



International News

Elizabeth Duff (International News Editor)

Does the world have enough midwives? A global dialogue

The International Confederation of Midwives, United Nations Population Fund and World Health Organization (UNFPA, ICM, WHO) invited prestigious speakers to a 'Geneva dialogue' in Switzerland on 23 February, in support of the United Nations Secretary General's Global Strategy for Women's, Children's and Adolescents' Health.

The focus was 'The role of the midwifery workforce to ensure Women's and Newborns' right to quality care'.

As the UN Secretary-General's Global Strategy for Women's and Children's Health undergoes a revision for launch in September 2015, the global community in Geneva came together for a dialogue on midwifery, aimed to inform the UNSG New Delhi Consultation taking place on 26–27 February.

Ambassador to the UN in Geneva, Jan Knutsson, opened by launching a global campaign to support midwives called Midwives4all (see below).

The welcome was followed by the President of the ICM, Frances Day-Stirk, who articulated that an increase in quality of midwifery services can help countries reach universal health coverage because 'midwives are where women are' and can cover 87% of the essential RMNH interventions by providing a full set of midwifery competencies.

Jim Campbell, Executive Director of the WHO's Health Workforce Department, described the global context and the need for a contemporary Global Strategy on human resources for health to meet the health goals of the Sustainable Development Goals (SDGs). He also discussed the key findings of the Midwifery Lancet series and the SoWMy report, reminding us that 'educating midwives is the best buy in primary health care'.

Following the introductory and context setting remarks, was the Ambassador's

panel comprising Ambassadors (France, Zambia, Senegal, Morocco, Zimbabwe and Nepal) with the Executive Director of UNFPA, Dr Babatunde Osotimehin and the Director-General of WHO, Dr Margaret Chan.

Dr Babatunde Osotimehin, Executive Director UNFPA, confirmed that midwives are not a luxury, they contribute to ensure access to universal health coverage and if investments are made at the right point countries can provide a minimum package of care for everyone. 'Health is not a cost, it is an investment and health care workers are a part of that' he said. WHO Director-General Dr Chan articulated 'failure to provide high quality maternal care is a political liability'. She also emphasised the importance of midwives in providing respectful and compassionate care.

In Africa and in most developing countries, nurses and midwives in urban areas represent 63% of the health workforce whereas in rural areas this number reaches 37%.

HE Ambassador Encyla Tina Chishiba Sinjela, Zambian ambassador stated that many African countries are struggling to recruit and retain midwives, thus impeding access of all women to quality midwifery care in rural areas. Midwives need not only to be educated but deployed and retained with adequate remuneration.

In Senegal, the capital city Dakar concentrates 52% of health professionals delivering services to only 23% of the total population of Senegal. In response to this issue, the Government of Senegal adopted an innovative nomadic midwifery strategy to attract and retain midwives at community level, explained HE Ambassador Bassirou Sene, Permanent Representative of Senegal. 'Midwives are the cornerstone of any economic development', he stated.

Despite a growing awareness over the importance of midwives as agents of change,

the insufficiency of financial resources negatively influences countries' motivation and actions.

HE Ambassador Mohamed Auajjar, Moroccan ambassador expressed his concern about health and education budgetary cuts to reduce deficit in country. These cuts slow down progress in Morocco resulting in a failure to achieve targets and to meet citizens' expectations (4 midwives for 1000 births).

France elaborated its commitment to MNCH issues through its financial commitment to support a joint WHO/UNICEF/UNFPA/UN-Women initiative aimed at reinforcing health systems to reduce maternal, newborn and child mortality.

HE Ambassador Taonga Mushayavanhu, Permanent Representative of Zimbabwe, declared that training and retention associated with adequate working conditions are essential to reduce maternal and neonatal mortality.

Ambassador Deepak Dhital, Permanent Representative of Nepal, emphasised that the strengthening and consolidation of midwifery services make a difference in the delivery of quality health services in health care systems.

Concluding the discussions, Dr. Babatunde Osotimehin, said 'The world does not have enough midwives'. He added that midwives can be agents of change to improve universal health coverage and achieve a more equitable world for women and girls.

Dr Margaret Chan articulated that health is an investment as regard to sustainable development and emphatically stated 'we need midwives, we need midwives, we need midwives' because 'no woman in this world should die giving birth. Giving birth should be a precious and pleasant experience.'

http://www.who.int/hrh/nursing_midwifery/world_have_enough_midwives/en/

Midwives4All global campaign

Midwives4All is an initiative of the Swedish Ministry of Foreign Affairs (MFA) to spread knowledge about the benefits of midwives and evidence-based midwifery. At the February 23 Geneva launch, the Swedish Ambassador said: 'We believe in the power of networks to achieve change. Poor maternal health, including devastating consequences such as stillbirth and newborn death, is an urgent issue to tackle'.

