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ICM Mission statement

To strengthen member associations and to advance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women and in keeping birth normal, in order to enhance the reproductive health of women, and the health of their newborn and their families. (May 2008)

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As I write, with a title taken from Paul Robeson, African American writer and singer, it is harvest time in the Northern Hemisphere and age-old traditions of thanksgiving are being celebrated. In the Southern Hemisphere, spring unfolds with the sowing of seeds and promise of new life: a simultaneous global cycle of conception and birth. As the ICM begins a new triennium it is an opportunity to acknowledge the fruits of our many labours as we make plans for this new cycle together.

In taking stock, it is important to acknowledge the generations of midwives who have come before us. Midwifery has survived due to the foresight and determination of small groups of midwives who have worked tirelessly in many countries. These midwives developed the profession by establishing the underpinnings of the three pillars of a strong profession: independent professional associations, schools and training programmes, and autonomous midwifery standards and regulations. However, the last 20 to 30 years has seen a real global ‘modernization’ of midwifery, with an unprecedented number of new educational programmes, new professional associations and new legislation, all of which support the growth and autonomy of midwifery.

The ICM has continued to grow from a loosely knit confederation with a low international profile, to a permanent structure with Headquarters in The Hague; today it has 90 member associations in 80 countries. The ICM has partnered with WHO, FIGO, the ICN, the UNFPA, the WRA and other international agencies. In 2000, the ICM co-chaired the Inter-Agency Group of the Safe Motherhood Initiative and in 2005 the ICM co-chaired, along with the World Bank, the Steering Committee of the new Partnership for Maternal and Newborn Health. The ICM currently sits as Board member on the latest incarnation of this global entity, the Partnership for Maternal, Newborn and Child Health (PMNCH).

Over these years the ICM Council has approved several dozen Position Statements for use by our Member Associations (available on www.internationalmidwives.org). In 2002 the ICM developed the basic competencies of midwifery practice, which are now recognized by the WHO, FIGO and the ICN as essential midwifery skills for all skilled birth attendants. The ICM has also developed a tool for strengthening midwifery associations and a series of modules for training midwifery leaders. The recent past Directors of the ICM, Margaret Peters, Joyce Thompson and Judi Brown, were instrumental in guiding the Confederation through this transition. Today the ICM has a dynamic international Board supported by Secretary General, Agneta Bridges, who confidently manages a small but talented staff. Together we carry out direction from Council and conduct the work of the ICM.

During the recent ICM Congress in Glasgow, one thing was abundantly clear: modern midwifery has come of age. There is a critical mass of experienced professional midwives around the globe for the first time in our collective history, who have been practicing the art, science and politics of midwifery for at least 20 years. These include experienced cadres of midwifery educators, researchers, consultants, managers, technical experts, administrators, politicians and CEOs. Others work with or lead non-government organizations (NGOs) and work within UN agencies. The numbers are not large, but the overall cumulative expertise is extremely impressive and, potentially, extremely effective. The effectiveness depends on how we mobilize this expertise in the coming years.

The profession of midwifery is at a turning point in our collective history. Turning points are aces of time, and this one began about eight years ago when the ICM was asked to co-chair the Safe Motherhood Initiative. For the first time midwives had been identified at the global level as essential members of the maternal and newborn healthcare team. This provides a unique window of opportunity for all Member Associations to use this global recognition to strengthen the profession and grow midwifery in all our countries and regions.

ICM Vision, Mission and Challenges

During the recent ICM Council, Council adopted a new Vision Statement: ‘ICM envisions a world where every childbearing woman has access to a midwife’s care for herself and her newborn’, and a new Mission Statement; ‘To strengthen Member Associations and to advance the profession of midwifery globally by promoting autonomous midwives as the most appropriate caregivers for childbearing women...’. These are strong far-reaching statements. To achieve them, it is important to understand the three specific challenges facing most of our Members in the next triennium:

1. To develop and strengthen midwifery-led educational and training programmes (both pre-service and in-service).
2. To establish and strengthen autonomous midwifery standards and regulations which allow midwives to practice autonomously and to their full scope both in the community and in all healthcare settings, public or private; to protect these standards in legislation.
3. To strengthen the professional association to effectively advocate on behalf of the midwifery workforce and address issues of poor pay, retention, resource support and humanized midwifery care, and to also ensure midwives are present at maternal and newborn policy planning at local, regional and national levels.
ICM Council identified education as a particular priority and directed the Board to develop a set of standards for basic midwifery education during this new triennium.

The importance of these three challenges cannot be underestimated. They are the foundations of a strong profession. If any of these three areas is weak, the overall profession is weakened. Midwifery must be a strong profession for two important reasons: to address the task of reducing maternal and infant morbidity and mortality and improving maternal and newborn health in all our countries, but most critically in low-resource countries; and to effectively partner as a respected member of the maternal and newborn healthcare team. Effective partnerships have been identified by the PMNCH as essential to a safe continuum of care for maternal, newborn and child health in all our countries.

We must use the international recognition of midwives to leverage the strengthening of midwifery at national levels. The particular current focus on midwifery from international agencies and donors is sparked by the goal to achieve MDG 5 by 2015. The focus on MDG 5 has also stimulated concern about the growing disparities in maternal and newborn health between advantaged and disadvantaged populations in our middle and high-income countries. This is a pivotal time for midwives to become well organized and outspoken to improve the status of our profession in order to improve the health of all women and their newborns in all our countries.

ICM and UNFPA Midwives Programme

The ICM has launched an important partnership that reflects the current donor interest in developing midwifery. During the last week of September a press release announced the launch of the long-awaited ICM/UNFPA Midwives Programme (MP), the first project of its kind in the history of the ICM. Through generous funding from both the Swedish and Dutch governments, and in co-operation with UNFPA offices at country and regional levels, the MP will help strengthen midwifery in up to 30 low-resource countries over the next three years. The programme will focus on the three pillars: strengthening midwifery training and education programmes, developing midwifery standards and regulations, and strengthening midwifery associations.

