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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 childbirth 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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Keeping in touch with members

ICM Secretary General Agneta Bridges gives members and readers an update on recent events from her office in The Hague

I am delighted to be writing for the first time to all readers of the ICM journal, with a short summary of the key events which have taken place over the past few very busy months, since the memorable Triennial Congress held in Glasgow, Scotland, last June. The pace of change was very swift in my first year as Secretary General, and I am indebted to the members of the ICM Board and the staff at the ICM headquarters for their support.

ICM/UNFPA ‘Investing in Midwives’ Programme
The recruitment of Regional Midwife Advisers (RMAs) was another step in this new programme, and you have already heard of the appointment of Ms Abigail Kyei from Ghana in October 2008 as International Midwife Adviser (IMA). We are pleased to welcome Dr Jemima Dennis-Antwi, a registered nurse/midwife and a health communication specialist, as Regional Midwife Adviser (RMA) for the Anglophone African countries and Mrs Rachel Ibenga-Koula, a midwife with more than 15 years experience in the area of maternal and newborn health as RMA for the francophone African countries. We are currently recruiting an RMA for Asia, and recruitment is ongoing by UNFPA for Country Midwife Advisers. You will read in the news section, on p14 of this issue that Jemima has already been active on our behalf by joining in a high-profile online discussion forum about maternal health, organised by the UN Millennium Campaign.

Membership
The ICM has received membership applications from four midwifery associations:

The Executive Committee has reviewed the applications and will recommend they be formally admitted to membership at the June Board Meeting. It is excellent news that we continue to receive applications, from countries which will broaden and strengthen our representation. Further details of the new members will be provided once they are formally accepted into membership.

Events
A Global Outreach Meeting was organised in The Hague in November 2008 to share experiences and explore ways in which ICM and Member Associations may collaborate in the future. The meeting included presentations from Member Associations involved in outreach programmes, followed by discussion and future planning. Participating member associations included: the American College of Nurse-Midwives, Japanese Midwives’ Association, Royal Dutch Organisation of Midwives, Royal College of Midwives (UK) and the Swedish Association of Midwives. Details of this meeting were reported in the last issue of IM.

As part of the ICM/UNFPA midwife programme, a two-day Technical Advisory Meeting was held in Geneva on 2–3 February 2009, which brought together international experts, who have worked closely with midwifery programmes in resource-poor countries to contribute to the development of a conceptual framework for midwifery services within national healthcare systems. Currently no such framework exists globally, and, as a result, some governments are training cadres of community health workers with midwifery skills in the absence of professional midwives to provide ongoing supervision and training. The aim of the meeting was to consider the development of a comprehensive and adaptable Midwifery Services Framework within which a midwifery workforce could be developed efficiently and effectively. A draft framework was devised during the meeting, which will be developed further and circulated for consultation.

The ICM/UNFPA Investing in Midwives programme was formally launched with an Inception Forum in Accra, Ghana 2-13 March, 2009. The overall aim was to increase the awareness of country and regional midwife advisers of their task and formally introduce the programme to stakeholders. Thirty-six participants made up of ICM and UNFPA staff occupying various positions from The Americas, Europe, Africa and USA attended, with the objective to review midwifery practice in the areas of education, regulation and professional midwifery associations. The meeting also included a leadership development component and concluded with insight into the various issues affecting midwifery education, regulation and the professional associations in-country. Training needs were identified, work plans developed and preparation made for the launch of the Investing in Midwives programme in country.

I look forward to writing to you again later in the year and meanwhile send greetings and good wishes to all readers.

Agneta S Bridges,
Secretary General, International Confederation of Midwives

International Midwifery Volume 22 - Number 1 March 2009
News from ICM and partners

Re-establishing a network for education in midwifery

Ans Luyben, Andrea Stiefe1 and Marianne Nieuwenhuijze, as structural organisers of the Education Network and Committee, sent a report on their progress in January 2009.

The need for a network for midwives working in education came up during a European meeting of educationalists in Ghent, Belgium, in April 2007. Ans and Marianne took this initiative to ICM with a view to organising a meeting at the Glasgow Congress in June 2008. The European Midwives Association, and midwifery associations and schools in Europe, was asked to participate.

Meeting at ICM Conference 2008

A meeting of all interested midwives took place on 3 June 2008 during the ICM Triennial Congress - thanks to Professor Diane Fraser for her help.

Ans, Marianne and Andrea presented the initiative. Professor Diane Fraser and her team from Nottingham, UK, spoke about closing the gap between theory and practice. Mrs Mieke Embo (Ghent, Belgium) discussed whether the length of midwifery education in Europe should be three or four years. Then Bridget Lynch (ICM president, Canada) welcomed the participants on behalf of ICM and raised the issue of the need for Global Standards for Midwifery Education.

Over 150 e-mail addresses for the education network were collected and 27 midwives volunteered for an Education Standing Committee (ESC).

Preparing a Network and a Committee for Education

Several meetings took place during the Conference to work on re-establishing the ESC. Holly Powell Kennedy and Jane Sandall shared their experiences of setting up the Research SC, and gave valuable advice. A meeting with Mary Higgins (Board Member, portfolio Education, Ireland) helped to synchronise ideas about communication. Meetings with several future members of the Committee also took place to talk about structure and possible resources.

Durban Congress 2011

Midwives from South Africa proposed Elgonda Bekker as representative for programme planning in Durban 2011. She will be backed up on regional levels by Ans, Susan McDonald, Mary Barger and Margaritha Kindl.

The Midwifery, Women’s and Reproductive Health List

As a basis for communication between the members of the Network as well as the Committee, a midwifery education list was prioritised. By October 2008 the Midwifery, Women’s and Reproductive Health List was in operation, as previously reported in IM.

