

# **Midwifery, A Crucial Solution for Women and Newborn - The Evidence -**

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# The origin

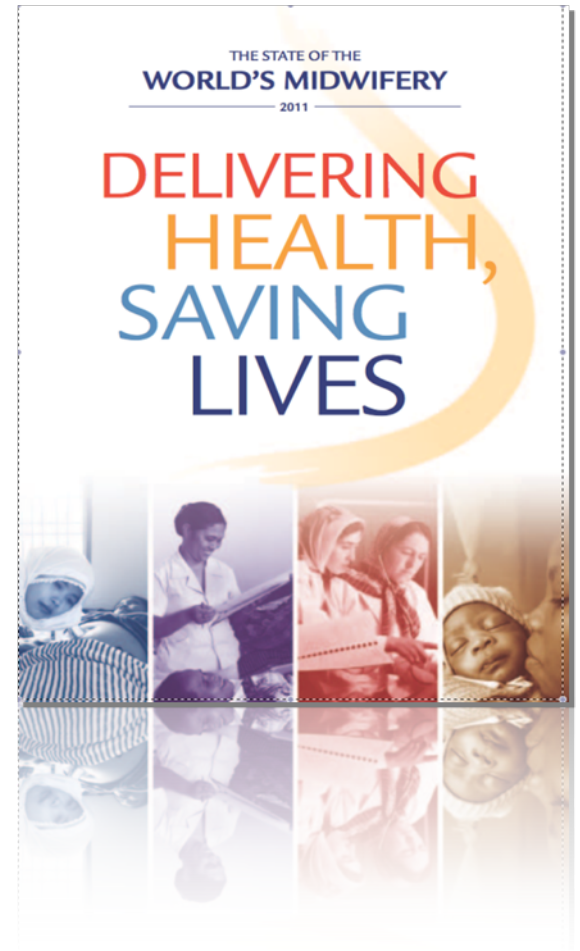
June 2011 – Launch of the State of the World's Midwifery Report

*Explore the need for MNH care providers with midwifery capacity to help achieve MDGs 4&5*

But many many gaps in evidence, research and information.

Dynamics in the area of MNC mortality reduction:

- High- vs middle- and low-income countries
- Improving health and wellbeing vs reducing mortality
- Focus on mother vs focus on child
- Range of care providers and barriers to midwives
- Limited evidence-base



# The Lancet Series on Midwifery



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#LancetMidwifery

# + The approach

- Focus on the needs of women, infants, families
- Human rights-based approach
- Drawing on diverse sources of evidence
- All relevant outcomes: survival, health, wellbeing
- Relevant to low, middle, high-income settings
- Long-term view: quality care and services
- Interdisciplinary, cross-sectoral, health systems perspective
- Acknowledging diverse workforce, importance of integrated services
- Examining the specific contribution of midwives



# + The papers

- **Midwifery and quality care** – Renfrew, McFadden, Bastos et al The Lancet 384, 9948, 1129 – 1145, 2014
- **The projected impact of scaling up midwifery** – Homer, Friberg, Dias et al The Lancet 2014 384: 9948, 1146-1157
- **Country experience with strengthening of health systems and deployment of midwives** - Van Lerberghe, Matthews, Achadi et al. The Lancet 2014 384: 9949. 115-1225
- **Improving maternal and newborn health through midwifery** - ten Hoope-Bender, de Bernis, Campbell et al. The Lancet 2014 384: 9949. 1226-1235



# + The evidence

- Three reviews of reviews: women's views and experiences, effective practices, care providers
  - 13 meta-syntheses of women's views and experiences (229 studies)
  - 461 Cochrane reviews of practices
  - Seven high-quality systematic reviews of workforce (114 trials)
- Mapping of ICM competencies of the midwife, RMNCH Essential Interventions, CEmONC, historical effective reduction of maternal mortality (with and without midwives), sequencing of interventions to reduce mortality and health system strengthening efforts,
- Classification of countries using the Human Development Index, analysis of global initiatives for RMNCH and the role of the midwife
- Case studies: Brazil, China, India, Morocco, Burkina Faso, Cambodia, Indonesia.



# Paper 1 Quality Maternal and Newborn Care

For all childbearing women and infants

For childbearing women and infants  
with complications

Practice categories	Education Information Health promotion	Assessment Screening Care planning	Promotion of normal processes, prevention of complications	First-line management of complications	Medical obstetric neonatal services
Organisation of care	Available, accessible, acceptable, good-quality services—adequate resources, competent workforce Continuity, services integrated across community and facilities				
Values	Respect, communication, community knowledge, and understanding Care tailored to women's circumstances and needs				
Philosophy	Optimising biological, psychological, social, and cultural processes; strengthening woman's capabilities Expectant management, using interventions only when indicated				
Care providers	Practitioners who combine clinical knowledge and skills with interpersonal and cultural competence Division of roles and responsibilities based on need, competencies, and resources				