The first 11 countries in the MP are located in both Francophone and Anglophone Africa and the plan is to add five countries from South Asia in 2009. In mid-September the ICM hired Abigail Kyei as the International Midwife Advisor who will oversee the direction of the programme, and the UNFPA hired Geeta Lal, who will co-ordinate technical and administrative aspects of the program for the UNFPA. On behalf of all of us at the ICM, I would like to extend a warm welcome to both Abigail and Geeta.

Dr. Vincent Fauveau, Senior Advisor, Maternal Health for the UNFPA in Geneva has been the 'godfather' of this project and has worked closely with the ICM to develop the programme. He has long promoted midwifery as a pivotal workforce to improve maternal and newborn health in low-resource countries. I would also like to recognize Thoraya Obaid, Executive Director of the UNFPA, for her ongoing support of this programme and of midwives, as demonstrated in her powerful May 5th statement celebrating the International Day of the Midwife.

It is important to also thank midwives Della Sherratt, international midwife consultant, and Kathy Herschderfer, former ICM Secretary General, for their many contributions to the early development of the programme. Finally, this entire project would not be possible without the generous funding of 9 million dollars from both the Swedish and Dutch governments. These governments have faithfully supported midwifery both nationally and internationally for many years. Their generous contributions have now enabled the ICM to strengthen midwifery in ways unimaginable only a few years ago.

The Road to Durban...

As we count our blessings and begin new work at the start of this triennium, there is a road that lies before us: the road to Durban. The road stretches from the fortune-filled ICM Congress in Glasgow in June to the much-anticipated first ICM Congress in Africa in 2011. From the place of thanksgiving to the place of hope, the road can be long.

As we walk down the road together it is an opportunity for the midwives of the world to see the conditions, hear the stories and learn from the experiences of the midwives of Africa. Along the three-year road to Durban, an appalling number of women will suffer from neglect or die in pregnancy and childbirth. Many midwives, overwhelmed by the demands facing them, will suffer from despair and become bitter in their caring. As we walk the long road my hope is that the midwives of the world will be unified in our understanding that each woman who suffers neglect or dies in childbirth is not simply a distant unfortunate reality, beyond our reach. She is actually a woman in our midst. We all know the care she needs and deserves in this global village.

My hope is that the midwives of the world will strengthen midwifery, based on our Vision for every childbearing woman to have access to a midwife's care. The ICM Vision is not a passive vision. It is a vision that calls for growth, for strategic planning and political action on the part of all midwives in the world. We cannot stand by while women and their newborns die on this three-year road. Our Vision and our Mission call upon the midwives of the world to become activists in caring for women. Those of us who come from places of privilege must find ways to use that privilege to bring humane midwifery care to all. The very survival of midwifery as a profession is not just based on the strength of midwifery in our own country, but on the strength of midwifery in all our countries.

As we walk along the three-year road, it is an opportunity for the midwives of the world to lift up the midwives who work along the road and enable their environments so that more of them have the opportunity to become respected...
midwives, teachers, regulators, researchers and leaders. It is time for the midwives of the world to bring down that road a groundswell of pride for midwives and midwifery as a profession.

As we walk together down the three-year road, we must advocate on behalf of women and their newborns in all our nations. We must speak our Vision and proclaim midwives as the most appropriate maternity care providers for the vast majority of women and their newborns globally. We must help create health systems in all our countries that are sustainable and universally available to all pregnant and birthing women.

That is my dream for this new triennium: for the midwives of the world to walk the road from Glasgow to Durban together, sharing our cumulative skills and collectively proclaiming our Vision in this new season for midwifery and midwives.

Kind regards to each of you,

Bridget Lynch, President, International Confederation of Midwives

Resources

News from ICM and member associations

ICM appoints International Midwifery Adviser
Abigail Kyei writes: My country of origin is Ghana in West Africa where I was born, raised and had my initial education. My first degree is in Nursing (including Midwifery and Public Health), from the University of Ghana and I hold a Masters in Public Health (Maternal & Child Health Concentration) from San Diego State University in the US. I am currently pursuing a doctorate in Health Administration at the University of Phoenix via an online programme.

I have over 20 years experience in public health management, working as a facility-centred nurse and midwife, researcher, programme officer in an adviser capacity and as a team leader and manager. Most of my experience has been in my home country, with early work in a rural hospital which included nursing, midwifery and community health under very challenging conditions. I later joined the Ministry of Health in Ghana and worked in other hospitals. In the process, I became inspired to do my Masters in Public Health.

I returned to Ghana after my Masters and started work with international non-governmental organisations. I first worked with the Danish International Development Agency (DANIDA), but later joined JHPIEGO (an international NGO working in Reproductive Health). After a number of years managing the country office in Ghana, I was offered an international position and I moved to Malawi to be the Country Director on a program under JHPIEGO/ACCESS. I was managing a project supporting the Ministry of Health to provide high quality, sustainable reproductive health services to meet the needs of the nation of Malawi. Prior to moving to Malawi, I had also had the experience of travel in my work to places such as Nigeria, Kenya and Afghanistan where I went to start a country programme.

I have just been appointed as the International Midwifery Adviser in ICM on a joint UNFPA/ICM project that will be addressing the issue of improving maternal and newborn health through improvement in skilled attendance at birth in low-income countries. I look forward to working together with the team at ICM with support from UNFPA, to make long-lasting positive impact in the health of mothers and children within our part of the world.

Erratum: ICM's new Vice President

Apologies are due to Frances Day-Stirk whose current roles were wrongly described in the previous issue of *IM*.

Frances is Director, Learning Research and Practice Development, in the International Office, Royal College of Midwives and also Vice-chair of the European Forum of National Nursing and Midwifery Associations and the WHO.
The ICM Congress Glasgow June 2008: its success will ring in our hearts and minds

Striking memories of the Congress include the dramatic opening and closing ceremonies, a stimulating scientific programme and farewells to those leaving

ICM President Bridget Lynch writes:

To the Royal College of Midwives, with thanks...
Although several months have gone by, the energy of the 28th Triennial Congress in Glasgow continues to glow and inspire. It is time to recognize the resounding success of the Congress and to congratulate and thank our hosts, the Royal College of Midwives (RCM). During the Congress more than 3,500 midwives from around the globe gathered in Glasgow to celebrate midwifery. The impressive and energizing opening ceremony came to a close with Congress delegates dancing alongside invited guests of honour, including members of the World Health Organization (WHO), the International Federation of Gynecology and Obstetrics (FIGO), the United Nations Population Fund (UNFPA), Save the Children and the Royal College of Obstetricians and Gynecologists (RCOG).