Taskforce for Global Standards for Midwifery Education

In line with the Global Standards for the Nursing and Midwifery Education as created by WHO in 2008, the ICM Executive Committee has set up a Taskforce for Global Standards for Midwifery Education starting in January 2009. This project runs for two years and results are expected at the Congress in Durban 2011.

Aims and achievements so far

‘Identification of priority issues related to the education of the profession’ and ‘Identification of the means by which the education of midwives may be strengthened and improved’ are not yet achieved but remain clear objectives.

‘Facilitation of at least one workshop on a targeted education issue at each Congress’—there is representation of the ESC on the Durban Organising Committee, and subjects for workshops are identified.

‘Establishment of an updated resource of expert educators for access by the Confederation, if required’—The Midwifery, Reproductive and Women’s Health List was set up in October 2008. This list connects educators in midwifery and is accessible.
International Day of the Midwife 5 May 2009

The ICM has announced the theme for the International Day of the Midwife (IDM) 2009 will be ‘The World Needs Midwives - now more than ever!’. This IDM theme has been used before, in 2006, but it remains highly relevant and reflects the current WHO call for more midwives and the need to accelerate progress towards MDGs 4, 5 and 6.

ICM will use these words as an overarching theme between now and 2015 as part of its ongoing campaign to highlight the need for midwives.

In a press release accompanying the theme and poster (above) sent out to members and partners, ICM President Bridget Lynch wrote:

‘Midwives are key healthcare providers in achieving MDG 5, Improving Maternal Health - that is the clear message coming from the WHO, UNFPA, UNICEF and the World Bank: the four UN agencies that have recently united to pledge increased support to countries with the highest maternal mortality rates. They identified mortality in pregnancy and childbirth as the “highest health inequity in the world with over 99% of deaths occurring in the developing world”. They committed to work with governments and civil society organizations to address the “urgent need for skilled health workers, particularly midwives” …

‘The ICM and the midwives of the world are committed to working with global partners to achieve these goals … The ICM recognizes that health delivery systems must be strengthened and the midwifery workforce must be increased to stop the needless deaths of millions of women and their newborns who will die in the next six years if immediate action is not taken now.’

Midwives and their colleagues and supporters world over are urged to celebrate the day in whatever way they can to help promote midwives and the midwifery profession.

Please send reports and photos of activities to this journal at e.duff@internationalmidwives.org

New position statements available on ICM website

Following further work after discussion and agreement by Council in May 2008, a number of new or revised position statements have been posted on the ICM website, in English, French and Spanish.

Among those of particular interest to midwives in practice are:

- Keeping Birth Normal
- Midwifery Care for Women with Complicated Births
- Midwives and the Abuse of Women and Children
- Partnership between Professional Midwives and Traditional Caregivers with Midwifery Skills
- Professional Accountability of the Midwife
- Role of the Midwife in Physiological Third Stage Labour

These documents describe the beliefs and principles of the Confederation, along with guidance for its members, with regard to specific situations which may relate to the midwifery profession, maternal and newborn health, or broader issues where midwives or those they care for are involved.

Some statements also set out guidance for the Confederation’s own activities.

Please visit www.internationalmidwives.org and click ‘documentation’ to read or download the full versions.
Meet the new ICM vice-president with a commitment to midwives’ work in the community

Elizabeth Duff, ICM Communications Manager, talks to British midwife Frances Day-Stirk who has been ICM Vice-President since her election in May 2008

Qu: What in the early days first attracted you to midwifery?
FDS: I came to the United Kingdom from Jamaica when I was 18, to train to be a nurse. The advice I had been given was to get myself qualified in midwifery, paediatric nursing and theatre nursing. But as soon as I started in midwifery, I knew that was where I wanted to stay.

I chose to start work in Devon, in the south-west of England, because I thought it would be the warmest part of the country! But soon I moved to north London, and I began to work in Tottenham. This district is famous for its families. I began to appreciate how midwifery in the community works and I was inspired by the midwives who worked hard to give the women the best chance of a good birth.

This made me realise how midwifery should be in the community and of the community – everywhere in the world!

Qu: Which aspects of midwifery have most interested you?
FDS: As I’ve said, my heart is in midwifery practice and in the community especially, but I wanted to gain experience elsewhere, so I went on to work both in education and in management. I had often asked myself, why can we not provide the same quality of care to a woman in hospital as she would receive during a home birth? As a manager, I was able to offer a service which aimed to be truly woman-centred, so that the actual birth setting was less important than the relationship between the mother and the midwife.

I’ve always kept in close touch with my own family in Jamaica and listened to the stories from older relatives about the births of children. It’s fascinating to compare my grandmother’s experience – all home births with a midwife with my mother who had obstetric care in a hospital. I chose to have my three children at home, which was unusual at the time, but home birth rates are now rising again.

Another current aspect of midwifery that sometimes concerns me is that women are ‘labelled’ with problems... they may be regarded as teenage mothers, obese women, drug-misusers, and so on. Some midwives make a specialty of providing appropriate care in these situations, and this can be very helpful, but we should not lose sight of the fact that they are mothers and need more than ever the continuity of care that midwifery uniquely offers. Women with mental health disorders most particularly benefit from knowing their own midwife – and the midwife knowing them.

Qu: Following your time in practice and management, what made you want to work for an national organisation representing the profession?
FDS: This was a big change for me, but a very exciting one. I was offered a role at the Royal College of Midwives (RCM) in 1998 and I was immediately working, with the President and the General Secretary, on a remit to rebuild the international work of the College. One of the projects I became involved with was the Kenya Safe Motherhood Know How work, which was an inspiring demonstration of how the professional associations of midwifery, obstetrics and nursing in two countries can work together to improve standards of care.

