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International News

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International News Editor

The 30th Triennial Congress of the International Confederation of Midwives: Midwives – improving women's health globally

Prague, the capital of the Czech Republic, is the city welcoming over 3500 midwives in the first week of June.

On Saturday, 31 May a pre-Congress event in Kampa Park, at 13.30 hours, is 'The Voice of Midwives': an aim to create a world record for midwives singing together, in addition to publicising the main Congress theme that midwives are meeting to identify ways to improve women's health globally.

The 'big-sing' is led by a local soprano alongside midwives from South Africa, Czech Republic and Canada: the past, current and future Congress hosts. It is intended to have live streaming of 'The Voice of Midwives' on the Congress website to provide access by midwives in the 100 member countries of ICM – a truly global event with midwives of the world singing together in the largest ever midwives choir.

This is followed by the spectacular Opening Ceremony in the Congress Hall of the Prague Congress Centre, incorporating the presentation of each member country's national flag.

The four days of the Scientific Programme offer a huge array of topics relevant to midwives' practice, education and research, with workshops and poster sessions an additional option.

Before the Congress, the representatives of midwives' associations around the world came together for the Confederation's professional meetings, making decisions on a work programme for the next triennium and electing new office-bearers. Choice of a venue for the 2020 Congress is also part of this agenda. Details of these decisions and more will be announced in a later issue of the International News.

Details of the ICM Congress Scientific Programme are at http://www.midwives2014.org/final-scientific-programme.html

'Midwives' to be included in new name of the Commonwealth Nurses Federation

A historic name change was made at the Commonwealth Nurses Federation (CNF) Biennial meeting, when constitutional changes were agreed to change to Commonwealth Nurses and Midwives Federation. This was welcomed by a very large majority at the 2nd Commonwealth Nurses Federation Conference – Nurses and Midwives: Agents of Change – held in London on 8–9 March 2014.

ICM President, Frances Day-Stirk, speaking at the conference thanked CNF President Susie Kong and Secretary General Jill Iliffe for the invitation and said 'It is a particular pleasure to be part of the history-making time' and offered congratulations on behalf of the ICM. This is highly significant, she said, for the thousands of midwives throughout the commonwealth to be identified, recognised and respected in this way. The more midwives and nurses can work together – in respectful relationships – the better for the populations of the world.

Maternal health was one of the key themes of the conference with speakers on such topics as 'Improving postnatal care and experience in hospital for Black and South Asian women by exploring health workers' capabilities (UK); A systematic appraisal of the factors influencing antenatal services and delivery care in sub-Saharan Africa (Ghana); Midwives knowledge and use of the partograph in the regional training hospitals (Namibia); Improving breast feeding practice at a paediatric hospital: the 'breast feeding is best' project (South Africa); Vaginal birth after Caesarean Section (Cyprus); Postpartum depression: an exploration of nurses' attitudes and knowledge (Trinidad and Tobago); Parentcraft services: from a founding project to a professional entity providing client-centred education and support (Malta)'.

http://www.commonwealthnurses.org/

The World Health Organization Multicountry Survey on Maternal and Newborn Health

The results of this survey were published in the BJOG with an editorial by JP Souza, on behalf of the WHO Multicountry Survey on Maternal and Newborn Health Research Network, who sums up some of the challenges of the Multi-Country Survey (MCS) work: 'The WHOMCS included over 314,000 women and their newborn infants. It is the largest study to date assessing the management of severe maternal complications and the prevalence of maternal near misses'.

'Internal challenges included the need to standardise research processes across all research sites'.

'External challenges involved major events such as civil unrest, armed conflict, labour strikes, and disease outbreaks that affected the implementation of the project in some countries; however, the motivation of over 1500 collaborators and the essential contribution of several WHO offices, partners, and donors led to the successful completion of this project'.

Participating countries and territories were Afghanistan, Angola, Argentina, Brazil, Cambodia, China, Democratic Republic of the Congo, Ecuador, India, Japan, Jordan, Kenya, Lebanon, Mexico, Mongolia, Nepal, Nicaragua, Niger, Nigeria, Occupied Palestinian Territory, Pakistan, Paraguay, Peru, Philippines, Qatar, Sri Lanka, Thailand, Uganda, and Vietnam.

BJOG: An International Journal of Obstetrics & Gynaecology

Special Issue: Maternal and Perinatal Morbidity and Mortality: Findings from the WHO Multicountry Survey Volume 121, Issue Supplement s1, pages v–viii, March 2014

Awareness of Safe Motherhood on International Women's Day

On March 8, International Women's Day, a dinner was organised in Amsterdam, capital city of the Netherlands, by the White Ribbon Alliance and the African

http://dx.doi.org/10.1016/j.midw.2014.04.001
0266-6138/

Medical Research Foundation (AMREF) Flying Doctors. The aim was to raise awareness of Safe Motherhood both in The Netherlands and in countries where women are still dying during childbirth from preventable causes.

AMREF Flying Doctors took the opportunity to congratulate the Masai tribe in eastern Africa for eliminating Female Genital Mutilation (FGM) by changing the ritual for passage into womanhood. FGM has severe impacts on maternal health as it can cause prolonged or obstructed labour which may lead to neonatal and/or maternal mortality and morbidity such as vesico-vaginal fistula.