The RCM Scientific Professional Planning Committee (SPPC) co-ordinated the review of approximately 1300 abstracts, resulting in a total of over 500 presentations during the four-day conference, including 458 concurrent sessions, 16 symposia, 26 workshops and 194 posters. The SPPC also provided high profile keynote speakers. Princess Anne, Sarah Brown, wife of Prime Minister Gordon Brown, and Princess Muna of Jordan, all gave both personal and passionate support to the development of midwifery globally. Their endorsement of midwifery continues to resonate globally.

Dame Karlene Davis, General Secretary of the RCM and President of the ICM during the last triennium, is to be particularly congratulated for her enthusiastic support of this event. RCM staff worked alongside midwife volunteers throughout the six years of preparations for the Congress. Along with a successful Congress, this dedicated group has left the ICM specific legacies. Midwives of the world now have our own tartan that was developed for this Congress, forever protected as the ‘Midwives’ Tartan’. The RCM also offered ICM the Congress logo and during the pre-Congress ICM Council meeting, delegates overwhelmingly voted to adopt it as the new ICM logo. This new logo is currently being launched.

At a financial level, the 28th Triennial Congress also successfully reached the funding goals set by the ICM budget. Together with annual member association fees, profit from ICM Congresses is essential to support the ICM budget during each triennium. The hard work of the RCM has benefited the work of the entire Confederation.

On behalf of the midwives of the world, the ICM raises a toast of thanks to Dame Karlene, the members of the RCM SPPC and the Congress Planning Committee. The success of this invigorating Congress will continue to ring in our hearts and minds for years to come.

Dame Karlene Davis, President of ICM, at the Congress with the Lord Provost of Glasgow, Bob Winter

The Scientific and Professional Programme Committee: Back row: Sue Macdonald, Jane Sandall, Marlene Sinclair, Deirdre Daly, Val Collington, Soo Downe, Jo Alexander, Holly Powell-Kennedy, Louise Silverton; front row: Rona McCandlish, Frances Day-Stirk, Mags McGuire, Sheila Clow

Among other farewells made in Glasgow was that to Judi Brown, Director of the ICM Board. Judi has been involved with the work of ICM for many years, becoming a region representative for the Asia Pacific Region in 1990, and being elected Deputy Director in 1999 and Director in 2005. Her previous experience as president of the Australian College of Midwives and in international work in both South Africa and in south-east Asia provided valuable grounding for the crucial job of steering the ICM through the last triennium. Judi’s detailed knowledge of regulatory matters enabled the ICM to strengthen its influence in this area, which has become of increasing importance as midwives worldwide achieve improved recognition and status with governments and with their health professional colleagues. Warm appreciation was expressed for Judi’s contribution, as well as best wishes for her continuing current work to promote midwifery in the United Arab Emirates.
Another ‘goodbye’ was to Franka Cadee, Treasurer of the ICM for six years. Franka has been a very active member of the Board, and a careful and constructive guardian of ICM’s resources. Her home and work base is in the Netherlands, which means she has been able to provide direct support when needed. Franka worked closely with office staff over a period of financial difficulty with a successful outcome of greatly improved stability. She continues her work both as a practising midwife and for the Royal Dutch Organisation of Midwives.

Among other members of the ICM Board, Junko Kondo from the Japanese Midwives Association and Kathlyn Ababio from the Ghana Registered Midwives Association stepped down after serving a full nine years as Board members. Both have not only represented their respective regions but taken on other Board responsibilities enthusiastically and with success. Alicia Cillo from Argentina, Lillian Bondo from Denmark, Andrea Stiefel from Germany, and Judith Chamisa from Zimbabwe leave the Board, too, after shorter periods of highly effective contributions to the ICM’s work.

The gratitude and good wishes of all ICM members and staff go to all those who have put immense efforts into representing their associations, countries and regions on behalf of midwifery.

Heartfelt congratulations were due to the ICM Young Midwifery Leaders who have now completed their varied and intensive programme of leadership. Five mentors and five mentees, from Germany, Malawi, Scotland, Slovenia, South Africa and Trinidad & Tobago, were involved in the initiative. As well as those pictured above, Jule Friedrich and Valerie Fleming took roles as mentors. Nester T Moyo was the ICM Programme Manager who created the training modules and co-ordinated all aspects of the learning experience. Eliz van Kampen of the ICM staff created hand-crafted statuettes of a pregnant woman which were presented to the members of the group along with their certificates.

It was a time for appreciation and applause. Sincere thanks went to Vince Pender of Johnson & Johnson UK, who represented the premier sponsor of the Congress, along with other sponsors MIDIRS, Martek Biosciences, Pampers and Pregnacare.

Dr Monir Islam of WHO presented the Making Pregnancy Safer award to Siti Simaiti of Indonesia and midwives Histaphi Kenkeyani of Malawi and Phoebe Lolly Mashao of South Africa were delighted to receive Save the Children awards from Princess Anne during her visit to the Congress.
We present a round-up of midwives’ action on the International Day of the Midwife 2008:

Australia

Tasmania: This year’s International Midwives Day (IMD) saw a multitude of different celebrations by midwives and women.

In Southern Tasmania a morning tea and storytelling session was held, while midwives in Northern Tasmania had afternoon tea with the Federal member for Bass, Jodie Campbell. Jodie presented each midwife with a Purple Dutch Iris.

Midwife Anne Sayer, Jodie Campbell MP, midwife Garry Kernan

The North West had celebrations in both Devonport and Burnie. The Mersey Community Hospital started the day with a talk on the psychosocial aspects of pregnancy over breakfast, and a street stall was held where midwives talked to members of the community and handed out balloons. Later midwives celebrated with a dinner where Francine Douce was presented with the Tasmanian Midwifery Peer award.