My next post was as Director of Midwifery Policy, and this brought me in touch with all of midwives’ areas of work – practice, education, management, research. The major issues at the time for UK midwives were changes in the health system, the establishment of birth centres, expansion of university education and research.

Another beneficial move at the RCM was the improvement of liaison with the medical royal colleges such as those of the obstetricians and gynaecologists, and the paediatricians.

Qu: Having worked at national level, what prompted your adding international responsibilities to your role?
FDS: The RCM was already a WHO Collaborating Centre for Midwifery, so the whole College had an international role. It was also a Regional Representative in Europe for the ICM.

Around that time, too, I undertook a project for WHO on profiling midwifery internationally, which enhanced my interest and knowledge about global work.

Qu: You have been active for some years in two European midwifery organisations, apart from the ICM. Can you tell me about this work and how the two operate?
FDS: The European Forum of National Nursing and Midwifery Associations and the WHO (EFNNMA) was set up about 13 years ago to exchange ideas and ensure that nurses and midwives had a voice on health care, practice, education and policy in Europe. There are now over 60...
The European Midwives Association (EMA) developed from an earlier group called the European Midwives Liaison Committee and has been in its current form since 2003. It has a greater focus on advancement of midwifery and women’s health, and its membership is more closely associated with the European Union (EU) states. We have been working on the issues related to freedom of movement within the EU, including midwifery education and practice.

**Qu: Can you tell us about your aims and ambitions within ICM - how you hope to help the Confederation move forward or expand its work?**

**FDS:** I think what we need to do is summed up in the phrase ‘The world needs midwives – now more than ever’. I believe the words were first used in a keynote speech in Brisbane by Dr Khama Rogo of Kenya, who was at that time co-chair of the Partnership for Safe Motherhood and Newborn Health. The ICM has since used it as a campaigning slogan for the International Day of the Midwife, and we will say it again and again until the Millennium Development Goals related to maternal and infant health are met.

The move is a bid to boost recognition of midwifery. The year-long postgraduate course will be open to experienced national and Arab nurses. The postgraduate course will be funded by Department of Health and Medicine Services (DoHMS) and will be run in conjunction with Dubai Women’s College. It is also expected to be accredited by an Australian University.

In September, two bachelor’s courses in midwifery and nursing are to begin, which will last up to five years. Graduates would be qualified both as nurses and midwives. Judi Brown, director of nursing at the DoHMS, and former Director of the ICM Board, said: “It is exciting because this is the first time that Dubai has established a programme specifically for midwifery. In the long term, we would like an undergraduate midwifery programme that will take three years and be direct entry.”

Dr Kay Dahya, who heads the health sciences department at the college, said the programme would have a huge impact on the way the professions are viewed: “Although these students have been working in the field with knowledge and experience, they will really be able to make a difference in terms of the quality of care that they can give. At the moment there is a lack of awareness about how valuable midwives can be to new mothers and babies.”

The prevailing rates of maternal mortality need immediate commitment and action. The world knows the problem and it knows the solution: what is needed is for the issue to be a political and financial priority. The value of women – to the family, the community, the economy and the nation – needs to be stressed over and again.

Personally I am looking forward to my term as Vice-President. The ICM is in an excellent position to be a hugely influential organisation. We have new vision and mission statements which are focused on women and babies. We are involved with appropriate partnerships and alliances.

ICM is fast-moving and developing in the right direction, with its current joint project with the UNFPA, of expanding access to midwives across those countries with the highest maternal death rates. This work is about midwives and skilled care for women, not necessarily in health facilities, which is in accord with my own beliefs that midwifery is based in the community.

I will bring my 30 years of experience as a midwife, my 10 years in a national midwifery organisation, my personal knowledge of the countries of Jamaica and the UK, and finally my own experiences as a mother and a grandmother, to contribute to its work.

**New midwifery programme in UAE has community focus and is ‘designed to meet international standards’**

A first bachelor’s programme in midwifery, including a focus on community-based work, has been launched in the United Arab Emirates (UAE) to help reduce a shortage of qualified midwives. Dubai Women’s College started the programme on March 1 with 24 registered nurses enrolled. The students are receiving theoretical and practical training in maternal, fetal and infant care. As well as being qualified to work in hospitals and clinics, they will be able to work in communities and make home visits.

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**Summary above based on reports from local press and www.arabianbusiness.com**
Meeting the ICM Board 2: new and re-elected members form a dynamic group

This page continues the introductions to the ICM Board members who were elected by the Council at their meeting in Glasgow, May 2008

Deliwe Nancy Nyathikazi
Board member, Africa East

Deliwe began her midwifery career with studies at the Gazankulu College of Nursing and McCords Hospital in Durban, and went on to complete a first degree in Nursing Education and Community Health at the University of South Africa, then a Masters in Public and Development Management at Witwatersrand University in Johannesburg.

She has worked in education and management, including facilitating a quality improvement programme in Maternal and Neonatal Health, which had a focus on prevention of mother-to-child transmission of HIV, in Limpopo. She also contributed to research on the use of a partogram for the National Department of Health.

Deliwe has been involved in the national debates regarding change in midwifery curriculum and regulations on midwifery practice, and has spoken at National Midwifery Congresses and ‘Priorities in Perinatal Care’ conferences.

She now holds the role of Head of Department, Sport, Arts and Culture in the South African government, as well as being President of the Society of Midwives of South Africa.