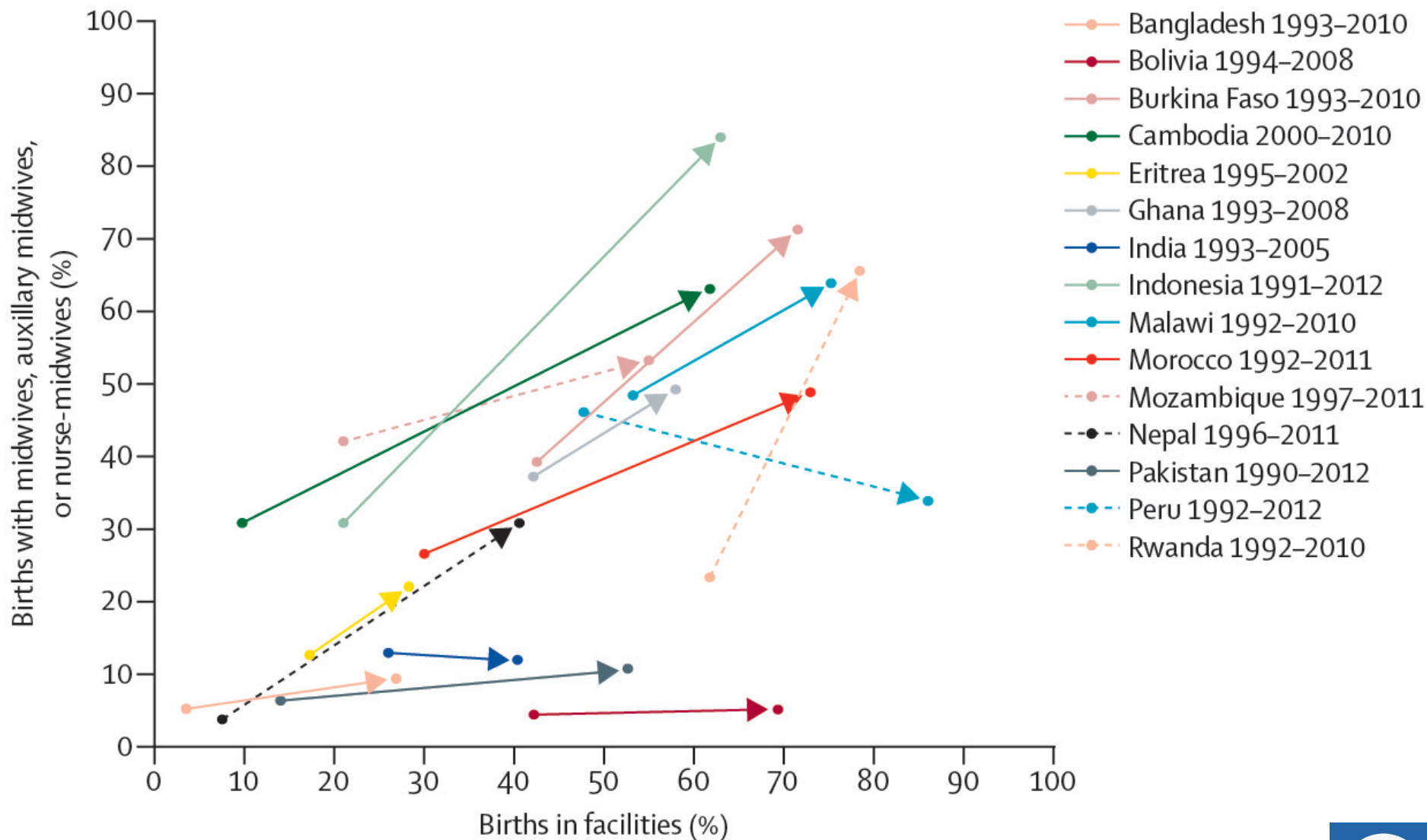
## +Paper 2

	<b>Change in coverage of midwifery</b>	<b>Impact on mortality rates m, n, s</b>
0	No change in coverage or fertility rates	No change
1	Modest scale-up in coverage: <b>10%</b> every 3-5 years	<b>27%</b> reduction of mortality
2	Substantial increase in coverage: <b>25%</b> every 3-5 years	<b>50%</b> reduction
3	Universal coverage: <b>95%</b>	<b>82%</b> reduction
4	Attrition from current status	<b>2%</b> increase in mortality every 5 years





# + Paper 3



# + Paper 4

- Bring together evidence, energy and political will
  - Focal point: women and their families
  - Starting point: health system managers and the need to focus on ensuring access to quality care
  - Tipping point: women demand and start using midwifery care
  - Success: when the political levels starts responding to the demands
- To achieve this you need to:
  - Discuss and refocus the package of care women and families are entitled to (using the QMNC)
  - Involve women and families in service design
  - Educate, regulate and manage the midwifery workforce using the QMNC
  - Ensure an enabled environment that can deliver a continuum of respectful people-centred quality care and also respect its workforce
  - Use strong indicators such as intrapartum stillbirth and early neonatal mortality in MDSRs to monitor QoC and measure progress



# The Lancet Series on Midwifery

<http://www.thelancet.com/series/midwifery>



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[www.midwiferyaction.org](http://www.midwiferyaction.org)





Thank you