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Optimising the contribution of midwifery to preventing stillbirths and improving the overall quality of care: coordinated global action needed

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The Lancet Series on Ending Preventable Stillbirths (2016) lays out a challenge for the global community – to coordinate action to promote safe and healthy pregnancies and to implement proven effective strategies to prevent stillbirth. Although progress has been made since the publication of the 2011 Lancet Stillbirth Series both in terms of understanding and of action, the numbers of stillbirths in low-, middle- and high-income countries remains unacceptably high. An estimated 2.6 million third trimester stillbirths occurred in 2015, and stillbirth rates have declined more slowly since 2000 than either maternal mortality or mortality in children under five (Lawn et al 2016). Lack of relevant data and monitoring, lack of understanding, and lack of high quality, respectful care across the continuum of maternal and newborn care all hold back progress on this devastating outcome. As a consequence the rights of women and infants to health and to life are severely compromised. Too many women and families experience loss, with their long-lasting grief compounded by shame and even a sense of failure.

Five key actions are proposed by the authors at the conclusion of this series: intentional leadership, increased voice especially of women, implementation of integrated interventions with commensurate investment, indicators to measure effect of interventions and especially to monitor progress, and investigation into crucial knowledge gaps (de Bernis et al 2016). Midwifery has a key role to play in each of these; for example, by supporting and enabling women's engagement in maternity services, by improving the accuracy and completeness of data collection, by advocating for and leading effective implementation of midwifery and other effective actions, and by leading and collaborating in relevant research.

This new series recognizes the key contribution that midwifery can make to preventing stillbirths – a welcome development since the 2011 Lancet Stillbirth series, in which midwifery was rendered invisible by being included in a bundle of interventions labeled as obstetrics (Bhutta et al 2011). The new series calls for immediate action to implement ‘high quality midwifery and emergency obstetric care, which should occur in all settings’, and the UN Population Fund is charged with leading the scale-up of midwifery (de Bernis 2016).

The response of the midwifery and wider maternal and newborn health community to this new series will be a marker of our ability to work collaboratively, strategically, and effectively. There are positive examples already that result from such joint working. Low-income countries including Burkina Faso and Cambodia have successfully re-introduced midwifery and have reduced maternal and newborn mortality. Brazil is establishing new midwifery-led birth centres to tackle the escalating use of unnecessary interventions in childbirth, and there is active debate around re-establishing midwifery in India. High-income countries that have successfully re-introduced or strengthened midwifery in the past two decades include Canada, New Zealand, and the UK. These changes are largely the result of joint working with obstetric, paediatric, and public health colleagues, advocacy by women’s groups, and political engagement by midwives, supported by implementation of evidence-based policy and practice.

To build on positive examples, deliver effective planning and policy developments, and scale up high quality midwifery, we will need to tackle substantive barriers. These include:

- The evidence about the scale and breadth of the contribution that midwifery can make to survival, health, well-being and sustainability is not always getting through to key forums. Midwifery is, for example, implied but not specifically discussed in the UN Global Strategy for Women’s Children’s and Adolescent’s Health 2015-2030 (UN 2015). Although training midwives is included in the workforce recommendations in the Every Newborn Action Plan (WHO and UNICEF 2014), there is not a clear statement on the need for midwifery as an evidence-based form of care needed for every woman and every child to reduce neonatal mortality and stillbirth. There is a continuing need to strengthen the messaging about midwifery at global and national levels.
- A common problem is the confusion between midwifery – a particular approach to the care that women and newborn infants need – and the workforce who provide it. This workforce is very diverse across the world, and currently includes midwives (educated and trained to a range of standards and scope of practice with variable or no professional

regulation) and a wide range of other professional and allied workforce groups who provide some components of midwifery care. This often results in midwifery being debated as if it is primarily a professional project (midwives versus obstetricians, nurse-midwives, community health workers, traditional birth attendants, and skilled birth attendants), with inevitable consequences for inter-disciplinary disagreements, turf wars, and accusations of special pleading for one professional group.

- The primary focus on workforce coverage in debates about midwifery has detracted from a full understanding of its active characteristics and the range of health system factors necessary for midwifery to be consistently available, accessible, appropriate and of high quality (ten Hoop et al 2014). In this debate it is necessary to distinguish between the *content* of care, the *organisation* of services, *who* provides the care, the *values and philosophy* of those providing it, and the *outcomes* related to each of those factors. When this is done, the value of midwifery becomes clear, as does the need for midwives - educated, licensed, regulated, integrated into health systems and working in inter-disciplinary teams (Renfrew et al 2014).
- No care can be effective if it is hampered by fragmented services, ineffective referral systems, or unsupportive, hierarchical, and bureaucratic environments. These system-level problems can be exacerbated for midwifery by the low status of the predominantly female workforce and by commercial pressures that promote technical solutions at the expense of humanised care. These factors can limit the scope and responsibility of midwifery staff and reduce the impact of midwifery.
- Discourse about maternal and newborn care and services often fragments into dichotomised arguments about safety versus choice, or technical solutions versus compassionate care. This has been evident in the complex and sometimes contentious debates around the Kirkup Report recommendations (Kirkup 2015) and the recent English maternity review (Cumberlege 2016). This debate obscures the evidence that respect and compassion are essential elements of a high quality and safe system, together with skilled care and the appropriate use of technical solutions when needed (van Lerberghe et al 2014, Renfrew et al 2014). One consequence of this dichotomy is that midwifery can be seen as a 'soft' option, rather than in its proper place as central to safe care (Sandall et al 2010), and midwives may be excluded from policy discussions both globally and at country level. Plans to improve safety for childbearing women and infants must include knowledge and understanding of the critical part that midwifery plays.
- An effective health system needs both to strengthen and maintain the health and well-being of the majority, and also to recognize and respond rapidly and appropriately to emerging compromise when it occurs. If the