Francine has had a pinnacle role in the development of a maternity service for ‘rural and remote’ women, which has been vital for women who would otherwise receive no or minimal care during their pregnancy due to social and financial circumstances. Francine has also taken an active role in the establishment of an emergency birthing room at the Smithton hospital and providing support and professional development opportunities to midwives working in more remote areas of Tasmania.

Burnie also celebrated breakfast and afternoon tea with the Federal member for Braddon, Sid Sidebottom, when the Johnson & Johnson Tasmanian Midwife of the Year Award was presented to Dianne Summers.

There was lots of media coverage of IMD in all the major Tasmanian newspapers.

Veronica Wood, President, Australian College of Midwives Tasmania branch

Bangladesh

A seminar was organised by the Bangladesh Nursing Council (BNC) and supported by the United Nations Population Fund (UNFPA) on the occasion of the International Day of the Midwife, 5 May, 2008. This seminar was held to bring to mind the universal importance of midwives’ work, what midwives stand for and the important and unique role that midwives play. It was the 3rd time ever that Bangladesh celebrated the IDM.

BNC invited and received 600 participants from Government, the Directorate of Nursing Services, WHO, professional associations, NGOs and nurse/midwives. The theme throughout the presentations was that Bangladesh calls for urgent action to address the shortage of midwives. With a high maternal mortality ratio (MMR) of 297/100,000 in Bangladesh it is important that a separate cadre of midwives be set up to allow more midwives to be trained, to provide care and health service to mother and child.

There is also an acute shortage of nurse/midwives working in the antenatal, birthing units and postnatal wards, so that it is not possible to provide a service with quality. BNC calls for action to develop the existing Nurse/Midwife Workforce by providing a further six-month midwifery training to become a Certified Midwife, who will be placed only in the maternity unit. Moreover, BNC is in the process of revising regulation so that the Midwifery Act is incorporated. Development partners came forward to provide technical assistance in this regard.

In recognition of the important role midwives play in the care of women and their families before, during and after the birth of their babies; Ms. Kamerunn Nessa, Joint Secretary, MOH&FW, distributed appreciation certificates together with a crest to a number of 18 Nurse/Midwives, selected from 6 divisions, for appreciation for their long and devoted time in maternal service.

The IDM closed with folk songs and a cultural programme performed by nurse/midwives, with refreshments offered to the guests.

The day was observed in the local newspapers.

Mrs. Samsun Nahar, Registrar, BNC
Malin Bogren, International Programme Officer
Safe Motherhood, UNFPA, Bangladesh.
Midwives and families around the world celebrated the 2008 International Day of the Midwife with the theme of ‘Healthy Families: The Key to the Future.’ In Canada there is also cause to celebrate, as more and more women are cared for by the health care professional of their choice: midwives. In provinces British Columbia, Alberta, Saskatchewan, Manitoba, Ontario, Quebec and the NWT, midwifery is an integrated part of the health care system; in Nova Scotia, New Brunswick and Nunavut the process of regulating the profession is well underway. Considering that only 15 years ago, midwives were not legally recognised anywhere in Canada, these developments represent tremendous and positive change.

There are currently about 680 midwives working in Canada and 100 students admitted annually to university midwifery programmes - numbers that have increased by 50% in just the last three years. In a country as vast as ours, however, these numbers are still very small. The demand for women-centred healthcare far outweighs the national supply of midwives. By way of comparison, there are over 2,000 midwives in New Zealand serving a population of 4 million, and about 35,000 midwives in the UK.

In all provinces and territories where midwifery is regulated, except for Alberta, midwives’ services are covered by public funding – midwifery care is free. In many communities across the country however, there are no midwives at all; and in some areas midwives are so highly in demand that 40% of women seeking their care cannot be accommodated. Canadian women need more midwives, paid by provincial healthcare dollars, and soon.

With the exodus of family physicians from the field of obstetrics, shortages of maternity care providers are a growing and serious problem. Midwives have come a long way in the past decade, but the frustrating reality remains that for many women, a choice of care provider is simply not available. Currently, midwives assist at less than 5% of births nationwide. The need for midwives, especially in rural, remote and Aboriginal communities, is acute.

A 2006 study of Canadian birth practices found that medical or surgical intervention was used in 75% of all births. This contravenes standards set by Health Canada. According to the first ever national survey of maternity experiences of women in Canada, 71% of women whose primary caregiver was a midwife rated their labour and birth experiences as “very positive”. The 2007 survey is a core project of the Canadian Perinatal Surveillance System; a full report is expected in October.

This year. In Ontario, provincial surveys of midwifery clients have shown satisfaction rates of 98%.

Healthy families are the key to our future in Canada and around the world. Healthy families start with healthy pregnancies, joyful birth experiences and good infant care.

Provincial governments are urged to commit to a comprehensive maternity care strategy that ensures every Canadian family has access to high quality, woman-centred maternity care as close to home as possible, with the care provider of the woman’s choice.

As an essential part of that strategy, midwifery service need to be widely available, funded and accessible to all Canadians.

Kerstin Martin, President, Canadian Association of Midwife.

Cyprus

The Cyprus Nurses and Midwives Association (CYNMA) carried out many activities for the Celebration of the International Day of Midwives 2008.

The IDM 2008 theme ‘Healthy Families: the Key to the Future’ was publicised through high media with a focus on the role of the midwife in keeping the family healthy; by keeping birth normal; by reducing unnecessary interventions that hamper the health of women and neonates; and by supporting the families’ birthing rights.

Midwives were invited to take part in interviews, arranged by the CYNMA Board, in TV and radio programmes with high publicity, and discussed the theme of the day. All interviews revealed people’s great interest and desire to know more about the science and the profession of midwifery and the scope and field of midwives’ action.

On the day of the IDM, midwives gathered together, presented the theme of the IDM 2008 and socialised among friends and other health care professionals.

Midwives at the Limassol Maternity Unit publicised the first edition of a midwives’ newspaper, the ‘Midwifery News’.

The CYNMA this year celebrated the 20th anniversary of its foundation and this celebration was considered as part of the IDM 2008; all former members of the Board of CYNMA were honoured for their outstanding work and for their commitment to strengthen the association and to fulfil the vision and strategic goals of both professions.

