



International News

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Elizabeth Duff

International News Editor

New ICM Midwifery Services Framework (MSF)

With the aim of strengthening the midwifery workforce and the quality of midwifery care, the International Confederation of Midwives (ICM) and partners have launched the new MSF (Midwifery Services Framework for Developing Sexual, Reproductive, Maternal and Newborn Health (SRMNH) Services by Midwives).

Many countries need to set up or improve their midwifery services, while global and national development partners are also keen to incorporate midwifery care into national health systems. The MSF offers a systemic approach to improving quality of sexual and reproductive health care through the integration of midwifery services across the health system.

The MSF supports a midwife-led model of care, which provides effective and desirable services for women and their families. As an evidence-based tool for developing new or strengthening existing midwifery services it can be used by health system developers and planners, maternal and newborn health experts, policy makers and other stakeholders.

Sexual, Reproductive, Maternal and Newborn Health (SRMNH) services are crucial to the health of women and children and a core component of every health system. In the light of discussions about sustainable and affordable health care across all regions of the world, the ICM has developed the MSF to help countries apply the latest evidence, standards and guidance to improve their policy and programming environment for developing and implementing SRMNH services provided by midwives.

The MSF sits at the operationalisation level of a variety of global dialogues and initiatives that include the *Every Woman*

Every Child movement that supports efforts to speed up the achievement of MDGs 4 and 5; the *Strengthening Midwifery* symposia of 2010 and 2013; the UNFPA/ICM strengthening midwifery programme *The State of the World's Midwifery* 2011 and 2014 reports; the *Lancet series on Midwifery*; a large number of WHO resolutions on nursing and midwifery; and the Midwifery Workforce Assessments undertaken to date within the *H4+ High Burden Country Initiative* (HBCI).

Standards and guidance documents developed by the ICM, such as the *Global Standards for Midwifery Education and Regulation* and the *Essential Competencies for Basic Midwifery Practice* 2011, underpin many of these technical discourses.

This large and growing collection of articles, reports and standards provides an opportunity to assess the status of midwifery services in all countries and spur the debate on the importance of midwives in the delivery of integrated SRMNH services and the role midwifery services play in the SRMNH agenda for the post 2015 era in countries with high maternal and newborn mortality and morbidity.

The MSF is aligned with the Global Investment Framework for Women's and Children's Health, which demonstrates how investment in women's and children's health can bring strong health, social and economic returns and is poised to become the investment and impact framework for the coming 15 to 20 years.

What is the MSF for?

The MSF shows governments and others how to

- set up or strengthen national midwifery programmes
- integrate midwifery into the Human Resources for Health (HRH) agenda
- assess what needs improvement and how to achieve the desired changes in SRMNH services.

It also explains key midwifery concepts and offers a step-by-step approach to improving quality of care, education,

regulation, and effective management of the workforce – while also showing how to monitor and evaluate progress.

The MSF identifies relevant tools from ICM and partner organisations including

- WHO's Midwifery Strengthening Toolkit
- Jhpiego/MCHIP Pre-Service Education Toolkit for Midwives
- UNFPA/WHO/Intel/Jhpiego e-learning modules on essential maternal and newborn life-saving skills.

How to use the MSF

To use the MSF, national governments can initiate a meeting with ICM experts to identify what kind of support is needed, who would be involved and when. This is followed by a workshop with national stakeholders in SRMNH services to work through the steps of the MSF and to begin national actions.

ICM provides support in setting up the working groups for the next steps and can provide further guidance one year after the national MSF workshop, and beyond.

More information from ICM at info@internationalmidwives.org, or <http://www.internationalmidwives.org/news/?nid=280>

World Breastfeeding Week 1–7 August 2015

World Breastfeeding Week is celebrated every year from 1 to 7 August in more than 170 countries to encourage breast feeding and improve the health of babies around the world.

It commemorates the Innocenti Declaration signed in August 1990 by government policymakers, WHO, UNICEF and other organisations to protect, promote and support breast feeding.

A message from WHO Director-General, Dr Margaret Chan and UNICEF Executive Director, Anthony Lake, said:

Every year, the global community sets aside a week to draw attention to the vital

importance of breast feeding, not only in the lives of the most disadvantaged children but also in the strength of societies. The theme of this year's World Breastfeeding Week, *Breast feeding and Work – Let's make it work!*, focuses on what we can do to help millions of working mothers give their babies the best possible start in life – by supporting stronger workplace policies that promote breast feeding.

We know that breast feeding helps children to survive and thrive – enabling infants to withstand infections, providing critical nutrients for the early development of their brains and bodies, and strengthening the bond between mothers and their babies. And the benefits of breast feeding last a lifetime: infants who are breastfed for at least one year go on to stay in school longer and score higher on intelligence tests than those who were breastfed for only a month.