Karen Guilliland
Board member, Asia Pacific region

Karen is currently the Chief Executive Officer of the New Zealand College of Midwives (Inc). She was the College’s founding President and has 40 years’ experience in a wide variety of clinical practice as a nurse and midwife, as well as teaching and management positions within the health sector. Karen has been a member of the New Zealand Nursing Council and was actively involved in the drafting and implementing the legislation which created the Midwifery Council of New Zealand in 2004. She was Deputy Chair of the NZ Health Workforce Advisory Committee for five years.

Karen was a longstanding Asia Pacific representative on the International Confederation of Midwives Executive Committee, serving from 1999 to 2002, re-elected again in 2005 and to the Board in 2008. She has presented at numerous international conferences and workshops as a keynote speaker on midwifery and women’s rights.

Karen was awarded the New Zealand Order of Merit in 1994 for services to New Zealand midwifery and health services.

Marième Fall
Board member, Africa West

Marième was nominated to the Board by her association, the Association Nationale des Sages-Femmes d’Etat du Sénégal, which joined the ICM in 2007 and has strengthened representation in francophone Africa.

Marième has a role in Senegal for the government in working to reduce the high rates of maternal and neonatal mortality in the country.

Sylvia Fung
Board member, Asia Pacific region

Sylvia writes: I graduated from the School of Midwifery at Queen Elizabeth Hospital in Hong Kong in the 1980s. After obtaining a diploma in nursing education, I was the Midwifery Educator in the School of Midwifery, Tung Wah Group of Hospitals, 1985-1991. Since 1991, I took up a management position in the Department of Obstetrics & Gynaecology and became the General Manager in Nursing in 1997 at Kwong Wah Hospital. In 2008, I was promoted to be Chief
Nurse of Hong Kong Hospital Authority to take care of 41 hospitals and institutions with 20,000 nurses and midwives.

As an executive member of the Hong Kong Midwives Association, I have participated in the Organizing Committee and Mistress of Ceremony in the 2nd ICM Western Pacific Regional Conference in 1989 and also the Chairman, Organizing Committee, 7th ICM Asia Pacific Regional Midwifery Conference in 2003. I was elected the President for the period 2001-2004 and from 2007 till now.

I was the convener of the Task Force on Future Direction of Midwifery Education and member of the Task Force on Nursing (& Midwifery) Manpower Indicator under the Hong Kong Hospital Authority. I am the editor of the Hong Kong Journal of Obstetrics, Gynaecology & Midwifery and an honorary professor in the Departments of Nursing of two universities in Hong Kong.

Eva Selin
Board member, Northern European Region

Eva writes: I was born in the western part of Denmark, in Jytland, where I lived till I was 18 years old. There have been midwives in my family for generations back and in my early childhood I often went with my aunt, who had a homebirth practice, to postnatal visits in her district. It was a natural decision for me to follow this path and in 1972 I qualified as a direct entry midwife from the Midwifery School in Copenhagen, the capital city of Denmark.

Since then I have been committed to midwifery on both a national and international level. I have practised as a clinical midwife and manager, and for the last eight years I have been involved in midwifery education at the School of Midwifery, University Oeresund in Copenhagen. During this time I had the role of international co-ordinator for exchange of student and teachers. In addition, my involvement in a nordic network for midwives, 'Nordejordemodem', gave me the opportunity to visit centres of midwifery education in all the countries in the Nordic region.

In August 2008, I came to live and work in Nuuk, Greenland, where I have a position as clinical tutor at Dronning Ingrid's Hospital.

ICM has, through the years, been an important part of my midwifery engagement. It has been a pleasure to represent both Danish and Nordic midwives at ICM council and to be present at congresses in Kobe, Oslo, Manila, Vienna, Brisbane and Glasgow. From 1994 to 2004 I was also the ICM representative to the UN and WHO European Office.

I now feel honoured to continue to work within the Board of ICM to help strengthen midwifery and reduce maternal mortality.

Alicia Beatriz Cillo, interim Board member, Americas, describes celebrations in La Plata

En Latinoamérica, festejamos el Día de la Matrona el 31 de Agosto de cada año ¿Por qué un 31 de Agosto?

Porque en el Marco del II Congreso Interamericano de Obstetritas, realizado en Lima –Perú, en el año 1962, se acordó festejar el 31 de Agosto en los países de Latinoamérica, el Día de la Obstetriz, Obstétrica, Partera, Matrona, coincidentemente con la celebración del Día de San Ramón nonato, considerado el patrono de las parturientas y las matronas, debido a las circunstancias de su nacimiento. San Ramón nació en Portell, cerca de Barcelona, España, el 31 de Agosto de 1200 y, recibió el sobrenombre de "non natus" (no nacido) porque su madre murió en el parto antes que el niño viese la luz.

El 31 de Agosto último, el Colegio de Obstetrizas de la Provincia de Buenos Aires, Distrito I – La Plata, festejó el Día de la Obstetriz y el 10º Aniversario del Colegio Profesional, con una cena, espectáculos, baile y mucho ruido.

Asimismo, como todos los años, se homenajeó a las colegas que cumplieron 25 y 50 años de ejercicio profesional, con la entrega de medallas y diplomas.

In Latin America we celebrate each year the Day of the Midwife on 31 August - why on 31 August?

Within the framework of the II International Midwives Congress celebrated in Lima, Peru, in 1962, it was decided that in all Latin American countries the Day of the Obstetricians and the Midwives, should coincide with the celebration of San Ramón Nonato's Day, considered the patron saint of midwives because of the circumstances of his birth. San Ramón was born in Portell, near Barcelona, in Spain, on 31 August 1200. He was given the nickname "non natus" (not born) because his mother died during childbirth, before he was born.

Last August 31st, the Association of Obstetrics of the Buenos Aires Province, District 1, La Plata, celebrated the Day of Obstetrics and the Tenth Anniversary of the Professional Association with a dinner, show, dance and lots of noise! As every year, tribute was paid to all colleagues who have been practising 25 and 50 years, and they received medals and diplomas.