Maria Papadapoulou, Midwife-CYNMA Board Member.
This year, the International Day of the Midwife offered the opportunity to showcase the work of the midwife in the community. The celebrations started by organising a float through the principal streets of Techiman in the Brong Ahafo Region, where the launch took place.

It was followed by a durbar (ceremonial gathering) where speeches were delivered. The Regional Chairperson, Mrs Christina Amo-Appiah, gave a welcome address and Honourable Igna tius Baffour Awuah, the Brong Ahafo Regional Minister, announced that maternal mortality in the Region has fallen from 113/100,000 live births in 2006 to 88/100,000 in 2007. He recommended midwives for working hard to giving practical meaning to the regional goal of zero tolerance for Maternal Mortality by the year 2015.

Mrs Ernestina Djokotee, President of the Ghana Registered Midwives Association, observed that midwifery care was unique as it influences the health of future generations. She also stated that midwives have not received the recognition that they deserve even though the profession is as old as the human race and called for more serious attention to the advancement of midwifery as an autonomous profession in Ghana. Mrs Djokotee urged her colleagues to introduce integrated maternal health in their practice by screening pregnant women for HIV to prevent mother-to-child transmission.

The Regional Director of Health Services of Brong-Ahafo Region, in his speech, urged all Health Providers in the Government, Mission and Private Sectors to regard themselves as collaborators and partners with the households, not as competitors, and to complement each other to make health care more accessible in the country.

The Country Representative of UNFPA paid tribute to midwives around the world, especially in Ghana for their hard work and dedication to duty. He called for urgent action to address the shortage of midwives in the country as well as providing incentives and equipment to carry out their duties where needed. Some midwives from the Brong Ahafo Region were honoured for their long service and dedication to duty.

Midwives also celebrated the occasion in their various regions for a period of one week during which activities were carried out in the communities. These included: organisation of durbars for interactions with communities; visits to schools; random blood pressure checks and breast examination; counselling and provision of family planning services; material donations to hospitals and orphanages.

Ernestina Djokotee (Mrs), National President, GRMA

Free blood pressure checks were offered to women

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Ernestina Djokotee (Mrs), National President, GRMA

Haiti

Le lundi 5 mai 2008, une messe d’action de grâce a été célébrée à la chapelle de l’Immaculée conception a l’hôpital de l’université d’état d’Haïti. Le Mgr André Dumas a délivré un message simple et clair « le respect de la vie ». Après la messe, une réception a été donnée au local de l’Ecole nationale d’infirmières sages-femmes, plusieurs personnalités ont été présente, notamment Mme Marie Laurence Jocelyn Lassegue, la Ministre à la condition féminine, et Mme Tania Patriota, représentante de l’UNFPA en Haïti.

Le Dr Pierre Alix Laroche a pris la parole pour exprimer sa fierté face à l’AISFH et surtout face à la promotion qui a pris l’initiative de donner naissance à ce bébé maintenant vieux de 3 années.

Mme Patriota est intervenue à réfléchir sur le devenir des femmes en âges de procréer en Haïti et surtout le sort de celles qui portent des bébés et accouchent quotidiennement. Selon elle, avec un taux de mortalité de 630/100000 naissances vivantes, Haïti a besoin de plus d’investissement au niveau de la formation de sages-femmes, puisque cette dernière joue un rôle important dans la famille, auprès de la femme et au sein de la communauté. Elle promet le soutien de l’UNFPA a l’école de sage-femme et réaffirme son engagement auprès du gouvernement Haïtien dans ses efforts pour améliorer les services en augmentant le nombre de sage-femme dans les maternités.

En résumé, nous, en tant que sages-femmes, avons beaucoup a faire, afin que la réduction de la mortalité maternelle et infantile ne soit plus un rêve, mais la réalité.

On 5 May 2008 a thanksgiving mass was celebrated at the Chapel of the Immaculate Conception at the University Hospital of Haiti. Mgr André Dumas gave a clear and simple message ‘respect for life’. After the mass, there was a reception at the National School of Nurse Midwives; several dignitaries were present, notably Mme Marie Laurence Jocelyn Lassegue, Minister for Women’s Affairs and Mme Tania Patriota, representative of UNFPA in Haiti.

Dr Pierre Alix Laroche expressed his pride in the AISFH and especially in the group who had taken the initiative of ‘giving birth’ to this baby who was now three years old.

Mme Patriota reflected on the future for women of childbearing age in Haiti and on the outcomes for those who were expecting babies at this moment. She referred to the mortality rate of 630/100,000 and the need for greater investment in the training of midwives, so that they can play their important part in the family, alongside the woman, and in the heart of the community. She promised the support of UNFPA for the midwifery school and reaffirmed her involvement with the Haitian government’s efforts to improve services and increase the number of midwives in maternity.

In summary, we know that we as midwives have much to do before the reduction of maternal and infant mortality becomes not just a dream, but reality.

SAM Josée Angela, Secrétaire de l’AISFH
‘We must make this year one of unprecedented progress’: a new UN commitment to the MDGs

High-level meetings in New York, USA, in September 2008 brought renewed pledges for support of maternal and newborn health targets

The UN Secretary-General, Ban Ki Moon, and the President of the UN General Assembly, Miguel d’Escoto Brockmann, convened a High-level Event on the Millennium Development Goals (MDGs) at UN HQ on 25 September 2008. Significant progress has been made, they said, but urgent and increased efforts are needed to meet the Goals by 2015. The Event was a forum for world leaders to review progress, identify gaps, and commit to concrete efforts, resources and mechanisms. The Secretary General said: ‘Together, we must make this year one of unprecedented progress for the poorest of the poor.’

Commitment for Mothers, Newborns, and Children
On the same day, President Michelle Bachelet of Chile, President Tarja Halonen of Finland and President Jakaya Mrisho Kikwete of Tanzania, held a special meeting with the aim ‘to kick start a global re-commitment to achieve MDGs 5 (maternal health) and 4 (newborn and child health)’. Organisers included Family Care International, the Partnership for Maternal Newborn and Child Health and the White Ribbon Alliance for Safe Motherhood.

