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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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ICM President Bridget Lynch sends ‘greetings to the midwives of the world’

As 2009 begins, this message will consider the MDG goals 4 and 5 and the work the ICM is doing to achieve them. I am reviewing our commitments, but also outlining the global initiatives which the ICM is supporting, to give you an overview of that work and to encourage midwifery associations and individual midwives to become involved to help achieve these goals.

**MDGs 4 & 5: six years to the Countdown 2015** - The ICM is committed to work with our global partners to achieve MDG 4 and 5 by 2015. The World Health Report 2005 *Making Every Mother and Child Count* identified midwives as the essential human resource to reach MDGs 4 and 5. In 2008 the WHO concluded that the world needs 700,000 more midwives to reach those goals. We are doing our part by developing the three pillars of a strong international profession: global midwifery standards in education, global standards of regulation and strong member associations. And we are updating our 2002 Essential Competencies to keep up with maternal and newborn health needs. Each of our member associations will have these standards and new competencies as benchmarks to strengthen midwifery in all our countries. These tools will also serve to ensure our profession is more unified at practice levels globally. However, it is one thing to strengthen midwifery at the global level; and another for all of us to be active in the global campaigns to achieve the targets of MDG 5: Reduce maternal mortality; Provide universal access to reproductive health care.

**Safe Motherhood and Midwives** - More women are dying in pregnancy and childbirth in Sub-Saharan Africa today than 21 years ago when the Safe Motherhood initiative began. As was stated in September at the annual UN Assembly, MDG 5 is the only one of the 8 MDGs with no significant gains in achieving its targets. Twenty years later more than 500,000 women a year are still dying because they are pregnant. A further 9 million suffer complications that can result in life long pain, disability and social exclusion. Three million newborns die during the first week of life and another 3 million are stillborn: 20,000 deaths a day related to pregnancy and childbirth. Lack of political will from all our governments was cited as the primary reason for this poor progress. Globally, in not just the poor, but also in rich nations, the vast majority of governments don’t care that the poorest and most isolated women and their newborns continue to die or suffer unnecessary morbidity and neglect in childbirth. But it is not only governments that are to blame. The disappointing reality is, civil society in the vast majority of our countries has not made maternal, newborn and child health a priority either at the national level, let alone at the international level.

**White Ribbon Alliance for Safe Motherhood (WRA)** - The WRA is working hard to strategically address this issue and is advocating through their ‘Promises to Mothers Lost’ campaign to reduce maternal mortality. Sarah Brown, wife of British Prime Minister, Gordon Brown, is the Patron of the WRA, and she gave an inspiring keynote address at the ICM Congress in Glasgow where 2000 midwives signed a petition asking the G8 to put maternal mortality as a priority on their agenda. The ICM is a global partner with the WRA and supports this important advocacy campaign. We are forwarding information and updates to all of our Member Associations, so that the information is passed on to individual midwife members. In support of ‘Promises to Mothers Lost’ the ICM will be working with our Member Associations in the months ahead to encourage alliances with the WRA at country level. The ICM will be able to share strategies, stories and achievements of these efforts on our website.

**Maternal Mortality Campaign** - Sarah Brown has also convened an international alliance of celebrities, wives of heads of states and others to rally international support to encourage governments to make safe motherhood a healthcare priority. One of the goals of this campaign is to establish innovative financing strategies and for 20 countries to have sustainable financial healthcare plans in place by 2010 to meet WHO recommended levels of 2 to 3 healthcare workers per 1000 people by 2015.

**Global Health Workforce Alliance** - In too many countries of the world, the central issue preventing the improvement of maternal and newborn health is a chronic and debilitating shortage of healthcare workers. WHO says the world needs more than 4 million more healthcare workers (one third management and support workers) to adequately meet the healthcare needs of the global population. While 1.8 million of these are needed in Africa, the numbers reflect an acute shortage of workers globally, in both rich and poor nations. In addition to workforce shortages, the problems are exacerbated with increased mobility of the current global health workforce. This mobility includes both the national ‘brain drain’ of experts from the public to the private health sector within poor countries, as well as health workforce migration from poor to resource rich nations.

Responding to a call by African Heads of State, the G-8 and the World Health Assembly at WHO, a global partnership was launched in May 2006, to address the worldwide shortage of nurses, doctors, midwives and other health workers. The Global Health Workforce Alliance (GHWA) is administrated and hosted by the WHO and mobilizes key stakeholders engaged in global health to help countries improve how they plan for, educate and employ health workers. ICM is a member of the GHWA.

**Innovative Financing for Health Taskforce** - The Global Health Workforce Alliance has identified that increasing the health workforce to the levels required today will cost billions of dollars. This issue was addressed during the UN Assembly in September, when the WRA and the PMCNH organized a side meeting in support of the Kampala Declaration. During the meeting, ministers from various countries made significant financial commitments to develop the health workforce to achieve MDGs 4 and 5. Great Britain pledged £450 million over the next three years to support national health plans and train more nurses, midwives and doctors in eight of the poorest countries. Norwegian Prime Minister Jens Stoltenberg announced that the Global Campaign for Health will aim to mobilize an extra $30 billion by 2015 to ensure 4 million more children’s lives are
saved and 33 million more births are attended by skilled health workers. And finally, the new Innovative Financing for Health Taskforce, launched by the UK, Norway, the World Bank and others, will work to fund over 1 million health workers by 2015.

As we all know, in the weeks following the UN meeting, the global economy and individual countries suffered tremendous financial losses. The World Bank recently noted that in this economic downturn the first programmes to disappear in country are the mother and infant programmes.

**MDG 5 – The Challenge for Midwives** - In the years ahead we must keep up pressure to make sure governments do not reverse their commitments. As effective and confident midwifery associations, we must lobby our governments at both the G8 and G20 levels to let them know midwives globally want all our governments to identify MDG 5 as a priority.

*Why should we be active in this cause? Because we should be the most outraged of all. We share this burden as women. In our own ranks are midwives who have suffered from poor access to reproductive health care and have died in pregnancy and childbirth. No woman should die because she is pregnant. No woman should die because she is giving birth. No one knows that better than we do. Let’s all help bring this global and personal tragedy to an end and let’s do it together.*

*My very best to each of you,*

**News from ICM and partners**

**Interim ICM Board member for South American region**

*En nombre de la CIM, a través de este e-mail tengo el agrado de anunciárselo que la Lic. Obst. Alicia Beatriz Cillo ha sido nombrada como Miembro interina de la Junta de la CIM.*

La Sra. Cillo ha obtenido el apoyo de la mayoría de las Asociaciones miembro de la región que representará en su nuevo cargo. Alicia Cillo, actual presidenta del Colegio de Obstétricas de la Provincia de Buenos Aires (Argentina), en su nuevo carácter de miembro interina de la Junta de la CIM en representación de Sud América, ha sido elegida para representar las voces de las matronas sudamericanas a nivel mundial a través de la Confederación.