Photo shows Alicia (2nd from left) with colleagues.
Obesity is a growing contributor to maternal morbidity in the industrialised world and beyond

International data presented at a UK conference supports the view that an epidemic of obesity is threatening the health of mothers and babies.

Overweight and obesity are rapidly growing concerns in all regions, are now common in some low- and middle-income countries and are becoming significant public health priorities just like undernutrition and infectious diseases. Obesity is a risk factor for many noncommunicable diseases, including hypertension and diabetes, which are known causes of complications of pregnancy, including those that lead to maternal deaths.

A conference on ‘Obesity in Pregnancy’ was held in London, UK, in January 2009. Richard Congdon (above), Chief Executive of the UK Confidential Enquiry into Maternal & Child Health (CEMACH), opened the conference by emphasising the importance of the topic and its increasing prevalence in the UK and elsewhere.

Catherine Nelson-Piercy, a Medical Assessor for CEMACH, summarised some of the results of the latest enquiry. Among direct causes of death, the four most frequent are venous thrombo-embolism (VTE), sepsis, pre-eclampsia and amniotic fluid embolism. Of women who died (of all causes) 52% were overweight, and over half of these were obese (body mass index - BMI >30). A substantial amount of data demonstrated an association between deaths from embolism and high BMI. Cardiac disease is the leading indirect cause of maternal death and this too is associated with high BMI. Data from the USA were also considered which explored differences in BMI among different ethnic groups.

Midwives’ views were presented by Nicola Heslehurst of the University of Teesside where practical and psycho-social issues of developing an appropriate service were discussed.

Obstetric anaesthetist Martin Dresner stressed that ‘obesity increases both the need for and the risks of anaesthesia’. He summarised the problems when caring for an obese patient: co-morbidities (cardiac disease, etc); airway access (in patients with fat around the face and neck); vascular access (patients with limb obesity); and epidural access (excess fat on the back). Because the distribution of body fat is significant in these ways, a BMI cut-off point for ‘risk’ is not helpful: physical assessment must be carried out.

Hassan Shehata from St George’s Medical School added to the quantity of data already heard about the high risks of obesity, demonstrating association with maternal hypertension, fetal macrosomia (baby >4kg), frequency of caesarean section delivery, stillbirth and neonatal death, and greater length of stay in hospital. He also addressed the question of whether it is safe for women to limit weight gain in pregnancy quoting US studies that support this view.

Obstetrician Sarah Flint provided yet more evidence of risk with regard to the earlier stages of pregnancy, showing higher levels of BMI among those women who had suffered miscarriage, and whose babies were diagnosed with Down’s syndrome, neural tube defects and other congenital abnormalities. Effective ultrasound imaging is more challenging in an obese patient as image quality is reduced and visualisation suboptimal.

Lauri de Rooy, a neonatologist from St George’s, looked at perinatal mortality and associations with obesity. She found that maternal obesity more than doubled the risk of stillbirth and neonatal death, which was supported by data from Denmark, and that incidence of obesity is increasing.

Midwife Nina Khazaezadeh and obstetrician Eugene Oten-Ntim led a multidisciplinary group from Guys & St Thomas’ Hospital who asked ‘Do we need a community-based intervention for obese pregnant women?’. Currently, they said, no effective programme exists to tackle obesity in reproductive health, and they warned that ‘today’s children may have shorter lives than their parents’ – for the first time ever - owing to poor eating habits and their consequences.

This team had developed recommendations for an obesity service including the views of women and other stakeholders. Practical issues included: a ‘sensitive name for the service to avoid stigmatisation’; accessibility, including a creche for young children; peer support as well as ‘friendly’ advice from midwives and dietitians; and dietary advice to be culturally sensitive to women from diverse ethnic backgrounds.


CEMACH reports can be found at www.cemach.org/uk/Publications/CEMACH-Publications/Maternal-and-Perinatal-Health.aspx
Women and midwives benefit from findings in review of maternity services in Australia

Hannah Dahlen of the Australian College of Midwives describes moves in Australia to reduce inequality in childbirth outcomes and raise midwives' status

On 21 February 2009 the Improving Maternity Services in Australia - The Report of the Maternity Services Review was released. The Review was based upon written submissions (over 900 were received), and six round table forums sought input from a range of key stakeholders.

There are some very positive recommendations for women and midwives that have come from this Report. Key amongst these was the commitment to close the gap on disadvantage for Aboriginal and Torres Strait Islander mothers and babies in partnership with indigenous people themselves. Maternal and perinatal outcomes remain deeply concerning for indigenous mothers and babies in Australia. Another important recommendation relates to improving the access of rural women to safe, collaborative maternity care as close as possible to where they live.

Nearly 130 maternity units have been closed down in rural remote Australia over the past 10 years, leading to increases in 'roadside births' and distress for women and their families as they are dislocated from their communities and forced to travel huge distances to give birth. Likewise the proposed extension of the national health scheme, and prescribing and ordering rights for midwives, is essential to support the full contribution that midwives can make to maternity care in urban, rural and remote areas.

The Australian College of Midwives (ACM) welcomes the recommendation to ensure that suitable professional indemnity insurance is finally made available to midwives in Australia.

