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### Scaling up care by midwives must now be a global priority

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## Scaling up care by midwives must now be a global priority



Midwives have the potential to save lives of women and children at a scale unmatched by other health interventions. In *The Lancet Global Health*, Andrea Nove and colleagues<sup>1</sup> estimated that 67% of maternal deaths, 64% of neonatal deaths, and 65% of stillbirths in the 88 low-income and middle-income countries accounting for the vast majority of these deaths could be averted. The solution? Universal provision of care by midwives who meet international standards and are integrated into health systems in the context of multidisciplinary teams.

Nove and colleagues use the Lives Saved Tool for their modelling study to estimate the number of deaths that would be averted by 2035, if coverage of health interventions that can be delivered by professional midwives were scaled up. The authors used four scenarios of intervention coverage: increase by a modest amount (10% every 5 years), increase by a substantial amount (25% every 5 years), increase by the amount needed to reach universal coverage of these interventions (ie, to 95%); and the effects of coverage attrition (a 2% decrease every 5 years).

Even the less ambitious increases would substantially avert deaths. A substantial increase in coverage could avert 41% of maternal deaths, 39% of neonatal deaths, and 26% of stillbirths, whereas a modest increase in coverage could still avert 22% of maternal deaths, 23% of neonatal deaths, and 14% of stillbirths. The challenge is that only four of the 73 Countdown countries have a midwifery workforce able to provide the scope of care needed,<sup>2</sup> while stillbirths and maternal and newborn mortality and morbidity rates remain outrageously high. Scaling up access to international-standard midwives would substantially reduce these rates, accelerating progress towards universal health coverage and the Sustainable Development Goals.

These new findings build on and strengthen existing evidence on the impact of quality midwifery care in averting deaths and improving health and wellbeing outcomes.<sup>3,4</sup> They should command the attention of the global community in the same way that a new drug or innovative technical intervention would. There is serious and longstanding under-investment in international-standard midwifery.<sup>5</sup> Gender, social, professional, and economic disempowerment of midwives and the

women they care for all contribute to this.<sup>6</sup> Midwives are predominantly women, and their work is with women and their newborn infants. In an equal society, this should be a strength but given the persistence of patriarchal structures in society and outdated medical hierarchies of power, it is a profound limitation. As a result, midwives in too many countries remain poorly educated, remunerated, and supported, and many are overworked, some even overwhelmed.<sup>8</sup> Research funding preferentially supports either technological solutions to obstetric emergencies<sup>7</sup> or the implementation of less skilled workers to care for mothers and their infants,<sup>4</sup> leaving a crucial knowledge gap for decision makers. Global, regional, and national plans for improving the health of women and their infants are too often developed without recognition of the key contribution of midwives to safe quality care, or the engagement of senior midwives in decision making.

Health workers who do not have the full scope of midwifery competencies cannot provide the quality care or save the lives that international-standard midwives do.<sup>4</sup> Understanding why this is the case requires knowledge of the multiple components that make midwifery so effective. Midwives who are educated to standards set by the International Confederation of Midwives (ICM) and are integrated into health systems can provide skilled, knowledgeable, safe, respectful, and compassionate care for childbearing women, newborn infants, and families across the continuum from pre-pregnancy to the early weeks of life, including family planning.<sup>4</sup> Midwives can optimise normal physiological processes, strengthen women's own capabilities, provide interventions for women and neonates that both prevent and treat complications, and enable timely access to multidisciplinary services for those who need them. This model of care promotes continuity across community and facility settings, relationship-based care, local community knowledge and resilience, and equitable, individualised care that responds to clinical, psychological, social, and cultural needs. This scope and quality of care can improve more than 50 health and wellbeing outcomes, reducing mortality and preterm birth and improving maternal and newborn health and wellbeing, breastfeeding, and attachment, as well as cost-effectiveness.<sup>4,8</sup>

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In 2014, Horton and Astudillo wrote that “midwifery has a pivotal, yet widely neglected, part to play in accelerating progress to end preventable mortality of women and children”.<sup>9</sup> These new findings underscore that and demand investment in the education, deployment, and support of midwives at a scale that reflects the magnitude of their impact. Positive signs exist: global policy and guidance on human resources, education, quality care, and care in pregnancy, labour, and birth increasingly acknowledge the contribution of midwives. We are also seeing investment in the education and deployment of professional midwives in India, Malawi, Bangladesh, and Mexico.

But substantive change in the pace and scale of implementation is needed. This should be based on evidence on how to tackle the barriers to international-standard midwives<sup>10</sup> and on an overarching focus on the quality of health care. The first joint WHO, UN Population Fund, UNICEF, and ICM global consensus for action<sup>5</sup> identified evidence-based actions. Every woman and neonate should be cared for by a midwife educated to international standards and enabled to legally practise the full scope of midwifery interventions. The title midwife should only be used for those educated to international standards. Midwifery leadership should be positioned in high-level national policy, planning, and budgeting. Coordination between global-level, regional-level, and country-level stakeholders is essential to align education, knowledge, research, evidence-based policy and guidance, indicators, and investment.<sup>5</sup>

Midwives educated to international standards are a powerful solution to ending preventable deaths of women and newborn infants, while also helping mother-baby dyads to thrive. It is time to acknowledge and

dismantle the intersectional barriers that perpetuate low-quality care and deny women and newborn infants the rights to life and health. The evidence demands decisive action now, and at a global level not seen before, to ensure all women and newborn infants have access to quality care by midwives.

We declare no competing interests.

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