Presidents Bachelet, Halonen and Kikwete asked heads of state, UN agencies and civil society organisations to renew their commitments to maternal and child health and introduce specific initiatives. Their own countries had each taken action to improve maternal and child health: Chile has launched a regional campaign ‘Deliver now for women and children’ to reduce child mortality in Latin America and the Caribbean; Finland has joined the International Health Partnership (IHP) to promote more a coherent approach to health sector co-operation at the country level; Tanzania has made health care for pregnant women free.

‘If men gave birth to children, we would have reached these goals’
‘MDGs 4 and 5 are the least likely to be met in virtually all the regions of the world,’ said Margaret Chan, director general of the World Health Organisation (WHO). The German Federal Minister of Development Co-operation, Heidemarie Weiczorek-Zeul, added, ‘What would have happened to MDGs 4 and 5 if men were to give birth to children? We would have reached them.’

Midwives and MDG5
The occasion was an appropriate time for the official launch of the UNFPA and ICM’s new initiative to tackle the lack of midwives in developing countries. WHO estimates a need for an additional 334,000 midwives. ‘We need some strong advocates who can call on governments to invest in much needed midwives. But we also need to work with governments to ensure the scaling up and quality of midwifery services. They need to take ownership,’ ICM President Bridget Lynch said. (Bridget writes more about the programme on p36).

UN leaders’ joint statement: ‘Accelerating Efforts to Save the Lives of Women and Newborns’

Ann M. Veneman of UNICEF, Thoraya Ahmed Obaid of UNFPA (both pictured above), Margaret Chan of WHO, and Joy Phumaphi, of the World Bank, made the following statement:

‘We jointly pledge to intensify our support to countries to achieve MDG 5 To Improve Maternal Health. During the next five years, we will enhance support to the countries with the highest maternal mortality. We will support countries in strengthening their health systems to achieve the two MDG 5 targets of reducing the maternal mortality ratio by 75% and achieving universal access to reproductive health by 2015. ... We will work with governments and civil society to strengthen national capacity to:

- Conduct needs assessments and ensure that health plans are MDG-driven and performance-based
- Cost national plans and rapidly mobilize required resources
- Scale-up quality health services to ensure universal access to reproductive health, especially for family planning, skilled attendance at delivery and emergency obstetric and newborn care, ensuring linkages with HIV prevention and treatment
- Address the urgent need for skilled health workers, particularly midwives
- Address financial barriers to access, especially for the poorest
- Tackle the root causes of maternal mortality and morbidity, including gender inequality, low access to education — especially for girls — child marriage and adolescent pregnancy
- Strengthen monitoring and evaluation systems.

In the countdown to 2015, we call on Member States to accelerate efforts for achieving reproductive, maternal and newborn health. Together we can achieve Millennium Development Goals 4 and 5.’
Midwifery action in Peru and Nicaragua

Actividades de las matronas en Nicaragua y Perú

Former Board member Alicia Cillo writes from Latin America

Ex miembro de la Junta de la CIM Alicia Cillo escribe desde América Latina

Taller Regional para Latinoamérica y El Caribe
La Iniciativa para la Prevención de la Hemorragia Post-parto (POPHI) con el soporte de la Agencia de los Estados Unidos para el Desarrollo Internacional (USAID) ha organizado la Conferencia Regional: "Prácticas basadas en la Evidencia para prevenir la Hemorragia Post-Parto: de la Investigación a la Práctica", la que fue llevada a cabo en el Hotel Crowne Plaza en Managua – Nicaragua, del 31 de marzo al 04 de abril de 2008.

Considerando que la Hemorragia Post-parto es la mayor causa de muerte materna a nivel global y que, el Manejo Activo del Tercer Estadio del Parto (MATEP) es sin duda alguna una práctica costo-eficiente adecuada, POPPHI proveerá apoyo técnico y administrativo para la implementación de esta Iniciativa Especial, con el objetivo de aumentar el uso del MATEP como prevención primaria de la causa más importante de la mortalidad materna.

Entre las metas que tiene POPPHI, podemos enumerar las siguientes:
• Aumentar el uso del manejo activo a través de métodos alternativos de capacitación para mejorar la práctica de los proveedores
• Mejorar la calidad y disponibilidad del manejo activo a nivel institucional
• Mejorar la calidad y disponibilidad del manejo activo a nivel de la comunidad
• Conseguir que las drogas y los dispositivos se encuentren disponibles y a bajo costo para los países.

Los objetivos del Taller regional consistieron en lograr que, al finalizar el mismo, los participantes pudieran:
• Identificar tres a cuatro formas de prevención y tratamiento oportuno de hemorragia post-parto
• Describir la situación actual del uso de MATEP en Latinoamérica y el Caribe en base a la información de cuatro países de Centroamérica
• Describir los resultados de dos investigaciones adicionales sobre el MATEP y, otras estrategías de prevención de HPP
• Identificar tres a cinco acciones prioritarias para que sean adoptadas por los Ministerios de Salud, Asociaciones Profesionales y otras organizaciones en cada país, a fin de aumentar la implementación de estrategias basadas en las evidencias para prevenir la HPP en sus países.

Participaron profesionales de los países de: Argentina; Bolivia; Canadá; Chile; Colombia; Ecuador; El Salvador; Guatemala; Guyana; Haití; Honduras; Nicaragua; Paraguay; Perú; República Dominicana; Suiza/Ginebra El Acto de apertura estuvo a cargo de: C. Johnson, USAID/Nicaragua; Peg Marshall, USAID/Washington; M. Mathai, OMS/Ginebra; S. Galiano, OPS/Nicaragua; M. Quintanilla, PATH/Nicaragua; Deborah Armbruster, POPPHI/PATH y el Dr Guillermo González, Ministro de Salud de Nicaragua.

Las actividades se desarrollaron con:
• Exposiciones a cargo de expertos internacionales sobre MATEP; Visión general sobre medicamentos uterótónicos y dispositivos: Oxitocina vs. Misoprostol, entre otros;
• Un análisis comparativo del MATEP en 10 países de la Región;
• Presentación de Investigaciones de Prácticas basadas en evidencias, sobre cómo incrementar el uso del MATEP;
• Demostraciones, exposiciones y discusiones: mejorando destrezas;
• Exposiciones de pósters e investigaciones de los países participantes.