Antes de la próxima reunión del Consejo en junio de 2009, la Junta de la CIM les solicitará a las Asociaciones miembro sudamericanas que presenten una propuesta vinculante para el miembro de la Junta de América del Sur que continuará en el cargo el resto del trienio (hasta 2011).

On behalf of the ICM, we announce that midwife Alicia Beatriz Cillo was nominated as interim Board member of the ICM to represent the South American region.

The nomination of Ms. Cillo was supported by the majority of the Member Associations of the South American region. Alicia Cillo, current President of the Colegio de Obstetricas de la Provincia de Buenos Aires (Argentina), in her capacity as interim Board Member has been appointed to represent the voices of the South American midwives at world level in the Confederation.

Prior to the next ICM Council meeting in June 2009, the Board will ask the South American Member Associations to submit a binding proposal for the ongoing Board member from South America for the remainder of the triennium (till 2011).

**‘A passionate global advocate for women’**

ICM President Bridget Lynch has drawn attention to a prestigious award for a midwife in Bridget’s home country of Canada: an Honorary Doctorate has been given to midwife Saraswathi Vedam, Director of the Division of Midwifery at the University of British Columbia.

Saraswathi Vedam has been active in setting national and international birth policy, having served as an expert consultant to the Hungarian Health Ministry and Alternatal Foundation as they developed guidelines for home birth care. She has held roles with both ACNM and the Midwives Alliance of North America. She has also authored articles on evidence-based midwifery practice in low-resource settings. The proud mother of four biracial and bicultural daughters, she gave birth to all her children at home.

**New discussion forum on midwifery, reproductive and women’s health education**

An e-mail based forum for discussion on midwifery, reproductive and women’s health education has been established by members of the ICM Education Standing Committee (ESC). It aims to create an international network of educators who are eager to share information and materials, discuss concerns and and offer advice. Ans.Luyben@bgs-chur.ch writes: ‘Dear colleagues, … We hope that you will take this opportunity to exchange ideas about methods of teaching, midwifery content and focus of curricula, issues on managing practical placements, or possibilities of practical placements nationally as well as internationally.

‘To join, go to www.jiscmail.ac.uk and log into the Midwifery-ReprohealthEducation list.’

Ans.Luyben@bgs-chur.ch
ICM Global Outreach meeting with members

In November 2008, the city of The Hague, in the Netherlands, was the focus of two activities aimed to address maternal mortality worldwide.

The ICM Executive and senior staff met on 24 and 25 November with representatives from the American College of Nurse Midwives (ACNM), the Japanese Midwives Association (JMA), the Swedish Association of Midwives, the Royal Dutch Organisation of Midwives (KNOV) and the Royal College of Midwives (RCM) of the UK- all national midwifery organisations with Global Outreach Programmes. The aim was to look at possible future collaborative efforts - and an opportunity for these organisations to share their initiatives:

The Royal College of Midwives UK is a WHO Collaborating Centre and it has a recent history of international work in Indonesia, Kenya, Macedonia and Iraq; its national board in Wales supports projects in Nepal and the Scottish board works with midwives in Malawi. (The banner above is the combined logos of the RCM, WHO and the Macedonian Association of Midwives and Nurses).

The activities were summarised as:

- Supporting midwifery education, e.g. development of curricula
- Capacity building, e.g. development of midwifery associations
- Collaborative partnerships
- Fund raising to support education and practice development

The Royal Dutch Organisation of Midwives holds an annual ‘Mother Night’ on the eve of Mother’s Day to raise public awareness about safe motherhood. Another plan for the future is ‘twinning’ between the national midwifery association in the Netherlands and the recently established national midwifery association in Sierra Leone.

From the Japanese midwives, the news was about their ongoing work with the Japan International Co-operation Agency on maternal, newborn and reproductive health especially in Asian countries such as Bangladesh, Cambodia, Indonesia, Laos, Myanmar, Pakistan and Vietnam.

After the meeting, Bridget Lynch said, “It was inspiring and heart-warming to hear of so much work going on among midwives ... We look forward to bringing the resources, knowledge and expertise of these associations to further the success of the ICM/UNFPA programme”.

Among the presentations made by the midwives about the work done to assist midwifery associations in poorer countries, the ACNM described the help they have offered over recent years in Afghanistan, Eritrea, Ghana, Indonesia, Morocco, Senegal, Uganda, Zambia and Zimbabwe. The College’s department for global outreach started in 1982 and it aims to:

- Provide technical assistance in maternal health, newborn health, and family planning
- Include approaches such as facility and community-based interventions, strengthening midwifery associations, and midwifery education

They have also produced a life-saving skills manual for midwives, now in its 4th edition. In the past 26 years, the ACNM midwives have worked in over 30 countries in Africa, Asia, Latin America, and Eurasia.

Parliamentary ‘Action on Maternal & Newborn Health’

On Wednesday 26 November, in The Hague, ICM representatives Marian van Huis, Agneta Bridges, Nester Moyo and Abigail Kyei all participated in a meeting in which parliamentarians joined representatives from the World Health Organization (WHO) and other contributors to discuss ‘Action on Maternal and Newborn Health’.

Over three days, the ICM representatives and others heard speeches from the Mrs Gerdi A Verbeet, President of the Dutch House of Representatives; Ms Daisy Mafubelu, Assistant Director-General, WHO/FCH; Mr Anders B Johnsson, Secretary-General of the Inter-Parliamentary Union; and Ms Chantal Gill’ard, MP, The Netherlands. A briefing on ‘Maternal and Newborn Health: The global and regional situation’ was given by Dr Monir Islam, Director of the Making Pregnancy Safer department at WHO, and overviews of various national situations were provided by MPs from South America, Asia, Africa and Europe. Parliamentarians shared their experiences from each country and identified key areas of work.

Many participants took part in site visits to organisations and companies who play a role in safe motherhood; and guests attended the opening of an exhibition on safe motherhood in Mali.

On the last day, chaired by Ms Daisy Mafubelu of WHO, the Department of Making Pregnancy Safer presented on ‘Global Initiatives to improve maternal health - how can parliamentarians get involved?’ and offered a ‘Roadmap’ to the solutions.

Parliamentarians and those from UN agencies from 65 countries, as well as Dutch-based NGOs, such as the ICM, took part in the conference. The purpose was ‘to push back child and maternal mortality worldwide’. The particular aim was to heighten global awareness, so that child and maternal mortality will become a priority item on the political agenda and parliamentarians will have the opportunity to press for concrete measures or policy changes in their homelands.