The Report recommends: choice for women, greater role for midwives, better data collection, improved rural access, more collaboration, supported decision-making

1. Changes to improve choice and availability of a range of models of maternity care for Australian mothers by supporting an expanded role for midwives, including consideration of changes to funding arrangements and support for professional indemnity insurance for midwives.
2. Changes including an expanded role for midwives to take place within a strong framework of quality and safety and new national cross-professional guidelines to be developed to support collaborative multidisciplinary care in line with best practice, along with a system for advanced midwifery professional requirements.
3. Improved national data collections and targeted research to support a safety and quality framework and allow the impact of changing models of care to be effectively monitored.
4. Changes to support the expansion of collaborative models of care, improved access for rural and indigenous mothers and reduced workforce pressures (particularly in rural and remote areas of Australia): consideration of targeted additional support to attract and retain a rural maternity workforce—including midwives, GP obstetricians, GP anaesthetists—and improved access to specialist obstetric care.
5. Assisting Australian women in being better able to make decisions about their maternity care by accessing comprehensive reliable information: consideration of better access to a range of information on antenatal, birthing and postnatal care and options, including internet resources and the establishment of a single integrated pregnancy-related telephone support line.

Homebirth still outside mainstream services
Better support around homebirth (0.2% of births at present) as a mainstream option was a key theme in the submissions, but this appears to be one area the Report failed to deliver on. A decision not to allocate national funding for homebirth is outlined, followed by indications that indemnity-cover for midwives should be addressed but that this will be less likely to be successful for homebirths. There may be an intention to put homebirth more squarely into mainstream maternity services through publicly funded homebirth models, as currently happens in a couple of states in Australia. The advantage would be integration, collaboration and support for midwives who are currently very removed from mainstream maternity care. The disadvantage is the restrictive policies surrounding publicly funded homebirth models and geographic borders that limit access to many women. The more we rebuild women's faith in their bodies and allow midwives to function to the full scope of their role the better it will be for homebirth as a mainstream option in the future.

These are the things the ACM needs to grapple with and the advice we need to give government in the coming months. In the past 20 years there have been over 20 maternity reviews in Australia and many have not been acted on. Midwives in Australia need to all work together to urge the government to listen to the needs of women and their families and make sure that these recommendations are acted upon.

For the full report go to: www.health.gov.au/maternityservicesreview

Hannah Dahlen is Associate Professor of Midwifery at the University of Western Sydney, and also National Media Spokesperson for the Australian College of Midwives.

Hannah's report reflects moves elsewhere in the developed nations which are placing midwives in a key position to lead maternity care for healthy women.

III Congreso Internacional de Matronas: ‘Matrona, mujer, familia y comunidad: una alianza por la vida’

ICM Board member for the Americas, Alicia Beatriz Cillo, writes about an important event that took place last year in Chile

Durante los días 19 al 21 de noviembre de 2008, se llevó a cabo en el Aula Magna “Dr. Miguel Gací”, de la Facultad de Medicina de la Universidad de Chile, el III Congreso Internacional de Matronas, organizado por el Colegio de Matronas de Chile, con la participación de un importante número de matronas de todo el país.

Se contó con la participación de Bridget Lynch, Presidente de ICM; Alicia Cillo, Representante Regional Interina para las Américas y Presidente del Colegio de Obstétricas de la Provincia de Buenos Aires, Argentina; Ana Labandera y Adriana Dutra, Presidente y Vicepresidente de la Asociación Obstétrica del Uruguay; Carmen Gamara Figueroa, Decana del Colegio de Obstétricas del Perú y Elbia Martínez, Vicepresidente de la Federación Nacional de Obstétricas del Ecuador.

Se abordaron importantes temas, entre ellos: La Matrona en el Modelo Personalizado de Atención con Enfoque de Salud Familiar; Aspectos éticos en la atención y cuidado de salud de la mujer; Asistencia obstétrica con enfoque de derechos y calidad.

En el Marco de este Congreso Internacional, se llevaron a cabo reuniones entre las autoridades representantes de los países presentes, a fin de concretar la creación de la FLOU (Federación Latinoamericana de Obstétricas Universitarias), idea que se ha venido gestando desde agosto de 2007, fecha en que se llevó a cabo la primera reunión en Argentina.

Así, se decidió rectificar parte de lo actuado en esa oportunidad, decidiéndose que la inscripción de la FLOU, se hará en Argentina, bajo los requisitos de la Dirección de Personas Jurídicas y una vez constituida legalmente, se solicitará la inscripción a ICM.

Los fines de la FLOU, serán entre otras:

- Fortalecer la Formación Universitaria en América Latina en el Modelo de Atención en Partería (según definición de ICM)
- Prestar asesoría y consultoría en los temas relacionados a la profesión
- Promover la investigación científica de la disciplina, promover el intercambio científico entre diferentes escuelas de partería de los países de América latina, para favorecer el intercambio cultural en el campo de la Obstetricia
- Incidir en Políticas públicas de Impacto Sanitario, en SSR (Advocacy), a escala Nacional e internacional
- Apoyar a los países que tengan iniciativas de cambio en el modelo de atención basado en los derechos SSR de las mujeres

Por mayoría de las presentes, ha quedado conformada como sigue: Presidente: Obst Part Ana Gladys Labandera, Uruguay; Vicepresidente: Lic Obst Alicia Beatriz Cillo, Argentina; Secretaria: Matrona Anita Román Morra, Chile (Colegio Matronas); Prosecretaria: Obst Carmen Gamara Figueroa, Perú; Tesorera: Matrona Hilda Bonilla, Chile (Presidente de la Asociación Americana de Carreras de Obstetricia); Protesorera: Obst Marcia Robalino, Ecuador.

III International Midwives Congress: ‘Midwife, Woman, Family, and Community. An alliance for life.’

The III International Midwives Congress was held 19–21 November 2008, at the Faculty of Medicine of the University of Chile, Santiago. The Congress was organised by the Chilean Midwives Association.

The event was attended by a significant number of midwives from all over the country, as well as by: ICM President, Bridget Lynch and Alicia Cillo, ICM’s Interim Board Member for the Americas and President of the Colegio de Obstétricas de la Provincia de Buenos Aires, Argentina (see details in Spanish for other delegates).