Mi participación en este Taller fue en Representación de ICM, en mi calidad de Representante Regional de las Américas de habla hispana, abordando el tema en conjunto con el Dr. André Lalonde: "Iniciativas para la reducción de la Mortalidad Materna en Latinoamérica: Iniciativas y declaraciones conjuntas de la Federación Internacional de Ginecología y Obstetricia – FIGO y la Confederación Internacional de Matronas – ICM". Se entregó a los participantes el Suplemento del Volumen 19 - 2006, de la Revista de ICM, International Midwifery.

Latin American & Caribbean Regional Conference
The Prevention of Postpartum Hemorrhage Initiative (POPHI), with the support of USAID [LAC Bureau], organised the regional conference ‘Reducing maternal mortality through the prevention of postpartum haemorrhage: research to evidence-based practice’, which was held at the Crowne Plaza Hotel in Managua, Nicaragua, 31 March–04 April 2008.

Given that postpartum haemorrhage is the largest cause of maternal death worldwide and that active management of the third stage of labour (AMTS L) is an appropriate and cost-effective practice, POPPHI provides technical and
administrative support for the implementation of the Special Initiative with the aim of increasing the use of AMTSL as primary prevention of the most important cause of maternal mortality.

Among POPPHI’s objectives are the following:

- Expand AMTSL through non-training approaches to improving provider practice
- Improve the quality and availability of AMTSL at facility-level
- Improve the quality and availability of AMTSL at community-level
- Make uterotonic drugs and devices available at a low cost to countries.

The regional workshop aimed to enable the participants to:

- Identify 3 to 4 ways of prevention and timely treatment of postpartum haemorrhage
- Describe the current situation of the use of AMTSL in Latin America and in the Caribbean on the basis of the information from 4 Central American countries
- Describe the results of two extra research projects on AMTSL and other prevention strategies for PPH
- Identify 3 to 5 priority actions to be carried out by the Health Ministries, professional associations and other organisations in each country in order to increase the implementation of strategies based on evidence to prevent PPH in their countries.

There were participants from over 15 countries: Argentina; Bolivia; Canada; Chile; Colombia; Ecuador; El Salvador; Guatemala; Guyana; Haiti; Honduras; Nicaragua; Paraguay; Peru; Dominican Republic; Switzerland.

The opening ceremony was organised by Connie Johnson, USAID/Nicaragua; Peg Marshall, USAID/Washington; Matthews Mathai, WHO/Geneva; Socorro Gross Gallano, PAHO/Nicaragua; Margarita Quintanilla, PATH/Nicaragua; Deborah Armbruster, POPPHI/PATH and Dr. Guillermo González, Minister of Health of Nicaragua. In addition there were:

- Presentations by international experts on AMTSL, General Vision on Uterotonic Drugs and Devices: Oxytocin vs. Misoprostol, among others.
- A comparative analysis of AMTSL in 10 countries of the region
- Presentation of research on evidence-based practice on how to increase the use of AMTSL
- Demonstrations, presentations and discussions: improving skills
- Exhibitions of posters and research findings from the participating countries.

My participation in this workshop was as representative of ICM, in my capacity of Board Member representing the Americas, presenting jointly with Dr André B. Lalonde ‘Initiatives for reducing Maternal Mortality in Latin America: Initiatives and joint statements of the International Federation of Gynecology and Obstetrics - FIGO and the International Confederation of Midwives – ICM’. The participants received copies of the supplement to Vol 19 (2006) of International Midwifery, the official journal of ICM

Lic. Obstétrica Alicia Beatriz Cillo, Argentina

Colegio de Obstetras del Perú: Reconocimiento a la Midwife, Dra. Peg Marshall

El 11 de Abril del presente año, el Colegio de Obstetras del Perú (COP) brindó el debido reconocimiento a la Midwife, Dra. Peg Marshall al ser nombrada como Miembro Honorario de la Orden, tras acuerdo del Consejo Directivo Nacional. La Dra. Peg Marshall, visitó el Perú luego de participar en el Taller Regional de Latinoamérica y el Caribe: ‘Reduciendo la Mortalidad Materna por medio de la Prevención de la Hemorragia Post-Parto: De la Investigación a la Práctica basada en las Evidencias’, donde compartió propuestas con la delegación Peruana.

Colegio de Obstetras del Perú: Recognition award to midwife Peg Marshall

On 11 April this year, the Colegio de Obstetras del Perú (COP) presented a well deserved recognition award to midwife Dr Peg Marshall on her appointment as honorary member, as agreed by the National Council. Peg Marshall visited Peru after participating in the Regional Workshop for Latin America and the Caribbean on ‘Reducing maternal mortality through the prevention of postpartum hemorrhage: research to evidence-based practice’, when she shared proposals with the Peruvian delegation.

Peg receives her award

Thanks to Marilina Mauvi of the ICM staff who assisted with translation of the above reports
Where our paths cross and midwives meet, there is much to celebrate

The ICM’s 28th Triennial Congress in Glasgow featured an unforgettable social and cultural programme that showcased each of the United Kingdom’s four nations.

A choir from the Society of Midwives of South Africa sing ‘Until I reach my goal’

Multi-Faith Celebration

The words in the title above, ‘Where our paths cross . . .’, were spoken by Dame Karlene Davis, President of the ICM, who began the series of exhilarating events that characterised the Glasgow Congress by opening the Multi-faith Celebration of midwifery, which took place immediately before the Opening Ceremony.

It seemed appropriate to have this time of calm and reflective celebration, with a spiritual aspect, before the excitement and pageantry of the later events. Midwives heard here for the first time the ‘Midwives Anthem’ sung by the Society of Midwives from South Africa, entitled ‘Until I reach my goal’. The stirring voices of the African midwives became familiar through the next few days as the anthem was repeated and every participant came to know these words and to look forward to hearing them again in the home of the South African midwives when the 29th Congress takes place in Durban in 2011.