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Midwifery in the Philippines: ‘a laudable service’ but there are issues and challenges

Alice de la Gente, former President of the Integrated Midwives Association of the Philippines (IMAP), wrote about midwives’ key healthcare role in this country

The Philippines is a signatory to the 2000 Millennium Declaration on the global agenda for development by 2015. Among the eight Millennium Development Goals (MDGs), the country is said to be on schedule except with Goal 5, which aims to improve maternal health by reducing the maternal mortality ratio (MMR) by three quarters between 1990 and 2015. Using data from the 1993 National and Demographic Survey as a base, the MMR at that time of 209 per 100,000 live births, should be reduced by 2015 to 53. In fact, only slow progress has so far been observed. The 2006 Family Planning Survey estimated an MMR of 162 per 100,000. This is a decrease of only 22% from the base estimate. There is a need to redouble efforts to achieve the desired MDG target on maternal mortality.

In the Philippine Framework for Maternal Mortality Reduction, health workers are identified as playing an integral part in achieving a lower MMR in the country. However, the lack of professional health practitioners (such as doctors and nurses) in rural areas in the country is a major concern. The gap between health need and the available services is being bridged by the midwives. Although trained only to provide maternal and child health care services, midwives are currently implementing all public health programmes.

Indeed, the midwives in the country play a key role in delivering patient-focused services that are accessible, affordable and appropriate to the needs of patients as individuals and their families. The midwifery profession is central to the delivery of an effective health service, particularly in the rural areas. The midwifery profession, however, is facing issues that may constrain their effectiveness.

Midwives in the Philippines

Midwives constitute a large segment of the health personnel sector. Records show 150,722 registered midwives as of June 2007, and there were 3,498 newly registered midwives in 2007. Midwives work in the private or public sector - in hospitals, birthing clinics, barangay (village) health stations, or rural health units - or they work abroad. They comprise 65% of the public health workforce. In the rural areas, they are the first point of contact for patients coming into the health system. In 2005, there were 16,967 government midwives in the country, delivering frontline services in 15,436 barangay health stations and 2,266 rural health units.

The laudable service of the midwives in the rural areas does not go unnoticed. Various titles have been given to them such as ‘barefoot doctors’, and ‘diamonds in the health care field’. Recently, they have been hailed as ‘modern health heroes’. Dr Lulu Bravo, professor of paediatrics and vice chancellor and executive director of the University of the Philippines’ National Institute of Health in Manila, said, “Midwives are the new health care heroes. Without the midwives, we’re left with nothing.”

Issues and challenges

In a Round Table Discussion on the Millennium Development Goal 5: Reducing Maternal Mortality held at the Asian Institute of Management in July 25, 2007, midwives were identified as the answer to further lowering the MMR in the country, particularly in the rural areas. The only hindrance to the full participation of the midwives is the 1992 Midwifery Law in the Philippines, which limits the surgical or operational participation of midwives.

Midwives, as the public health workers at primary health care facilities, are the main implementers of health programmes. Their original focus of maternal and child health care has become only one of the many responsibilities they have to handle. More than 40 programmes of the Department of Health rest on the midwives’ shoulders, including immunising mothers and their children for diarrhoea, malaria, dengue, TB-DOTS (Tuberculosis-Directly Observed Treatment Short-course), tetanus, hepatitis B, diphtheria, polio and measles; counselling mothers, and educating couples on family planning, nutrition and pregnancy.

In the rural area, midwives are on-call 24 hours a day, seven days a week. This working arrangement has not changed for decades and is expected to continue in the future. Midwives and community health workers often have no equipment at all, no transport except their feet, and they work under the most difficult of conditions. Although the recommended ratio was one midwife for every 3,000, many midwives have 10,000–30,000 individuals in their catchment area.

Working conditions

Midwives endure poor and risky working conditions. To illustrate the dangers of the work of a midwife in the Philippines, here are few cases reported in a national daily:

• One early morning in 1993, Teresita Dodon braved heavy rains to travel to Sablan, Benguet, for her door-to-door immunization project. She was crossing the highway at Camp Dangwa when she was sideswiped by
a bus. Dodon's life was ended by the accident, but it became the inspiration for her fellow midwives. For her outstanding work, she was recognized posthumously by the Civil Service Commission who gave her the Dangal (Honor) award. The inscription read: "As she lay dead on the road, she was still protectively clutching the vaccines and medical paraphernalia, the tools of the trade she loved so much."

- Aeta midwife Jeana de la Cruz, who conducts prenatal checkups and immunizations in the mountain villages of Castillejos, Zambales, has described the difficult journeys she makes to attend to women with complicated pregnancies, who, despite their condition, have to ride on carabao (buffalo)-drawn carts. She received an award from Johnson & Johnson in 1999.

- Edna Beguia, 54 and a midwife for 30 years, had to attend a childbirth in Real, Quezon with half her body submerged in floodwaters. The day saw a flash flood engulfing Real, killing hundreds of men, women and children, and wiping out the main health centre. A number of women had their babies on that day; three of them were attended by Beguia on her makeshift delivery table.

Proposed revision of midwifery law
Proposed amendments to the midwifery legislation aim to enhance the standards of the profession by raising the passing rate in licensure examinations and expanding the responsibilities of midwives to perform such functions as dispensing of oral and parenteral oxytocic drugs, injection of vitamin K, newborn screening, and basic life saving.

Promotion of entrepreneurship among midwives
Midwives are trained to open and manage Well-Family Midwife Clinics (WFMC) to provide 'affordable, quality, convenient health care to clients in the lower- and middle-income markets.' The clinics' start-up had been funded in previous years by foreign donors and operated in partnership with the international NGO John Snow Inc.

Further professionalisation of midwifery
Midwifery education was introduced in 1922 as a one-year course. It now takes two years, with graduates required to take a board examination. Efforts to upgrade midwifery to a four-year course with a higher professional level proved successful. The BSc in Midwifery will take effect in the year 2008-2009 following Memorandum 33 (Series of 2007) issued by the Commission on Higher Education.

Throughout the days there were many concurrent papers on five themes of Policy and Legislation, Research, Education, Mental Health, Development, Sexual and Reproductive Health and Rights and HIV/AIDS and Related Issues. The quality of the research presentations was excellent and much discussion ensued.

Although midwives may have been disappointed at the poor attention given directly to issues of maternal mortality and morbidity, there were many commonalities among the issues discussed between Safe Motherhood and Safe Womanhood, including gender-based violence, poverty, unavailability of education, inadequate nutrition, lack of control over destination and poor health services throughout the life cycle. It would be to mutual advantage for midwives and ICOWHI to enter into dialogue.