Important topics were discussed, such as: The model of midwifery personalised care with a focus on family health; Ethical aspects of women’s health care; Obstetric care focused on rights and quality.

Within the framework of this international congress, the authorities representing participating countries held meetings to finalise the establishment of the Federacion Latinoamericana de Obstétricas Universitarias - FLOU (Latin American Federation of University Obstetricians), an idea that has been developing since FLOU’s first meeting in Argentina, in August 2007. It was decided that FLOU would be registered in Argentina under the terms set by the Dirección de Personas Jurídicas (Directorship of Legal Entities). Once the Federation is legally established, FLOU will submit a membership application to ICM.

FLOU’s objectives are, among others:

- To strengthen university training in Latin America in the ICM midwifery model of care
- To provide advice and consultancy in topics related to the profession of midwifery
- To promote scientific research in midwifery and scientific exchange between midwifery schools
- To highlight public policies, national and international, that impact on women’s sexual and reproductive health
- To support countries that have adopted change initiatives in the model of care based on the sexual and reproductive health rights of women.

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At Pakistan midwives’ conference, Health Minister says they are ‘backbone of the healthcare system’

Imtiaz Kamal and Clara Pasha of the Midwifery Association of Pakistan have sent a report of the first national midwifery conference in the history of the country.

The two-day conference was held in mid-December 2008 at the Pakistan Institute of Medical Sciences, in the capital city Islamabad, in collaboration with the TACMIL (Technical Assistance for Capacity Building in Midwifery Information and Logistics) health project of the US Agency for International Development.

The theme was ‘Midwives Can Save Lives’ and the event was inaugurated by the Minister of State for Health, Mohammad Afzal Sindhu. Terming midwives as ‘the torch bearers in providing health services and the backbone of the healthcare system’, Sindhu said ‘the dignity of this centuries’ old profession is acknowledged around the globe’. Midwives play a very special role in the achievement of national health targets. He attributed the country’s high maternal and infant mortality rates to the non-availability of skilled midwives. Pakistan currently has one of the highest maternal mortality ratios in the world, which stands at 268 per 100,000 live births.

An effective and enhanced role of the services of midwives in simple cases of childbirth could be an important contributing factor to bring about significant and sustained reduction in maternal and infant mortality. The Minister observed that globally many countries have reduced their maternal mortality rate with the active support of trained midwives.

Referring to the measures taken to support midwifery, the state minister said the government has started training a new cadre of community midwifery in 12 districts of the country, along with other training to provide midwifery services at the doorsteps of the people. ‘Every community midwife will have to serve a population of 5,000 in the catchment area,’ he said.

Sindhu said the government is committed to reformation of the nursing and midwifery sectors as a priority. He appreciated the contributions of all national and international stakeholders who are jointly working for the uplift of midwifery in Pakistan, and expressed confidence that the initiation of midwifery education would prove to be a step forward in overcoming the existing gaps impeding enhancement of midwifery and referral services in the country.

A congratulatory message from the President of the International Confederation of Midwives (ICM) was read out. The keynote address from an obstetrician emphasised the important role of midwives in saving lives of mothers and neonates. Among the speakers were heads of donor funded projects working to promote midwifery as a profession in Pakistan. The speakers emphasised the need to create midwifery posts in all teaching and district hospitals of Pakistan. There was also a feeling expressed that the Maternal Neonatal and Child Health programme needed to be supported and managed by trained professionals.

The conference was very well attended throughout. There were three technical sessions. In addition seven of the 14 midwives who had attended the ICM Congress in Glasgow in June 2008, and had returned highly motivated, shared their experiences with the audience.

The agenda included a half-day general meeting of the Midwifery Association of Pakistan (MAP) in which members took active part. Reports of MAP’s activities, projects and finances were presented. The opening of new local chapters was discussed. MAP’s contributions to midwifery education were shared. The importance of being a part of the international community of midwives, through ICM, was highlighted.

The objective of the conference was to advocate for midwifery and to sensitise the midwives to take pride in their profession, recognise their own identity and become aware of their important role in saving lives of mothers and their newborns, and this was achieved.

The conference’s success in the country was demonstrated by the fact that, since it took place, three local chapters of MAP have been formed in different provinces of Pakistan and two more will be formed shortly.

This article is based upon the report from the President and Vice-President of MAP with additions from news items in the Pakistan Observer and The News International.
mortality is linked to a range of other preventable conditions.

Jemima Dennis-Antwi described a 'vision' of what would be needed in her region to reach the maternal health goal: a sub-Saharan network of well-trained, well-equipped midwives, who can provide reproductive care and also advocate for the public health of the local community in which they are positioned. She believes that midwifery associations can tailor MDG policy road maps to the specification of individual local communities and give a voice to women and children who now suffer and die in political silence.

Jemima said she looks forward to the day when skilled midwives are a familiar face in rural communities, and hopes that no longer will children and husbands have to ask, "Why did my mother die?" and "Why did my wife die?".

Women's E-news report, Online chat spotlights most-ailing Millennium Goal, 29 March 2009

International Women's Day 8 March 2009

On IWD 2009, many organisations concerned with women’s health and rights spoke out.

Ann Starrs, President of Family Care International, said: 'With 1,500 women dying in childbirth every day, the insufficient financial resources being invested in ending maternal death can be frustrating. ... But we need to talk not only about money to be raised, but also about work to be done. The four core health strategies that will release women in poor countries from the grave risks they now face are:

- family planning and other reproductive health services
- skilled care during pregnancy and childbirth
- emergency care when life-threatening complications develop
- immediate post-natal care for mothers and their newborn babies.