service provider who is geographically closest to women is a general community worker, and the more distant alternative is a specialist medical provider, there will be an inevitable gap in care, services and communications. A joined up health system is needed to bridge this gap, and midwives (educated, licensed, regulated, and integrated into the health system) can do this most effectively and efficiently. In turn, this will bring balance to a health system by maintaining health and well-being, and managing and recognizing problems in a timely fashion for women and infants to be able to access elective and emergency care in time.

- Effective inter-professional working is essential for effective and high quality maternal and newborn care. This requires respectful inter-professional relationships and good communication and while there are good examples of relationships working well, it can be very problematic (Kirkup 2015). This is as true at policy levels as it is at the level of practice, yet midwives are under-represented at the top levels in countries and global agencies, often being entirely absent or represented by other professional groups such as nurses and obstetricians. Even when these other professional groups are supportive, the resultant decisions will inevitably not represent a full understanding of the contribution of midwifery.
- The voices of women and families are critical to ensure that health systems meet their needs, and there are some very positive national examples of women's groups engaging in policy changes including Canada, New Zealand and the UK. There is still work to do to identify ways of consistently and effectively engaging women and their representatives in planning and policy decisions at global and national levels, particularly in cultures where women are of low status.
- Some professionals and professional organisations focus their attention (perhaps understandably) on their own context and landscapes. The result is that developments can be siloed. Achieving the system-wide change needed to improve the quality of care for women, infants and families will need all of us to reach out of our comfort zones and work across inter-disciplinary and cross-sectoral boundaries

In a recent editorial in this journal, Patricia Davidson wrote that the 2014 publication of The Lancet Series on Midwifery was pivotal in 'not just valuing midwifery, but also strategically positioning midwives as integral for achieving health care reform and global stability' (Davidson 2015). Nearly two years on, it is timely for the maternal and child health community to consider what progress has been made in bringing midwives into key decision-making forums, and how to step up our engagement to ensure leadership, coordination, and accountability at all levels of the health system, thereby contributing to the improvement in key outcomes. The evidence shows that

midwifery can make a core contribution not only to preventing stillbirth, but to reducing maternal and newborn mortality, increasing breastfeeding, improving health and well-being, and reducing resource use.

Many organisations already work to strengthen midwifery and national and global alliances. These include the International Confederation of Midwives (ICM), WHO, UNFPA, the Partnership for Maternal, Newborn, Child and Adolescent Health (PMNCH), the Global Alliance for Nursing and Midwifery (GANM), and academic collaborations. To build on the evidence from The Lancet Series on Midwifery, the State of the World's Midwifery Report (UNFPA 2014), and the growing quality and profile of research led by midwives - and thereby to create a step change in the effective and coordinated action for midwifery for every woman and every child - something more is needed.

We need a platform for global midwifery development that embeds partnership working between professional, academic, policy, civil society, governments, donors, UN agencies, private partners, NGOs and others through sharing knowledge and evidence and catalysing and harmonising collective and more visible actions at global, regional, country and local levels. Such a platform is in the process of emerging, initiated by WHO and so far with engagement from ICM, UNFPA, and the academic midwifery community. Its ambition is to promote evidence-informed action for the implementation of high quality midwifery globally. In particular, it aims to support the contribution of midwifery to the Every Woman Every Child strategy with its ambition to end preventable deaths of women, children and adolescents within a generation. By coming together with clear, consistent, evidence-informed messages, the sum of our parts will be much greater than our individual contributions.

The Lancet Series on Ending Preventable Stillbirths is a stark reminder of the scale and importance of the problems that we face. It also helps us to clarify that midwifery offers an effective strategy that is both evidence-based and rights-based. Improving the quality of care through implementing and strengthening midwifery globally will bring benefit even beyond reducing stillbirth. The resultant improvements in the survival and health of women and children will be a strong response to the challenge of the Global Strategy for Women's, Children's, and Adolescents' Health 2015-2030 to survive, thrive, and transform, with potential to reach to wider societal issues including poverty, violence, and education. Uniting to ensure the critical contribution of midwifery to this task is essential.

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