Dr Nothemba Simelela of UNFPA partly redressed the balance in her paper 'Towards Universal Access to Sexual and Reproductive Health and Rights by 2015: What Does Africa Need?' In discussion after this, Botswana midwives told me that, because of poor record keeping, inadequate statistics and the recent influx of refugees from Zimbabwe it is not known what the present maternal mortality ratio is.

HIV/AIDS significantly affects the lives of girls and women. Botswana was the first country to take a national approach to transmission of HIV through sexual intercourse and mother to child transmission. It was inspiring to hear Professor Sheila Tlou describe Botswana's action and progress towards the goal of having an HIV-free generation by 2016; the prevalence among women is much higher than in men.

The next conference will be held in Pennsylvania, USA, 7–10 April, 2010; further information from Janet Tomcavage (Tomcavage@nursing.upenn.edu) or the ICOWHI website www.icowhi.org.

Professor Ann Thomson, University of Manchester, UK
Meeting the ICM Board: new and re-elected members form a dynamic group

June 2008 saw the establishment of an enhanced governance structure for the ICM: here some of the new Board members introduce themselves

When ICM Council voted for its present constitution, the Board took on a new look. It is now led by a President, Vice-President and member with financial portfolio (who form a smaller Executive Committee) with support from other members elected from each region.

Frances Day-Stirk,
Vice-President

Frances holds the post of Director Learning Research and Practice Development at the Royal College of Midwives (RCM) of the UK.

As RCM Director of Learning Research and Practice Development International Office, a UK resource, her role is multi-faceted in leading the development of the department and its activities. She is a member of the Strategic Management Team and represents the College on national and international forums.

The other major part of her remit is to co-ordinate the College’s international affairs in close collaboration with the RCM General Secretary who is also the Director of the only WHO Collaborating Centre for Midwifery.

She represents the RCM at the European Midwives Association, the European Forum of National Nursing and Midwifery Associations and the WHO (having been elected Vice-chair in 2007) as well as the International Confederation of Midwives. She was elected Vice-President in 2008.

Her professional interests include: organisation of maternity services, homebirth, promoting normality, newborn care and safe motherhood. She has published widely and presented at conferences at home and abroad.

Originally from Jamaica, she initially trained as a nurse in Devon, in south-west England, before moving to North London.

A midwife with 30 years experience, she has practised as a community midwife, and worked both as a tutor and a community midwifery manager, before becoming a Head of Midwifery in 1992. During this period Frances was awarded an Alan Booking NHS Travel Fellowship, which enabled her to visit a Childbearing Centre in the USA.

On a personal note, Frances is mother to three children who were all born at home.

Marian van Huis,
Board Member with Financial Portfolio

Marian writes:
Dear Colleagues,

It was a great privilege when you elected me to the executive committee of ICM as board member with financial portfolio.

To introduce myself again: my name is Marian van Huis, 61 years of age, married to Wim a politician of the labour party. We live in a small village in the middle of the Netherlands at the river Vecht. We share our house with three Siamese cats.

I was trained as a nurse, specialising in Cardiology. Afterwards I trained as a midwife in Amsterdam. Prof dr Kloosterman asked me to join his team at the University Clinic of University of Amsterdam.

Since 25 years now, I work as a Chief Midwife. Till two months ago I was director of the Master of Science in Midwifery programme. Also I was the president of KNOV (the Royal Dutch Association of Midwives) for seven years until 2005, responsible for an organisation of 45 employees, with a budget of €3 million.

Furthermore, I was a member of the European Midwives Association (EMA) Board, responsible for secretariat and for the bookkeeping, budget and annual accounts; also Vice President of the European Forum of National Nursing and Midwifery associations (EFNNMA), WHO Copenhagen (for four years, till September 2007).

Due to these activities on a national and international level I am familiar with strategy planning and budgeting, with human and financial resources, with audited financial reports, preparing annual budgets and annual accounts, and more than familiar with: monthly overviews of activities and finances. Project management on the basis of subsidy or grants from the Ministry of Health is something KNOV has always worked with. Fundraising and lobbying were daily activities for me.

Due to my presidency in an extremely difficult period of time - starting with a shortage of midwives who were very underpaid and at the end of my presidency enough midwives with an income that doubled - I have a good network in the field of healthcare and politics. Besides
management skills with financial competencies I am trained in education and research, with publications. As the post of ICM treasurer became available by Franka Cadee stepping down, I think it is wise to fulfill the post again with somebody who knows the Dutch system, including Dutch law, and who also resides in the Netherlands, close to head office. Having been an ICM Council delegate for nine years, I know how ICM has developed with a new constitution and byelaws and other issues in the economic area.

It is of utmost importance that ICM is strong and influential in the field of international healthcare and of course especially in maternity care. A lot has to be done to achieve equal opportunities in the reproduction period for all mothers and for babies in the world. The Millennium Development Goals however, especially MDGs #4 and 5, are not yet reached. Midwives and strong midwifery associations are indispensable to reach those goals. As a board member of ICM, with the financial portfolio, it is an honour for me to be able to make a contribution.

Mary Higgins, Board Member, Central European Region

Mary writes: My name is Mary Higgins and I come from Ireland. I qualified as a midwife in the UK and my early experience was gained in the community. I remember this time as being one of the happiest periods of my midwifery career. In Ireland I have worked in both clinical and management roles and am involved in education programmes for both student and qualified midwives. I am a member of the Midwives Section of the Irish Nurses Organisation and am currently its International Officer. In my time with the Section I have been privileged to represent Irish midwives at ICM Councils in Vienna, Brisbane and Glasgow. In 2008 I was honoured to be asked to accept a nomination as a Board member to ICM representing midwives in general and the Central European Region in particular.

Together with my fellow Board members I hope to work towards achieving the strategic objectives identified by Council delegates in Glasgow. I have also been asked by the Board to act as a link between the Board and the Education Standing Committee. This Committee is in the process of being reactivated and sincere thanks are due to Ans Luyben and Andrea Steife1 for their ongoing work.

Debrah Lewis, Board member, Americas region

I was born in Guyana, South America, and migrated with my family to Antigua, West Indies at an early age. After high school I moved to the USA where I pursued nursing and midwifery careers. Since graduating from Columbia University, New York, in 1986, I have practised midwifery in the USA and in Trinidad & Tobago. I am a founding and executive member of the Trinidad & Tobago Association of Midwives; and a founder and executive director of Mamatoto Resource & Birth Centre, where I also maintain an independent home-birth and birth centre practice. I have remained involved in midwifery at multiple levels: from mentoring and precepting local and international students to policy making; lecturing; consulting and advising on women's health and midwifery education.