'To provide them, nations must build public health systems with reach and quality that go far beyond what is in place today. They need to train doctors, nurses and midwives in essential skills; build and equip clean, functional health centers; and establish efficient communication and transportation networks. They must teach healthcare workers to treat even the poorest women with respect and sensitivity; enlist community leaders in encouraging greater use of maternal health services; and educate women, men, and young people about family planning.

‘On International Women’s Day, we re-committed ourselves — as we do each year — to our fight against maternal death. Please join us.’

Thoraya Ahmed Obaid, Executive Director of UNFPA, agreed: ‘To ensure safe motherhood, every woman needs at least three things: family planning, skilled attendance at birth and emergency obstetric care if complications arise.

‘This is why UNFPA is joining together with other partners ... to fully support governments as they work to decrease maternal, neonatal and child mortality, through improving health systems. We focus on ensuring primary healthcare is reaching communities, where the real stories of life and death take place.

‘Our vision’, she said, ‘is to promote the health of women throughout the entire life cycle. Women do not just suddenly die when giving birth ... they die because they have been deprived since their birth of nutrition, health care, education, and have been exposed to harmful cultural traditional practices and other conditions.’
Director of Midwifery Programme announced in Pakistan

The ICM was delighted to learn of the appointment of Dr Rafat Jan (left) as the Director, Midwifery Programme, at the Aga Khan University School of Nursing (AKU-SON) effective from 1 January, 2009. Rafat Jan is a member of the board of the Midwives Association of Pakistan (MAP), an ICM member association.

The Aga Khan University and the Aga Khan University Hospital (AKUH) in Karachi provide post-graduate training of health service professionals, teachers and managers of schools, and the development of research scholars. It was granted its charter in 1983 as Pakistan's first private, autonomous university.

In announcing the appointment, the Dean, Dr. Yasmin Amarsi, said that Rafat Jan graduated from the first class (1983) of the Aga Khan University School of Nursing (AKU-SON). She completed her midwifery qualification in 1984, an MSc from the Medical University of South Carolina in 1994 and obtained her PhD from the University of Iowa, USA. Dr. Rafat Jan is the first international graduate in Nursing Informatics at the University of Iowa.

Dr Rafat Jan has been associated with AKU-SON for more than two decades, currently holding the position of Associate Professor. She has worked in the Paediatrics, Obstetrics & Gynaecology Units of AKUH. In the aftermath of the devastating earthquake in Kashmir in October 2005, she led a team of nurses to remote, dangerous areas to treat victims.

Della Sherratt, senior international midwifery adviser and trainer, who has worked extensively in Pakistan, India and Bangladesh for ICM and other organisations, commented, 'This is just great! - the appointment is a major achievement and reflects the heightened profile of midwifery in the region, where strengthening midwifery education and practice has been a challenge in the past'.

The State of the World’s Children 2009 UNICEF report

The United Nations Children’s Fund (UNICEF) has launched its annual report on the ‘State of the World’s Children’, and this year the significant report from this UN agency focuses on maternal and newborn health.

The first section emphasises a midwifery philosophy and approach in confirming that 'The factors jeopardizing maternal and newborn survival and health across the developing world reinforce the benefits of a continuum of care, which underlines the imperative of delivering essential services for mothers and children at critical points in time ... and at key locations where they can be readily accessed by women and children ... The continuum of care emphasizes that a woman’s capacity to sustain her own health and life, and that of her child, during pregnancy and childbirth begins with skills, care and protection received from early adolescence.'

The report draws attention to the added target on reproductive health now included in the Millennium Development Goal (MDG) configuration. Target B, in MDG 5, seeks to 'Achieve, by 2015, universal access to reproductive health.'

The ‘State of the World’s Children’ provides a mass of information of interest to midwives, and the tables set in the closing pages contain comparative global data on such indicators as antenatal and delivery care coverage.

The final major section of the report includes a contribution by Sarah Brown, patron of the White Ribbon Alliance, in which she says: ‘We must understand that governments cannot dramatically reduce maternal mortality on their own. Non-governmental organizations are increasingly making maternal health a priority and working together. ... An impressive start has been made by the world’s midwives, obstetricians and gynaecologists. Their professional organizations, led by the International Federation of Gynaecology and Obstetrics and the International Confederation of Midwives, are committed to working together to help developing countries train health workers in antenatal care, delivery and infant care skills.'


WHO-UNFPA-UNICEF-World Bank: joint country support for accelerated implementation of maternal and newborn continuum of care

The above global agencies have issued a statement aimed to ‘harmonize approaches by UN agencies towards improving maternal and newborn health (MNEH) at country level and jointly raise the necessary resources.

'Taking into consideration the comparative advantage, core expertise/experience, and collective strengths in maternal and newborn health, WHO, UNFPA, UNICEF and The World Bank undertake to accelerate joint support to countries to improve maternal and newborn survival by strengthening the continuum of care.'

Nutrition and Nurture in Infancy and Childhood:
Bio-Cultural Perspectives

Organized by the Maternal and Infant Nutrition and Nurture Unit (MINNU),
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University of Central Lancashire

Tuesday 8th, Wednesday 9th and Thursday 10th September 2009
Visit www.uclan.ac.uk/face/health/bdu/events/conferences.htm; email healthconferences@uclan.ac.uk or contact Liz Roberts, BDU, Faculty of Health & Social Care, University of Central Lancashire, PR1 2HE, UK

Midwifery Today Conference
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Copenhagen, Denmark
13–17 May 2009

Speakers include Jan Tritten,
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For more information, and to register, visit www.midwiferytoday.com/conferences/Denmark2009

Asia Pacific Midwives Conference - 2009
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