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Commentary

Midwifery 2030: a woman's pathway to health. What does this mean?

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ABSTRACT

The 2014 *State of the World's Midwifery* report included a new framework for the provision of woman-centred sexual, reproductive, maternal, newborn and adolescent health care, known as the *Midwifery2030* Pathway. The Pathway was designed to apply in all settings (high-, middle- and low-income countries, and in any type of health system). In this paper, we describe the process of developing the *Midwifery2030* Pathway and explain the meaning of its different components, with a view to assisting countries with its implementation.

The Pathway was developed by a process of consultation with an international group of midwifery experts. It considers four stages of a woman's reproductive life: (1) pre-pregnancy, (2) pregnancy, (3) labour and birth, and (4) postnatal, and describes the care that women and adolescents need at each stage. Underpinning these four stages are ten foundations, which describe the systems, services, workforce and information that need to be in place in order to turn the Pathway from a vision into a reality. These foundations include: the policy and working environment in which the midwifery workforce operates, the effective coverage of sexual, reproductive, maternal, newborn and adolescent services (i.e. going beyond availability and ensuring accessibility, acceptability and high quality), financing mechanisms, collaboration between different sectors and different levels of the health system, a focus on primary care nested within a functional referral system when needed, pre- and in-service education for the workforce, effective regulation of midwifery and strengthened leadership from professional associations. Strengthening of all of these foundations will enable countries to turn the Pathway from a vision into reality.

Background

The 2014 *State of the World's Midwifery* report (SoWMy2014) (UNFPA et al., 2014) was published in June 2014 and, for 73 low- and middle-income countries, analysed the sexual, reproductive, maternal, newborn and adolescent health (SRMNAH) workforce from the perspectives of its availability, accessibility, acceptability

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and the quality of care it provides. The report measured the met need for SRMNAH services and projected workforce requirements in 5-year intervals to 2030, based on demographic changes, epidemiological conditions, possible scenarios for increasing workforce availability and retention and increasing productivity. The aim of the report was to support SRMNAH workforce dialogue between governments and partners, accelerate progress on the health Millennium Development Goals (MDGs), record workforce developments since the 2011 SoWMy report and inform the negotiations and preparations of the post-2015 development agenda.

To provide the SoWMy audience with an understanding of what person-centred, woman-focused SRMNAH services could achieve and what is required to make them a reality, a consultation was held to collect a global perspective and realities from countries with different levels of available resources (low, middle and high) about potential ideal models of midwifery care. The aim of this activity was to address the question: 'What could midwifery models ideally look like in 2030 in low, medium and high resource settings'? The goal was to produce a working document on a vision that may be drawn upon in future work, and that ultimately will serve as a framework to assist with policy formation and service planning.

An initial teleconference was held in October 2013, led by two members of the SoWMy2014 research team and involved a group of eight experts, representing the International Confederation of Midwives (ICM), regional midwifery representatives (Africa, Asia and Latin America), WHO and UNFPA. From that discussion, a draft vision for midwifery models of care in different contexts was developed and sent for consultation with the ICM and other midwifery experts.

The initial discussion identified a set of main themes for inclusion in the vision, which were the need for:

- woman-centred care with continuity of care and continuity of care giver,
- community-based services – the need for services outside hospitals as well as in them – care needs to be decentralised, and
- culturally appropriate care.

Participants in the discussion felt that the vision could be brought about by:

- Continuity – of care and of carer (there were different options including antenatal and postnatal group care)
- Community – develop models of care that are culturally acceptable, and tailored to urban/urban-poor and rural populations
- Collaboration – with women, the community and with other care providers
- Information and Communication Technologies (ICT) – use the new platforms and technologies to bring midwifery closer to women (e.g. mHealth)
- Interdisciplinary collaboration and education – develop competent midwives from the start
- Increased scope of practice-to allow for the special needs of younger and older women and their families.

There is strong evidence that midwifery models of care, particularly those that provide continuity of care, should be established for all women and adolescent girls (Sandall et al., 2015). However, despite the evidence and the subsequent policy developments in a number of industrialised countries, organisational change to enable continuity of midwifery care has been slow and, in many countries, is non-existent (Renfrew et al., 2014). There are a number of reasons for this, including a lack of understanding about how midwifery models work and how they can be implemented in a variety of situations, the low status of midwives in relation to medical doctors, and midwifery often not being considered as an autonomous profession (Sandall et al., 2001).

The Partnership for Maternal Health, Newborn and Child Health's Essential Interventions (The Partnership for Maternal Newborn and Child Health (PMNCH), 2011) were used to ensure that all the essential elements of care would be included in the Pathway. Best midwifery practice evidence was drawn from research and guidelines on (a) woman-centred care and (b) midwife led-care (low-risk pregnancies attended by midwives) (Department of Health, 2007; Sandall et al., 2013; National Collaborating Centre for Women's and Children's Health, 2014; Renfrew et al., 2014).

The first draft of the Pathway was shared with those who had participated in the original teleconference, and their comments incorporated. The *Midwifery2030* Pathway was developed into an infographic in the SoWMy2014 report and as part of the report development process it was reviewed and approved by experts from the SoWMy lead agencies (including UNFPA, WHO and ICM, the International Council of Nurses (ICN) and the International Confederation of Gynaecology and Obstetrics (FIGO)). In this paper, we explain the *Midwifery2030* Pathway and suggest the systems, mechanisms and policy environments that need to be in place in order for it to become a reality in all countries.

What is the woman's Pathway to health?

The Pathway describes the four stages in the reproductive life of a woman or girl, where support and quality midwifery care are vital to ensuring health and well-being for herself and her (current and future) family (Fig. 1). It is a vision and we recognise that many wider societal issues, especially focusing on the empowerment of women and girls, will need to be concurrently addressed for the Pathway to become a reality.

The first stage of the Pathway is of *planning and preparation*. It starts when a girl enters reproductive age and continues to the point at which she becomes pregnant. In this stage of life, girls and women need to complete secondary education (including comprehensive sexuality education), maintain good health and nutrition and be able to access planning for or protecting against pregnancies. This will allow girls to mature physically, intellectually and emotionally (UNESCO, 2014), before dealing with the pressures and responsibilities that pregnancy, childbirth and the transition into a family bring. It may also reduce the risk of poor health conditions or death (Nove et al., 2014b). Higher maturity can lead to better protection against HIV and sexually transmitted diseases, delaying marriage and planning pregnancies (Jamison et al., 2007).

The second stage of the Pathway is about *ensuring a healthy start*: it starts when a woman becomes pregnant and ends at the commencement of labour. This stage considers the importance of supportive, professional care during pregnancy to optimise outcomes. Antenatal care that recognises and respects the individual needs of women and is supportive and preventive (of complications) is a core element of care during this stage. Similarly important is care that involves women and their families in decisions and is tailored to their cultural and religious context and circumstances. Enabling and supporting women and girls and their families is one of the most important ways to keep them in charge of their pregnancy, childbirth and the early months of life of their newborns. During antenatal care there is often more time to discuss the wide range of physical, emotional and mental changes that happen during pregnancy and to get to know women and their families so as to better tailor care to their needs.