In my second term as The Americas Board Member, I would like to increase communication and participation between members in The Americas; provide more support and leadership, and make the ICM more iconic and accessible to this region.

Vitor Varela, Board member, Southern European Region

Vitor writes: I work in the Human Resources’ Management field, as the Head of Midwives and Nursing Team (at the Hospital São Bernardo, Setúbal, in Portugal), with a particular focus on the human results of work, and in the development and evolution of human resources. I am a PhD student of Human Resources’ Management at the ISCTE in Lisbon, Portugal. I have been a (male) midwife since 1989; I was Chairman of the Portuguese Association of Obstetric Nurses (APEO) from 1997 until April 2006. I have a Master’s in Organizational Behaviour and have worked as a Lecturer in Health Services’ Management.

The Southern European Region will continue to follow the joint action plan developed during the last three years at meetings in Athens in 2007 and in Porto in 2008; we have decided to hold a new meeting in Spain in 2009. Goals for the region are: to promote midwifery education; to ensure midwives are qualified for autonomous practice; to promote the midwifery profession and the value of midwives in keeping birth normal. We must increase: communication and promotion of a strong ICM and midwifery presence in the region at every decision-making level; the support of women by changing the working environment; the use of research evidence to raise awareness about midwifery care with governments and public to effect a decrease in unnecessary medical interventions; regulation and legislation of midwifery practice. We must work with political power, demonstrating dynamic relationships and accountability, because this is fundamental for our development.
Midwifery was widely celebrated in 2008 – worldwide, and in countries’ own special ways

This round-up concludes the reports from ICM members or local news sources on the International Day of the Midwife, and adds news of some additional activities

Jamaica

The Jamaica Midwives Association took the opportunity of the International Day of the Midwife on May 5 to honour four surviving founding members of the association. At a reception in Kingston, past president Gwendolyn Omphroy-Spencer, Barbara Patterson, Ena Wanliss and Pearlyn Raglan were recognised for their significant contribution to safe motherhood in the island.

The current President, Carmen Walker Sutherland described these midwives as having ‘made an indelible mark on a profession, which is very important to Jamaica’. They had worked towards achieving Millennium Development Goal #5, which requires countries to reduce the maternal mortality ratio by 75% (at present, Jamaica has 95 deaths per 100,000 live births).

The Mayor of Kingston, Councillor Desmond McKenzie, was the guest speaker at the tribute, which was attended by about 80 people.

The Jamaica Midwives Association was formed on June 30, 1960, at the Victoria Jubilee Hospital and presently has some 300 members.


Malta

In its message to the public on the International Day of the Midwife, the Malta Union of Midwives and Nurses (MUMN) said that midwifery care for women and their babies is an investment in family and community that promotes healthy growth and well-being for both present and future generations.

The MUMN’s statement went on to emphasise that the role of midwives is far more than being hospital based, and suggested that midwifery practice should be based in primary health care. “Midwifery care is unique in … giving new parents the physical well-being, confidence and self-esteem that arise from a positive birth experience, through breastfeeding support and nutritional education, through assistance with family planning and spacing, and through encouragement of women’s knowledge of their own bodies,” the MUMN further said.


New Zealand

Members of the New Zealand College of Midwives marked the International Day with diverse local activities:

- Members gathered at the Ata Rangi Unit in Hastings for afternoon tea, where midwives and support staff celebrated their complementary roles together.

- In Auckland, the 5 May opening of the new home to Auckland Region’s NZCOM rooms and Midwifery Resource Centre was blessed with brilliant sunshine! He Kamata Oranga’s moving powhiri was followed by a speech from Steve Chadwick, Minister of Women’s Affairs. Steve was invited to cut a lei of red and purple symbolising an umbilical cord, thereby officially launching new and exciting times for both mothers and midwives in Auckland. A magnificent breakfast followed, sponsored by Johnson & Johnson. Amidst the celebrating, money was collected for Vanuatu midwives and women. A visual display of this worthy cause and the great work that is being done by New Zealand midwife volunteers in Vanuatu was inspirational to the fundraising efforts.

- In Dunedim a stall was held in the Meridian city mall. Midwives volunteered their time and gave out balloons and stickers with the slogans: ‘Midwives: The Whole Nine Months’ and ‘Midwives: From Positive Test to Baby on Breast’. A good day was enjoyed by all, with lots of positive comments from the community about Midwives!

- The movie ‘The Business of Being Born’ was screened in Wellington to a full theatre. Later those present reported ‘Helium balloons, a lot of laughter and good coffee!’.

- Businesses in Nelson supported a raffle to fund-raise for equipment requested by the Bali birthing centre (Yayasan Bumi Sehat) that midwives started supporting last year. An article run in the local paper, attracted contacts of local people who already have a connection with Indonesia and Bali, with projects they are running. This network enables equipment to go directly to the area.

Elsewhere, including Blenheim and Southland, midwives gathered to celebrate and made donations to other causes.
Pakistan
On the International Day of the Midwife in Peshawar, the United States Agency for International Development (USAID) presented awards to three outstanding students of its community midwifery training programme at the Post Graduate College of Nursing. More than 100 student midwives from Upper Dir and Buner and their parents participated in the ceremony.

Pakistan Mission Director Anne Arnes said that women and newborns are the most vulnerable members of Pakistan’s population. ‘By dedicating yourself to midwifery, you are investing in the survival of your communities’, she said in her address. The 18-month training course, part of the Pakistan Initiative for Mothers and Newborns (PAINS) project, will teach 1,500 women from rural villages of Pakistan about the potential complications of pregnancy, labour and delivery. It will then train them to conduct safe deliveries at home, recognise and respond to emergencies, and help mothers deliver in a hospital when necessary.

Asia Pulse Data Source, 7 May 2008.

South Africa
Midwives in S Africa’s Free State participated in various activities on the International Day of the Midwife, aiming to celebrate midwifery and to bring awareness to people about the importance of midwives’ work. During the celebrations, all practising midwives within the province’s hospitals and clinics wore Free State Midwifery Society T-shirts to work, putting on green and red ribbons and releasing green and red balloons at noon. Bush Radio, 5 May 2008.

Meanwhile in the Western Cape, health minister Pierre Uys marked the day with an address, saying that midwives are highly skilled professionals who form a critical part of the health system, especially in delivering quality service to mothers and their newborn babies: ‘Midwives are indeed privileged to assist parents and families during … the most precious moments in their lives by providing pregnant mothers with woman-centred care and support during pregnancy, birth and postnatal period,’ he said.

In 2007 there were 95,279 births at public health facilities in the Western Cape, therefore the importance of midwives serves as a crucial constituent to the health sector.