Mary Renfrew, Professor of Mother and Infant Health at the University of Dundee, Scotland, and a lead author of the Lancet midwifery series, has written to supporters:

'Dear friends and colleagues, The Midwives4all campaign was launched last week in Geneva with the Director General of the WHO, country ambassadors, and other senior figures, and it is getting wide publicity and support. The aim is to reach really, really widely across low-, middle-, and high-income countries. Read of the interest it has generated at midwives4all on Twitter. It will roll out over the coming weeks supported by a major digital campaign and high profile events hosted by Swedish embassies across the world. I am writing now to ask for your help in contributing comments and blogs for the midwives4all website. We would like to populate the website with short perspectives and stories from across the world – from midwives, other health professionals and colleagues, mothers, fathers, decision-makers, educators, researchers, charities and NGOs in the field...to create a word picture of what midwifery is and what it can do for women, babies, families, communities, and societies'.

'Our series on midwifery in *The Lancet*, funded by the Bill and Melinda Gates Foundation, showed that implementing midwifery worldwide could reduce maternal and newborn mortality and stillbirth rates by over 80%, as well as having a positive impact on the lives of women, babies and families in the short and long term, and reducing the use of unnecessary interventions (thereby increasing sustainability).

'This work has been positively received by global agencies including WHO, UNFPA, and ICM, and a range of countries are now considering implementing it. It is a huge and exciting development, and my colleagues and I are amazed and delighted by the speed and strength of the international response'.

'There is a need to get the messages out loudly and clearly. There are huge barriers to midwifery in many countries, including the low status of women, professional territorialism, and the increasing over-medicalisation of care. We would like to

get the message out widely to the public as well as to professionals and key decision-makers in governments and health systems.'

'The government of Sweden has started work on a global campaign to do exactly this, using the evidence from the Lancet series, and we are working closely with them. Their own health system relies on midwives so they know the benefits. Through their Ministry for Foreign Affairs and their foreign aid programme (SIDA) they have established the new campaign, called midwives4all'.

[@midwives4all, midwives4all](http://midwives4all.org/Twitter)

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

Euro-Peristat study reveals wide differences in mode of delivery within Europe

More than one in four births in the UK is by caesarean section, contrasting with rates in Cyprus of 52% and in Sweden 17%.

A study of 26 European countries, published in the journal *BJOG*, has exposed the variation and recommended that more research is needed to find out why the differences existed.

The study, led by researchers at City University London, said that caesarean section rates in most EU countries have shown 'a continuous rise', although in a few countries there are signs they are staying stable.

Possible explanations for this include a fear of litigation, financial incentives, women's requests for surgery and the perception that caesarean sections are a safe procedure.

The study warned there were consequences to the rise, which included potential raised risks for mothers and babies – such as stillbirth – in future pregnancies.

There is continuing debate, the authors said, about the use of caesarean section for births of babies in the breech position, for multiple births and women who have had a c-section already. Caesareans are more common among mothers with first-time babies, when women have multiple births or when the woman in question has already had a caesarean.

In the study, the highest rate of sections planned before labour started was in Cyprus at 38.8% and in Italy at 25%.

The lowest rates were found in Finland (6.6%), the Netherlands (7.7%) and Norway (6.6%).

Emergency c-section rates were highest in Romania at 33% and lowest in Sweden at 8.6%.

Rates of caesarean section ranged from 14.8% to 52.2% of all births and rates of instrumental vaginal delivery ranged from

0.5% to 16.4%. Overall, there was no association between rates of instrumental vaginal delivery and rates of caesarean section, but similarities were observed between some countries that are geographically close and may share common traditions of practice. Associations were observed between caesarean section rates for women with breech and vertex births and with singleton and multiple births but patterns of association for women who had and had not had previous caesarean sections were more complex.

The persisting wide variations in caesarean section and instrumental vaginal delivery rates point to a lack of consensus about practice and raise questions for further investigation. Further research is needed to explore the impact of differences in clinical guidelines, health-care systems and their financing and parents' and professionals' attitudes to care at delivery.

Professor Alison Macfarlane, professor of perinatal health at City University London, said: 'Given that people are supposed to be practising according to evidence, it is surprising there are such wide variations between countries. We need a comparative review of national policies and guidelines and further research to ensure that clinical practice is based on evidence.'

AJ Macfarlane, B Blondel, AD Mohangoo et al. and the Euro-Peristat Scientific Committee.

Wide differences in mode of delivery within Europe: risk-stratified analyses of aggregated routine data from the Euro-Peristat study.

BJOG: 9 MAR 2015 | <http://dx.doi.org/10.1111/1471-0528.13284>

One European country reports success in reducing C-section rate

A new study reports a significant decline in the rate of caesarean section (C-section) births in Portugal. Findings published in *Acta Obstetrica et Gynecologica Scandinavica*, a journal of the Nordic Federation of Societies of Obstetrics and Gynecology, indicate a 10% reduction in overall c-section rates between 2009 and 2014, with a 14% reduction in state-hospitals during the same time period. Researchers believe this may be due to increased information and training of health-care staff, along with inclusion of c-section rates as part of the criteria for hospital funding.

C-section rates have been on the rise around the world, although research shows that caesarean birth is linked to greater risk of blood clots (thromboembolism), haemorrhage, and infection in mothers. Furthermore, it increases the risk of newborn respiratory complications, obesity, diabetes,

Download English Version:

<https://daneshyari.com/en/article/10515674>

Download Persian Version:

<https://daneshyari.com/article/10515674>

[Daneshyari.com](https://daneshyari.com)