More singing came from the Glasgow community-based and multicultural Voicebeat choir and from midwife soloist Catherine MacDonald who specialises in unaccompanied Gaelic singing. The audience of thousands was invited to join in the rendering of both ‘Morning has Broken’ and ‘When I Needed a Neighbour, Were You There?’, led by Claire Brennan on the piano.

Harp music from Maureen Hunter was heard between thoughtful and relevant readings reflecting the seven faiths of Baha’I, Buddhism, Christianity, Hinduism, Islam, Judaism, Sikhism.

Carrie Varjavandi from the Scottish Inter Faith Council summed up with the words: ‘The birth of a child is a special and happy occasion for all families throughout the world, bringing new life from love, and with it, new hope’.

A livelier note was then struck with a vibrant performance from Indepen-Dance, a group predominantly for adults with learning disabilities and their carers, whose wordless but communicative presentation was warmly applauded.

The Multi-Faith Celebration - held in the Clyde Auditorium, popularly known as the ‘Armadillo’ and familiar to all midwives from its distinctive shape featured on the Congress brochures – finally closed with a blessing from Frances Hume and the playing of ‘Amazing Grace’ by Pipe Major Iain Macdonald for the Neilston and District Pipe Band.

Opening Ceremony

When midwives moved into the main hall of the conference centre for the opening ceremony, their numbers increased as more and more arrived in Glasgow and made their way to the Congress site. Their mounting anticipation was not misplaced as the ceremony began, and the best of all the United Kingdom’s culture and heritage was presented in a glittering and dramatic programme.

The Neilston and District Pipe Band fittingly launched the procedures with a selection of stirring pipe and drum tunes, reminding the visitors to Scotland of the traditional music of the host country.

The Indepen-Dance Integrated Dance Theatre Company

The Neilston and District Pipe Band entering the hall
Flag Ceremony

The 'Flag Ceremony' is a much-loved part of every ICM Congress opening, as it gives the opportunity for all participants to acknowledge and salute midwives from each country. On this occasion, the flags were carried onto the stage, one by one, and tirelessly kept moving by the energetic players - children of all ages and sizes - from the Scottish Youth Theatre. As each country’s midwifery association was read out, those midwives stood and greeted their flag, and received an enthusiastic cheer from the rest of the crowd, by now numbering thousands. When the end of the list was reached with the Zimbabwe Confederation of Midwives, the roar of welcome was ear-splitting and the stage had become a sea of waving and colourful flags.

Music from the four nations

The atmosphere calmed a little with music in the next part of the programme. Midwives listened with appreciation to a medley of pieces by the Scottish Opera and Orchestra, led by their conductor Peter Robinson, and extracts from operatic soloists. Then they heard their own colleagues, the choir of the Royal College of Midwives, with an impressive collection of voices, many professionally trained. The RCM choir presented a wonderful display of the new ‘midwives’ tartan’, specially commissioned for the Congress, with each singer wearing a woven scarf in the distinctive yellow, grey and blue plaid design.

The Scottish based McCutcheon School of Irish Dancing provided a troupe of talent and agile young people to offer visual entertainment in the Irish style. Strikingly costumed girls and boys performed a variety of fast-paced dances with intricate steps and precisely co-ordinated movements, which brought a storm of applause from the audience.

Next on the schedule of UK countries showing the world what they can do was a Welsh choir, the Rhymney Millennium Choral. Wales is famous for its singing and this group of women’s voices upheld the tradition with a beautiful and moving selection of melody.

Later this choir joined with the RCM choir and the Scottish Orchestra to demonstrate that the countries of the United Kingdom can unite indeed to great musical effect, when the whole hall was filled with sound, and midwives responded with enthusiasm.

But the finale was to come. Particularly perhaps for those who had experienced long, tiring journeys that day, or for whom some of the styles of music were unfamiliar, it was hugely enlivening for the representation of English music to be a sound that has crossed continents and generations: ‘The Cavern Beatles’ with a memorable rendering of the ‘Fab Four’s best remembered songs. ‘Twist and Shout’ brought not only hundreds of midwives to their feet to dance in the aisles, but the Lord Provost of Glasgow, too, urged the ICM Board to join him!
Abiding memories from the ICM’s 28th Triennial Congress in Glasgow, Scotland – June 2008

‘Midwifery: a worldwide commitment to women and the newborn’ was the theme of the Congress and every speaker, every session, reaffirmed the pledge.

The many prestigious keynote speakers, who came from each region of the world to address the gathered midwives, not only strongly endorsed the ICM commitment to care for women and newborns, but applauded the achievements of midwives in every aspect of this work. Princess Anne, the Princess Royal, described the work of the ICM as “promoting competent midwifery care, dependent on the needs of nations and communities”, but also said that midwives rightly took on a wider role in campaigning for better status for women and fighting to combat HIV and the other diseases that threaten safer motherhood.

Closing ceremony, preview of Durban and new President

After the four days of a varied, packed and innovative scientific programme, opened by the Princess Royal, the participants once again poured into the main hall of the SECC for the moving and bitter-sweet experience of the closing ceremony. It meant many goodbyes, at least for the next three years, but also brought anticipation of the wholly different event that will be the 29th ICM Triennial Congress in Durban, South Africa. A video gave glimpses of what the first African ICM Congress will offer and both the President of SOMSA, Deliwe Nyathikazi, and the Mayor of Durban, Obed Mlaba, spoke invitingly of what is to come. With a wry reference to the characteristically Scottish weather of the day, Mr Mlaba, said, “In Durban, nobody will ask – ‘Is this what you call summer?”!

The significant moment for the ICM came when Dame Karlene Davis took the President’s chain of office and placed it round the neck of Canadian midwife Bridget Lynch. This marks the dawn of the new triennium and Bridget spoke inspiringly of the huge achievements of the 2008 Congress and the work that remains to be done before 2011. The emotion of the occasion was then enshrined in the haunting music from a lone piper and the final singing of ‘Auld Lang Syne’.

Deliwe Nancy Nyathikazi, President of SOMSA

Obed Mlaba, Mayor of Durban

Dame Karlene Davis passes the Presidential chain to Bridget Lynch