Bush Radio, 5 May 2008

Uganda
Uganda Private Midwives joined the world to recognise the International Day of the Midwife on 5 May. Student midwives from Kampala International University and staff from the Ishaka Adventist Hospital also joined the occasion at Katungu Mothers Union Bushenyi, where celebrations started with a march past led by a band, through Ishaka town to Bushenyi.

Yemen
The Guest of Honour was the Resident Commissioner Bushenyi, Mr Gaston Maliro; also welcomed were the District Health Officer Bushenyi, Medical Superintendent Kitagata Hospital, Nurse Tutor Ishaka Nurses Training School and representatives from the Local Council 5.

The major activity was a scientific conference targeting improved health of the newborn. Dr. Franklin Atenyi Kajura of Kampa International University presented papers on neonatal resuscitation and care of the newborn; Dr Musinguzi Lucy spoke on preparations for the puerperium; Ms Ruth Tumusiime on ‘Prevention of Mother to Child Transmission of HIV/AIDS – Experiences of saving lives of babies using Niverapine’; and Peggy Namazzi on ‘Goal-oriented antenatal care’.

The President of UPMA thanked Bushenyi and Mbarara members for hosting this year’s IDM and officially opened Bushenyi Branch as the 13th Branch. The Guest of Honour said that midwives are doing a very good job for the community and urged parents to encourage their children to study sciences as a prerequisite for admission to the midwifery profession. He thanked the presenters for the scientific conference, confirming that it was part of continuing education, which should be encouraged during medical events.

Uganda Private Midwives expressed appreciation to Save the Children for their support towards the occasion.

Report from the UPMA to ICM

Yemen
The World Health Organization (WHO) and the United Nations Population Fund (UNFPA) helped to commemorate the 17th annual International Day of the Midwife with a speech by Hans Obdeijn, UNFPA’s representative in Yemen. He cited a recent study indicating the existence of only one midwife for every 900 women, saying ‘These figures affirm the need for [midwives]; we can save Yemeni women by getting midwives into their communities.’ He added, ‘When women are healthy, families are healthy, and when families are healthy, the well-being of communities and nations also improves.’

Yemen has one of the world’s highest birth rates, with each woman giving birth to an average of seven children. Some 365 women die for every 100,000 live births, a number that could fall if women had better access to trained local midwives. Additionally, 76 out of every 1,000 Yemeni babies die from birthing complications, giving Yemen one of the region’s worst child mortality rates.

Although there are currently more than 1,000 registered members of the Yemeni Midwives Association, which was established in 2004, UNFPA says there’s an urgent need for 5,000 more midwives.

UNFPA has called for more financial aid to be channeled into the reproductive health sector to help not only lessen maternal and neonatal mortality rates, but to better Yemen as a whole.

Yemen Times, 11 May 2008
National Midwifery Week in the USA: midwives commit to being ‘with women, for a lifetime’

Melissa Garvey of the American College of Nurse Midwives describes some of the activities organised during 5-11 October, 2008, to promote midwifery.

Midwives across the United States raise awareness of midwifery during National Midwifery Week, held this year October 5-11. From pizza parties to poetry readings, the celebrations were as diverse as the profession of midwifery, but each event had a common goal — to recognise midwives’ dedication to serving women and their families. Here is a sampling of the many ways that members of the American College of Nurse-Midwives (ACNM) chose to celebrate the week:

Kansas
Midwives at Irwin Army Community Hospital in Fort Riley, Kansas, said they ‘we made every day a celebration at our hospital’ holding a community birthday party for the women, babies, and families they have served, showcasing midwifery services at their facility with a lobby display and exchanging cards and gifts with medical and administrative colleagues.

Illinois
Janet Engstrom, professor of Women’s and Children’s Health Nursing at Rush University, wanted to round out the nursing students’ experiences during National Midwifery Week. She organised an all-day workshop for student nurses on alternative models of care during pregnancy, parturition, and the purperium. There were talks on ‘Centering Pregnancy and Centering Parenting’, a wonderful model of care developed by a nurse-midwife, and the Rush Model of providing lactation support in the NICU, an innovative programme that includes the use of breastfeeding peer counsellors.

Finally, there was discussion with a midwife panel, which included the president of the Illinois Chapter of ACNM, Sabina Dambrauskas, and Linda Graf, a midwife who ran a model homebirth practice for two decades in the Chicago area.

Maryland
Prince George’s Hospital Center in Cheverly, Maryland, honored their midwifery practice’s 20th anniversary with a five-day celebration.

Pennsylvania
The Southeastern Pennsylvania Chapter of ACNM celebrated in King of Prussia with awards to legislators, policy makers and midwives. The event included a focus on midwifery history in the area and a slide show of photos and historical milestones in Philadelphia area midwifery practices. A unique part of the event was a show of models of the pelvis created by midwives. These were evaluated by two guest judges who awarded prizes for ‘Most Educational’, ‘Most Open-Minded’ and ‘Most Creative’ - for a carved pumpkin of a baby descending into the pelvis!

New Jersey
Midwives at Capital Health System in Trenton, New Jersey, where they have a large multicultural practice, posted a map of the world in their waiting room and asked all patients to place a sticker where they were born.

Elsewhere, midwives in Albemarle, North Carolina, held a ‘Women’s Walk for Wellness’, with coverage in local press emphasising the benefits of walking; Connecticut midwives hosted a staged reading performance of Birth, by Karen Brody, a documentary-style play; Fletcher Allen Health Care celebrated 40 years of midwifery service with speakers and an art exhibition; Community Alliance for Birth Options created a radio public service announcement encouraging women to seek realistic information about childbirth.

Bayside Health Association in Lewes, Delaware, hosted a donation drive for toiletries and cosmetics to be given to the Pregnancy Aid Center in College Park, Maryland; University of Indianapolis midwives sponsored a week-long Blankets for Babies™ campaign; and St. Luke Hospital midwives arranged a local news interview with a nurse-midwife and a woman who had just given birth to her second child to promote midwifery in Kentucky.

In conjunction with National Midwifery Week, ACNM released a set of midwifery-themed postage stamps. Featuring midwifery images, messages, and a link to ACNM’s consumer website, www.myMidwife.org, the stamps are part of the College’s ongoing effort to raise awareness of midwifery among consumers.
Changing practice with evidence – ‘Active management of the third stage of labour’

The Nursing & Midwifery Community for Making Pregnancy Safer, part of the Global Alliance for Nursing & Midwifery, held a virtual global discussion forum on changing practice with evidence, 30 September–10 October, 2008. The purpose was to promote dialogue and exchange ideas on how to change practice, using research-based evidence, in active management of the third stage of labour (AMTSL). The virtual discussion was held in English and Spanish with facilitators who maintained the common themes in the two communities.