The White Ribbon Alliance presented the White Ribbon Award to Jos Roosmalen for his championship of safe motherhood and midwives in The Netherlands. Jos is a professor of International Safe Motherhood at the Free University in Amsterdam and a retired consultant obstetrician from Leiden University Medical Center. He is a (co-)promotor of 15 Safe Motherhood theses. He is the Chairman of the Maternal Mortality Audit Committee of the Netherlands Society of Obstetrics and Gynaecology and one of the co-founders of the International Network for Obstetric Survey Systems.

http://www.whiteribbon.nl/

The international charter on prevention of fetal alcohol spectrum disorder

The first international conference on prevention of fetal alcohol spectrum disorders was held in Edmonton, AB, Canada, on Sept 23–25, 2013. The conference resulted in the production, endorsement, and adoption of an international charter on the prevention of fetal alcohol spectrum disorder by more than 700 people from 35 countries worldwide, including senior government officials, scholars and policymakers, clinicians and other frontline service providers, parents, families, and indigenous people. It is presented to all concerned in the international community as a call for urgent action to prevent fetal alcohol spectrum disorder.

The charter calls on governments to take action to raise awareness of fetal alcohol spectrum disorder and the risks of alcohol use during pregnancy.

'Governments must promote a consistent, evidence-based message about prevention by supporting the development and circulation of public health information that is clear and consistent: to abstain from alcohol use during pregnancy is the only certain way to prevent fetal alcohol spectrum disorder'.

'This information must be widely available in every country, responsive to local contexts, and designed to allow access to supportive services for pregnant women. In addition, policies related to the social determinants of health should explicitly address fetal alcohol spectrum disorder; its implications for the individual, family, and society; and how it can be prevented'.

'Access to reliable and affordable contraceptives is an important concern. Prevention of fetal alcohol spectrum disorder should be given a larger role in the development of alcohol policies. The responsibility for prevention of fetal alcohol spectrum disorder should not be placed on women alone. Prevention is a shared duty. Actions should focus on information about the risks of alcohol use during pregnancy, access to reliable contraceptives, and help to deal with addiction and abstinence from alcohol during pregnancy. This support includes provision of timely, compassionate, and competent prenatal care.'

Dr Jonathan Sher, Scotland Director, WAVE Trust, commented on: 'The value of promoting the dual public health message: 'If you're pregnant, don't drink and, if you're going to drink, don't get pregnant'. The charter mentions and endorses contraception, but does not give it equal weight with abstaining from alcohol. In [this] society in which alcohol consumption happens frequently before pregnancy is even known – and in which alcohol dependence is far from uncommon – both sides of the message are crucial.'

Dr Sher added: 'It was good to see the role of men – as both part of the problem and part of the solution – taken into account in this international charter'.

The International Charter on Prevention of Fetal Alcohol Spectrum Disorder.

The Lancet Global Health, vol 2(3): e135–e137, March 2014, doi:10.1016/S2214-109X(13)70173-6

Ensuring human rights in the provision of contraceptive information and services

The Department of Reproductive Health and Research at the World Health Organization has published new guidance on provision of contraception with an emphasis on human rights.

The guidance confirms that unmet need for contraception remains high in many settings, and is highest among the most vulnerable in society: adolescents, the poor, those living in rural areas and urban slums, people living with HIV, and internally displaced people.

The latest estimates are that 222 million women have an unmet need for modern contraception, and the need is greatest where the risks of maternal mortality are highest.

It is strongly recommended that 'states should ensure timely and affordable access to good quality sexual and reproductive health information and services, including contraception, which should be delivered in a way that ensures fully informed decisionmaking, respects dignity, autonomy, privacy and confidentiality, and is sensitive to individuals' needs and perspectives'.

Specific guidance includes: 'Recommend that comprehensive contraceptive information and services be provided during antenatal and postpartum care [and] that comprehensive contraceptive information and services be routinely integrated with abortion and post-abortion care'.

http://www.who.int/reproductivehealth/publications/family_planning/human-rights-contraception/en/

Invest in girls and women: everybody wins – the path ahead to sustainable development

The Women Deliver movement has released a new toolkit that pulls together infographics, data, and key messages to make the case for investing in girls and women. The toolkit presents specific asks and goals related to maternal and newborn health; family planning and reproductive health; women's health; education; and equality, with the aim of providing global partners with a clear course of action to best advocate for the health and well-being of girls and women.

The toolkit's Action Plan says: Invest in the cross-cutting issues of health, education, and equality for girls and women – and act now:

- Ensure skilled and quality care before, during, and after childbirth, and safe abortion services when legal.
- Prioritise universal access to family planning, including access to comprehensive information about contraceptive options, and to a variety of affordable contraceptives.
- Secure girls' and women's access to nutrition and comprehensive health services, including preventive care and treatment.
- Close the gender gap and provide quality education at all levels of schooling – for example, through promoting gender equality in secondary and tertiary education, lowering school fees, working to end early and forced marriage, and

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