Despite this growing evidence, only 38 per cent of infants around the world are breastfed exclusively for even the recommended first six months of life. And while breastfeeding rates have increased in all regions of the world, global progress has stalled.

The World Health Assembly has set a global target of increasing exclusive breastfeeding rates for children under six months of age to at least 50 per cent by 2025. To achieve this ambitious and very important goal, we need to tackle all the barriers to breastfeeding.

Governments should lead the charge by making breast feeding a policy priority in national development plans, increasing resources for programming that supports breast feeding, and working with communities and families to promote the full benefits of breast feeding.

But we should also do more to overcome an obstacle that prevents potentially millions of women from breast feeding: workplace policies that do not support the right of working mothers to breast feed their babies on the job.

Today, of the approximately 830 million women workers in the world, the majority do not benefit from workplace policies that support nursing mothers. And this figure does not include women working in informal, seasonal or part-time employment – often the poorest women in poorer countries – who may face even greater barriers to continued breast feeding.

'This is not only a loss to working mothers and their babies. It is also a loss to employers. Working mothers with adequate maternity benefits – including a breast feeding-supportive workplace – report increased job satisfaction and greater loyalty to their employers. Breastfed children fall sick less often, so their

mothers are absent from work less often, too. These effects in turn contribute to higher productivity – ultimately benefiting businesses and the larger economies to which they contribute.

Recognising these connections, the International Labour Organisation has adopted three Conventions to establish protective measures for pregnant women and new mothers, including the right to continue breast feeding – and to promote feasible options for women who are outside formal work settings.

Globally, 67 countries have ratified at least one of the three maternity protection Conventions. More governments should join this growing movement – and take action to implement these important protections.

'We know that breast feeding improves the lives of millions of children and ultimately benefits families, communities, and societies. Our challenge now is to make breast feeding work in the workplace, too. Together, we can help working women to breast feed and reap the benefits for themselves, for their children, and for the health and well-being of future generations'.

<http://www.who.int/mediacentre/events/meetings/2015/world-breastfeeding-week/en/>

Maternal Monday campaign launches World Breastfeeding Week 2015

The Wellbeing Foundation Africa (WBFA), founded by Her Excellency Mrs. Toyin Saraki – the ICM Global Goodwill Ambassador – began the #MaternalMonday campaign in 2013 as a way to prompt people to dedicate one day a week to maternal health in Nigeria. The campaign quickly took off internationally, with the hashtag being used to educate people about health and engage in global conversation about solutions to the high maternal, newborn, and child mortality indices in Nigeria, and across the African continent.

The #MaternalMonday campaign will enable WBFA to better communicate the benefits of breast feeding and encourage more women to exclusively breast feed for at least six months after birth, as well as initiating support for national programmes and policies, which include structured guidelines to help mothers in their choice to breast feed. Expressing optimism, H.E. Mrs. Toyin Saraki stated, 'The #MaternalMonday campaign really resonated with people when we began it in 2013, and I'm overjoyed that we are now launching a separate space that will foster even more conversation, engagement, and solutions to the maternal health crisis facing the African continent.'

To take part in the conversation, use the #**MaternalMonday** hashtag or head to the Maternal Monday website <http://www.maternalmonday.org>

Separate rooms in bus stands for mothers to feed newborns in Tamil Nadu

In some good news for women, the Indian state of Tamil Nadu has inaugurated over 300 breast feeding public spots across the province.

The Chennai Mofussil Bus Terminus (CMBT) is one such place where the government has set up a separate enclosure for lactating mothers.

'The Chennai Mofussil Bus Terminus (CMBT) has designated a centralised air-conditioned room which consists of eight compartments where eight mothers can sit and feed at a time. We are also providing nurses for any assistance needed who will be available 24 × 7 in a shift system,' said a paediatrician, Dr S Balasubramanian.

The initiative has brought smiles to the faces of breast-feeding mothers.

'This is really useful for me. Usually I had to feed him in public before sending him to a day care centre,' said a woman at the breast-feeding room.

<http://news.chennaionline.com/newsitem.aspx?NEWSID=e227fed-015f-420b-b8dc-387aeaa01162&CATEGORYNAME=tnadu>

Maternity leave provisions in the EU member states

The Committee on Women's Rights and Gender Equality of the European Parliament (FEMM) commissioned the European Foundation for the Improvement of Living and Working Conditions (Eurofound) to conduct a study on national regulations regarding maternity leave against the background of the possible revision of the Maternity Leave Directive (92/85/EEC). Eurofound accepted the FEMM committee's request and drew upon recent information provided by its network of European correspondents.

This study was primarily interested in the part of leave which is related to women in employment – in particular, pregnant workers, workers who have recently given birth or workers who are breast feeding.

Key findings:

- Mandatory duration of the maternity leave – Nearly all Member States comply with the directive's provision of granting at least two weeks' mandatory maternity leave before and/or after

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