Experts for the English language community discussion were:
- Debra Armbruster, Senior Program Officer, PATH
- Bremen De Mucio, Latin American Center for Perinatology, PAHO
- Jose Luis Diaz-Rossello, Latin American Center for Perinatology, PAHO
- Kathy Herschderfer, Independent Consultant
- Lisa Kane-Low, Assistant Professor, University of Michigan
- Matthews Mathai, Department of Making Pregnancy Safer, WHO, Geneva

Experts for the Spanish language community were:
- Bremen De Mucio, Latin American Center for Perinatology, PAHO
- Jose Luis Diaz-Rossello, Latin American Center for Perinatology, PAHO
- Gloria Metcalfe, Independent Consultant

The first days of the discussion covered general comments from the experts about the importance of the topic. Participants shares successes and barriers to changing practice specific to management of the third stage of labour.

Themes and issues
Common themes and issues in the discussions included:
1. Some individual providers have adopted AMTSL or adapted it to their practice realities even though it has not yet been made the standard of care in the institution. Adaptations have blended the evidence with experience and wisdom. There were also expressions of disagreement with or questions about the evidence for AMTSL.
2. It was emphasised that implementing evidence-based practice must also take into consideration the needs and wants of the patient/woman, for example, identifying culturally sensitive ways to implement AMTSL when a woman desires an upright birthing position.
3. Questions were raised regarding the implications (explicit or implicit) of current scopes of practice for individuals attending deliveries, those considered ‘skilled’ and others who attend deliveries but are not included in the category of ‘skilled’. These comments were also related to how much of the intervention the provider is permitted to carry out alone, with supervision and/or as part of a team.
4. There were relatively few examples of experiences that led to successful uniform implementation of AMTSL as the standard of care in an institution or system. Some of the issues raised were:
   - training provided without necessary supervised practice to mastery
   - inadequate policy and standards work with stakeholders
   - standards had not been agreed to and disseminated
   - not having the necessary supplies available at all times.

Documents, materials and websites
Technical documents, reports and websites for additional information:

**English and Spanish:**
- Preventing Postpartum Hemorrhage: Managing the Third Stage of Labor. Outlook 2002; 19 (3).
- Reproductive Health Library (A number of studies and reviews of the evidence for AMTSL)

**English only:**
- WHO Managing postpartum haemorrhage (Midwifery education module 2)
- WHO Prevention of postpartum haemorrhage by AMTSL (MPS technical update)
- WHO recommendations for the prevention of postpartum haemorrhage
- WHO/RHR on Translating Research into Programs (TRIP)

**Spanish only:**
- Lista de Verificaci6n de Destrezas Clinicas MATEP
- MATEP ayuda de trabajo
- OPS_Practicas de Atencion del Parto updated feb 08
- POPPHI resumen one pager-Spanish
- POPPHI_Herramientas para proveedores_MANUAL.
Worldwide news


The World Health Organization (WHO) marked, in September 2008, 30 years since the Declaration of Alma-Ata proposed primary health care as guidelines for health development: a set of values, principles and approaches aimed to embrace a holistic view of health, go well beyond the exclusively medical model and raise the level of health in deprived populations. In all countries, it should offer ‘fairness in access to health care and efficiency in the way resources are used’.

With this report entitled Primary Health Care – Now More Than Ever, WHO starts a global conversation on the effectiveness of primary health care as a way of reorienting national health systems. WHO Director-General, Margaret Chan, wrote in The Lancet recently: “Above all, primary health care offer(s) a way to organize the full range of health care, from households to hospitals, with prevention equally important as cure, and with resources invested rationally in the different levels of care.”

The Report proposes that countries make health systems and health development decisions guided by four broad, interlinked policy directions: universal coverage; people-centred services; healthy public policies; and leadership.

Download the full report at who.int/whr/2008/whr08_en.pdf

Global Campaign for Health Millenium Development Goals First Year report 2008

The Global Campaign for the Health Millennium Development Goals was established in September 2007 to bring together the actions and initiatives on health pledged by world leaders eight years ago to meet the MDGs #4, 5 and 6. This First Year Report provides an update of major activities during the last year, and highlights the actions required to accelerate progress towards the Goals by 2015. It contains information on the global initiatives taken for the attainment of the Millenium Development Goals and the status of the progress of the major countries towards the attainment of the MDGs.

A message from global leaders notes successes in the fight against AIDS, TB and malaria, but continues: ‘In spite of all this good work, we are still not making enough progress on the health of women and children generally, and on maternal and newborn health in particular. We are therefore working hard to ensure that maternal and newborn health are given higher priority nationally, regionally and globally.

‘... the G8, under the leadership of Japan, has emphasised a comprehensive approach to addressing maternal, newborn and child health, ... We already know that to improve maternal and neonatal health you require a well-functioning health system, where skilled workers and facilities are available day and night, seven days a week [with] appropriate equipment to do their work, and transport to help women access specialist care. But now we are gaining new insights into how to make this happen, using a variety of tools and techniques.

‘The UN and the World Bank have developed estimates of the needs of the 51 poorest high-priority countries. There are various options, with minimum needs of US$ 2-7 billion per year over the next seven years to save 10 million lives of mothers and newborns. This includes, for example, ramping up the capacity to ensure quality deliveries, with an additional million trained midwives, nurses and doctors. We are committed to playing our part ...’

Download the report at www.norwayemb.org.in/development/NIPVMDG+Report.htm

Midwife-led care beneficial compared with other models for childbearing women

A Cochrane Collaboration review published in October 2008 confirms that midwife-led care confers benefits for pregnant women and their babies and is recommended.

The review, co-authored by Professor Jane Sandall, former co-chair of the ICM Research Standing Committee, is summarised as follows:

‘In many parts of the world, midwives are the primary providers of care for childbearing women. Elsewhere it may be medical doctors or family physicians who have the main responsibility ...’

‘The underpinning philosophy of midwife-led care is normality and being cared for by a known and trusted midwife during labour. There is an emphasis on the natural ability of women to experience birth with minimum intervention. ...’

‘The review of midwife-led care covered midwives providing care antenatally, during labour and postnatally. This was compared with
models of medical-led care and shared care, and identified 11 trials, involving 12,276 women. Midwife-led care was associated with several benefits for mothers and babies, and had no identified adverse effects. The main benefits were a reduced risk of losing a baby before 24 weeks. Also during labour, there was a reduced use of regional analgesia, with fewer episiotomies or instrumental births. Midwife-led care also increased the chance of a spontaneous vaginal birth and initiation of breastfeeding. In addition, midwife-led care led to more women feeling they were in control during labour. There was no difference in risk of a mother losing her baby after 24 weeks. The review concluded that all women should be offered midwife-led models of care.

