Midwives leylasafarzade@rambler.ru

Partners pay tribute to ICM on International Day of the Midwife

ICM is deeply appreciative of the messages received from partner organisations. From FIGO: ‘Today, 5th May, is the Day of the Midwife. FIGO wishes to pay tribute to midwives around the world, recognising their important role, articulated in their theme, "Midwives reach out to women - wherever they live". FIGO has strong collaboration with midwives through ICM to address the shameful and preventable mortality and morbidity of women and their children through … reproductive health care services, to which women and children have internationally agreed upon rights. FIGO also recognises the impact of the global shortage of skilled health providers with midwifery skills, calling for support to train midwives in adequate numbers as a critical component in moving forward.’

From the WHO Making Pregnancy Safer department: ‘As one of the oldest and most respected professions in the world, the work of midwives is celebrated annually on 5 May … the International Day of Midwives’. WHO staff gathered to show their support for the essential role of midwives in saving the lives of pregnant women who might otherwise die from lack of skilled care during pregnancy and childbirth.

Participants from the ICM took part in discussions, taking forward the 2006 WHA Resolution to recruit nurses and midwives in all relevant WHO programmes to ensure their significant contribution in addressing primary health care needs in countries.

Daisy Mafubelu, ADG, WHO Family and Community Health cluster, said ‘As a nurse midwife I have seen first hand [both] the joy and tragedy of pregnancy and childbirth. Maternal and newborn mortality are two of the biggest challenges facing developing countries. Midwives need to play a central role in saving the lives of women and their newborns. Every woman has the right to midwifery care including skilled birth attendance during pregnancy, childbirth and after their babies are born. A strong partnership among the groups most involved with the care for women and newborns, most especially training, is essential for safer motherhood.’

More news of the IDM celebrations of ICM member associations will be published in the next issue of International Midwifery.
World Health Day 2007

This year’s theme for World Health Day, ‘Invest in health, build a safer future’ invited various interpretations. The World Alliance for Breastfeeding Action (WABA) joined with La Leche League International (LLLI) in a reminder that support and protection of breastfeeding is an investment in maternal and child health. Their joint statement demonstrated that such an investment would show returns in: the foundation for the infant’s immune system; a boost for the infant’s nervous system; a shield from malnutrition; prevention of obesity and overweight; and overall increased survival. In low resource areas, the child’s chance of surviving in the first months of life is far greater if he is breastfed.

As well as nourishing the child, breastfeeding also protects the mother by lowering her risk of breast cancer, ovarian cancer and osteoporosis.

WABA and LLLI also pointed out that exclusive breastfeeding, a natural form of contraception, helps to increase child spacing. In addition, breastfeeding is environment-friendly. It requires no plastics production, no transportation and no need for disposal. It is a free, self-sustaining food source, providing unparalleled nourishment and reducing family medical bills.

Governments, health systems, the private sector and the general public should work to create a safe and enabling environment to support the culture of breastfeeding.

WHO recommendations for prevention of PPH

Postpartum haemorrhage (PPH) is an important cause of maternal mortality, accounting for nearly 25% of all maternal deaths worldwide. Common causes of PPH include failure of the uterus to contract adequately after birth leading to atonic PPH, tears of the genital tract leading to traumatic PPH and bleeding due to retention of placental tissue.

Midwives including Kathy Herschderfer of ICM, Deborah Armbruster of POPPHI, Atf Gherissi from Tunisia and Tina Lavender from the UK have all contributed to new recommendations now available on the WHO website. Key questions include: What is active management of the third stage of labour, and who should practise it? Who is a skilled attendant? What are beneficial and harmful outcomes? Further topics covered are the use of additional uterotonic in PPH; choice and dosage of uterotonic; study designs providing evidence for these recommendations; and timing of cord clamping. There is also discussion of what can be done in the absence of a skilled attendant.

See www.who.int/making_pregnancy_safer/publications/en

Un Libro Para Parteras

La fundación Hesperian acaba de publicar “Un Libro para Parteras”, la traducción en español de una edición revisada y mas extensa del libro “A Book for Midwives”, by Susan Klein, Suellen Miller and Fiona Thomson.

The book’s expanded information on maternal health and obstetric emergencies is therefore now available to our partners in Latin America and other Spanish-speaking countries.

The book can be downloaded free of charge (along with many other Hesperian publications).

Hesperian encourages partners to link to these downloads, and to share them with individuals or groups who may be interested.

The web site is at: http://hesperian.org/publications_download.php.

International Stillbirth Alliance 3rd annual conference

The International Stillbirth Alliance (ISA) 2007 Conference is to be held in Birmingham, UK, 29 September–2 October.

ISA 2007 is being hosted by SANDS UK and The Perinatal Institute for Maternal and Child Health, UK. This meeting will focus on perinatal loss - the human impact, the causes, and the possibilities for prevention. ISA 2007 will be run in two parallel streams, scientific and bereavement, and will include joint plenary sessions to discuss the key issues of interest to all.

The conference will bring together researchers, clinicians, health care professionals, members of bereaved families and support organisations from many different countries.

For more details please visit www.isa2007.org