The Cochrane Collaboration is an international, non-profit organisation, making available up-to-date, accurate information about the effects of healthcare. It produces and disseminates systematic reviews of healthcare interventions: the Cochrane Database of Systematic Reviews published in The Cochrane Library (www.cochrane.org/reviews/elibintro.htm) and the Cochrane Database of Systematic Reviews 2008, Issue 4, Art. No.: CD004667, DOI: 10.1002/14651858.CD004667.pub2.

Launch of the Global Library of Women's Medicine

The Global Library of Women's Medicine (GLOWM) - a comprehensive reference to current clinical practice for clinicians - was launched online on 21 November 2008 and is accessible to all free of charge. Over 650 world experts have provided a definitive resource on therapeutic options in women's health. GLOWM is a unique web library incorporating a wide range of detailed clinical information across the whole field of women's medicine. It includes a section on Safer Motherhood. As an open access resource, it is hoped that it may be of real value to clinicians in parts of the developing world where access to current clinical information has been challenging.

All the GLOWM contributors and the publisher have made their contributions without financial remuneration in order to support this significant global initiative. The section on Safer Motherhood is at www.glowm.com/index.html? p=glowm.com/safer_motherhood

'Better statistics for better health for pregnant women and their babies': the EURO-PERISTAT PROJECT

The European Perinatal Health Report 2008 is a comprehensive analysis of fetal, infant and maternal health data in Europe and the first to bring together information from 25 EU countries and Norway.

The data shows wide variation among European countries in indicators of infant health, maternal health, childbirth practices, the characteristics of childbirth women and outcomes of birth. Understanding the reasons for these differences can inform action for improved services, so the authors aim to 'paint a fuller picture' by presenting the data alongside information about health care and other factors that can affect outcomes.

The Euro-Peristat report can be downloaded free of charge at www.europерistat.com

Human resources for maternal health: multi-purpose or specialist?

This pertinent question formed the title to an article in Human Resources for Health by midwife consultant Della Sherratt and Vincent Fauveau and Luc de Bernis of UNFPA. Can the aim to attain MDG5 be achieved faster with the scaling up of multi-purpose health workers operating in the community or with the scaling up of professional skilled birth attendants working in health facilities?

The authors propose addressing seven key areas when planning human resources for maternal health: those recommended by the ICM/UNFPA first International Forum on Midwifery in the Community, Tunis, December 2006: 1. Policy, legal and regulatory frameworks 2. Ensuring equity to reach all 3. Recruitment and education (pre- and in-service), accreditation 4. Empowerment, supervision, support 5. Enabling environment, systems, community aspects 6. Tracking progress, monitoring and evaluation, numbers and quality 7. Stewardship, resource mobilisation

They introduce a fundamental contrast between 'community midwives', considered unable to fulfil core life-saving functions and 'midwives in the community', who are midwives first, with all the skills in the definition.

Fauveau et al conclude that no significant reduction in maternal mortality can be achieved without a strong political decision to empower midwives and others with midwifery skills, and a substantial strengthening of health systems with a focus on quality of care rather than on numbers. The final message is that monitoring and evaluation, focusing on both qualitative and quantitative data, must be built into all plans, including interim strategies, from the beginning to produce evidence on how best to develop a competent midwifery workforce in low-resource settings.

Worldwide news

'A group frankly biased towards women': WHO round table on MDG5
On 25 September, Dr Margaret Chan, WHO Director-General, convened a gathering of women leaders to examine the stubborn issues of maternal mortality and universal access to reproductive health. The Round Table with Women Leaders on MDG 5 took place in the context of the High-Level Event on the MDGs at the UN General Assembly in New York. The meeting aimed to build a wider constituency and increased awareness of health issues related to MDG 5, the improvement of maternal health. During a rich discussion they agreed on the need to act and on the fact that stand-alone solutions will not effectively stop mothers and babies from dying. The First Lady of Burkina Faso, Mrs Chantal Compaoré, said: “Alliances have to be forged with mothers and their families, with midwives and nurses, and with civil society”.

The Director-General said: “How pleased I am to be part of a group that is so frankly biased towards women! This is a bias that recognizes the leadership in this room, and this a bias that recognizes the huge unmet needs of millions of women around the world. Women have a special place on the development agenda ... [they] have the potential to spur development in sustainable ways [and] the empowerment of women is an effective way to combat poverty, hunger and disease.

“Many women die during pregnancy and childbirth because they are illiterate, undernourished, poor, pregnant, and powerless. These are failures of society. Lack of access to family planning is a failure of society. Women leaders need to raise their voices against these failures. Things can change, when influential people - women and men - care enough to makes these issues a priority.”

Photo above courtesy of WHO. Details of the event and Dr Chan’s speech at www.who.int/making_pregnancy_safer/events/2008/mdg5/speech/en/index.html

‘Report Card’ from UNICEF brings some hope
A new report from UNICEF, released in September, highlights the risks of pregnancy and childbirth for women in developing countries. Progress for Children: A Report Card on Maternal Mortality confirms that over 99% of maternal deaths occur in developing countries, with 84% concentrated in sub-Saharan Africa and South Asia.

However, there have been some promising areas of improvement in maternal health interventions in recent years. Coverage of antenatal care throughout the developing world has increased by 15 percentage points in the past decade, with 75% of expectant mothers now receiving some antenatal care.

In addition many countries have boosted coverage of skilled delivery attendance. In parts of Asia, the proportion of women with a skilled attendant present at delivery rose from 31 to 40% from 1995 to 2005. Increases have also been seen in many African countries.

Download a copy at www.unicef.org/publications/index_45454.html

New midwifery journal
Birthspirit Midwifery Journal is a new, 72-pp, peer reviewed, quarterly publication of midwifery research, literature reviews, practice stories and photographic essays.

Contact the Editor, Maggie Banks at editor@birthspirit.co.nz or visit www.birthspirit.co.nz

Making Pregnancy Safer 2007
WHO’s Department of Making

Pregnancy Safer (MPS) aims to strengthen support to countries to improve maternal and newborn health by: strengthening advocacy, technical support, monitoring, surveillance and evaluation and partnership. Its most recent report covers the Department’s activities during 2007, and includes useful data on skilled attendance, examples of successes and good practice, and reports of valuable collaborative work with the ICM and other midwifery groups.


Birthspirit Midwifery Journal is a new, 72-pp, peer reviewed, quarterly publication of midwifery research, literature reviews, practice stories and photographic essays.

Contact the Editor, Maggie Banks at editor@birthspirit.co.nz or visit www.birthspirit.co.nz